

**A STUDY ON THE EFFECT OF GOVERNMENT SCHEMES
FOR DIFFERENTLY ABLED**

Dissertation Submitted to

ST. TERESA'S COLLEGE (Autonomous), ERNAKULAM

(Affiliated to Mahatma Gandhi University, Kottayam)

IN PARTIAL FULFILMENT OF THE REQUIREMENT

MASTER OF ARTS IN ECONOMICS

BY

GOPIKA.S

Register Number: AM22ECO008

Under the guidance of

DR. THUSHARA GEORGE

Department of Economics



ST. TERESA'S COLLEGE

ERNAKULAM

2022-2024

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CERTIFICATE

This is to certify that the Dissertation “**A STUDY ON THE EFFECT OF GOVERNMENT SCHEMES FOR DIFFERENTLY ABLED**” Submitted in partial fulfillment of the requirement of the Master of Arts Degree in Economics to the Mahatma Gandhi University, Kottayam , is a bona fide record of work done by GOPIKA S , St Teresa’s college Ernakulam during the year 2022 -2024 under my supervision and guidance.

Head of the Department

Guide and Supervisor

DECLARATION

I hereby declare that the dissertation “A STUDY ON THE EFFECT OF GOVERNMENT SCHEMES FOR DIFFERENTLY ABLED” Submitted by me for the MA Degree in Economics is my Original Work.

Signature of the supervisor

DR. THUSHARA GEORGE

Signature of the candidate

GOPIKA.S

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CHAPTER: - 1

INTRODUCTION

1.1 INTRODUCTION

The Indian government has long worked to support and equip people with impairments, often known as differently-abled persons, with low-cost equipment so they can become more independent, earn more money for their families, and participate in the development process. The Equal Opportunities, Protection of Rights, and Full Participation Act of 1995, also known as the Persons with Disabilities Act, brought to light the importance of providing handicapped people with the instruments and resources necessary for their social, economic, and occupational rehabilitation. The needs and rights of individuals with disabilities are becoming more widely acknowledged, and this has led to an increase in the need for information from the planners and legislators working in this area. The Indian constitution implicitly requires an inclusive society for all, including those with disabilities, and guarantees equality, freedom, justice, and dignity for every individual. The laws, programs, and organizations set up for different pertinent activities are manifestations of the Government of India's policies on the welfare of people with disabilities. Two of the measures that highlighted the significance given to this particular issue were the Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995, and the National Policy for Persons with Disabilities published in 2006.

The Government of India has always worked to deliver apps and assistance to people with disabilities at the lowest possible cost. In April 2005, the Ministry of Social Justice and Empowerment introduced the "Assistance to Differently Abled Persons for the Purchase or Fitting of Aids and Appliances (ADIP)" program, which was created with this objective in mind. In order to support the physical, social, and psychological rehabilitation of individuals in need with disabilities, the Ministry of Social Justice and Empowerment offers grant-in-aid to non-governmental organizations (NGOs) and other implementing agencies (IAs) under the terms of the ADIP system. The program's primary goals are to help the less fortunate individuals with disabilities obtain appropriate, long-lasting, high-tech, contemporary, standard equipment and assistance.

The Act recognizes a range of disabilities, including mental behavior disorders, intellectual disabilities, and physical disabilities, that are brought on by neurological diseases and blood ailments. To guarantee that people with disabilities have equal rights and that all necessary agencies can uphold those rights, the government is taking proactive steps.

1.2 DEFINITION

People with disabilities frequently struggle with mental, emotional, or bodily functions in addition to having trouble learning and adjusting to social situations. These problems obstruct a person's natural development and growth. Different kinds of disabilities are defined by the Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995. These people's disabilities are the root of their issues, which have to do with their self-worth.

Common concepts about differently abled:

Handicap is a biological phenomenon. The problems of the differently-abled person come from his/her handicaps. Differently-abled people are considered 'victims'. A person's handicap is related to his self-respect.

The very word handicap suggests that the person needs help.

1.3 REVIEW OF LITERATURE

Ram Kishore Sharma (2005) outlines government initiatives that let people with disabilities work for themselves. He pushes and pull motivational behaviors of social entrepreneurs with impairments are highlighted by Kate Caldwell, Sarah Parker, and MaijaRenko (2016).

Sathish and Dr. S. Rajamohan (2019) emphasize the significance of the MSME sector for big sectors and the firms that support them.

The 2019 study by Drs. Kinkhabwala, A. Bhavesh, and Vimal Babu look at the current situation for individuals with disabilities in India at all governmental levels, international organizations, the legal system, and corporate enterprises to close the gap between the disadvantaged and the general public. The methodology draws on firsthand information, observation, and a review of the literature. It focuses on prior work in firms, government agencies, legal systems, and international organizations. The study found legislative gaps defending the rights of persons with disabilities and examined the responsibilities played by stakeholders in their advancement. It also shows how perception biases in mainstream culture impede upward mobility and the transfer of unfair circumstances to the mainstream, emphasizing the necessity for more all-encompassing solutions to guarantee the rights of people with disabilities are adequately safeguarded.

E Saranya Devi and S Rajamohan (2019) The top three economic powers in the world regard India's economy as predictable, despite it currently having the fastest growth rate in the world. Nowadays, our ability to survive depends on our ability to work. Self-employment is seen by economists as an essential element of production, together with the other three requirements of resources, labor, accepted assets, and mortal property. Entrepreneurs take chances in their business lives. Despite constituting a relatively tiny fraction of the Indian populace, the number of individuals with disabilities is increasing. Individuals who place a low priority on their education also find it difficult to get work. The idea of creating business chances rather than seeking them out elsewhere is better understood thanks to this essay.

The case study by MS Anil and MD Pradeep (2024) looks into how NGO engagement under the SPARSH program enhanced the lives of deaf-blind youngsters. The study looks at the assistance given by outside trainers and facilitators and takes into account kids with varying degrees of hearing and vision impairment. The Thiruvananthapuram children's transformational stories served as the study's foundation. The methodology includes assessing the project's effectiveness using first-hand data from actual experiences and parent interviews. The goal of the study is to offer insightful information on how the SPARSH project affects youngsters who are deaf-blind.

