



RESEARCH ARTICLE

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SOCIAL INCLUSION AND DISABILITY

J.Lakshmi.

Assistant Professor, Madras School of Social Work, Egmore, Chennai.

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Abstract

In India 4-8% of the populations in India are differently abled. Over the past two decades, understanding about disability and persons with disabilities has evolved considerably in many parts of the world. There is a growing understanding that boundaries on the participation of persons with disabilities in society and its institutions stem from relations between the individual's impairment and attitudinal and environmental barriers. This trend has fostered an increasing recognition of the rights and abilities of persons with disabilities, and their potential to contribute to society. Disability inclusion provides insights into how disability perspectives may be incorporated into policies, laws, services and programmes and the essential elements for sustainable and inclusive growth and development of societies. Even though the social inclusion of disability is greater support to the psychological development of them, the common person thinks that inclusion of disability in the mainstream of society is the pressure to common persons and no one is ready to treat one among them. The paper also highlights how the family members are excluding the disability person. Whatever the measures should be taken, first should start from the family because they are the root cause for the exclusion of disability and as rightly pointed out by many sociologist that the family is source of development if family starts to think positively then it would happen automatically in the society because the different of units of family consist of society. Hence the social work professionals, rehabilitation groups, NGOs and social activities should create awareness on social inclusion of disability people. And another importance point is decreasing the number of disability in year by year s also another important area.

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Introduction:-

Internationally more than one billion people are living with a disability. Between 110-190 million of these people – about 15 per cent of the worldwide population – experience significant difficulties. About 426 million people with disabilities in rising countries live below the poverty line. In all countries the occurrence of disability is growing due

Corresponding Author:- J.Lakshmi.

Address:- Assistant Professor, Madras School of Social Work, Egmore, Chennai

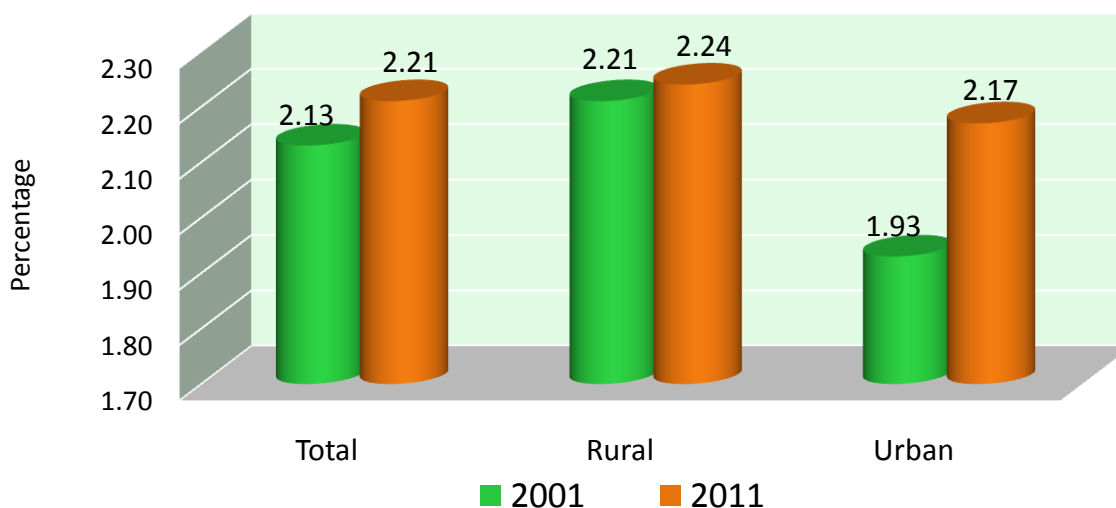
to population ageing and the rising burden of non-communicable disease. In spite of differing estimates, about 4-8% of the population in India is differently abled. One in every 10 children is born with or gets a physical, mental or sensory disability. These translate into 40-90 million children's, which is a considerable number. Only 35.29% of all people living with disabilities have right of entry to schools.

Social Inclusion:-

The World Bank describes social inclusion as the procedure of improving the terms for individuals and groups to take part in society. Social inclusion aims to authorize poor and marginalized people to take benefit of burgeoning global opportunities. Social inclusion means making sure everybody in society is included and treated equally. This means that people with disabilities have the similar rights and entitlements to participate in and contribute to the social and financial development of their communities. The challenge is that many people with disabilities face barriers to their addition in society and cannot contribute to development efforts. Policy work promotes the full and equivalent participation of people with disabilities in development decisions that affect them.

Disabled Population by Sex and Residence India, 2011			
Residence	Persons	Males	Females
Total	26,810,557	14,986,202	11,824,355
Rural	18,631,921	10,408,168	8,223,753
Urban	8,178,636	4,578,034	3,600,602

Proportion of Disabled Population by Residence
India : 2001-11



- Percentage of disabled persons in India has enlarged both in rural and urban areas during the last decade.
- Proportion of disabled population is advanced in rural areas
- Decadal increase in proportion is important in urban areas

Barrier Of Social Inclusion:-

The barrier of social inclusion can be discussed under two important head,

- Institutionalized barrier
- Non Institutionalized barriers.

