CHAPTER - 4

PERSPECTIVES, APPROACHES AND MODELS
4. PERSPECTIVES, APPROACHES AND MODELS

Introduction: Disparity between people and stratification of society based on power, prestige, and wealth, physical and mental abilities of human beings is a grim reality. Distinctions are made between one person and another irrespective of their socio-cultural backgrounds on the basis of race, caste, creed, colour, gender, age, power, wealth, literacy, prestige, and numbers, physical and mental abilities of human beings. The group, which finds itself in the lower strata of the social ladder due to its ascribed status, is the most marginalised, discriminated, exploited and excluded in their respective societies. Disability is one such group, which has been neglected since ages and is manifested in different forms of discriminations and exclusions. Even social sciences ignore this most marginalised section of the society.

This research makes a serious and sincere attempt to trace the roots of discrimination and exclusion due to social stratification based on the physical or mental disabilities/impairments. Unfortunately nothing more is found in social sciences about disability. Sociology even does not consider disability as a form of social stratification and there is no adequate literature available on this subject. This section provides a base for social scientists to discuss, think, deliberate and write on disability as a form of social stratification. Following propositions are suggested to substantiate the fact that disability is one of the forms of social stratification:

1. Disability is neither physical nor mental but social since it is subjective, psychological, contextual, cultural, perceived, episodic and a state of mind.
2. Impairment is either physical or mental but the potential barriers, which make a person disabled, are social in nature since attitudes are linked with the concept of disability.
3. Disability gives a person an ascribed status because of which the person is unfairly treated, discriminated and denied opportunities.
4. The person is discriminated and excluded because of his/her disability, which is social in nature.
5. Disability itself is the basis of discrimination which ignores caste, creed, race, age, gender, ethnicity, power, prestige, wealth and other statuses.
6. Social stratification attributes powerlessness, dehumanisation, degradation, disempowerment, impoverishment, and ostracisation of people of lower strata which are attributed to Persons With Disabilities also due to their disability.
7. Persons With Disabilities are treated unfairly like any other group of people who belong to the lower strata of the society.
8. Power equations are involved in the concept of disability since Persons With Disabilities are powerless because of their disability.
9. The socio, economic, political, cultural and environmental inequalities encountered by Persons With Disabilities due to their impairments makes them equally vulnerable as any other section in the lower strata.
10. Social mobility of Persons With Disabilities is restricted due to their physical or mental impairments.
11. Social stratification places them on the last step of the social ladder.

Thus disability is one of the forms of social stratification which discriminates Persons With Disabilities due to their impairments.
4.1. APPROACHES

This research makes an attempt to prove that disability is one of the forms of social stratification and the important characteristics of disability are seen in the same light. There are different theories which explain disability in different ways, based on situation, culture, context, socio and economic conditions and responses to disability and development. These theories are derived from perceptions, myths, misconceptions, traditions and social research. There is a wide gap from ancient to modern theories based on the dimensions, perspectives, angles and outlook of the society that responds to the issues of Persons With Disabilities in the past, present and future. The needs of Persons With Disabilities are addressed in different ways during different times. The social researchers have been trying to understand disability as a form of social stratification which manifests in different ways. Thus disability is seen as an invisible form of social stratification which was undermined for a long time. As a form of social stratification the important characteristics of disability are as follows:

A. Social: It is clear that disability is neither physical nor mental but it is social, subjective and psychological. Impairments do not limit or prevent a person to discharge his/her role depending upon age, gender, socio and cultural conditions of that given individual, but it is the perception of the society that Persons With Disabilities cannot perform certain activities thus disability is purely a mind set or psychological. This dimension of disability clearly says that disability is social in nature. Negative and crippling attitudes, ignorance, prejudices, myths and misconceptions derived from our value system reinforce this perception.

B. Antiquity: Disability has been prevalent since ancient times. There is mention of disability in various religious texts, epics, scriptures and ancient literature. Manu’s "Manusmrithi" says that disability is due to sin of the previous birth thus implying Persons With Disabilities are not pure and righteous. Restrictions were imposed on them and they were not allowed to take part in religious ceremonies and rituals, it was felt that person performing the same looses righteousness because of the presence of Persons With Disabilities. The old testament of the bible also looks at disability with negativity. The above illustrations clearly say that stigma related to disability existed since ancient times.

C. Diversity: The concept of disability is cultural and contextual thus the understanding on the concept differs from place to place and culture to culture. The prevalence, incidence and surveillance rate differs from society to society, place to place, territory to territory, culture to culture and state to state. The degree and magnitude of disability also varies depending upon various factors. So also does discrimination, exclusion and inequality. The manifestation of crippling attitudes, prejudices, institutional and environmental barriers vary depending upon various factors like culture, traditions, customs, laws, systems and socio economic conditions thus making disability diverse in nature.

D. Ubiquity: Disability is found in all the societies' including the animal societies. There is no society, which is free from disability, thus making it a universal phenomenon.

E. Consequential: Disability is consequential. It has its implications on the larger society. Disability is the cause and consequence of poverty. Poverty affects disability and disability affects poverty. If the impairment is not treated or sufficient support is not provided it results in handicap, which is a serious problem. Persons With Disabilities constitute a significant proportion of the population of developing countries. The potential
of this section is not made use in the developmental process of the nation. If a significant proportion of human resource remains unutilised or underutilised, it is a loss for that country.

**The law of three stages:**
The law of three stages is a proposition of a well known sociologist, August Compte, who explains how the knowledge of society passed in three stages. A clear analogy has been drawn from this law to explain how the knowledge on disability also passed in three stages like law of three stages of Compte. The three stages are as follows:

A. **Theological stage:** In this stage the knowledge about disability was absolutely negative. There was absolute rejection of Persons With Disabilities. Myths and misconceptions rooted through value systems reinforced the belief systems of the society. Society perceived the cause of disability to be sin of the previous birth and Persons With Disabilities as impure. They were segregated and kept out of the villages. Restrictions were imposed on them in attending and participating in religious ceremonies and rituals. The home approach was practiced to care for Persons With Disabilities thinking that serving them will find a place for themselves in heaven.

B. **Metaphysical stage:** This stage marks a step ahead in the development of Persons With Disabilities. The concept of disability was same but attempts were made to rehabilitate Persons With Disabilities in different ways. Charity approach, medical, economic model, religious and rehabilitation approaches were applied to disability and development. Persons With Disabilities were considered as a problem while the society and other related factors that caused disability were not.

C. **Positive or scientific stage:** This is the current stage where the concept of disability has changed drastically. In this stage there is an understanding that impairment is not disability but society and related factors cause disability and handicap. Rights based approach is applied to disability and development. The human rights perspective has brought dramatic change in the lives of Persons With Disabilities. Non discrimination, equality and inclusion are the core values and principles of development work with Persons With Disabilities.

**Approaches:**
There are three theories which explain disability in different ways. They are popularly known as 3D theories of disability. These theories are drawn from various approaches, models, perspectives and responses to disability and development. The roots of these theories are found in religious epics, texts, development, ancient and modern literatures which are as follows:

A. **Defect theory of disability:** This theory explains that disability is a defect and it can be cured. The term defect and normality does not go together thus Persons With Disabilities are not normal but abnormal. Curing defect will make them normal is the important and underlying principle of this theory. The principle of the rehabilitation process is centred around perfection and normality. A impure, imperfect, abnormal and deformed person cannot live in the so called normal society. Thus curing disability is a must to make him/her normal and this is the primary objective of rehabilitation professionals. This theory inclines towards the notion that Persons With Disabilities are incomplete, impure, imperfect, abnormal, unequal, helpless, impotent and useless. This completely ignores the fact that individual is not disabled but the barriers make him/her disabled. Efforts are made to find the problem of the person alone but not the problem created by the society.
B. **Deficiency theory of disability**: This theory explains that disability is a deficiency due to physical or mental impairments. Abnormal bodily or mental functions are termed as deficiency and compensatory theory is applied to compensate the deficiency i.e. physical or mental impairments. Medical model plays an important role to compensate the deficiency through making attempts to compensate the deficiency with assistive devises, surgery, therapeutic interventions, treatment and medication. This theory also considers Person With Disability as a problem rather than considering the society and related factors which attribute to disability or handicap.

C. **Diversity theory of disability**: This is a progressive theory which explains disability as one of many diversities of human society. Human society is diverse in nature with unique abilities and disabilities. There are people with different intelligence, characteristics, personality traits, colour, size, shape, race, creed, religion, caste, sect, language, script, physical and mental ability and other inherent differences. All these differences or diversities are accepted except for the inherent nature of disability as diversity. This theory applies human rights perspective to disability and development. It admits the fact that person is not a problem but the barriers created by the society and related factors make him/her disabled or handicapped. Attempts are made to remove the barriers and allow people with impairments to lead a life with respect and dignity. Here the emphasis is on removing barriers rather than making a person with impairment so called normal. This theory brought about revolutionary, drastic, dramatic and spectacular changes in the sector and on the lives of Persons With Disabilities. This theory appeals human society to accept disability as a human diversity along with thousands of other differences and diversities unconditionally.

There are different perspectives on disability, which look at disability from different dimensions and angles. This chapter gives a picture of different perspectives; approaches and models of disability, which still exist in the societies. It is very important to understand which perspective one has on disability to decide interventions for the development of Persons With Disabilities. The efficacy of the interventions largely depends on the perspective. They are key factors to responses, approaches, models and development.

**Source:**

4. PERSPECTIVES, APPROACHES AND MODELS
4.2 SOCIOLOGICAL PERSPECTIVE

The Social Model of Disability and Emancipatory Disability Research - Briefing Document attempts to explain the sociological perspective or understanding of disability. In many ways social scientists and researchers have been doing 'disability' research since at least the 1950s if not before. Although some of these studies have drawn attention to the economic and social inequalities encountered by Persons With Disabilities, few have questioned the underlying cause of these problems. Most simply assumed that impairment of one kind or another was the main reason why Persons With Disabilities were disadvantaged. The solution of course was 'cure' or 'care for the individuals concerned. In recent years however this has begun to change with the coming of the social model of disability and 'emancipatory' disability research. In view of recent controversies surrounding these terms, the aim of this section is to set out a position on what is meant by the sociological perspective of disability and emancipatory disability research.

The Sociological perspective of Disability:

In the broadest sense the sociological perspective of disability is about nothing more complicated than a clear focus on the economic, environmental and cultural barriers encountered by people who are viewed by others as having some form of impairment - whether physical, sensory or intellectual. The barriers Persons With Disabilities encounter include inaccessible education systems, working environments, inadequate disability benefits, discriminatory health and social support services, inaccessible transport, houses and public buildings and amenities, and the devaluing of Persons With Disabilities through negative images in the media - films, television and newspapers.

The sociological perspective of disability can also be used to understand the family lives and personal relationships of Persons With Disabilities. This is because the cultural environment usually sees impairment as unattractive and unwanted. Consequently parents often don't know how to bring up a child born with impairment so their feelings and the way they treat them are dependent upon what they have learned about disability from the world around them. People who acquire impairment later in life also have to rely on this cultural backdrop and so it is not surprising that many people with and without impairments do not know how to respond. This helps to explain why, for some people, coming to terms with a disabled lifestyle represents a personal or family tragedy. Furthermore, the social model of disability does not ignore questions and concerns relating to impairment and/or the importance of medical and therapeutic treatments.

A sociological perspective acknowledges that in many cases, the suffering associated with disabled lifestyles is primarily due to the lack of medical and other services. The sociological perspective recognises that for many people coming to terms with the consequences of impairment in a society that devalues Persons With Disabilities and disabled lifestyles is often a personal tragedy. But the tragedy is that our society, and increasingly other societies, continues to discriminate, exclude and oppress people viewed and labeled disabled and this is the subject matter of emancipatory disability research.

Emancipatory Disability Research:

Emancipatory disability research emerged in 1991 from a series of seminars funded by the Joseph Rowntree Foundation (JRF). The emancipatory research agenda acknowledges that
social research, as with all social activity is a political process, and can be characterised by seven core principles discussed below.

1. **Control:** Unlike conventional approaches, emancipatory disability research must fully involve Persons With Disabilities from the beginning to the end of the research process. Non-disabled researchers may also be involved but they must be accountable throughout the entire research process to a research advisory group or committee controlled and run by Persons With Disabilities.

2. **Accountability:** Accountability extends to all those involved in the research process. Research procedures and practices must be open and explained to research participants and participating organisations. The findings and implications of research must be disseminated in appropriate formats to all relevant audiences, especially to Persons With Disabilities.

3. **Empowerment:** Emancipatory research must attempt to leave Persons With Disabilities in a better position to confront the disabling barriers in their lives and must not exploit their experiences for career benefits to researchers. Emancipatory disability research should produce knowledge, understanding and information that will have some meaningful practical outcomes for Persons With Disabilities in their struggles to overcome the barriers faced in disabling societies.

4. **The Social Model of Disability:** Emancipatory disability research should adhere to the social model of disability. This reflects the growing demand by Persons With Disabilities for a more holistic approach to the problems commonly associated with disability. Emancipatory disability research focuses on the economic, environmental and cultural barriers encountered by Persons With Disabilities and their families.

5. **The Need for Rigour:** Researchers must ensure that their choice of research methodology and data collection strategies are logical, rigorous and open to public and academic scrutiny.

6. **The Choice of Methods:** While emancipatory disability research has really been associated with qualitative rather than quantitative data collection strategies; the choice of methods must adequately reflect the needs of the project concerned and the wishes of Persons With Disabilities. However it is not the research strategies themselves that are the problem, it is the uses to which they are put.

7. **The Role of Experience:** Discussions of Persons With Disabilities' experiences, narratives and stories should be couched firmly within an environmental and cultural context in order to highlight the disabling consequences of a society i.e. increasingly organised around the needs of a mythical, affluent non-disabled majority.

The sociological perspective on disability acknowledges the fact that impairment of an individual is not an individual pathology but the disability created by the society. It attributes to the pathetic situation of Persons With Disabilities across the globe regardless of developed or developing world.