2019's Chiranjit Majumder emphasizes the value of education in bringing about societal change, especially for kids with disabilities (CWDs). Nonetheless, a sizable percentage of CWDs are not served by the Indian educational system. The 2011 Census found that illiteracy rates among India's crippled population were 45.48 percent, with illiteracy rates among females being higher. Conversely, 54.52 percent of individuals with disabilities possess literacy skills. The proportion of disabled individuals with literacy below the primary level is approximately 10.59%, whereas the proportion of individuals with elementary education below the middle level is approximately 13.26%. Although the Indian government has made major announcements in support of CWDs, more needs to be done to guarantee their inclusion in the educational system.

The goal of reports, commissions, policies, committees, and programs is to raise special people's educational standing. The District Primary Education programs, the Bahru Islam Committee, the Kothari Commission, the National Education Policy, the National Policy on Education, the Sergeant Report, and Integrated Education for Disabled Children are a few examples. Raising educational standards and encouraging disabled pupils to participate in general education programs are the key goals.

India is expected to have a sizable disabled population, yet many of them are shunned and live in concealment. Their presence in mainstream life is frequently disregarded, and they are frequently disregarded by society and their families. The lack of awareness about the plight of the crippled in India prevents an exact count of

their population. They experience poverty in many facets of their lives, and stigma and societal attitudes—often from within their own families—greatly hinder their ability to fully engage in social and economic life. Even with one of the most progressive disability policy frameworks in developing nations, there are still a lot of obstacles to overcome before the policy framework can be operationalized. Since the 1990s, India's stance on disability rights has changed as a result of the growing number of people with disabilities living there. The crippled community celebrated the passage of disability legislation as a major success, but it took years for them to understand that their fight was far from finished. The legislative framework, the function of the courts, and the current state of affairs regarding the status of people with disabilities in India are all examined in this paper.

Although India has had health services since 1946, there are still health inequalities among the poor, especially the crippled population. According to Swot research, the only program that provides dental health insurance to those with disabilities is the Niramaya Scheme. Thus, to ensure that disabled people receive proper care and support, it is imperative to assess these two government health programs and create an integrated health program.

The Equal Opportunity Cell (EOC), a unique center at the University of Delhi, India, for students with special needs, is the subject of this study, which looks into the resources, services, and programs it provides. The center wants to give children with disabilities the finest tools and assistance possible for their intellectual, academic, and cultural growth. The opinions of special needs students at ECO were gathered for the study through verbal interviews, an interactive and feedback technique, and a questionnaire.

In addition to short-term courses, sports programs, computer laboratories, accessible reading equipment, volunteer assistance, and transportation services, the EOC offers its customers other vital services. The pupils have become accustomed to the barrier-free environment, and the staff is very supportive. The research recommends enhancing the assistance given to kids with special needs by implementing cutting-edge ICT tools and software and by augmenting the quantity of assistive equipment. In general, EOC has been effective in satisfying the requirements of its pupils.

A disability is a state that limits a person's capacity to move, think, or sense. It is frequently brought on by an illness, trauma, accident, or heredity. It restricts a person's capacity to execute a task or carry it out in a manner comparable to that of a person without a disability. A substantial reduction in function relative to an individual's or group's typical level is referred to as a handicap. Impairments of all kinds, including physical, mental, sensory, cognitive, intellectual, and chronic diseases, are included in the category of disability. Disabled people are those who have mental or physical impairments that substantially affect their capacity to carry out daily tasks, according to the Equality Act of 2010. The main piece of legislation for individuals

with disabilities is the Persons with Disabilities (Equal Opportunities Protection of Rights and Full Participation) Act of 1995. It addresses seven different categories of disabilities, including autism, mental retardation, low vision, blindness, mental retardation, locomotor disability, and leprosy-cured individuals. Equal chances in employment, education, and social empowerment are the goals of these laws and regulations for individuals with impairments.

With 1.2 billion people living in India, the largest democracy in the world, 833 million of them are rural dwellers. About 120 million people in India are among the 10 percent of people worldwide who live with a disability. Disability-related claims accounted for 2.19 crore people in 2001, or 2.13% of the total population. 34% are employed, 49% have completed high school, and 75% reside in rural areas. In India, a disability is defined as affecting a person's capacity to an extent of at least 40%. A 3% reserve is permitted in government job categories under the Persons with Disabilities Act of 1995; however, the quota for local and federal government institutions is 2.0%. In addition to identifying trends, employment opportunities, and categories for people with disabilities, the study also highlights the difficulties state parties face in ensuring the inclusion of people with disabilities, especially those who have visual, hearing, or locomotor impairments, and offers solutions to lower these barriers.

1.4 OBJECTIVES OF THE STUDY

- To examine trends and patterns of Government Schemes for the Differently abled (2019-2023)
- To examine the effect of Government Schemes for Differently abled (2019-2023)

1.5 STATEMENT OF THE STUDY

This topic examines the government's many programs for people with disabilities, emphasizing their particular situation and the dearth of rights and assistance that they require. It seeks to comprehend the scope and nature of the support given to these people.

1.6 RESEARCH METHODOLOGY

Secondary data is the major information source. The websites of the organizations, official government websites, and a few e-journals are where the information is found. A thorough literature study, a critical analysis of the literature, and secondary data will all be part of the technique. Publications and reports from

the Department of Empowerment of Persons with Disabilities, Social Justice and Empowerment, and Government-provided schemes for differently abled people will be among the sources of literature. Secondary Information.

The Department of Social Justice and Welfare provided a variety of data. The websites of the organizations, official government websites, and a few e-journals are where the information is found. In the context of disability research, secondary data can provide crucial insights on the prevalence of disabilities, service accessibility, and societal views.

Secondary Data

The Social Justice and Welfare Department provided a variety of information. The sources of the information include the organization's website, government-related websites, and certain e-journals. When used in connection with disability studies, secondary data can provide crucial information about the number of people with of disabilities, the accessibility of services, and the opinions of society. Without undertaking brand-new primary research, researchers can investigate disability-related subjects using already-existing databases. Recall that secondary data has to be thoroughly assessed for accuracy, dependability, and biases. For example, an analysis of data from India's National Family Health Survey-5 (NFHS-5) revealed an estimated 4.52% prevalence of disabilities overall. Of all impairments, locomotor disabilities made up 44.70%, with mental disorders coming in second. This emphasizes how crucial it is to comprehend the patterns and factors of impairment in order to guide intervention efforts and guarantee that services are accessible to all those who require them.