Institutionalized barrier:-

Institutional discrimination against disabled people is widespread throughout British society. Institutional barriers exclude or segregate disabled people from many areas, such as the legal system, service laws, electoral system,

learning policies, health service provisions, social services, belief systems and religion and humanitarian/development agency policies.

The only way to eliminate it is with the introduction of legislation which emphasizes social rights rather than individual needs and focuses upon the disabling society in which we live. In other words, anti-discrimination legislation which: (a) establishes a firm basis for strategy which ensure the integration of disabled people into the economic and social life of the community, and; (b) provides civic confirmation that discrimination against disabled people for whatever reason and in whatever form is no longer acceptable;

Non - Institutionalized barriers:-

Non - institutionalized barriers are Attitudinal Prejudice, discrimination and stigma cause the biggest problems for people with disabilities, who are assumed to be incapable/inadequate, of low intelligence, in need of a 'cure', needing 'special' services or support. People who make these judgments treat the disabled person as extra or superhuman. They either fail to respond to the person – with all their intrinsic personality, strengths and weaknesses – or they assume they have 'superhuman' abilities to cope with their impairment.

Non - Institutionalized Barrier:-**Discrimination in the society:-**

Due to stigma associated with disabilities, families become victims of discrimination and human rights abuse. When poverty, physical neglect and social marginalization interconnect, the impact on the disabled can be devastating. Differently abled children's are kept hidden away at their home, denied basic rights of mobility, education and employment. They are viewed as dependent persons. Such discrimination in some cases starts from the family members and spreads right up to the policy makers and state authorities.

As a consequence of such discrimination the differently abled children's face constant ill health, socio-economic burden and destitution. Social attitudes and stigma play an important role in limiting the opportunities of disabled people for full participation in social and economic life, often even within their own families.

Rejection of disability:-

Primarily in the cases of mental or intellectual disability, the family members are unwilling to recognize the disability or refer to it as a physical illness and treatable condition. The pseudo-stigma attached to such disabilities, makes them conceal the fact of having a disabled or challenged member at home ultimately leading to social segregation and restrictive behaviors.

There is a fear that they would be victims of disgrace and indignity and thereby family members lose the position or acceptance they enjoy in the community. This denial becomes a hurdle for early identification and treatment. Such persons would be concealed somewhere and they expect, unrealistically, to overcome the circumstances without realizing the long term consequences of such self-imposed denial.

Social refuse:-

It is preventing of Children with disabilities participating in any social events. Even the family members of the disabled often tend to keep away from such social gatherings in shame or fear that someone would ask about their family member with disability. Disability children's are not exposed to any social gathering, nor does our community recognize the need for children's participation.

No property rights:-

As per the Indian laws, all kith and kin in the family are eligible to get their share of inherited possessions, but in reality, persons with disabilities are deprived of these rights. The siblings take responsibility of providing care and they would enjoy the property meant for the person with disability. Families recognize that CWD are incapable of managing their property, they are denied of their property rights and made dependent on the able-bodied siblings.

The problems of women disabilities:-

Due to differential gender-based role expectations, education is not considered a main concern for disabled girls. Dropout rates for disabled girls are higher than for disabled boys. There is an over-representation of disabled boys in education, both in special and mainstream schools.

Unfortunately a girl child with disability is seen as a lifelong burden on the biological family because marriage is not a realistic option. Hence, it is concluded to be economically unsound to invest in her education or vocational training.

Discrepancies in state programme:-

Children with disabilities come under the purview of the ministry of social justice and empowerment. Some of the issues like prevention and restorative aspects are dealt by the health ministry. However, no single ministry has taken the responsibility of meeting the holistic needs of CWDs. Disability continues to fall in the area of “social welfare”. Although efforts are on to bring it into the “civil rights” perspectives, the thinking process is dominated by the charity mode, while providing services for people with disabilities. As disability being state subject, every state have their own program for persons with disability, but none of the states are able to see in holistic needs of people with disabilities.

Some states have been pro-active in increasing consciousness among people with disabilities about commitments and entitlements (Tamil Nadu, Karnataka, and New Delhi) whereas others have lagged in implementing many of the basic entitlements enshrined in the PWD Act of 1995 (Bihar, Maharashtra, Orissa, Uttar Pradesh). In Karnataka, disability welfare department introduced personnel at the panchayat like Village Rehabilitation Workers, and Multipurpose Rehabilitation Workers to meet the needs of people with disabilities in their respective jurisdictions.] Similar program, are adopted in other states.

Institutionalized Obstruction:-

Policy vagueness:-

The objectives of the Ministry of Welfare became to 'rehabilitate' rather than to 'educate'. This resulted in the nonattendance of setting up the instrument for implementation as there was no policy to instruct.