**Source:**

4. The Editor [1992] "Disability, Handicap and Society" [Special Issue on researching disability 7(2) London.

4. PERSPECTIVES, APPROACHES AND MODELS
4.3. POVERTY AND DISABILITY

Poverty is both a cause and consequence of disability. Eliminating world poverty is unlikely to be achieved unless the rights and needs of Persons With Disabilities are taken into account. According to the United Nations, one person in 20 has a disability. More than three out of four of these live in a developing country. More often than not they are among the poorest of the poor. Recent World Bank estimates suggest they may account for as many as one in five of the world's poorest. Disability limits access to education and employment, and leads to economic and social exclusion. Poor Persons With Disabilities are caught in a vicious cycle of poverty and disability, each being both a cause and a consequence of the other.

A large proportion of disability is preventable. Achieving the international development targets for economic, social and human development will undoubtedly reduce the levels of disability in many poor countries. However, general improvements in living conditions will not be enough. Specific steps are still required, not only for prevention, but also to ensure that Persons With Disabilities are able to participate fully in the development process, obtain a fair share of the benefits, and claim their rights as full and equal members of society. An integrated approach is required, linking prevention and rehabilitation with empowerment strategies and changes in attitudes. This section assesses the significance of disability as a key development issue, and its importance in relation to poverty, human rights, and the achievement of internationally agreed development targets. It also sets out ways in which development co-operation, including development agency's own work, can help incorporate the rights and needs of Persons With Disabilities into the mainstream of poverty reduction work and the achievement of human rights. One in 20 is a conservative estimate; with some sources suggesting that as many as one in ten of the world's population may be defined as having a disability. It is not only just the individual with disabilities who is poor but the members of the entire family become poor due to direct and indirect costs of disability. Thus the poverty and disability vicious cycle catches roughly about the 25% population of the developing countries.

What is disability?
Defining disability is complex and controversial. Though arising from physical or intellectual impairment, disability has social implications as well as health ones. A full understanding of disability recognises that it has a powerful human rights dimension and is often associated with social exclusion, and increased exposure and vulnerability to poverty. Disability is the outcome of complex interactions between the functional limitations arising from a person's physical, intellectual, or mental condition and the social and physical environment. It has multiple dimensions and is far more than an individual health or medical problem. On this basis, the working definition of disability adopted in this section is "long-term impairment leading to social and economic disadvantages, denial of rights, and limited opportunities to play an equal part in the life of the community".

The International Development Targets/Millenium Development Goals [MDG]: The international community is committed to an agreed set of development targets, aimed at significantly reducing poverty and accelerating the pace of economic, social and human development. These are summarised in later part of this section. The international development targets are directly relevant to women, men and children with disabilities in poorer countries. Their needs and rights cannot be fully addressed unless the underlying
causes of poverty are tackled, unless they are empowered to gain access to education, health services, and a livelihood and participate fully in social life. Given the high proportion of Persons With Disabilities among the poor, it is unlikely that these targets can be properly achieved without specific efforts to tackle disability. The UK Government which is committed to a set of internationally agreed development targets aims at improving the human development index:

1. Economic Well-being:
- a reduction by one-half in the proportion of people living in extreme poverty by 2015

2. Human and Social Development:
- Universal primary education in all countries by 2015
- demonstrated progress towards gender equality and the empowerment of women by eliminating gender disparity in primary and secondary education by 2005
- a reduction by two-thirds in the mortality rates for infants and children under age five by 2015
- a reduction by three-quarters in maternal mortality by 2015
- Access through the primary health care system to reproductive health services for all individuals of appropriate ages as soon as possible and no later than the year 2015

3. Environmental Sustainability and Regeneration:
- the implementation of national strategies for sustainable development in all countries 2005, so as to ensure that current trends in the loss of environmental resources are effectively reversed at both global and national levels by 2015

Poverty - a cause and consequence:
Poverty is both a cause and consequence of disability. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion. A majority of the Persons With Disabilities find their situation affecting their chances of going to school, working for a living, enjoying family life, and participating as equals in social life. It is estimated that only 2% of Persons With Disabilities in developing countries have access to rehabilitation and appropriate basic services.

Disability & Poverty: Poor nutrition, dangerous working and living conditions, limited access to vaccination programmes and health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, war and conflict, and natural disasters all cause disability. Many of these causes are preventable. According to estimates by the World Health Organisation (WHO), as many as 20 million women a year suffer disability and long-term complications as a result of pregnancy and childbirth. The most common causes of motor disability are injuries from accidents on the road, at home, or the workplace; war and violence including landmines; birth trauma and infections, diseases such as polio and leprosy. Children are often disabled as a result of malnutrition. Disability, in turn exacerbates poverty, by increasing isolation and economic strain, not just for the individual but often for the family of the affected as well.

Children with disabilities are more likely to die young, or be neglected, malnourished and poor. Persons With Disabilities who are denied education are then unable to find employment, which drives them more deeply into poverty. Breaking out of the vicious cycle of poverty and disability becomes more and more difficult. The result of the cycle of poverty and disability is that Persons With Disabilities are usually amongst the poorest of the poor and their literacy rates are considerably lower than the rest of the population. Women with
disabilities suffer a double discrimination, both on the grounds of gender and of impairment; their literacy rates are lower than their male counterparts. Recent UNESCO studies have suggested that only 1-2% of children with disabilities in developing countries receive an education. Boys with disabilities attend school more frequently than girls with disabilities. Studies show that women with disabilities are twice to three times more likely to be victims of physical and sexual abuse than women with no disabilities. Their access to reproductive health care is minimal and as a result they suffer greater vulnerability to reproductive health problems. There is a lack of awareness regarding women with disabilities and reproductive health needs. More often than not, it is assumed that they do not form part of the target groups because being disabled is associated with being sexless.

As many as 50% of disabilities are preventable and are directly linked to poverty. For example, the WHO currently estimates that worldwide there are 1.5 million blind children, mainly in Africa and Asia. In developing countries up to 70% of blindness in children is either preventable or treatable. The WHO also estimates that around 50% of disabling hearing impairment is also preventable. In 1995 this affected a total of 120 million people worldwide (including seven million children). The proportion of the causative factors which cause disability or impairments are summarized below:

### Table 4.1. Causative factors:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malnutrition</td>
<td>20%</td>
</tr>
<tr>
<td>Accident/Trauma/War</td>
<td>16%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>11%</td>
</tr>
<tr>
<td>Non-Infectious Diseases</td>
<td>20%</td>
</tr>
<tr>
<td>Congenital Diseases</td>
<td>20%</td>
</tr>
<tr>
<td>Other (including ageing)</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Source: [UN Figures in Overcoming Obstacles to the Integration of Persons With Disabilities, UNESCO, DAA, and March 1995]*

The WHO currently estimates that worldwide there are 110 million people with low vision and 45 million blind people (of whom 1.5 million are children), mainly in Africa and Asia. The main causes of blindness in adults are cataract, infectious diseases (trachoma, onchocerciasis, and leprosy), diabetes and degenerative disorders. The main causes in children are corneal scarring (due to vitamin A deficiency, measles, trachoma, neonatal conjunctivitis or harmful traditional eye medicines), cataract, genetic causes, and congenital abnormalities (e.g. rubella).

**Poverty and disability - a vicious cycle:**

Poverty
Disability
Vulnerability to poverty and ill-health
Social and cultural exclusion and stigma
Reduced participation in decision-making, and denial of civil and political rights
Deficits in economic, social and cultural rights
Denial of opportunities for economic, social and human development

**The costs of disability:** Disability does not just affect the individual, but impacts on the whole community. The cost of excluding Persons With Disabilities from taking an active part in community life is high and has to be borne by society, particularly those who take on the burden of care. This exclusion often leads to losses in productivity and human potential. The

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4. PERSPECTIVES, APPROACHES AND MODELS
UN estimates that 25% of the entire population is adversely affected in one way or another as a result of disabilities. The cost of disability has three components;

1. The direct cost of treatment, including the costs of travel and access;
2. The indirect costs to those who are not directly affected (‘carers’);
3. The opportunity costs of income foregone from incapacity.

According to a study of disability in India, ‘At least 32 million people were likely to be disabled in 1991, and the lives of their families, those people affected indirectly by disability amount to perhaps four to five times as many; 130 million. These figures are likely to be great underestimates. An earlier study, in 1989, conservatively estimated that the aggregate costs of blindness to the Indian national economy, including a minimal subsistence allowance for blind people, amounted to approximately US$4.6 billion per year. Analysis of Tanzanian survey data has revealed that households with a member who has a disability have a mean consumption less than 60% of the average (and a headcount 20% greater than average), leading the author to conclude that disability ‘is a hidden face of African poverty’. Though to be treated with caution, an indicator that is frequently used to quantify the burden of disease in a country or region is the DALY (Disability Adjusted Life Year). This quantification combines estimates of healthy life years lost because of premature mortality with those lost as a result of disability/morbidity. According to World Bank estimates, long-term disabilities were responsible for more than a third (34%) of DALYs lost worldwide in 1990.

The direct cost of disability is usually unequally shared. The burden of care most often falls on family members, usually mothers or other female relatives. Caring for a child with a severe disability further increases the workload of women living in extreme poverty, and takes valuable time away from the daily struggle to make a living. The burden of care also often falls on other children, usually girls, who may have to miss school to remain at home and care for a sibling or other relative with a disability. The benefits of reduced disability and morbidity to the economy are numerous and include increased productivity, greater opportunities to obtain better-paying jobs, and longer working lives. Thus it is evident from the research that poverty is both a cause and consequence of disability. Poor people are most likely to become disabled and Persons With Disabilities are most likely to become poorer. The responses to disability should address the underlying causes of poverty along with minimising the effects of impairment on an individual. Working in isolation with Persons With Disabilities without addressing poverty will not address the issues of disability completely. An integrated, coordinated, collaborative and concerted approach is required to promote the holistic development of Persons With Disabilities. There is a great need to include Persons With Disabilities in the development process by all the development agencies.

Source:

4. PERSPECTIVES, APPROACHES AND MODELS
4.4. DISABILITY AND DEVELOPMENT (DD)

Interest in inclusive development is growing within governments, civil society, and the development sector, but efforts in these areas are hamstrung by the lack of research exploring the link between disability and poverty and evaluation of good practices. This lacking results directly from the scarcity of quality data. Therefore, a main priority of the Disability and Development (DD) Team at the World Bank is to be proactive in generating the type of information that can make inclusive development possible and helping the Bank to become a leader in this area. Central to the success of bank’s efforts is building partnerships with other development agencies. To that end the Bank has partnered with the UN, the IDB (International Development Bank), OECD and others in data gathering efforts. As part of World Bank’s broader strategy on building partnerships, a conference was convened in December 2004, titled “Disability and Inclusive Development to Sharing, Learning and Building Alliances”. This is part of an ongoing effort to build new partnerships. This section briefly summarizes what is known about disability and development, and the relation between disability and poverty, and then outlines the stakeholders’ activities in building a solid research base that can inform inclusive development.

To sustain and promote economic growth and well-being, it is essential to incorporate the concept of human functioning into development programs. People’s functioning levels vary significantly -- whether in relation to physical capabilities, intellectual capabilities, sensory abilities (hearing and vision), or the impact of mental health. Not accounting for these differences can seriously limit the effectiveness of programs designed to promote economic and social well-being. When individuals with different levels of functioning encounter barriers to health services, education, employment, public services, and infrastructure, they are disabled i.e. disabled in the sense that their ability to participate in economic activities and uplift themselves from poverty suffers. Disability is thus an interaction between human functioning and an environment which does not account for different levels of functioning. In other words, people with physical or mental limitations are often disabled not so much because of their functioning levels, but because of their being denied access to education, labor markets, and public services. This exclusion leads to poverty, and in a vicious cycle, poverty can lead to more disability by making people more vulnerable to malnutrition, disease, and unsafe living and working conditions.

According to estimates by WHO, approximately 10% of the population has a disability, and this is probably a conservative estimate. Within developing countries, this population numbers at least 400 million and they are among the poorest of the poor. Furthermore, the effects of “disability” go beyond those with functional impairments themselves. Family members must often absorb extra responsibilities that inhibit their participation in the economic and social life of their communities. And of course, lesser the productivity of a citizen lesser is the economic growth. Even for those people not classified as “disabled,” different levels of human functioning can have an impact on their access to the economy and the community. Unfortunately, due to limited data collection in this area good information on the relationship between poverty and disability is unavailable. At present, there is a growing effort to obtain quantitative data that can provide prevalence estimates and general links between poverty and disability. However, there is scant information on the dynamics of how the presence of impairments affects the economic and social life of people in developing countries.
Disability and Poverty:
Some estimates suggest that roughly 15% to 20% of poor people in developing countries are disabled (Elwan, 1999). A recent disability survey in Nicaragua found Persons With Disabilities to have much lower rates of education, much higher rates of illiteracy, and much lower rates of economic activity. In Uganda, households with a disabled head are 38% more likely to be poor than their non-disabled counterparts (Hoogeveen, 2005). According to the Serbian Poverty Reduction Strategy Paper, 70% of Persons With Disabilities were poor and only 13% had access to employment. In Sri Lanka, about 90% of Persons With Disabilities are unemployed (Tudawe, 2001). One study in India found that Persons With Disabilities were more likely to be poor, hold fewer assets, and incur greater debts (Harris-White, 1996). Moreover, the impact of disability goes beyond Persons With Disabilities to include their family members, as well.

The Uganda study showed significant dropouts in school attendance of children with disabled household heads. In Nicaragua, family members spent on average 10 hours a day caring for Persons With Disabilities, which must affect their employment and other home production. Still, these figures probably underestimate the extent of poverty among Persons With Disabilities.

As Amartya Sen points out in his keynote address at the World Bank's conference on disability, the poverty line for Persons With Disabilities should take into account the extra expenses they entail in translating their income into the freedom to live well. A study in the United Kingdom found that the poverty rate for Persons With Disabilities was 23.1% compared to 17.9% for non-disabled people, but when extra expenses associated with being disabled were considered, the poverty rate for Persons With Disabilities shot up to 47.4%. The two-way link between poverty and disability creates a vicious circle. Poor people are more at risk of acquiring a disability because of lack of access to good nutrition, health care, sanitation, as well as safe living and working conditions. Once this occurs, people face barriers to education, employment, and public services that can help them escape poverty. These barriers include intense stigma, as well as barriers related to infrastructure and program design. Unfortunately, research in this area is sparse (Yeo and Moore, 2003).