1.7 LIMITATIONS

- Lack of proper updated census records of the Differently Abled people.
- Lack of mechanism to ensure that all tehsils and respective villages of the district are benefited from the scheme.
- There is no system to ensure that the beneficiary who is being given the appliance has not already benefited by appliance received from other sources
- Also, it difficult to ensure that the beneficiary will not sell the appliance given to him/her to some other people or for scrap, which has been pointed out by the implementing agencies
- There is serious lack of system to evaluate the work done by the implementing agencies

CHAPTER: - 2

**DIFFERENT DISABILITY AND
GOVERNMENT SCHEMES: AN
OVERVIEW**

2.1 Differently Abled

The term "Differently abled" is frequently used to characterize people who do not exhibit typical physical, mental, or psychological functioning. It can also refer to challenges with learning or social adjustment that interfere with a person's ability to grow and develop normally. A kid who is unable to provide for themselves, either fully or partially, the needs of a typical social or personal life, including employment, due to a physical or mental disability, whether congenital or acquired, is considered disabled.

Any individual with one of the following disabilities will be regarded as physically disabled: Visual, Locomotor, Hearing, and /or Communication. People who are challenged are becoming more and more persuaded that the word "Disabled" is inaccurate. Using the word "Differently abled" is increasingly preferred by many. "Differently abled" is a phrase which is occasionally used to characterize individuals with impairments rather than "disabled" or "handicapped." The goal is to emphasize the numerous skills and features that persons who have disabilities possess instead of focusing only on their limitations.

Handicaps are the people with disabilities. The idea is to highlight all of the numerous beneficial characteristics and strengths that people with disabilities have, rather than just concentrating on the restrictions they face. The phrase "differently abled" implies that, in contrast to people without limitations, people with disabilities might possess particular skills or abilities. It recognizes that persons with disabilities may make significant impacts in society and be successful in a variety of undertakings. It's important to keep in mind that usage of specific phrases can vary depending on cultural context and individual preferences. While some disabled people prefer terminology that emphasizes their identity, others favor language that emphasizes their personhood before their handicap. The 1980s saw the emergence of the term "differently abled" in the United States, and it has only been three decades since then.

This phrase originally appeared in The Los Angeles Times in its September 1980 edition, where it was used about festival workers. The term grew more popular later on, with the same terms and meanings. "Differently capable" is a more accessible and positive term that emphasizes the wide range of skills and abilities that persons with disabilities possess. It recognizes that persons with disabilities possess a wide range of abilities and skills, and that they may be highly skilled in jobs unrelated to their particular handicap.

The term differently abled may be interpreted as an attempt to disassociate itself from the negative connotations and misunderstandings associated with the word disabled. Its purpose is to create a more accessible and powerful story by highlighting individuals with disabilities' unique talents and qualities. The term differently abled could be seen as an attempt to distance oneself from the negative connotations and misunderstandings associated with the word disabled.

Its goal is to create a more accessible and powerful narrative by showcasing persons with disabilities' unique talents and strengths. Although there is a solid case for using the phrase differently abled, it is important to realize that not all members of the disability community agree. Some people may prefer to identify as disabled because they believe it accurately reflects their problems and experiences. Some argue that the phrase differently abled is overly disguise and obscures the reality of being impaired.

The concept of differently abled is based on the social model of impairment, which highlights the role of societal limitations and attitudes that create disability. According to this paradigm, the absence of equitable opportunities, accessible locations, and support networks in society harms people with disabilities. According to the social model of disability, people with impairments are not born with limits; rather, they experience restrictions as a result of social, cultural, and physical constraints in society. Within this context, the phrase differently abled seeks to shift focus away from individual limits and on the importance of societal reforms that allow for equal opportunity and opportunities for all. The concept of differently abled is based on the social model of disability, which highlights the role of societal limitations and attitudes that create disability. According to this paradigm, society's lack of equal opportunities, accessible environments, and support groups disadvantages people with disabilities. According to the social model of disability, people with impairments are not innately limited; rather, they experience limitations as a result of social, cultural, and physical constraints that exist in society. Within this context, the phrase differently abled seeks to shift focus away from individual limits and on the importance of social reforms that allow for equal opportunities for all.

Its goal is to create a more accessible and powerful storyline by showcasing persons with disabilities' unique talents and strengths. Although there is a solid case for using the phrase differently abled, it is important to realize that not all members of the disability community agree. Some people may prefer to identify as disabled because they believe it accurately conveys their problems and experiences. Some argue that the term differently abled is overly disguise and obscures the reality of being impaired.

The expression differently abled recognizes that every individual has certain abilities and limits, and that these differences should be recognized. It forces society to put a person's abilities ahead of their limitations and to provide the necessary adjustments and supports in order to promote inclusiveness and fair participation. However, others argue that the phrase differently abled can be too disguise and minimize the challenges and hardships faced by individuals with impairments. They argue that words like differently abled could cover up the discrimination, barriers, and inequality that persist in our culture. Critics argue that labeling someone as disabled recognizes the challenges that individuals with disabilities face on a social, environmental, and mental level. They argue that identifying one's limitation may be empowering since it recognizes the unique challenges and barriers that individuals with disabilities face. It's crucial to keep in mind that there are differences in viewpoints within the disability community on whether to refer to people as "disabled" or

differently abled. Some people could find positive images of people with disabilities interesting, while others might get empowerment from self-identifying as handicapped. It is essential to acknowledge and correctly express the experiences of individuals through language use, while also respect their choices.