Dichotomy between practice and policy:-

Nowadays we find that although the Government continues its policy of integration on a similar level, it has sustained its segregationist policy of promoting the idea of special schools through the Ministry's Assistance to charitable organisations schemes. This causes a dualism, disintegration a lack of cohesion an insitutionalised barrier.

Teacher training as a barrier: the rehabilitation council of India (RCI) -A fractured mandate:-

The Social Justice Ministry also contract with teacher training through the mechanism of RCI. This is quite ridiculous. How can this be done when they do not have education on their agenda?

The RCI, is responsible for special needs teacher training and the MHRD is accountable for general teacher training.

There is a structural disintegration between the roles of MHRD and MOSJE which adds to a lack of consistency and uniformity in the teacher training regime for inclusive education. The RCI is making a cadre of people who are creating institutional barriers.

NGOS as Barriers to inclusive education:-

- Not a State liability, an NGO Dependency
- Special Education dominated by technique and mystique.
- Micro not macro contribution

The charitable sector has no doubt played a very active and vigorous role in introducing new concepts of education and services, but without continuous funding and good infrastructural support it has been grounded on a micro level. A lack of political lobby

The Politics of Policy-making:-

- Silence on the subject by international organization and policy makers
- Conflict of Resources
- Exclusion on a Macro-scale

The findings illustrate that without a clear-cut policy directive from the top, a massive exclusion has been happening on the ground level. Disability issues are buried deep within the debris of a kind of institutionalized discrimination indicating a total failure. Take for example Jan Shikshan Sansthan (JSS):

Disadvantaged groups of urban/rural inhabitants particularly neo-literates, semi-literates, SCs, STs, women and slum dwellers, migrants workers etc. People with disabilities are left out. They are not mentioned.

Legislation:-

➤ The disabled as a group within the weaker sections are not mentioned and have consequently been left out.

To prevent exclusion from programmes and budgetary allocation, there should be a positive discrimination clause put in which specifies 'including the disabled' in all the schemes as well cross-referencing and cutting across all sectors would be needed in all documentation. This kind of cross-referencing would cover and protect all groups of disadvantaged people in the country being run by the Government.

The 93rd Amendment of the Education Bill: in the bill an optimistic statement has been made and the Amendment Clause states that 'all' mean all children with disabilities as well.

Civil Society Partnerships:-

Our own experiences point out that there is a complete lack of convergence between government and NGO / community roles.

Research, Evaluation and Monitoring Systems are missing:-

The SSA has been labeled 'a golden goose' being exploited by suppliers and freelancer by journalist Kalpana Misra, 'a grand scheme, awash with funds' but lacking both, effective operation of those funds and in depth monitoring.

- ❖ There is a great deal fragmentation within the government machinery
- ❖ Interdepartmental conflicts and tensions
- ❖ No proper definitions
- ❖ A lack of intention to use civil society organisations effectively.
- ❖ This result is a complete lack of convergence a term the Late PM Indira Gandhi used frequently.
- ❖ Unfortunately, monitoring of programmes has not happened. This is understandable as the recent reports on the way educational funds have been spent through the SSA programme show.
- ❖ Unless monitoring mechanisms are decisively put into place for monitoring and evaluating whether the funds are reaching the poor and powerless children the status quo will persist.

Institutional obstruction in the Programmes: Integrated Child Development Services (ICDS):-

- ❖ Children with disabilities not found in the anganwadis. The AMW expresses her lack of knowledge of handling children with disabilities as one of the reasons for not including them.
- ❖ The CDPO's do not know the number of disabled children in their area.
- ❖ A new revamping of the ICDS system called the New Generation of ICDS has been submitted by us and UNICEF

Social Work Intervention:-

The census of India reports that proportion of disabled persons in India has increased both in rural and urban areas during the most recent decade. Proportion of disabled population is higher in rural areas and Decadal increase in proportion is important in urban areas. Hence the social workers should work on creating awareness on ill effects of consanguinity marriage, early marriage, consuming more tablets during pregnancy and so on.

Social work professional should analysis the government strategies for inclusion of disability in all the sectors. Social work professionals should involve themselves in the advocacy work to improve the status of disability in India.

Social workers should study thoroughly about the state and central budgets and analysis on that for bringing the better programme.

Conclusion:-

The paper concludes that the social inclusion is potential only when we eradicate both institutional and non institutional barriers. Disability sector has recognized the significance of dignity, respect, inclusion, participation, equalization of opportunities and empowerment as key issues of rehabilitation. The negative attitudes and cultural representations of disability in society are challenged through forceful awareness-generation and attitudinal change strategies. The issue of disability must deliberately move beyond issues of special education and medical rehabilitation and be mainstreamed into other discourses such as the economy, polity, entertainment, sports, fashion and lifestyle.

During the last two decades, there has been a growing realization that institutional care for the disabled is not entirely suitable for their individual needs, dignity and independence. There has been persistent advocacy for community care despite the enormous stigma of having a disabled person at home. In India, where family support is the no standards, norm and the only form of support available for thousands of years, community care is been consideration as a suitable program for meeting the challenges in the disability segment.

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