World Bank Activities in Disability Research: One of the first data-related activities the Bank has been involved with is partnering to the UN Statistical Commission's Washington Group on Disability Measurement (WG) to develop improved data instruments. The WG is almost ready to pilot test census questions on disability, and is beginning work on survey instruments. Disability is being incorporated in a growing number of Bank research projects including primary data collection (e.g., Afghanistan, Ecuador, Bolivia, and Kenya). In addition, using poverty mapping techniques, the Bank is developing a methodology for estimating the poverty rates of small vulnerable groups and applying it to several countries this year.

A qualitative data instrument focusing on how disability affects family dynamics is also in development, as is a study on service delivery to Persons With Disabilities in Indonesia, a regional study of disability in ECA, and a study of cash transfer programs in LAC. In addition, a Bank staff presented an early version of a working paper exploring the relationship between disability and educational attainment at a recent conference. On November 16, 2004, the Bank convened a one day seminar to develop a strategic plan for generating research to meaningfully assist inclusive development. This was chaired by the new chief economist in HD, Paul Gertler. The group concluded that the Bank should construct a detailed program for evaluation of service delivery in the area of employment, education or
health as it regards Persons With Disabilities. The evaluation should focus on the family (or household) of the Person With Disability, and should be incorporated into current operations. The DD Team has since located a few appropriate operations and is in the process of securing funds to add such an evaluative component to WB's research agenda. The goal is not only to focus attention on the relationship between disability and poverty, but to help develop the tools to better design, monitor, and evaluate policies and operations that include Persons With Disabilities.

World Bank, Partners Call for Global Cooperation to "Unlock" Opportunities for Millions of Persons With Disabilities. As the world celebrated 2004 UN International Day of Persons With Disabilities on Friday, a two-day conference looked at ways to include Persons With Disabilities' needs in the fight against poverty December 2, 2004, Washington DC. As part of the international efforts to fight poverty through more inclusive development policies, the World Bank and its partners called for strengthening global cooperation and partnerships to "unlock" opportunities for the more than 600 million Persons With Disabilities worldwide, of whom 400 million live in developing countries.

At a two-day conference, held at the World Bank's headquarters and titled "Disability and Inclusive Development: Sharing, Learning and Building Alliances", representatives from diverse organisations and countries took stock of what has been accomplished in the field of disability-particularly its inclusion into development operations over the past two years, when the Bank held its first international conference on disability issues. "We need to unlock the opportunities for 600 million people or more who have one form of disability or another, but who have with these disabilities tremendous competencies," the then World Bank President James Wolfensohn said in his opening remarks to a packed room at Preston Auditorium.

"The World Bank considers it crucial that countries adopt development policies that include the concerns and needs of Persons With Disabilities so that they can contribute to the societies in which they live," said Wolfensohn. "In fact, if we are to achieve the Millennium Development Goals of halving poverty by 2015, dealing with education for all, halving the rates of birth and child mortality, it is simply impossible to conceive of doing that without the inclusion of Persons With Disabilities community." According to Bank research, disability is affecting countries in different ways. In Uganda, for example, households headed by a person with a disability are 38% more likely to be poor. In Serbia, the poverty rate of Persons With Disabilities is 70%. In Honduras, Persons With Disabilities have an illiteracy rate of 51% compared to 19% for the general population. In the United States, there is almost a 70% rate of unemployment among Persons With Disabilities. And in some parts of the world, as many as 80% of children with disabilities die before the age of 5, even in areas where the overall child mortality rate has been brought down to under 20%.

According to Dr. Amartya Sen, Mont Professor at Harvard University and 1998 Nobel Laureate in economic science, in a keynote address notes that "social intervention against disability had to include prevention as well as management and alleviation". "An understanding of the moral and political demands of disability is important not only because it is such a widespread and impairing feature of humanity, but also because the tragic consequences of disability can be substantially overcome with determined societal help and imaginative intervention," Sen says. "Given what can be achieved through intelligent and humane intervention, it is amazing how inactive and smug most societies are about the prevalence of the unshared burden of disability."

According to Dr. Catherine Le Gales-Camus, Assistant Secretary of the World Health Organization (WHO), addressing on the effect of HIV/AIDS on women, girls and Persons With Disabilities. "Poverty, HIV/AIDS, and Persons With Disabilities are linked in a dangerous
spiral," she says. "We are deeply concerned that among all Persons With Disabilities, women and children suffer the most." She also notes that a recent Global Survey on HIV/AIDS and Disability released from the World Bank found that Persons With Disabilities have a two to three times higher risk of acquiring HIV/AIDS due to widespread abuse and that lack of information for the visual and hearing impaired is a factor. She adds that "the HIV/AIDS Department of WHO is now coordinating its efforts with the disability and rehabilitation team to guarantee that information on HIV/AIDS will be, and can be, available to everyone."

According to Luis Gallegos, UN Ambassador and chair-person of the ad-hoc committee on the Convention for the Rights of Persons With Disabilities, Persons With Disabilities were prominent leaders in the process of creating this new international human rights instrument. "They are enriching every aspect of the discourse on the Convention, thereby contributing to promoting the human rights of all persons," he says. U.S. Senator Tom Harkin, Iowa, says that one of the biggest challenges facing Persons With Disabilities community was changing people’s attitudes and expectations with regards to Persons With Disabilities. Harkin, who was one of the forces behind the Americans with Disabilities Act signed into law 15 years ago, notes that the international community needed to work toward three main goals: access, inclusion and awareness of the rights of Persons With Disabilities on a global scale. "Unfortunately, the barriers that Persons With Disabilities face here in America, the barriers of isolation, exclusion, low expectations, are pervasive around the world," Harkin says. "In my view, these are the attitudes that we have got to change, and I believe we can change them."

The conference also aimed to strengthen partnerships with client countries and other international organisations to build and disseminate good practices in order to help countries achieve the goals of access, inclusion, and poverty reduction of Persons With Disabilities. According to Judith Heumann, Disability and Development Advisor at the World Bank, the Global Partnership on Disability and Development (GPDD), which grew out of the 2002 disability and development conference, is a good example of an informal coalition, including the Bank and more than one hundred other organisations, that is trying to enable partnerships by focusing on economic development issues and the strengthening of human rights for Persons With Disabilities. Today, a GPDD discussion group of about 25 people are considering a draft declaration of purpose, possible creation of a steering group, and next steps. "While Persons With Disabilities remain the poorest of the poor, we need to better understand and identify the economic impact of disability in poverty reduction, as we work to integrate disability into the development agenda of the Bank and other organisations," says Heumann. "We need to recognize that if Persons With Disabilities are afforded opportunities like other non-disabled people, then they can also make meaningful contributions. That's why WB is helping its global colleagues learn what Persons With Disabilities community is, and how to include it into their daily work."

The concept of disability and development brings a new dimension to disability. The issues of Persons With Disabilities are multisectoral and multidimensional. Attempts should be made to address these multifaceted issues rather than single issue that minimise the effects of impairment on an individual. Disability is a development issue, thus a development frame work is required to address the issues.

Source:
4. PERSPECTIVES, APPROACHES AND MODELS


4.5. DISABILITY AND JUSTICE

Persons with physical or mental disability are not only among the most deprived human beings in the world, they are also, frequently enough, the most neglected. Even though this is a research on practical matters, concerned with the great urgency and also with the ways and means of righting the wrongs that are done to Persons With Disabilities, the primary focus will be on theory, in particular the treatment of disability in theories of justice. It is important to see why the treatment of disability and the understanding of the demands of justice to Persons With Disabilities should be so central to ethics in general and theories of justice in particular. It is also, this research would argue, useful to understand why the main schools of thought in theories of justice have tended to neglect this central issue, and how that neglect, in its turn, has tended to bias practical policies in the direction of inaction, and has even contributed to suppressing the sense of inadequacy that can reasonably accompany the failure to take a responsible view of the social obligation to Persons With Disabilities. Parts of this section will, thus, take the form of a “whodunnit” - albeit a rather philosophical “whodunit”.

There can be, at one level, nothing as obvious as the predicament of Persons With Disabilities and the manifest need to do something about it. When, twenty-five hundred years ago, young Gautama - later known as Buddha - left his princely home, in the foothills of the Himalayas, in search of enlightenment, he was moved, in particular, by the sight of ‘mortality’ (a dead body being taken to the cremation), ‘morbidity’ (he saw a person severely afflicted by illness), and ‘disability’ (he watched a person disabled by old age). Gautama Buddha’s concern about the deprivations and adversities of human life has served as a powerful image of caring for humanity throughout the ages, and it remains deeply evocative today. There is something immediate and poignant in the recognition of disability that calls for reflection and response. The deliberation that this leads to, can be, with reason, expected to reinforce the immediacy and force of the call to action. Fairness to people in divergent circumstances is central to the subject matter of justice, and any adequate theory of justice must tell us how such fairness is to be achieved. Indeed, it is not hard to argue that any theory of justice must address this issue, in order to qualify as an acceptable doctrine, and must identify what is owed by society to the people who happen to be significantly handicapped.

There can, of course, be debates on precisely how the predicament of Persons With Disabilities is to be overcome or ameliorated, and what institutions, rules and conventions would be right in dealing with this grave challenge. But overlooking or ignoring the plight of Persons With Disabilities is not an option that an acceptable theory of justice can have. And yet, to a great extent, this is precisely what the theories of justice that have commanded loyalty over the centuries have tended to do, and this has profoundly affected the practical understanding of the nature of a good society and the demands of public order and social fairness. It must be examined how this has happened, and why the impoverished perspectives that avoid addressing the claims of Persons With Disabilities have come to occupy such central positions in political philosophy and welfare economics. Any theory of social ethics, and particularly any theory of justice, has to choose what may be called an “informational basis,” i.e., it has to decide what features of the world have to be concentrated on in judging the success and failure
of a society, and in assessing justice and injustice. In this context, it is particularly important to have a view on how an individual's advantage is to be assessed. Consider, for example, three prominent theories of social evaluation and justice:

First, utilitarianism, championed by Jeremy Bentham and others, concentrates on individual happiness or pleasure (or some other interpretation of individual "utility") as the best way of assessing whether a person is advantaged or disadvantaged. A second approach, which can be found in many practical exercises in economics (and has had its run in theories of welfare economics), assesses a person's advantage in terms of his or her income and wealth. This is an opulence-based approach, just as utilitarianism is a utility-based approach, and its informational focus is on such data as aggregate incomes, on one hand, and income distribution, on the other. A third theory is that presented by the greatest political philosopher of present time, John Rawls. This demands that attention be paid to liberty and its priority, but going beyond that Rawlsian theory of justice insists that in assessing distributional equity, the advantage of each person be judged in terms of the "primary goods" that each person respectively has. Primary goods constitute a general category of resources - or general-purpose means - that would help anyone to promote his or her ends. Rawls exemplifies primary goods by pointing to the need to include "rights, liberties and opportunities, income and wealth, and the social bases of self-respect."

It can be easily shown that none of these dominant theories of ethics and justice can really pay serious attention to the issue of fairness to Persons With Disabilities. This research starts with examining the second approach, the opulence-based theory, which is the approach economists often use in focusing on income distribution, and which tends to dominate public discussion of distributional concerns in the media and in public discussion in general. The basic problem with this approach was noted with much clarity 2300 years ago by Aristotle, in his book Nicomachean Ethics. Aristotle put the point thus: "wealth is evidently not the good we are seeking; for it is merely useful and for the sake of something else." Wealth or income is not something we value for its own sake. A person with severe disability need not really be judged to be more advantaged than a non-disabled person even if he or she has a higher level of income or wealth than a non-disabled person. One has to examine the overall capability that any person has to lead the kind of life he/she has reason to want to lead, and this requires that attention be paid to his/her personal characteristics (including his/her disabilities, if any) as well as to his/her income and other resources, since both can influence hi/her actual capabilities. To ground a theory of justice on the informational foundation of opulence and income distribution would be a confusion of ends and means: income and opulence are things that one seeks "for the sake of something else" (as Aristotle put it).

It is extremely important to distinguish between two types of handicap that tend to go with disability, which may be respectively called "earning handicap" and "conversion handicap." A Person With Disability may find it harder to get a job or to retain it, and may receive lower compensation for work. This earning handicap will be reflected in the opulence-based theory, since a Person With Disability may well be seriously disadvantaged in terms of income and wealth. But that is only a part of the problem. To do the same things as a non-disabled people, a person with physical disability may need more income than the non-disabled people. To move easily or at all, a person who happens to be, say, crippled by an accident or by illness may need assistance, or prosthesis, or both. The conversion handicap refers to the disadvantage that a Person With Disability has in converting money into good living. It is not sufficient to be concerned only with earning handicap, since Persons With Disabilities tend to suffer also from conversion handicaps.
The issue is quite central to understanding the limitations of an income-based view of poverty. Poverty can be seen as an inadequacy of the basic capabilities that a person has. This links with lowness of incomes, certainly, but not just with that. With the same level of income a Person With Disability may be able to do far fewer things, and may be seriously deprived in terms of the capabilities that he or she has reason to value. For the same reason for which disability makes it harder to earn an income, disability also makes it harder to convert income into the freedom to live well. This research attempts to illustrate the influence of conversion handicap with some results from poverty rates in the United Kingdom obtained by Wiebke Kuklys, in an illuminating thesis recently completed at Cambridge University. Taking a poverty cut-off line at 60% of the national median income, Kuklys finds that 17.9% of individuals lived in families with below-poverty line income.

If attention is now shifted to individuals in families with a disabled member, the percentage of such individuals living in below-poverty line income is 23.1%. This gap of about 5% point would largely reflect the income handicap associated with disability and the care of Persons With Disabilities. If now conversion handicap is introduced, and note is taken of the need for more income to ameliorate the disadvantages of disability, the proportion of individuals in families with disabled members jumps up to 47.4% - a gap of nearly 20 percentage point over the share of below-poverty-line individuals (17.9%) for the population as a whole. To look at the comparative picture in another way, of the 20 extra percentage point poverty disadvantage of individuals living in families with a disabled member, about a quarter can be attributed to income handicap and three-quarters to conversion handicap.