It brings attention to the many skills and abilities of individuals with disabilities, highlighting their unique traits and capabilities. The disability society does occasionally accept its usage, despite the fact that its objectives are to promote inclusiveness and dispel negative stereotypes. Whether or not to refer to them as differently abled or disabled depends on the context. It's critical to consider the meaning of each term you use and to engage in polite, inclusive dialogue with those with disabilities. In the end, the focus should be on increasing equal chances, access, and removing barriers that keep those with disabilities from participating fully in society. We may work to create an environment that is more open and respectful in order to move toward a society in which everyone's skills are valued. A long-term physical, mental, intellectual, or sensory impairment that, when paired with different barriers, keeps a person from fully and equitably participating in society is referred to as a "person with a disability". In situations when the problem has not been measured, a "person with baseline disability" is defined as an individual who, as certified by the certifying body, has at least forty percent of a defined disability. In situations when a disability has a measurable definition, it also includes people with disabilities.

I. Physical disability

A physical impairment is a complex experience that represents how a person's body connects with the social elements of their environment. Physical disabilities can impede an individual's skill, mobility, capacity to do activities, hearing, breathing, the process of respiration intellectual disabilities, multiple sclerosis, and visual problems, among other things. It's important to remember that a person might become disabled at any time in their life; some people have physical restrictions from birth, while others acquire them as they get older. Physical disabilities can be chronic, transient, or even episodic; they can also stay the same, gradually get worse, or get better over time. From extremely mild to very severe, it might vary. Every physical disability diagnosis is distinct and specific; no two people with the same physical disability will inevitably have the same functional limitations. A person's physical handicap will impact them differently depending on their form and origin. Physical limitations can arise from a variety of sources. Some disabilities are acquired, meaning they come from accidents, illnesses, or diseases; others are congenital, meaning the person was born with the handicap or got it because of heredity. **Locomotor disability:** a person's incapacity to do specific movements related to moving oneself and objects as a result of musculoskeletal or neurological system disease, or both.

"*Leprosy-cured person*," is defined as someone who has been cured of leprosy but is still experiencing Lack of feeling in the hands and feet, as well as paresis and loss of feeling in the eye and eyelid without any

obvious abnormality; Show paresis and deformities, yet they are nevertheless able to move their hands and feet enough to carry out daily tasks. Severe physical deformity or advanced age precludes them from engaging in any profitable work, in which case the phrase "leprosy cured" will be interpreted appropriately. "*Cerebral palsy*" refers to a group of non-progressive neurological conditions that are typically diagnosed before, during, or shortly after birth and impair muscle coordination and body movements. These conditions are caused by damage to one or more specific parts of the brain. "*Dwarfism*" is the term used to describe a genetic or medical disorder that causes an adult to be no taller than 4 feet 10 inches (147 centimeters). "*Muscular dystrophy*" refers to a class of inherited genetic muscle diseases that weaken the muscles that move the body. Individuals who have multiple dystrophies have mismatched or absent gene information, which keeps them from producing the proteins necessary for strong, healthy muscles. It is characterized by the death of muscle cells and tissue, increasing skeletal muscle weakening, and abnormalities in muscle proteins. "*Acid attack victims*" are those who have suffered physical harm as a result of being attacked with acid or another caustic material.

1. Visual impairment

"*Blindness*" is defined as any of the following conditions:

Total loss of vision following optimal correction;

Restriction of the field of vision extending less than 10 degrees.

A person is said to have "**low vision**" if they have any of the following conditions:

A limitation of the field of vision extending an angle of less than 40 degrees to 10 degrees, or visual acuity not exceeding 6/18, less than 20/60 up to 3/60, or up to 10/200 (Snellen) in the better eye with the best possible corrections.

2. Hearing impairment

"*Hard of hearing*" refers to a person who has a 60 DB to 70 DB hearing loss in both ears,

"*deaf*" refers to a person who has a 70 DB hearing loss in both ears.

3. Speech and language disability

Speech and language disability refers to a lifelong impairment resulting from diseases like aphasia or laryngeal that impact one or more aspects of speech and language because of neurological or biological causes.

II. Intellectual Disability-

A person with particular limits in cognitive functioning and skills, such as conceptual, social, and practical abilities like language, social, and self-care skills, is said to have an intellectual disability or ID. These limitations may cause someone to learn and develop differently from or more slowly than they would if they were not under these restrictions. Intellectual disability can arise at any point in time, even before birth, and usually does not manifest until 22 years of age. Intelligence-based developmental disabilities are the most common type. Previously called mental retardation, intellectual disability is a condition that can be brought on by diseases, injuries, or brain disorders. There is no confirmed cause for the intellectual disabilities that many children have. Fetal alcoholism, Down syndrome, infections, birth defects, and fragility X syndrome are a few conditions that can develop before delivery. During and soon after childbirth, certain things happen.

Certain causes of intellectual impairment, like severe brain trauma, infections, or strokes, lack symptoms in children until later in life. a disorder characterized by notable impairments in adaptive behavior, encompassing a range of everyday social and practical skills as well as cerebral functioning The neuro-developmental disorder known as "autism spectrum disorders" usually appears in the first three decades of life and has a major impact on a person's capacity for interpersonal interaction, communication, and relationship comprehension. It is frequently connected to odd or clichéd customs or actions. A diverse range of conditions collectively referred to as "specific acquiring disabilities" are characterized by a deficit in the ability to process language, both spoken and written. These conditions include perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia, and developmental aphasia.

III. Mental behavior

A broad spectrum of mental health illnesses that impact your mood, thoughts, and behavior are collectively referred to as mental illnesses, often known as mental health disorders. Anxiety disorders, eating disorders, schizophrenia, depression, and addictive behaviors are a few examples of mental illnesses.

Many people occasionally experience mental health issues. However persistent symptoms that impair your ability to perform and cause frequent stress turn a mental health concern into a mental disorder.

A mental disease can lead to misery and interfere with day-to-day functioning, including relationships, jobs, and education. Most of the time, talk therapy (psychotherapy) combined with medication can treat symptoms.

Mental illness is widespread. In any given year, almost 1 in 5 persons suffer from a mental disease. While mental illness can strike at any age, most occurrences start in childhood or early adulthood.

Mental disease can have short-term or long-term impacts. Additionally, you are capable of having multiple mental health conditions concurrently. For instance, you can be suffering from both substance abuse and depression.

IV. Multiple disabilities

The concurrent occurrence of two or more incapacitating conditions that impair learning or other critical living functions is known as multiple disabilities. These conditions may be a combination of sensory and motor impairments. The most vulnerable kind of impairment is multiple disabilities, which present particular difficulties for the person who has them. The factors that have a significant impact on how they learn or behave are the combination of their limitations, the severity of their ailment, when it first started, and its kind. Professionals frequently find it difficult to identify and evaluate these people with multiple disabilities because of the wide range of traits they display. The majority of them struggle with language and communication, learning, sociability, mobility, adaptive abilities, and sensory functioning. Studies show that these people also have health issues that can necessitate regular medication or hospital stays. Research on multiple impairments is conducted less frequently worldwide than research on other forms of disability.

2.2 Legal provisions on disability in India

The following paragraph of this section is a list of some of the significant acts passed by the Indian government to improve the lives of those with disabilities.

The Mental Health Act, 1987

This Act was designed to better provide for the property and affairs of mentally ill individuals, as well as to address concerns related to or incidental to them, by streamlining and amending the laws governing their treatment and care.

On April 7, 2017, the Indian government passed the Mental Health and Care Act of 2017, topping the Mental Healthcare Act of 1987. Its objectives are to manage any problems that may occur when providing mental health services and care, as well as defend, advance, and maintain the rights of people with mental illness.

The Rehabilitation Council of India Act, 1992

The National Rehabilitation Council of India was established by an Act, and its responsibilities include supervising the training of rehabilitation experts, maintaining a Central Rehabilitating Register, and managing other matters pertaining to or ancillary to these endeavors. Penalties are also established by the

law for unfit persons who work with individuals who have disabilities.

RC is an official society established in 1986. Parliament adopted the RCI Act in September of that year, and it became a statutory entity on June 22, 1993. In 2000, parliament updated the Act to increase its reach. He RCI Act, 1992

Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995

On February 7, 1996, the People with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation Act, 1995) went into effect. This was a momentous occasion and a big step toward making sure people with disabilities have equal opportunities and can fully participate in the development of their country. The Act covers the prevention as well as the promotion of rehabilitation through the provision of education, employment, and vocational training; job reservations; research and manpower development; barrier-free environment creation; rehabilitation of individuals with disabilities; unemployment benefits for the disabled; special insurance plans for disabled employees; and the construction of homes for individuals with severe disabilities, among other things.

"Disability" is defined as follows in the Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995:

- Blindness;
- Low vision;
- Leprosy-cured;
- Hearing impairment;
- Locomotor disability;
- Mental Retardation;
- Mental illness

The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999

On December 30, 1999, the Indian government passed the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999. The act's goal was to establish a national body for the welfare of people with autism, cerebral palsy, mental retardation, and multiple disabilities, as well as to handle issues related to or arising from these conditions. The trust's objectives include managing properties bequeathed to it and offering complete care to individuals with

cerebral palsy and mental impairment. A specific law was deemed required to safeguard the property and well-being of disabled individuals, as some groups are more susceptible than others. With the passage of the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999 (also known as the National Trust Act), families seeking dependable arrangements for their seriously afflicted wards have a common need that is intended to be met.

The Rights of Persons with Disabilities (RPWD) Act, 2016

The Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995, is superseded by the Act. As a signatory to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), it satisfies India's duties under the agreement. The Rights of Persons with Disabilities (RPWD) Act, 2016, which was passed on December 28, 2016, went into effect on April 19, 2017. It states that the definition of disability is dynamic and ever-changing data

As per the provisions of the Rights of Persons with Disabilities (RPWD) Act, 2016; it means: -

1. Blindness
2. Low vision
3. Leprosy cured persons
4. Hearing impairment (deaf and hard of hearing)
5. Locomotor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental illness
9. autism spectrum disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic Neurological Conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and Language disability

16. Thalassemia
17. Hemophilia
18. Sickle Cell Disease
19. Multiple Disabilities including deaf blindness
20. Acid Attack victim
21. Parkinson's disease

Building institutional infrastructure to accommodate the needs of people with disabilities is another provision of the RPWD Act of 2016. It is required that special courts be established in every area. These courts will hear claims involving rights violations against individuals with disabilities. State governments will also establish committees at the district level and a distinct state fund specifically designated for PwDs' welfare. Likewise, a fund at the national level will be established.

2.3 Government Schemes (Social Justice and Welfare Department)

Shreshtam scheme for ensuring participation of PWDs in Arts & Sports

The Social Justice Department is executing several social welfare programs for the improvement and rehabilitation of this target demographic because it is the nodal agency responsible for mainstreaming people with disabilities. The RPWD Act's Chapter III, Section 16(1), requires the States to guarantee PWDs the same chances as everyone else in sports and leisure activities, without discrimination.

The Social Justice Department has created an extensive program called "Shreshtam" to assist those with disabilities who have demonstrated exceptional skill and ability in artistic or athletic endeavors. The program aims to guarantee people with disabilities access, inclusion, and productive involvement in the arts and sports. Through this program, these gifted individuals will receive specialized training in state or national academies or centers, helping them reach their full potential and proficiency level. Through the support of this program, people with disabilities will be encouraged to achieve great things and become self-sufficient. A maximum of Rs. 10,000 will be given to every recipient. Ten people in total from each district will receive the money.

Qualification standards

- The applicant's family income must not exceed one lakh per year.
- The applicant needs to be a PWD with a disability of at least 40%.
- State or national academies or centers should be providing training to the candidate.

- Those who have competed in championships at the state or national levels and displayed their talents are eligible to apply.

Sahajeevanam help desk for PWDs

The COVID-19 epidemic has led to a rise in psychological discomfort among vulnerable groups, including those with disabilities, as well as the general public. These individuals with special needs require assistance from others to carry out their daily tasks. The psychological and social effects of COVID-19 have had a significant negative influence on the mental health of individuals with disabilities, their caregivers, and their parents. The Kerala government's Social Justice Department has started a unique program called "Sahajeevanam Help Desk" to guarantee that services are delivered to those with disabilities at their doorstep and to offer them support and emotional support when they're in need. The Social Justice Department is working with the Departments of Health, Education, Local Self-Government, and Women and Child Development to carry out this project. The Sahajeevanam support centers will operate in every state block to offer mentally challenged individuals' access to government services at their doorstep and to provide mental assistance. Under the auspices of National Trust local-level committees, around 3,000 volunteers, including special educators, have been chosen from special schools, Buds schools, and Samagra Shiksha Kerala to carry out projects in every panchayath.