Since the incidence of disability is relatively smaller in the United Kingdom than in many developing countries, the overall impact of taking note of the conversion handicap of Persons With Disabilities for the British population as a whole is relatively moderate: it raises the average incidence of poverty for the British people as a whole, Wiebke Kuklys shows, from 17.9% to 19.8%. Even though this rise is far from negligible, the difference would tend to be much larger in countries where the incidence of disability is greater, which would apply to most developing countries. And even in Britain, even though the overall rate of poverty goes up by only 2 percentage point, the unequal suffering of families with Persons With Disabilities in Britain is well reflected by the incidence of capability-adjusted poverty for this group being more than 240% larger than for the population as a whole. Ignoring the conversion handicap as income-based measures of poverty tends to do have the effect of vastly distorting the level of poverty in families with one or more disabled members. Furthermore, some of the inputs of good living come not from personal income, but directly from social arrangements, such as institutions for public education and civic facilities. Many children with disabilities, whether deaf or in wheelchairs, are denied, in effect, reasonable access to elementary education, in many developing countries, because of a lack of arrangements for Persons With Disabilities.

It has been estimated that of the 100 million or more children who are out of school in the world, 40 million or so have disabilities of one kind or another. Most of the schools, particularly in the less developed countries, are built without access for children who have physical disabilities, and most teachers are not trained to deal with children who have handicaps of different kinds, including learning disability. The conversion handicap applies, thus, not only to converting personal incomes into good living, but also to converting social facilities into actually usable opportunities. One further connection to note is that the lives of Persons With Disabilities may be more challenged because of unfavourable social attitudes to physical or mental handicap. This is, by itself, a material factor in subjecting Persons With Disabilities to a conversion handicap, but to these adversities has to be added the possibility of actual mistreatment to which Persons With Disabilities are often subjected. There is considerable evidence that Persons With Disabilities even have an increased risk, in many situations, of acquiring HIV and
other infection due to physical and sexual abuse. This is conversion handicap with a vengeance. A theory of justice that confines attention to earning handicap only can hardly come to grips with the demands of fairness that are central to the foundations of justice.

The concentration on primary goods in the Rawlsian framework relates to his view of individual advantage in terms of the opportunities they enjoy to pursue their respective objectives. Rawls saw these objectives as the pursuit of individual "conceptions of the good", which would vary from person to person. In dealing with this approach to individual advantage, one has to take note of two types of variations that different persons have. The first relates to the different objectives that different persons may have, linked to their respective "conceptions of the good". Rawls particularly concentrates on this. He tends to assume that primary goods in general are versatile enough to cater to the diverse human objectives that different persons may have, but he also discusses why having specially expensive objectives does not entitle a person to more income than others with more modest demands. The second source of variation is the one with which this research is principally concerned here, to wit, the fact that a Person With Disability may need more resources and primary goods to achieve the same capabilities, even if he or she has exactly the same conception of the good as others have.

People with physical or mental disabilities have to incur extra costs to do the same things that others do with ease (such as walk, talk, or see), and sometimes Persons With Disabilities will not reach comparable levels of activity or achievement as the non-disabled people even with incurring much expense. This section has already discussed the conversion problem in the context of differential ability to convert incomes and other resources into the freedom to live well. A similar criticism can be made of the limitation of the Rawlsian focus on primary goods. Even though Rawls' list of primary goods goes well beyond incomes and wealth, conversion handicaps related to disability apply to the entire list of primary goods. This goes against the fairness of taking the holdings of primary goods to be indicators of individual advantage, in assessing distributive justice. Indeed, the broadening of the informational focus from incomes to primary goods is not in itself adequate to deal with the relevant variations in the relationship between resources and capabilities. Persons with physical or mental disabilities can be much more deprived in terms of what they can do even with the same amounts of primary goods, including "rights, liberties and opportunities, income and wealth, and the social bases of self-respect." The basic problem arises from the fact that, like incomes, primary goods are defined independently of a person's own characteristics. They are assets and resources that are "external" to the person; they do not capture what a person can do with the assets and resources he or she has. A Person With Disability may have more primary goods than a second person who happens to be non-disabled, and be thus judged to be more - not less - advantaged than the second person, whereas s/he may be forced (precisely because of her disability) to lead a more restricted and harsher life than the second person.

What about utilitarianism? That approach to justice cannot be accused of concentrating only on external objects, like incomes or primary goods, since the focus of the utility calculus is on human pleasures or desire fulfilment. It is not alienated from human life in the way an accounting of advantage based on incomes or primary goods must be. The problem with utilitarianism lies elsewhere. It focuses only on mental characteristics and treats those characteristics as adequate clues to the overall advantages that the different persons have. This overlooks in particular the fact that people's pleasures and desires adjust to circumstances, and adapt to adversities.

Consider a person who is physically disabled, but who, through initiative and dedication, manages to lead a life of some happiness by taking pleasure from small mercies. In the scale of utility or happiness or pleasure, this person may not, thanks to his/her initiative and efforts, look particularly disadvantaged at all. And yet his/her handicap in the form of disability and a general
diminution of capability would not have disappeared merely because he/she happened to be enterprising or happened to have a "sunny" temperament. For example, a physically impaired person would remain handicapped even if she were to take her deprivation cheerfully and adapt creatively to her disadvantage. The Person With Disability's claim to social help should not really go away so long as significant capability deprivations remain, no matter what level of mental pleasure or happiness the person succeeds in creating for herself despite her handicap.

The basic lesson seems clear enough. If the assessment of distributive justice requires to take note of the individual's real opportunity to pursue his or her objectives, then it is not adequate to confine attention either to incomes, or to primary goods, or just to pleasures or desires. The actual capabilities of persons must, directly or indirectly, be brought into the accounting of individual disadvantages and predicaments. This is why some have thought it necessary to go beyond the older theories of justice, and to focus on capabilities themselves in evaluating distributive justice and fairness.

The capability perspective and its extensive implications on economic and social development, which took the form of lectures, delivered by Amartya Sen at the Bank on the invitation of President Wolfensohn, which were subsequently published as a book, Development as Freedom. But the central point is that if we are concerned with substantive freedoms, then we have to look at the actual freedoms, including the corresponding capabilities that people have. Social attention to disability cannot really be submerged and downsized through opting for the relatively distant perspectives of incomes, primary goods, or pleasures.

The magnitude of the global problem of disability in the world is truly gigantic. The data that exists indicates that more than 600 million people - about one in ten of all human beings - live with some form of significant disability. More than 400 million of them live in developing countries. Furthermore, in the developing world, Persons With Disabilities are quite often not only the poorest of the poor in terms of income, but in addition their need for income is greater than that of non-disabled people, since they need money and assistance to try to live normal lives and to attempt to alleviate their handicaps. The impairment of income-earning ability - the earning handicap - is reinforced and much magnified by the conversion handicap: the difficulty in converting incomes and resources into good living. An understanding of the moral and political demands of disability is important not only because it is such a widespread and impairing feature of humanity, but also because the tragic consequences of disability can be substantially overcome with determined societal help and imaginative intervention. Policies to deal with disability can have a large domain, including the amelioration of the effects of handicap, on the one hand, and programmes to prevent the development of disabilities, on the other. It is extremely important to understand that most disabilities are preventable, and much can be done not only to diminish the penalty of disability but also to reduce the incidence of disability.

Indeed, only a moderate proportion of the 600 million people living with disabilities were doomed to these conditions at conception, or even at birth. For example, maternal malnutrition and childhood under nutrition can make children prone to illnesses and handicaps of health. Blindness can result from diseases linked to infection and lack of clean water. Other disabilities can originate through the effects of polio, measles or AIDS, as well as road accidents and injuries at work. A further issue is that of land mines which are scattered across the troubled territories of the world, and maim as well as kill women, men and especially children. Social intervention against disability has to include prevention as well as management and alleviation. Given what can be achieved through intelligent and humane intervention, it is amazing how inactive and smug most societies are about the prevalence of the unshared burden of disability.

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In feeding this inaction, conceptual confusion plays a significant role. Even though the established theories of justice turn out to be inadequate in providing a satisfactory understanding of the handicap of disability, the entrenched hold of these traditional approaches not only affects discourses in philosophy, but also influences the reach of public discussion on this critically important subject. For example, the concentration on income distribution as the principal guide to distributional fairness prevents an understanding of the predicament of disability and its moral and political implications for social analysis. Even the constant use of income-based views of poverty (such as, repeated invoking of the numbers of people who live below $1 of income per day) can distract attention from the full rigour of social deprivation, which combines conversion handicap with earning handicap. Similarly, the rhetoric of happiness and utility also directs attention away from the real disadvantage of disability to the contingent features of mental response to adversity.

"Practical men," John Maynard Keynes has argued, "who believe themselves to be exempt from any intellectual influences, are usually the slaves of some defunct economist." While economics, particularly defunct economics, must take some of the blame for the ills of the world, economics does not have a monopoly in being majestically defunct. Philosophy too, from very high-brow deliberations in abstract treatises to the immediate reaches of everyday reflections on right and wrong - exerts a remarkably powerful influence on the ideas that affect policies, institutions and practice. The theories involved make their own contributions, but sometimes even ideas that are highly creative for some purposes (as the Rawlsian theory of justice - the most significant advance in political philosophy in the last century - certainly is) can end up blocking necessary departures at a later stage of the philosophical debate. Alfred Tennyson's warning, uttered in a somewhat different context, has a direct bearing on the way theory can sublimate our spontaneous and candid concerns, and why ceaseless engagement is an inescapable necessity:

Hold thou the good: define it well: For fear divine Philosophy Should push beyond her mark, and be Procuress to the Lords of Hell. We have to resist the massive neglect of the needs of Persons With Disabilities through conceptual confounding. There is need for clarity here as well as for commitment.

Source:
4.6. RELIGION AND DISABILITY - CHRISTIANS PERSPECTIVE

The Bible, holy book of Christians is quite positive on disabilities. The New Testament of the Bible is a best example for this positivity. The perspective given in this section is the interpretation of the holy book by various thinkers. The illustrations given in this section are taken from both Old and New Testament of the holy book. The general preaching, thoughts, and teachings of Bible focus on fundamental normality and commonality of human society. The New Testament is more progressive than Old Testament with regard to Persons With Disabilities. There are a large number of examples where Jesus heals a large number of sick, ill, patients and Persons With Disabilities. The human compassion, service and love for mankind substantiate the fact that Christianity has positive outlook and perspective on disability. In the New Testament Jesus often uses analogies of physical and mental impairments in order to sensitize and make the non-disabled people aware of spiritual disabilities. He says “you blind, deaf, dumb, crippled and mentally ill” to the priests and Jews who do not listen to Jesus and still preach and prophesy teachings of Bible in his parables. Following illustrations from the Bible will help in understanding these facts.

Jesus is the focus in life experience (as Christians, human commonality) “Suffering accompanies redemption” [John 18:37] Jesus always says in his preaching that poor people, most disadvantaged and those who have sufferings are blessed by the God because they attain salvation easily than their rich and prodigal counter parts. Persons With Disabilities across the globe suffered a lot and have been suffering due to attitudinal and environmental barriers created by the society, thus Persons With Disabilities are most blessed by the God. “Purpose for Jesus coming” (James 1, 2 Corinthians 12, Psalms) Jesus says that sick and ill need doctor but not healthy. He reveals that his arrival is for poor, marginalized, excluded, underprivileged and disadvantaged but not for wealthy and aristocratic. “His disability experience, before cruelty of cross, by choice allowed himself to face torture, abuse, weakening to point of inability to carry own cross” [Isaiah 53:4-8] Jesus empathises the chronic bane of poor and marginalised especially Persons With Disabilities through his own sufferings, Cruz fixation, torture, cruelty and crippling attitudes of the society for his preaching on equality, equity, pro poor and taking sides of most poor and excluded”.

AAA’s of human nature of rejection of disabled: A-attack weakness (human evil nature tries to ‘weed out’ weak species) [Isa. 53:8] The old testament says that the weak species are accompanied by evil spirit which is indication of rejection of Persons With Disabilities by the society thinking that they are accompanied by evil spirit and they are not pure. This illustration clearly points out that there was rejection of Persons With Disabilities in the ancient days. Persons affected by leprosy were kept away from the community and they were considered as impure. ‘By oppression and judgment he was taken away’ (“A-void what is not understood, people shun, ignore, things they are not comfortable with”) [Isa. 53:4, 5] This verse clearly articulates the tendency to ignore, reject and refuse those things which are not comfortable. This indicates the reason for ignoring and rejecting Persons With Disabilities across the globe. “carried our sorrows, yet we considered him stricken by God” “A-attach to what is familiar, (birds of a feather, flock together; exclusion)” Isa. 53:6 “We all, like sheep, have gone astray” This verse clearly says that Jesus comes to take away the sufferings of human beings regardless of differences. The society excludes Persons With Disabilities despite Jesus’ attempts to gather and include all those with sufferings.

Connection between physical disability and spiritual truth (maturity in adversity) (Isa. 62:1,2 quoted in Luke 4:18; eg. blindness). Jesus says that disability is not due to sins of their ancestors or them selves but due to God’s grace since He wants to teach lesson to people.

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Jesus used analogies of physical limitations to demonstrate spiritual disability of the non-disabled.

How is disability overcome?
“DIS-ability (overcome through) HIS/her –ability”

What is the Christian response?

[Phil. 3:3; 1 Cor. 2:13] “Walk by the Spirit” and not by the flesh: This verse says that importance is for spirit or soul and not for physical appearance. This clearly says that one should recognise the abilities and not disabilities of a person. [Ps. 41:1] “blessed ... regard for weak, the Lord delivers in times of trouble” This verse clearly articulates that God is with weak and not strong. This ignores the impairments of a persons and attempts to recognize the abilities and build on those strengths. [Matt. 25:40] "Whatever you did for one of the least of these brothers of mine, you did for me." This preaches humanity to help those who are in need. Jesus says "whatever you do or offer you will be doing and offering for me". This compelled Christian missionaries and other Christians to initiate schools, training centres and caring institutions for Persons With Disabilities across the globe. These institutional care centres have contributed significantly to the development and empowerment of Persons With Disabilities since the early ages of rehabilitation history.