Snehayanam scheme for mothers of persons with special needs

For parents, especially mothers, the responsibility of caring for and supporting those undergoing rehabilitation who have mental retardation, autism, cerebral palsy, or various disabilities can be overwhelming and stressful. Individuals with disabilities who fall under the National Trust Act's scope always need extra care and attention because they are unable to carry out their daily tasks without assistance. Moms who are divorced or widowed and do not have any source of steady income may find it difficult at times to care for these PWDs. Mothers of disabled people struggling financially can receive free electric autorickshaws through the Department of Social Justice's innovative "Snehayanam" project. Such recipients would have a means of subsistence thanks to this arrangement.

Qualification Standards:

- (1) This plan will allow mothers of PWDs covered by the National Trust Act (NTA) to apply.
- (2) Candidates must not have a reliable source of income and fall within the BPL category.
- (3) Women who are widowed, lawfully divorced, or who have been dumped by their husbands may apply for this program.
- (4) The recipients need to have a current three-wheeler license.
- (5) The candidate must be 55 years of age or younger.

- (6) The beneficiary will be responsible for paying the vehicles' taxes and insurance.
- (7) The beneficiary is the only name under which the vehicle may be registered; ownership cannot be changed or sold.

Niramaya Health Insurance Scheme

A reasonably priced health insurance program under the National Trust Act of 1999 for people with disabilities. The beneficiaries of this scheme are eligible for annual renewals of up to Rs. 1 lakh in insurance coverage. Facilities for Outpatient Department (OPD) treatment include medications, pathology, diagnostic tests, etc.; routine medical examinations for disabled people who are not sick; preventive dentistry; surgery to stop disability from getting worse; non-surgical/hospitalization; corrective surgeries for disabilities already present; continued therapies to lessen the effects of disability-related complications; and alternative medicine. To join the scheme, the beneficiary must pay a premium of Rs. 500 (for APL categories) or Rs. 250 (for BPL categories). They must pay Rs. 250 and Rs. 50 to renew this premium, respectively. After giving this issue some thought, the Keralan government agreed to pay the premium required to join and renew the Niramaya Insurance Plan. The State Nodal Agency Center (SNAC) and Local Level Committees (LLCs), working with the Department of Social Justice, gather applications from various sources, such as schools, Anganwadis, and Kudumbasree. They then enroll the applicants and carry out the renewal process with funds provided by the state government.

Chief Minister State Disability Pension Scheme (CMSDPS)

The Department of Social Justice, Empowerment, and Welfare, on behalf of the State Government of Sikkim, offers a monthly allowance of Rs. 1500 to those with disabilities who are one year of age or older and have between 40% and 79% of their disability officially acknowledged. The candidates must reside in Sikkim, and their family's annual income cannot exceed INR Rs. 24000. If the petitioner is from a rural region, permission from the Panchayat is needed to submit their residential evidence and disability certificate to the Social Welfare Division office in Gangtok.

Providing Electronic Devices to the Visually Impaired Students

It can be challenging for visually impaired pupils to get readers to read the lessons aloud to them when they need it. In order to address this issue, the Government Higher Secondary School for the Visually Impaired at Poonamallee, the Government Girls Higher Secondary School for the Visually Impaired at Thiruchirappalli, and the Government Higher Secondary School for the Visually Impaired at Thanjavur all provide electronic devices to students in grades X and XII.

SAMBHAV (Aids and Assisted Devices)

This plan calls for the establishment of additional resource centers, one in each of the nation's cities with a population of more than 5 million (as of the 2011 census), in order to compile and gather assistive devices, software, and other forms of technology that have been developed and offer a display and demonstration of the devices. As part of the program, details regarding the technological devices and aids available at Sambhav Center will be hosted on the National Trust website. These facilities aim to empower individuals with disabilities who are members of the National Trust by providing information and easy access to devices, software, appliances, and other supports. Participants will also have the opportunity to view and test out the devices.

VIKAAS (Day Care)

The primary objective of this childcare program is to expand the possibilities available to individuals with disabilities to enhance their social and professional skills as they transition into older age groups. Additionally, while a person is residing at the Vikaas center, the center will offer caretaker support to (PWD). Additionally, it makes it easier for family members of PWDs with disabilities covered by the National Trust Act to get daytime breaks so they can take care of other responsibilities. RO shall offer PWDs age-appropriate activities and daycare services for a minimum of six hours each day, from 8 a.m. to 6 p.m.

SAMARTH (Respite Care)

The purpose of the Samarth Scheme is to offer short-term housing to low-income families (BPL and LIG), orphans or abandoned children, and PWD who have at least one of the four disabilities specified by the National Trust Act. It also aims to give family members time off so they can take care of other responsibilities. The purpose of this scheme is to establish Samarth Centers, which will provide group home accommodations with adequate and superior care services and suitable conditions of living for all age groups. A qualified medical professionals will also offer basic health services.

DISHA (Early Intervention and School Readiness Scheme)

Through therapy, education, and support for families, this program seeks to establish Disha Centers for early intervention for people who have disabilities (PWD). It is an early intervention and school readiness program for children aged 0–10 years with the four disabilities covered under the National Trust Act. RO shall offer PWD age-appropriate activities and daycare services for a minimum of four hours each day, from 8 a.m. to 6 p.m. Along with the caregiver and Ayas, the center should have a special educator, early intervention therapist, physiotherapist, occupational therapist, and counselor for people with disabilities Scheme

Impress Money scheme

A program created by the Department of Social Justice aims to give food, clothing, medical attention, and other emergency assistance to the poor and needy people who are left in public locations to help them undergo rehabilitation.

Qualification standards

(1) Given that the program is designed to offer assistance in an emergency, the District Social Justice Officer possesses the latitude to step in and implement prompt rehabilitation programs for poor and marginalized individuals by the program's standards and guidelines.