[Ps. 139] “uniqueness of individual” “A variety of groups exist to serve” [p.w.d.] This clearly says about uniqueness of human nature. But Church is lacking in providing assistance to Persons With Disabilities. It needs to become more accessible to Persons With Disabilities. There is a great need to remove barriers of attitude, communication, and architecture in the church. This paves the way to ‘That All May Worship’.

Historic Opportunity at Bethesda: John5:1-15 Sheep gate pool (Bethesda) would have lost its significance but for the stirring of its water by an angel. Healing as an opportunity used to come instantly for the sick people, like blind, mobility impaired, paralytic et al thereby changing their outlook to world. However, the healing efficacy could be availed by people on 'first come first serve' basis and thus denying the opportunity to many sick having impairments. Consequently, concerned person like the sick man as mentioned in the Bible had to lie down for about thirty-eight years till Jesus noticed him. The scripture points out that dialoguing started by Jesus first and it says "Do you want to be made well?”(Verse5:6). Jesus communication to the person with impairment was simple but with compassion. Therefore, the person answered fervently as to how much desperate he had been to get the healing but for a simple reason of "no one to lead him into the water in time meaning when it was stirred by the angel"(verse 5:7). By the way, he was healed instantly by Jesus. Brushing aside the miracle as mentioned in the scripture, Jesus spoke to the person’s most felt need, which would open an avenue to new life for him. The scripture says the healing occurred in a Sabbath and hence unlawful according to Jews tradition. Consequently all the Pharisees and saducees present on the occasion must have uttered expletives on the healer-meaning Jesus Christ. But the ignorance on the part of the Persons With Disabilities made whole now could be deemed as bliss as it saved Jesus that day from the wrath and unseen danger that the Jews could have brought in. It could be interpreted as a timely ignorance. Because, on second occasion he declares the noble deed of Jesus Christ to Jews in the temple, which actually put Jesus into trouble, and established the miraculous power of son of God before the Jews. Now the story could be interpreted within the ambit of Persons With Disability in the following perspective. The world proffers wide range of opportunities to every body (meaning human race, irrespective of normal or persons having different ability) as a gesture of natural equity. Thus the onus lies on all to maintain this equity, which has a wider meaning beyond the access and control over resources. This research attempts to draw the following attributes of the story.

4. PERSPECTIVES, APPROACHES AND MODELS
Communication: The words of Jesus were so touchy that it pleased the person with infirmity to speak out. The Bible words are like a two edged sword, it can make/build people lives by encouraging or mar lives by condemning. In today's market driven world condemned are those who are deemed unproductive economically. And in practice Persons With Disabilities are considered unfit for many chores and jobs, be it in the domain of top level civil services or household chores at home. The Bible says the poor man's knowledge is despised. Rewording it in the context of Persons With Disability Voice of Persons With Disability is constantly ignored. However, in the Biblical reflection Jesus could understand the silence of the Persons With Disabilities and took steps accordingly. It is sure an empathetic relationship must have been built between the two. To me, words plus body language play an important role to build a relationship with Persons With Disability and that's the first step forward.

Understand each other: In the Biblical story, the dialogue initiated by Jesus established an understanding between the two, an understanding that moved Jesus to heal him. The person in return didn't hesitate to declare the good work done to him by Jesus and that too in a holy and sacred place like Jews Temple complex. Even went on protecting Jesus in an earlier instance by ignoring the Jews on the miracle.

Creating an alternative healing base: The Bible is silent whether he was led by Jesus upto the pool. But it says he healed him by his miraculous power (verse 5:8). In current circumstances technology and R&D can create plethora of alternatives for the Persons With Disability and developing a political will to make it reach out to Persons With Disabilities. But is the state doing so? Or do the development professionals feel good that a number of welfare schemes are available and keep trying to vouch for it?

Equality Status: Voice is an important indicator of being powerful. The Persons With Disabilities' voice must have been subdued in the hurly burly of the crowd that tried to step in the stirring water of the sheep gate pool. His voice could find an outlet with Jesus' voice. Subsequently, he spoke out and must have done so on numerous instances, and one of them being in the holy temple itself. Thus Jesus created for him an opportunity not only to move across but put forth his voice before the powerful Jews. Temple entry for him could be seen as a status of equality at par with other non-disabled people of the then society. (verse 5:15). The scripture also cites that good work doesn't always have a sanction of law. Thus Jesus work generates a debate that laws, customs, policies are not always meant for the vulnerable category and hence need to be challenged or for that matter amended. In another instance Jesus says "whether man is for law or vice-versa". Thus existing policies for Persons With Disabilities and even other welfare policies of the state need to be analysed from their perspective. So also the traditions and customs need to be perceived in the light of humane.

To conclude, the story ends by giving the person with impairment an identity. Therefore, true development of Persons With Disabilities entails an identity for a dignified living. And it doesn't have to give a connotation of right-based-approach. As per the recent trend, development think-tank ignore individuals in the pretext of community (could be depicted as most vulnerable community) by putting everything to the domain of state responsibility. True to the context and situation as Indian Constitution directs state to be responsive to its people. Nonetheless, the story depicted in the scripture is between two individuals, one, Jesus, with an established identity and the other a Person With Disability in search of it. But Jesus' touch gave a logical shape to his identity in the society. Thus individual Persons With Disability on getting an identity can become the mouthpiece of the whole world. Leave alone the normal.

4. PERSPECTIVES, APPROACHES AND MODELS
Disability is not predestined. According to St. John 9:1-41, disability is neither predestined nor due to the sin or bad karma. This has a religious sanction. The Holy Bible narrates through the verbatim of Jesus Christ (refer John 9:3) "neither this man nor his parents sinned……." The work done by Jesus in restoring the eyesight of the visually impaired must have confirmed the doubts or change the mindset or perception of the disciples. The Bible describes a unique procedure of healing unlike the previous incidents where Jesus performed healings through miracles. The Bible is silent on the prowess of earth and saliva that Jesus used for healing. There is no scientific evidence of such cases. However, it reminds us of traditional healthcare practices and usage of herbs and shrubs for healing purposes of different diseases.

Even the Ayurveda validates this concept of healing. Thus one can trace the pages of ancient scriptures of Ayurveda or Charak Samhita to know the exact practices prevalent in those days. This could be used for the preventive and curative purposes of disability. Reading further the verses (John 9:8-9) suggest that the neighbours found it difficult to recognise the person who had just been healed of his blindness. Without delving deep into the literary meaning, it can be deciphered that many a times people fail to recognise the Persons With Disability in the context of their optimum capacity or capability, which could be equivalent to that of a non-disabled person. Thus it is the mindset, while looking at the disability of the body of a person, determines the entire personality, gesture and then trying to establish a link to her/his ancestral karma. This obvious mindset needs to be changed. In the passage mentioned above Jews particularly, the Pharisees despite of the young man's declaration on his healing were not ready to accept him, rather considered him a sinner and subsequently cast him out. (Verse John 9:34). Thus enveloping the Persons With Disability in the mainstream society or the integration there of is more challenging than actually working towards healing/ensuring their livelihood.

Source:
4.7. RELIGION AND DISABILITY- HINDUS PERSPECTIVE

Glenn Hoddle's comments on karma, reincarnation and disability (Hinduism Today, May, 1999, page 28) should have attracted little attention. The belief that disability is the result of past life karma is held by Hindus, Buddhists and other religionists. If Hoddle, UK's national football team coach had been winning a few more games, the nation might have ignored his comments. However, The Times newspaper made them a national issue, resulting in his termination. Some UK Hindus sought to explain the central concepts of karma and reincarnation, others ducked the issue. One should think all Hindus should understand how Hoddle's views on karma and reincarnation came to be wrongly taken as an insult to Persons With Disabilities. The misinterpretation was clearly stated by Anne Rae, chairperson of the British Council of Persons With Disabilities. "Hoddle's views have angered and frustrated those Persons With Disabilities who understand that these medieval beliefs underlie much of the (unspoken) justification for prejudice and discrimination against Persons With Disabilities.

Good life, good reincarnation; bad life, bad reincarnation. Not dissimilar to the view held by some Christians that 'the sins of the father are visited upon the children.' Our issue is this: will any particular explanation of disability, either by birth or accident, automatically result in "prejudice and discrimination" against Persons With Disabilities? Hinduism offers a very rational explanation for disability and a compelling rationale for respect and proper treatment of Persons With Disabilities.

Dr. Arvind Sharma, Professor of a university says "When I encounter disability, how, from my Hindu perspective, should I react?" True, according to the laws of karma and reincarnation, the disability is necessarily a result of some past action. But the question before me is not, "Why him or her?" It is, "Given the situation, what is my duty?" One must ask the right question if one wants the right answer. He concludes that Persons With Disabilities, or others, are being punished for actions in a former life and that therefore "I am excused from the obligation of helping them is not only a wrong deduction on my part"; he adds, "it is also a dangerous one". Such unfeeling, cold logic is not what a belief in karma countenances or recommends. It commends warm-hearted concern to minimize the person's problems, even though caused by his or her own actions in the past. "Otherwise, according to that same law of karma, when we find ourselves similarly disadvantaged, we will ourselves be so treated, and will have deserved such treatment by our own callousness. It is not for us to say, "It is the result of your karma." It is for us to ask, "Given his or her condition, what is my duty, my dharma?" Otherwise, if you blame the victim, you will be blamed, rather than helped, when you happen to be the victim".

As one spokesperson for Persons With Disabilities in America pointedly quipped in a television interview, "Remember, we are an equal-opportunity club. You can become one of us anytime."
"The person with the disability is indeed entitled to ask the perennial question, "Why me?" And, for him or her, karma and reincarnation provides an answer: it is a result of your own past deeds. This serves two ends. First, it keeps the one disabled from concluding that we live in a Godless, capricious universe and are victims of a purposeless fate. Second, one can now look to the future, for the doctrine of karma which does not end with the proposition that what happens to us is the result of what we have done. It equally advances the proposition that we create our future by how we act now. So, do not wallow in self-pity but strive for a better future, an endeavour in which all others should readily help. If I trip and fall, do I blame the law of gravitation? It explains my fall. But it also explains why I can walk again after standing up, without fear of flying off the face of the Earth. So, while one can blame one's past karma, one cannot blame the law of karma.

Source:
1. Dr. Arvind Sharma [September 1999] "My turn, karma was fouled! why huddle did no wrong to Persons With Disabilities" [A newspaper article] McGill University, Montreal, Canada.
4.8. RELIGION AND DISABILITY- ISLAMIC PERSPECTIVE

General Belief of Islam: Islam affirms the oneness of God who is called Allah. Islamic people believe in prophets and Mohammed is considered to be the greatest of all prophets. The Koran or "Quran" is their holy book. Islamic clergy are called Imam. Worship occurs in a mosque. Imams are advisors in the faith, but are not treated as priests or clergy. Prayer is vital and occurs five times a day: dawn, sunrise, noon, afternoon, sunset, and evening. Prayers are done facing east, toward the sacred place in Mecca, and often occurs on a prayer rug with ritual washing of hands face and feet prior to prayer. As with some other religions that use the term "God willing", Islamic may say "In the name of Allah the compassionate, the merciful" prior to meaningful activities or medical procedures to assure God's benevolence. Islamic beliefs include the father as spokesperson and decision maker.

Belief about illness and disease: Allah is seen as in control of the beginning and end of life, and therefore complaints and expression of powerlessness are rare since it is all seen as in God's hands. To question, or asking questions by health care providers is considered a sign of mistrust, so questions are less likely to be asked by patients and family.

Belief about disability: Disability is seen as under the control of Allah.

Beliefs about healing practices: All outcomes whether death or healing are seen as predetermined by Allah.

Disability: An Islamic Insight
The Quran has next to nothing to say about physical handicaps and disabilities as such. Whenever it refers to disability it does so in a figurative sense, as, for example, "deaf, dumb and blind" are referred to as those who reject Allah's offer of guidance and thus never return to the Right Path. The Quran offers one exception to this strictly spiritual definition. This is where the Quran directly contrasts both the physical and the figurative aspect of disability. "...it is not the eyes that grow blind, but it is the eyes which are in the hearts that grow blind'. So we find in the Quran and the Hadith - the authenticated and authoritative recorded statements of Prophet Muhammad - have little to say directly about the fact of disability.

Against that background, Islam sees disability as morally neutral. It is seen neither as a blessing nor as a curse. Clearly, disability is therefore accepted as being an inevitable part of the human condition. It is simply a fact of life which has to be addressed appropriately by the society of the day. Disability is however recognized by believers as finding its ultimate meaning and explanation in the context of Allah's determination of events and for His ordering of His creation. Thus, it is a phenomenon that is seen as integral to the Divine law. A fundamental proposition of Islam is that it teaches to respect all human life, however it presents itself and to value the potential of every individual.

One very special Islamic statement which is relevant to this point reads: "The living draws their sustenance from God: the most beloved to God is the person who serves the needs of the creation." Therefore, the Muslim community as a whole is enjoined to be accepting all people regardless of their disability and are required to support them in addressing their problems. In acting this way, they seek to follow the example of the Prophet Muhammad, peace be upon him, who was once quoted as saying: "... No one has ever been awarded a bounty better than patience and submission." On another occasion, Allah's Messenger met a woman who complained that she was suffering from epileptic fits. She expressed concern that her body would become exposed during such episodes. (You will note that her modesty
was important to this woman living in the time of the Prophet, as it still is to a Muslim woman today! Prophet Muhammad, peace be upon him, offered the woman two choices. He could either pray to Allah that she could have access to paradise if she patiently resigned herself to her condition, or he could ask Allah to heal her. She opted to continue to bear her condition with patience, but also asked the Prophet to pray that her body might no longer become exposed to the view of strangers.