(2) First aid in an emergency, medications, treatment costs, emergency surgeries, minor surgical procedures, ambulance service, travel fees, etc. can all be covered by this amount.

(3) The money can be used for food and medical examinations for the impoverished until they are placed in safe housing in rehabilitation facilities.

(4) The fund can be used to help victims of natural disasters with emergency relief and food.

(5) The fund can be used for serious burns that could be fatal as well as for the rapid first aid of victims of acid attacks.

(6) The service can be used to ensure the safety and protection of those in need if life or property is in danger.

(7) The recipients can receive emergency first aid from private hospitals; however, government facilities can offer more specialized, skilled medical care if needed.

(8) The fund can be used to designate caregivers from Kudumbasree units and voluntary organizations, in the case of recipients without any standards.

Deendayal Disabled Rehabilitation Scheme

Grants-in-aid are given under the program to nonprofits that support the welfare of people with disabilities. Grants are awarded to NGOs under the program so they can offer essential services, such as education, for the rehabilitation of people with disabilities. The schools for children who are blind, mentally retarded, deaf, or dumb are run by NGOs, which also supply artificial limbs. NGOs receive financial support under the program. Voluntary organizations and non-government organizations are eligible for grant-in-aid under the scheme if:

- These organizations are registered under the Societies Registration Act 1860;
- Any company established in accordance with Section 25 of the Companies Act 1958;
- These institutions should have two years of working experience in this field.
- The managing body ought to have been composed of these institutions.

2.4 Scheme for providing Assistive devices to Differently abled persons

According to a 2015 Kerala Disability Survey, there are 7,94,834 people with 22 different forms of impairments, and the majority of them are struggling financially. Persons with Disabilities (PWDs) face numerous obstacles to education, employment, travel, and other opportunities because of their limited mobility. The Social Justice Department has launched a new program that gives people with disabilities access to assistive technology to help them move around more easily, communicate, and go about their everyday lives. To suit the requirements of people with disabilities, a variety of assistive technologies are available, such as talking calculators, smartphones with screen readers, Daisy players, CP wheelchairs, and wheelchairs powered by joysticks. People with impairments become more independent and participate more in society when they use these assistive devices and aids.

Distress Relief Fund for the Differently Abled (Medical Treatment)

According to G.O. (MS) 4/95 SWD, dated January 24, 1995, the government approved the Distress Relief Fund for people with disabilities. One crore rupees has been placed in the Treasury as a corpus fund. The fund's interest income is used to provide disabled people with financial support for the following purposes:

For medical care, such as surgery.

To those who suffer from disabilities as a result of accidents.

For any other reason not addressed by the current disabled program methods.

The maximum amount of financial assistance per person a year has been fixed at Rs.5,000. Those handicapped persons whose annual income does not exceed (Rs 20,000/- in Rural areas and Rs. 22,375/- in Urban areas) shall be eligible for financial assistance. Physically handicapped persons shall include the following categories:-

- a. Blind

- b. Deaf and Dumb
- c. Orthopedically Handicapped
- d. Mentally Challenged
- e. Persons in the BPL category having 40 % disability or more

2.5 Framework for Disability Statistics

Through its policies and programs, the Ministry of Social Justice and Empowerment (MoSJE) of the Government of India promotes the empowerment of those with disabilities, including those with mental, physical, hearing, vision, and speech impairments. In 2006, they released the National Policy for Persons with Disabilities and ran a few programs for the impaired. Nevertheless, because the handicap affects several sectors, MoSJE, the nodal agency, faces inherent difficulties in implementing these programs.

The PWD Act requires executive committees and coordination at the federal and state levels to be important organizations in the creation of disability policies. The Ministry of Home Affairs' Office of the Registrar General of India conducts decennial population censuses, while the Ministry of Statistics and Programmed Implementation periodically conducts national sample surveys specifically for the purpose of gathering statistics on disabilities in India.

CHAPTER 3

ANALYSIS AND

INTERPRETATION

3.1 Disability census

People with disabilities experience worse health outcomes, worse educational attainment, lower rates of economic involvement, and higher rates of poverty worldwide. This is partially due to the obstacles faced by individuals with disabilities when trying to obtain services, such as information, health, education, and work, that many of us have long taken for granted. Communities with fewer advantages face more challenges. We must empower individuals with disabilities and remove the obstacles preventing them from engaging in their communities, receiving a good education, obtaining a respectable job, and having their voices heard if we are to attain long-lasting, significantly superior development prospects. "Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments that may hinder their full and effective participation in society on an equal basis with others," according to Article 1 of the United Nations Convention on the Rights of Persons with Disabilities. According to the 2011 World Disability Report, 2–4% of people worldwide have a disability, with 15% of those people having severe disabilities.

According to the 2011 National Census, 2.1% of Indians are disabled, or 2,68,10,557, and the male-to-female ratio is 58:42. According to the 11th Five-Year Plan, the Planning Commission of India projects that 5–6% of people are disabled. The aforementioned statistics demonstrate that a sizeable portion of the population in India is disabled. In Kerala, there are roughly 7,61,843 impaired people, with a male population of 51.81% and a female population of 48.19%, according to the 2011 census. People with disabilities should receive the appropriate protection, care, work training, and rehabilitation. For effective planning, policy formulation, and targeted program development at the state and local levels, precise and reliable data about the population of disabled people, their economic status, the types of disabilities, when disabilities occur, potential causes of disabilities, and the distribution of the population between rural and urban areas are crucial. Given these circumstances, the Keralan government, in accordance with GO (RT) No. 44/2014, dated January 16, 2014, has designated the Disability Census as a special initiative of the Social Security Mission. Kerala's government was the first state government in India to start a comprehensive census of people with disabilities. A Special Officer has been designated to oversee the projected disability census for the years 2014–2015. According to the 2011 National Census, 2.1% of Indians are disabled, or 2,68,10,557, and the male-to-female ratio is 58:42. According to the 11th Five-Year Plan, the Planning Commission of India projects that 5–6% of people are disabled.