This story brings out three important points. First, it illustrates the value of forbearance on the part of the person with the disability. More important, it affirms the right of individuals to draw attention to their special needs and to speak out for their rights as a matter of social justice. Finally, the story points to the important role of advocacy and the support which the wider community is expected to provide to the individual. But, as it is known, Islam is anything but an individualistic faith. This is truly a community faith, or rather, an ummah, in which everybody interacts with everybody else and in which everybody has a place. And everybody has a responsibility to contribute to the best of their ability. This explains why the Quran always addresses humankind in the plural form of "all you who believe". A vivid example of the Islamic principle of inclusion is illustrated in the story of Julaybib, one of the contemporaries of the Prophet. Julaybib was a man who suffered rejection by the Muslims both because he suffered from a severe physical disability and lacked any tribal ties, hence no means of support. Even though they shared the same faith their Arab cultural baggage was still tainting their Islam. When Julaybib fell in battle for his faith, there was no one who was prepared to give him a decent burial. So, the Prophet himself dug Julaybib's grave and placed him in it, proclaiming: "this man is of me and I am of him". This humane gesture of the Prophet was a powerful demonstration of the principle of inclusion. It was a dramatic act of advocacy, in word and action, on the part of a community leader to educate his people about the importance of accepting others for what they are. But it is clear that the question of leadership is not simply one of them helping us. Too often Persons With Disabilities are thought of simply as clients. "I am afraid even some of our Muslim scholars have fallen in this trap" remarks a well known scholar. He says the community has sought to exclude Persons With Disabilities from leadership roles both on the grounds that people would not accept them and on the basis that their contribution would somehow be flawed. However, a leading Muslim jurist in Spain in the twelfth century, Ibn Hazam, advocated that disability would not be an impediment to becoming a leader of the ummah. And indeed, the history of Islam is full of people who overcame their disabilities and served their community competently. A well-known case is the man to whom Prophet Muhammad, peace be upon him, delegated responsibility in his absence for governing the city of Madinah. This man was legally blind.

Is this what the religion of Islam says about disability? If this is true, then one might find the following helpful: Tarek Hatab and Sheikh Isse A. Musse Imam, Islamic Council of Victoria wrote a paper in which they explore the Islamic position and attitude towards disability. They write, "By examining the primary sources of Islamic teaching—the Quran and Hadith—we find that the concept of disability, in the conventional sense, does not exist in the Quran. Rather, the Quran concentrates on the notion of disadvantage that is created by society and imposed on individuals who might not possess the social, economic, or physical attributes that people happen to value at a certain time and place". Source: [Sheikh Isse A. Musse Imam, Islamic Council of Victoria]

Islamic perspective on Disability Insurance: The word insurance is a confusing and misleading word. Muslims believe that no human being can insure anyone and anything. Insurance companies can neither insure your health from sickness, nor your property from damage, nor you from disability and death. Only Allah has the power to insure. However, apart from the terminology, the principle of mutual cooperation in helping each other in case
of death, accident or sickness etc. is not wrong. There is nothing un-Islamic about it. As Muslims they may use the word "takaful" (mutual responsibility) for it. It was Muslims who first introduced this principle. Muslim businessmen in Spain used to undertake long journeys via sea for trade purposes; and it was they who first introduced this principle. They used to collect some money from each merchant and used it to compensate those among them who incurred any loss of ship or merchandise during the sea voyages. European businessmen learnt and adopted this practice from Muslims. While Muslims forgot about it, it was the Europeans who developed it in the most sophisticated and diverse forms. Some Muslim scholars consider insurance forbidden on the assumption that it involves a kind of gambling and it goes against the principle of taqdir in Islam. But there are other scholars who have equally strongly argued that insurance is very different from gambling. Dr. Nejatullah Siddiqi in his book on Insurance in Islamic Economy points out that gambling upsets the normal system based on work and reward and is inimical to equitable distribution of income and wealth, whereas insurance protects the disruption of the system by accidents and events beyond human control. A gambler takes risks in order to make more money, but the insurer's basic objective is to protect his/her assets and interests. The Takaful (or insurance as the word has become common now a days) in the case of Disability and/or loss of life is not against the principle of taqdir, because no one is claiming that this or that company will protect life, health, or safety. The insurance companies only promise that in case of death, sickness or accident or disability they will provide certain compensation to the individual or his/her family within certain limits that the parties have agreed upon. The insurance companies utilise the law of probability and causality. They estimate how many people in a large population get involved in accidents. On the basis of the scientific studies of statistics etc. they collect a certain premium from every person and distribute it among those who incur the loss. For these reasons, many Muslim scholars have allowed insurance and they also do not see anything wrong in life or disability insurance. "I am inclined to accept this position and consider health, home, auto, disability and even "life" insurance permissible in Islam", remarks a well known author of Islamic writings.

What are the teachings of Islam on persons with mental or physical disabilities? Very little literature is available on Islamic websites regarding the following core questions:
1. Why Allah has created these imperfect human beings?
2. Is that a kind of punishment of Allah on these humans or their loved ones?
3. Is there any Hadith or Qur'anic reference regarding reward or punishment for the Persons With Disabilities or their families?

Attempts were made to answer these questions in the following section to some extent. Allah has created people in different races, colours and abilities. While some of them are given certain gifts, others are deprived of these gifts and thus are disabled. This is the nature of life, according to the Divine Wisdom through which Allah governs everything. Tackling this important issue, Sheikh Yusuf Al-Qaradawi states the following: "In fact, man's life is a full record of hardships and tribulations". In this sense, Allah says: "We create man from a drop of thickened fluid to test him" (Al-Insaan:2) When man looks upon these tribulations and afflictions as being a test from Almighty Allah to see his true colours, he will come to know that there is a great Divine wisdom behind all these tests. This is surely an absolute fact, whether one knows it or not.

It is also a great thing that Almighty Allah, when depriving a person of a certain ability or gift, compensates him for it, by bestowing upon him/her other gift, with which he excels others. That is why it is seen that those people who are deprived of sight, have very sensitive ears that they can hear very low beats or movements around them. They are given excellence in many other abilities to compensate their imperfection. If a person adopts this view, he will

4. PERSPECTIVES, APPROACHES AND MODELS
surely find rest and get contented with the test posed on him by Almighty Allah. Every person should bear in mind that he can never change his inability or escape Allah’s fate and thus he should try his best to make his life better and turn this sore lemon into sweet honey. This inability should be a motive to creativity and excellence in any field of life. A Person With Disability should make his condition an impetus towards being distinguished and prominent in the society. ‘Atta Ibn Abi Rabah, who was known of being black, lame and paralyzed person, was the greatest Mufti in Makkah. He was highly honored by Abdul-Malik Ibn Marawan, the Muslim caliph of that time. His vast knowledge earned this prestige. The story of the great Companion ‘Amr Ibn Al-Jamoooh, who was also mobility impaired and is also a well known person. His four sons, when participating in Jihad, said to him: “You have an excuse to remain at home, for you are old and you have a kind of disability.” With full confidence and trust in Allah, he says to them: “Nay, for I hope to walk in Paradise with my lame foot.” Commenting on this, the Prophet, peace and blessings be upon him, says to them: “Leave him! He is a man who seeks martyrdom.” Almighty Allah guides all Muslims not to leave those disabled in isolation lest they fall a prey to despair and psychological ailments. They should be welcomed to the open society and be dealt with in the kindest way.

It must be clearly borne in mind that there are things that happen out of man’s control and there are things that happen to man out of his own negligence. To make this matter clear, we may quote the following example. An infant gets paralyzed. This may occur due to his mother’s negligence of not giving her child the due vaccination. So such disability is out of man’s negligence. Now, it is the duty of the whole society to establish schools for those persons and secure them due care so that they become good members of the society and that they benefit themselves and their families. In the West, great care is shown to Persons With Disabilities. It is duty of the Muslims to shoulder the responsibility of showing the utmost care to those people, for, according to the teachings of Islam, those persons are sources of Divine mercy and blessings being showered on us now and then. They are the weak for whose sake we are given sustenance and made victorious. In his Hadith, our Prophet, peace and blessings be upon him, says: “You are given sustenance and victory for the virtue of those who are weak amongst you.” One should show mercy and care to Persons With Disabilities out of both human and religious motives. In Islam, Muslims are commanded to show mercy to everything in this world. In the Hadith: “Show mercy to those on earth so that He Who is in the heavens (i.e. Allah) bestows mercy to you.”

When the Muslims were persecuted, Abu Bakr set out for Ethiopia as an emigrant. When he reached a place called Bark-al-Ghimad, he met Ibn Ad-Daghna, the chief of the Qara tribe, who asked Abu Bakr, "Where are you going?" Abu Bakr says, "My people have turned me out of the country and I would like to tour the world and worship my Lord." Ibn Ad-Daghna says, "A man like you will not go out, nor will he be turned out as you help the poor earn their living, keep good relation with your Kith and kin, help Persons With Disabilities (or the dependents), provide guests with food and shelter, and help people during their troubles. "I am your protector” he says. "So, go back and worship your Lord at your home". [Volume: 3 Book: 37 Number: 494 Narrated Aisha:]

When the Divine Inspiration: "Those of the believers who sit” (at home), was revealed the Prophet sent for Zaid (bin Thabit) who came with a shoulder-blade and wrote on it. Ibn Um-Maktum complained about his blindness and on that the following revelation came: "Not equal are those believers who sit (at home) except those who are disabled (by injury, or are blind or lame etc.) and those who strive hard and fight in the Way of Allah with their wealth and lives." (4.95) [Volume: 4 Book: 52 Number: 84 Narrated Al-Bara:]
Marwan bin Al-Hakam is sitting in the Mosque. So a person comes forward and sits by his side. He tells us that Zaid bin Thabit had told him that Allah's Apostle had dictated to him the Divine Verse: "Not equal are those believers who sit (at home) and those who strive hard and fight in the Cause of Allah with their wealth and lives." (4.95) Zaid says, "Ibn-Maktum came to the Prophet while he was dictating to me that very Verse. On that Ibn Um Maktum says, "O Allah's Apostle! If I had power, I would surely take part in Jihad." He was a blind man. So Allah sent down revelation to His Apostle while his thigh was on mine and it became so heavy for me that I feared that his thigh would be broken. Then that state of the Prophet was over after Allah revealed "...except those who are disabled (by injury or are blind or lame etc.) (4.95) Book: Fighting for the Cause of Allah (Jihad)

To conclude that no religious text ignores Persons With Disabilities and has negative view of them including Quran for that matter but the interpretation of the holy book by the people leads to negative outlook towards Persons With Disabilities.

Source:
4.9. MODELS/ PARADIGMS

Introduction:
A major contribution made by Persons With Disabilities to an understanding of disability has been the description and development of 'the models/ paradigm of disability'. These are frameworks which help to explain the ways in which society responds to disability and to review the appropriateness of its responses, efficacy, vitality, impact on the lives of Persons With Disabilities and larger society. Models/paradigms of Disability are tools for defining impairment and, ultimately, for providing a basis upon which government and society can devise strategies for meeting the needs of Persons With Disabilities. They are often treated with scepticism as it is thought they do not reflect a real world, are often incomplete and encourage narrow thinking, and seldom offer detailed guidance for action. However, they are a useful framework in which to gain an understanding of disability issues, and also of the perspective held by those creating and applying the models. For Models of Disability are essentially devised by people about other people. They provide an insight into the attitudes, conceptions and prejudices of the former and how they impact on the later. From this, Models reveal the ways in which the society provides or limits access to work, goods, services, economic influence and political power for Persons With Disabilities. According to the dictionary definition, a paradigm is "a set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the community that shares them, especially in an intellectual discipline." The Disability model/Paradigms represent a way of thinking about disability. The Paradigms represent major social, historical, and political changes throughout history and help to think through current attitudes, thinking, and practices about disability today. These models of disability set the parameters for response to Persons With Disabilities. The Disability Paradigms use historical patterns of thought and action to understand current patterns. All these models are still in existence today and influence thinking about disability. They are perceived at the social level, and they influence perspectives, beliefs, attitudes, and actions.

Models are influenced by two fundamental philosophies. The first sees Persons With Disabilities as dependent upon society. This can result in paternalism, segregation and discrimination. The second perceives Persons With Disabilities as customers of what society has to offer. This leads to choice, empowerment, and equality of human rights, and integration. The Models examined in this section, will show the degree to which each philosophy has been applied. One should not see the Models as a series of exclusive options with one superior to or replacing previous sets. Their development and popularity provides with a continuum on changing social attitudes to disability and where they are at a given time. Models change as society changes. Given this degree of understanding, the future objective should be to develop and operate a cluster of models, which will empower Persons With Disabilities, giving them full and equal rights alongside their fellow citizens.

A. The medical model of disability:
The Medical Model holds that disability results from an individual person's physical or mental limitations, and is largely unconnected to the social or geographical environments. It is sometimes referred to as the Biological-Inferiority or Functional-Limitation Model. It is illustrated by the World Health Organisation's definitions, which significantly were devised by doctors. From this, it is easy to see how Persons With Disabilities might become stigmatised as "lacking" or "abnormal". The medical model tends to view Persons With Disabilities first and foremost as having physical problems to be cured. The Person With Disability is relegated to the passive role of
patient, with medical personnel and care professionals making many decisions - even about issues unrelated to impairment, such as how the individual should dress or what he or she may eat. This model is problematic because of its excessive focus on the desirability of fixing the Person With Disability's impairment. The quest for a cure is often protracted, painful, and unnecessary; it means that rest of the life is put on hold while professionals strive to return the body to a more 'normal' level of functioning. Corrective surgery is used to extend and straighten limbs, callipers are applied, and people are encouraged to try to walk, rather than use wheeled mobility appliances; deaf people are taught to speak and lip-read. Health-care professionals may refuse to tell disabled patients and their families that there is no cure for their condition, in the mistaken belief that this will sustain hope that they one day might be 'normal'. But if it happens that the impairment cannot be fixed, the Person With Disability is regarded as being beyond hope: his or her life is seen as worthless. By this stage, such a negative assessment may well become internalised by the person concerned.

There are clear cases where relatively simple levels of medical intervention can reduce the impact of impairments substantively; examples would be a surgical operation to correct a cataract or a club foot. It is also the case that some Persons With Disabilities have a medical condition which requires support and intervention. Preventive measures to reduce the incidence of impairment and to promote its early detection are also valuable means of reducing the level and impact of disability. Persons With Disabilities do not reject medical intervention, but they stress that the impact of disability on the individual is much greater than its medical implications, and that it is misleading to focus on the search for a cure, rather than helping individuals to manage their own lives.

The medical model perceives disability as a problem located in Persons With Disabilities individual, and assumes that working on the individual can solve it (or not, as the case may be, in which case the person concerned might as well give up all hope of a full and satisfying life). The Person With Disability becomes defined solely in terms of his or her diagnosis, as a patient with medical needs and no longer as a person with a whole range of needs. One young woman from Kosovo described the sense of liberation that she felt when, after many failed operations to lengthen one leg by 3 cm to make it the same length as her normal leg, she finally decides that this was unimportant. She and her leg were fine as they were. She turned her back on medical interventions and got on with the rest of her life: she became a hairdresser and beautician, building up a fine reputation, and now brides come from far away for her wedding make-up service. During the pre-war years of political and economic crisis in Kosovo, she supported her family with her own income.

The Medical Model places the source of the problem within a single impaired person, and concludes that solutions are found by focusing on the individual. A more sophisticated form of the model allows responsibility of economic factors, and recognises that a poor economic climate will adversely affect a Person With Disability's work opportunities. Even so, it still seeks a solution within the individual by helping him or her overcome personal impairment to cope with a faltering labour market. In simplest terms, the Medical Model assumes that the first step solution is to find a cure or - to use WHO terminology - make Persons With Disabilities more "normal". This invariably fails because Persons With Disabilities are not necessarily sick or cannot be improved by remedial treatment. The only remaining solution is to accept the "abnormality" and provide the necessary care to support the "incurable" impaired person. Policy makers are limited to a range of options based upon a programme of rehabilitation, vocational training for employment, income maintenance programmes and the provision of aids and equipment. This Functional-Limitation (Medical) model has dominated the formulation of disability policy for years. Although one should not reject out-of-hand its therapeutic aspects which may cure or alleviate the physical and mental condition of many

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Persons With Disabilities, it does not offer a realistic perspective from the viewpoint of Persons With Disabilities themselves. To begin with, most would reject the concept of being "abnormal". Also, the model imposes a paternalistic approach to problem solving which, although well intentioned, concentrates on "care" and ultimately provides justification for institutionalisation and segregation. This restricts Persons With Disabilities' opportunities to make choices, control their lives and develop their potential. Finally, the model fosters existing prejudices in the minds of employers. Because the condition is "medical", a Person With Disability will ipso facto be prone to ill health and sick leave, is likely to deteriorate, and will be less productive than other work colleagues.

B. The Expert/Professional Model of Disability:
The Expert/Professional Model has provided a traditional response to disability issues and can be seen as an offshoot of the Medical Model. Within its framework, professionals follow a process of identifying the impairment and its limitations (using the Medical Model), and taking the necessary action to improve the position of the Person With Disability. This has tendency to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client. This relationship has been described as that of fixer (the professional) and fixee (the client), and clearly contains an inequality that limits collaboration. Although a professional may be caring, the imposition of solutions can be less than benevolent. If the decisions are made by the "expert", the client has no choice and is unable to exercise the basic human right of freedom over his or her own actions. In the extreme, it undermines the client's dignity by removing the ability to participate in the simplest, everyday decisions affecting his or her life. E.g. when underwear needs to be changed or how vegetables are to be cooked.

C. The Tragedy/Charity Model of Disability:
The Tragedy/Charity Model depicts Persons With Disabilities as victims of circumstance, deserving pity. This and Medical Model are probably the ones most used by non-disabled people to define and explain disability. Traditionally used by charities in the competitive business of fund-raising, the application of the Tragedy/Charity Model is graphically illustrated in the televised Children in Need appeals in which children with disabilities are depicted alongside young "victims" of famine, poverty, child abuse and other circumstances. Whilst such appeals raise considerable funds for services and equipment which are not provided by the state, many Persons With Disabilities find the negative victim-image thoroughly offensive. In fact Children in Need has been described as "television garbage ... oppressive to Persons With Disabilities" M. Oliver quoted in C. Donnellan, "Disabilities and Discrimination Issues for the Nineties" 1982. Some go as far as interpreting the tragic portrayal as a means of maintaining a flow of donations and keeping non-disabled people in work.

The Tragedy/Charity Model is condemned by its critics as disenabling, and the cause of much discrimination. Speaking on the BBC Everyman programme the Fifth Gospel Nabil Shaban says: "The biggest problem that we, Persons With Disabilities have, is that you, the non-disabled, are only comfortable when you see us as icons of pity". Because Persons With Disabilities are seen as tragic victims, it follows that they need care, are not capable of looking after themselves or managing their own affairs, and need charity in order to survive. From tragedy and pity stems a culture "care". Although highly praiseworthy in many respects, it carries certain dangers. Numerous charities exist to support and care for people with a particular type of disability, thereby medically classifying, segregating and often - as with the Medical Model - institutionalising many Persons With Disabilities. Over 400,000 adults in
Great Britain are affected by institutionalisation. Given the choice, many, if not most would opt for community life with adequate support.

The idea of being recipients of charity lowers the self-esteem of Persons With Disabilities. In the eyes of "pitying" donors, charitable giving carries with it an expectation of gratitude and a set of terms imposed upon the beneficiary. The first is patronising; the second limiting upon the choices open to Persons With Disabilities. Also, employers will view Persons With Disabilities as charitable cases. Rather than address the real issues of creating a workplace conducive to the employment of Persons With Disabilities, employers may conclude that making charitable donations meets social and economic obligations. This is not to advocate dismantling charities and outlaw caring, charitable acts, which enrich the society and bring badly needed funds. But there is need to educate charity managers and professionals to review the way they operate and ensure that funds are channelled to promote the empowerment of Persons With Disabilities and their full integration into society as equal citizens - requiring respect and not pity.

D. The religious, or charitable, model of disability

In Kosovo, disability is traditionally interpreted according to religious beliefs: impairments are regarded as a punishment from God for a sin committed by oneself or one's family. Having a disabled relative is a source of shame, often for the whole family. Disability can damage the marriage chances of non-disabled siblings, especially sisters. Consequently, some families keep their disabled relatives hidden from neighbours, visitors, and even other family members. Some Persons With Disabilities live out their existence, such as it is, isolated in one room, and at times even chained up.

The religious, or charitable, model tends to view Persons With Disabilities as victims of impairment and as the beneficiaries of charity, alms, and services - for which they should be grateful. Persons With Disabilities are viewed as tragic or suffering people, to be pitied and cared for. At the same time, Persons With Disabilities may find that they have few choices, no means of accessing relevant advice, and no powers to decide how they could best be assisted. Services are designed for them and delivered to them, perhaps with the best of intentions, but with insufficient consultation. Caterers may become unacceptably powerful, making decisions about what is best for those in their care. An extreme (though not uncommon) example of this is the enforced sterilisation, without consultation or consent, of disabled women. It is not uncommon for Persons With Disabilities to become dependent upon the source of help, and for the alms-givers to gain gratification and reward from the relationship. Charity is provided at the discretion of the giver, often on the basis of 'worthiness'. If the person providing charity or care decides that the Person With Disability is unworthy, bitter, or 'negative', help may be withdrawn on a whim. Persons With Disabilities are often caricatured as being tragic and passive, if they need high levels of support; as bitter, twisted, and aggressive, if they are beginning to question the status quo; and as courageous and inspirational if they have managed, against all the odds, to overcome the barriers that confront them. Because Persons With Disabilities are considered to be different from the norm, a range of different, or special, services to meet their needs has usually been provided for them: special transport; special buildings; special schools (where the courses are very often less challenging and academic than in mainstream schools, making it hard or impossible for Persons With Disabilities to enter higher education and employment); special sports and recreational facilities; sheltered employment workshops. Extra resources are necessary in order to provide such special services, and in resource-poor economies the inability to provide adequate levels of service (in health care, education, production) for the whole population is frequently used as a justification for doing very little to provide special services for Persons With Disabilities. It cannot be claimed that either the
medical or the religious/charitable approach has had much success in improving the lives of Persons With Disabilities - as proved by the high levels of poverty, abuse, marginalisation, and discrimination that Persons With Disabilities still face worldwide; yet for centuries these two models have determined Persons With Disabilities’ experience. Through what is known as the 'mirror effect', many Persons With Disabilities (who, like others, see themselves reflected in the attitudes of the people around them) have come to believe that they are unable. In recent years the deliberate focus of the disability movement on abilities rather than inabilities has helped to develop a new understanding of disability. In order to create a society that includes disabled and non-disabled people equally, and thus achieves Disability Equality, one needs a new way of perceiving and responding to disability.

E. The Religious Model of Disability:
The Religious Model views disability as a punishment inflicted upon an individual or family by an external force. It can be due to misdemeanours committed by the Person With Disability, someone in the family or community group, or forbears. Birth conditions can be due to actions committed in a previous reincarnation. Sometimes the presence of "evil spirits" is used to explain differences in behaviour, especially in conditions such as schizophrenia. Acts of exorcism or sacrifice may be performed to expel or placate the negative influence, or recourse made to persecution or even death of the individual who is "different". In some cases, the disability stigmatises a whole family, lowering their status or even leading to total social exclusion. Or it can be interpreted as an individual's inability to conform within a family structure. Conversely, it can be seen as necessary affliction to be suffered before some future spiritual reward. It is an extreme model, which can exist in any society where deprivation is linked to ignorance, fear and prejudice.

F. The Moral Model of Disability:
The Moral Model represents the belief that Persons With Disabilities are afflicted by the devil, or that their disability is the result of a sin or punishment for wrongdoing by them or their family. Under this model, society generally thinks that Persons With Disabilities suffer from a low spiritual development and that disability is a spiritual punishment that is divinely inflicted. Disability is seen as the result of evil spirits, the devil, witchcraft or God's displeasure. The key players are clergy and scholars. It takes its widespread influence and authority from ideas that have been disseminated in the Bible although many of the ideas arose through pre-Biblical superstitions. Historically, under this construct the outcome for Persons With Disabilities has been isolation, death or banishment. The solution for the problem is acknowledgment of divine will, acceptance, penance, purging of evil and conversion through custom, religious doctrine, practice and education.

G. The Economic Model of Disability:
Under this Model, disability is defined by a person's inability to participate in work. It also assesses the degree to which impairment affects an individual's productivity and the economic consequences for the individual, employer and the state. Such consequences include loss of earnings for and payment for assistance by the individual; lower profit margins for the employer; and state welfare payments. The Economic Model is used primarily by policy makers to assess distribution of benefits to those who are unable to participate fully in work. In recent years, however, the preoccupation with productivity has conflicted with the application of the Medical Model to classify disability to counter fraudulent benefit claims, leading to confusion and a lack of co-ordination in disablement policy. The challenge facing the Economic Model is how to justify and support, in purely economic terms, a socially desirable policy of increasing participation in employment. Classical economic laws of supply and demand stipulate that an increase in the labour market results
in decreased wages. Arguably, extending access to work through equal opportunities reduces an employer's labour costs, but other factors come into play. The value of labour is based upon its contribution to marginal cost, i.e. the cost of producing the last unit of production. This only works when employees make an equal contribution to marginal cost. However, evidence suggests that disabled employees make a lower contribution than their work colleagues do, resulting in losses in production and lower profits for the employer. Employers may recognise compensations for any loss in employing less-productive disabled employees through kudos, publicity, customer alignment and expansion arising from their presentations as an organisation with community values. However, employers are not generally altruistic and hold the economic viability and operational effectiveness of their organisation as higher priorities than demonstrating social awareness. Their economic option is to pay disabled employees less or have the losses met through subsidy.

The problem for the users of Economic Model is one of choice. Which is better: to pay Persons With Disabilities employee for loss of earnings, or the employer for loss of productivity? The first carries stigma for the Person With Disability by underlining their inability to match the performance of work colleagues. With the latter, difficulties arise in correctly assessing the correct level of subsidy. The productivity of a disabled employee may well change, as well as the marginal costs of the total workforce. This leaves one outstanding difficulty for the social minded economist. How is an equitable, effective, value-for-money distribution of disability related benefits achieved? It is likely that there will be Persons With Disabilities that prevent them from working. There will be others whose productivity levels are so low that the tax benefits to the public purse are outweighed by the employment subsidy. In economic terms, these people are unemployable and should be removed from employment to supplementary benefits, saving the expenditure on the subsidy. But is this socially acceptable? This apparent conflict has created ambiguity in agreeing social security goals and has led to stigmatisation of Persons With Disabilities as a burden on public funds rather than partners in the creation of general social prosperity.

Social security benefits are not designed to remove Persons With Disabilities from poverty. The policy maker needs to balance equity (the right of the individual to self-fulfilment and social participation through work) and efficiency. The true value of the Economic Model is maintaining this balance in the macroeconomic context of trade cycles, inflation, globalisation and extraordinary events such as wars.

H. The social model of disability
Such a concept and approach is described by Persons With Disabilities themselves as 'the social model'. This refers to the way in which society organises itself, taking little account of people who have impairments and thus excluding them from participation in the mainstream social activities. The social model identifies three major barriers that confront disabled people who have impairments: physical (exclusion from the built environment), institutional (systematic exclusion or neglect in social, legal, educational, religious, and political institutions), and attitudinal (negative valuations of Persons With Disabilities by non-disabled people). Removing these barriers is possible and has a hugely beneficial impact, both on the lives of Persons With Disabilities and on the whole community. Adopting the social model of disability does not mean rejecting any form of medical services, rehabilitation, or assistance from others; but it does change the way in which services and assistance is given, placing them in the wider context of Persons With Disabilities' lives. Persons With Disabilities' needs are basically the same as non-disabled people: for life, love, education, employment, full participation in society, access to adequate services (including medical and rehabilitation services when necessary) as of right, and some choice and degree of control in their lives.

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'We cannot give the blind person sight. We can give the sighted person the ability to enable
the blind person to do what s/he wants.' The social model has allowed many Persons With
Disabilities to regain control of their own lives, becoming the experts on their own experience
and changing their outlook in fundamental ways. An understanding of the social model
provides a radically different framework with which to understand the discrimination that
arises as a result of impairment. For many DPOs, the social model describes the true nature
of the problem of disability. The problem is not in the individual, nor in his or her impairment.
The impairment exists, but its significance is neutral - neither necessarily negative nor
necessarily positive. The problem of disability lies in society's response to the individual and
the impairment, and in the physical environment, which is mainly designed (largely by non-
disabled people) to meet the needs of non-disabled people. Disability takes on a social
dimension and leads to social exclusion and the denial of human rights. The solution to the
problems of disability must therefore come from change within the families, communities, and
societies in which Persons With Disabilities are living, rather than from changes in the
impaired individual (as suggested by the medical model).

I. The Social Adapted Model of Disability:
This is a new model, built upon the Social Model, but incorporating elements of the Medical
Model. It accepts that impairments identified by the latter are significant, but stipulates that
far more problems are created for Persons With Disabilities by social and environmental
causes. Not all problems of impairment can currently be addressed, but if environment is
recognised as discriminatory much can be done to change it so that Persons With Disabilities
are enabled to higher achievement. Unlike the Social Model, the Social Adapted Model
recognises that the inability of some Persons With Disabilities to adapt to the demands of
society may be a contributory factor to their condition. However, it still maintains that
disability stems primarily from a social and environmental failure to account for the needs of
disabled citizens. The advantage of this Model is that it does not concentrate on individuals’
limitations, but takes account of peoples' capabilities and potentials.

J. The Customer/Empowering Model of Disability:
This is the opposite of the Expert Model. Here, the professional is viewed as a service
provider to Persons With Disabilities client and his or her family. The client decides and
selects what services they believe are appropriate whilst the service provider acts as
consultant, coach and resource provider.

Recent operations of this Model have placed financial resources into the control of the client,
who may choose to purchase state or private care or both.

K. The Civil Rights/Independent Living Model of disability:
The Independent Living or Civil Rights Model represents the belief that Persons With
Disabilities have a right to choose to live independently and make decisions about their
medical care and other important aspects of their life. In brief, it is a philosophy advocating
the exercise of as many self-directed, free choices as possible. Its authority is 25 years of
civil rights legislation leading up to the Americans with Disabilities Act signed by President
Bush in 1990. This legislation came about as a result of political organisations arising out of
Persons With Disabilities community and has led to the development of architectural
standards that were developed to foster community integration.
The Civil Rights/Independent Living Model defines disability as a problem of the society - its
response to Persons With Disabilities, its systems, laws, policies and relationship. The key
players in this paradigm are advocates, disability rights activists, lawyers and community
organizers. The nature of the problem includes long-standing inequities, discrimination,
prejudice, exclusion, and devaluation. To be more specific, there is a deeply ingrained
disposition among the non-disabled to associate “human variation” with “human defects”. Indicators of the existence of a problem are segregation, consistent and widespread reports of discrimination, and unemployment. In order to remedy the problem, non violent confrontation, systems advocacy, civil rights legislation, litigation, and other political actions are adopted in the hope of improving equal access to the economic, social, educational and environmental resources of society.

L. The Post-Modern Model of Disability:
The latest construct is the Post-Modern Model that we are in now. It is still being defined, particularly in areas related to mainstreaimg in employment, education, and community access. The emergence of the information age has brought great advances in technology that has helped to level the playing field for Persons With Disabilities. The key challenge is to make the technology accessible to everyone, including Persons With Disabilities. The Post-Modern Model defines disability as the problem of society’s economic policies and priorities, which includes uneven distribution of resources, poverty, unemployment, and society’s widespread acceptance of the medical model. The key players in this paradigm are Persons With Disabilities, policy makers, lawyers, actors, economists, researchers, etc. The fundamental problem of “disability” is a lack of widespread acceptance of disability as a legitimate cultural experience. Indicators of the problem appear in the form of uneven distribution of technology, adaptive equipment and supportive assistance based on archaic program eligibility requirements, absence of positive media images, and continued institutionalisation. Suggested solutions to the problem include the acknowledgment of disability as an “unemployment” rather than “rehabilitation” issue, recognition of the universality of disability, an increase in access to technology and the removal of work disincentives. In order to carry out solutions successfully, legislation, community identification, leadership development, economic and market research and analysis will be essential.

The Impact of Old and New Paradigms:
Although the Post-Modern Paradigm is still relatively new, it has provided people with an alternative newer approach in assessing “disability.” The new paradigm is endowed with a much more progressive approach in addressing Persons With Disabilities. Recognising the contextual aspect of disability, the new paradigm maintains that disability is a product of an interaction between the characteristics of an individual (e.g. conditions, impairments, personal and socioeconomic qualities, etc.) and characteristics of the natural, built, cultural, and social environments. The new paradigm is comprehensive and holistic with an emphasis placed on the whole person functioning in his/her environment. The impact of the “new paradigm” includes the following:

- “Disability” is re-defined and re-conceptualized
- Future research on “disability” will be conducted differently and will be modified
- The focus of research on “disability” will be changed (e.g. more emphasis on the studies of the dynamic interplay between an individual and his/her surroundings)
- The approaches for measuring and counting “disability” will be changed which means the conduct of demographic studies and national surveys will need to be adjusted in order to reflect the new definition of impairment.

Source:
2. Davis and Med [2000] “disability paradigms” [A research document] National Institute on Disability and Rehabilitation Research [NIDRR], University of California, California, USA.

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Conclusion:
It is evident that disability is one of the forms of social stratification which attributes to the powerlessness, exclusion and marginalisation of Persons With Disabilities. The fact of the matter is that there is not enough literature available to substantiate this fact. The facts and ground realities have proved that rights and opportunities are profoundly denied to Persons With Disabilities due to their physical and mental impairments. This research makes a systematic attempt to bring out these facts in this chapter.

First of all there has been no systematic research or approaches to study the issues pertaining to disability and development across the globe. The existing literature focuses more on rehabilitation of Persons With Disabilities or the process of normalising Persons With Disabilities thinking that they are not normal. All these approaches ignore the fact that fundamentally they are human beings with similar kinds of needs, human rights, issues, aspirations and ambitions. The 3D theory of disability clearly brings out these facts. First two theories are focused on pity, compassion, charity and sympathy. These two theories perpetuate the crippling negative attitudes and stereo types about Persons With Disabilities. The third theory is more progressive in nature and makes an attempt to explain the fact about the fundamental normality of human beings and provides space for Persons With Disabilities to put forth their views and paradigms of disability.

Perspectives on disability have a wide range of difference from stakeholder to stakeholder. Considering various factors the entire chapter can be classified into three broad categories: religious/cultural, developmental and human rights. The difference in perspectives is due to various reasons. Persons With Disabilities see disability as diversity rather than defect or deficiency. In contrary to this a significant number of non disabled stakeholders see disability as a medical issue rather than a development or human rights issue. It is very important to have a right perspective on disability or any other issue for that matter, since the responses, approaches and strategies are primarily determined by the perspective or outlook. As a matter of fact the thinking should not limit only to perspective but apply appropriate strategies, approaches and responses to address the issues.

Global perspectives vis-à-vis the ground realities: It is evident from the primary data collected for this research that 87% of respondents with and without disabilities strongly feel that disability is not a defect, deficiency, inability, or infirmity but one of the diversities of human society and they strongly urge the society to accept Persons With Disabilities unconditionally. 79% pioneers and 93% respondents with disabilities and their families strongly feel that there is a greater need to facilitate emancipatory research on disability and development to capture and gain the critical glimpses of situation of Persons With Disabilities across the globe particularly in India since there is dearth of enough data available on this issue. They strongly feel that the seven principles mentioned in emancipatory research on disability and development should be followed and key role should be played by Persons With Disabilities themselves in the process.

The ground realities and facts collected during the field work clearly show that poverty is both cause and consequence of disability. Majority of the respondents strongly feel that poverty and disability are closely interlinked and have greater impact on person and family. This fact is further reinforced by the composition of the respondents. 88% Persons With Disabilities, 80% family members of Persons With Disabilities respondents live below the poverty line. 99% of Persons With Disabilities and families strongly feel that poverty had a greater impact on their lives. 83% of communities strongly feel that poverty further worsen the situation of families of Persons With Disabilities in their communities. A questionnaire sent to pioneers reveals that 79% of the respondents strongly feel that poverty is both a cause and

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consequence of disability. Factors related to poverty are a major causative factor for causing impairments in India. Factors such as malnutrition, infections, diseases, lack of timely and appropriate health and medical services were the major causative factors due to acute poverty which can be prevented. The direct and indirect costs of disability further increased the level of poverty of Persons With Disabilities and their families due to denial of rights, opportunities and non participation. The CBR programme implemented in the region has made a serious attempt to reduce the level of poverty of Persons With Disabilities in the case of adults and families in the case of children. The poverty reduction strategies have yielded good results. As a result of this 60% of Persons With Disabilities and families enhanced their income level which has contributed to timely and sufficient care of children with disabilities. This boosted the level of confidence, economic independence, respect, esteem and dignity in the communities. 93% respondents with disabilities and their families, 81% communities and 76% pioneers strongly feel that state should ensure effective and meaningful inclusion of Persons With Disabilities in all the poverty alleviation schemes and programmes of the state with effective implementation of the programmes. 69% respondents with and without disabilities strongly feel that the state should ensure the care, rehabilitation and empowerment of Persons With Disabilities by providing and creating appropriate support structure, basic infrastructure and facilities for families of Persons With Disabilities who live below the poverty line.

100% of respondents with disabilities and families, 100% communities and 75% pioneers strongly feel that disability is a development issue since it is multidimensional, multi sectoral and complex phenomenon which requires an integrated, coordinated, collaborated and concerted approach to address the issues of Persons With Disabilities. 100% of both disabled and non disabled respondents strongly feel that disability is a human rights issue and issues of Persons With Disabilities should be dealt with a human rights framework. This was further substantiated through conditions of Persons With Disabilities. The human development index indicators of Persons With Disabilities show that access to education, health care, housing, livelihoods, participation, resources, property, rights, basic rehabilitation services, social security schemes and family, community and social life has been profoundly denied to Persons With Disabilities. This was clearly articulated by Persons With Disabilities during case studies and interviews. The strategies applied in the CBR project clearly show that attempts were made to address multidimensional and multisectoral issues of Persons With Disabilities in order to promote holistic development. 100% of respondents with disabilities, families and communities strongly admit that Persons With Disabilities should have a say in the development process of the community. 83% of the respondents with and without disabilities strongly feel that Persons With Disabilities have been involved in the development process of the communities. 77% respondents with disabilities, families and 50% communities strongly feel that Persons With Disabilities have significantly contributed to development process of their communities. 98% respondents with and without disabilities strongly feel that there should be a conscious attempt by the state, civil society and private sector to address the issues of Persons With Disabilities through a multisectoral, multidisciplinary and multidimensional approach by facilitating and implementing inclusive development programmes to ensure complete, meaningful and effective inclusion of Persons With Disabilities in all walks of life.

Disability is also seen as an issue of justice where justice is denied and opportunities are limited. Two main theories of Amartya Sen, a well known economist and nobel laureate in his interpretation of Theory of Welfare Economics he introduces two new concepts namely theory of earning handicap and the Theory of Conversion Handicap clearly articulate the concept of disability and justice. The primary data clearly reveals that the 69% Persons With Disabilities are deprived of gainful and meaningful livelihood opportunities due to their

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disabilities. Lack of appropriate services and support structure resulted in deprivation and missed opportunities. The case studies and primary data clearly state that 21% of Persons With Disabilities and 19% of the families of Persons With Disabilities were the victims of injustice due to their impairments. The instances of denial of property rights, decision making, and participation in family, village, community and social affairs were the salient features of injustice. Incidents of divorce, deserting the wife, negligence, rejection, ill-treatment, physical and sexual abuse and other forms of degradation and inhuman treatments can also be found in the primary data. These examples clearly point out that disability has many dimensions of human rights violations and forms the basis of clear case of profound denial and violation of human rights of Persons With Disabilities. There are instances of redressal of grievances of Persons With Disabilities and families collectively by the communities and provide justice to these people as a result of CBR interventions.

This research makes a sincere and systematic attempt to bring the religious and cultural dimensions to the concept of disability. It reviews the literature available on disability in Islam, Christianity and Hinduism. At the outset no religion is outwardly negating the fact that disability is a human diversity and complex phenomenon. The concept of perfection of creation and human psychic for absolute perfection, resulted in wrong and misinterpretation of religious scriptures with regard to disability which seems to be the major factor to inculcate negative values among human beings regarding disability. The concept of righteousness or doing good is termed as charity, pity, sympathy, compassion and objects of charity and pity. It is very good that all the religions speak about helping the helpless but this should not limit to pity or compassion which leads to disempowerment and impoverishment of Persons With Disabilities. The help should lead to empowerment and holistic development of Persons With Disabilities. Majority of the respondents with and without disabilities strongly feel that Persons With Disabilities have access to places of worship and rituals but the environmental barriers prevent or limit their participation in religious activities. 69% of Persons With Disabilities and their families strongly feel that they participate almost all religious and cultural activities and ceremonies except political and public meetings. 67% pioneers and 89% respondents with disabilities strongly feel that almost all religions have compassion and sympathy towards Persons With Disabilities. They strongly feel that sympathy with ignorance is also dangerous since it discriminates and degrades Persons With Disabilities and deprives them from gaining opportunities.

The literary meaning of paradigm is ‘understanding on the issue in a particular dimension or perspective’. Considering the various factors and variables the paradigm or models of disability can be broadly classified into four broad categories namely religious and cultural, medical and charitable, socio economic and rights based. These models or paradigms are linked with the three theories of disability. The first two groups and one component of the third group are interlinked with the theory of defect and deficiency which perpetuates the pity, sympathy, compassion, dependency, crippling negative attitudes and stereo types. The social model goes with the theory of diversity, which takes the potential barriers into account along with the functional limitation of the person while determining the disability. These facts are reinforced through the primary data collected for the research. 100% of Persons With Disabilities, 100% of families of Persons With Disabilities, 64% of communities and 64% of pioneers strongly feel that the social model of disability is balanced approach with an equal amount of medical interventions and access to rights and entitlements. 100% of Persons With Disabilities and communities strongly feel that accessing the services is their right and not charity. 98% respondents with and without disabilities strongly feel that the no single model or approach is complete in itself but they strongly feel that there is a greater need to borrow the positive aspects of each model/paradigm and have a comprehensive model to address the multidimensional issues of Persons With Disabilities.

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