3.2 OVERVIEW

2.68 crore people, or 2.21 percent of India's total population, are estimated to have impairments based on the 2011 Census. In terms of the overall number of people with disabilities, 1.50 crore are men and 1.18 crore are women. This group includes individuals with difficulties related to speech, hearing, vision, and locomotion; mental health conditions; mental retardation (a form of intellectual disability); multiple disabilities; and other disabilities.

3.3 TYPES OF DISABILITES

While the state-by-state breakdown of the number of people with disabilities according to the 2011 Census is provided in Annexure 2, the breakdown of those figures according to the type of disability is provided below: -

TABLE3.3.1

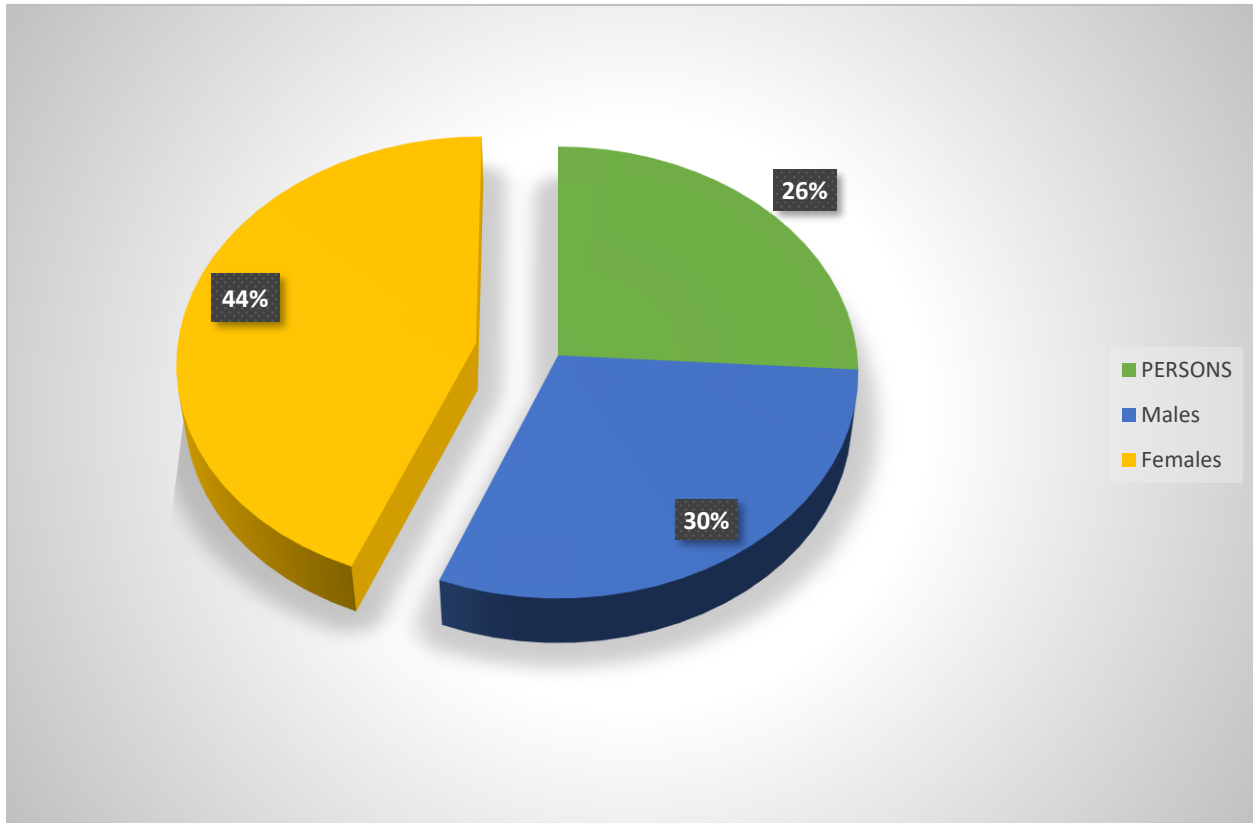
Category wise Number of Persons with Disabilities as per Census 2011

Type of Disability	PERSONS	MALES	FEMAILES
In Seeing	50,33,431	26,39,028	23,94,403
In Hearing	50,72,914	26,78,584	23,94,330
In Speech	19,98,692	11,22,987	8,75,705
In Movement	54,36,826	33,70,501	20,66,325
Mental Retardation	15,05,964	8,70,898	6,35,066
Mental Illness	7,22,880	4,15,758	3,07,122
Any Other	49,27,589	27,28,125	21,99,464
Multiple Disability	21,16,698	11,62,712	9,53,986
Total	2,68,14,994	1,49,885,93 (55.89%)	1,18,264,01 (44.11%)

SOURCE: SECONDARY DATA

FIGURE 3.3.1

GENDER WISE CLASSIFICATION



SOURCE: SECONDARY DATA

According to Table 3.1, there are three groups for the number of people with disabilities based on the 2011 census: men, females, and both. Here, males make up the largest category of impaired people, accounting for 56% of those with increased mobility. Women see 44 percent more than men do. The results of each category broken down by impaired individuals are displayed in Figure 2.1. There could be a distinct male group with 44% of the total.

TABLE 3.3.2

Classification of Persons with Disabilities by Residential Area is as under:

Type of Disability	Males	Females
Urban	45,78,034	36,00,602
Rural	1,04,08,168	82,23,753
Total	1,49,86,202	1,18,24,355

The distribution of disabled individuals by residential area is displayed in Table 3.2. There are two types of areas: rural and urban. Taking into account both genders and urban and rural categories, this also demonstrates that the prevalence of male handicapped categories is higher in both rural and urban locations. Both men and women in the handicapped group serve as the basis for all of the statistics.

TABLE 3.3.3

Disability Schemes

State / UTs Name	Disability Type	Scheme Name	Disability Benefits Criteria	Type of Benefits
Bihar	Hearing Impairment	Battery Operated Tricycle	40% Disability	Misc Benefits
Chhattisgarh	Locomotor Disability	Age Relaxation for Motorized Tricycle ADIP Scheme	40% Disability	Misc Benefits
Kerala	Intellectual Disability	Niramaya	60% Disability	Allowances
Madhya Pradesh	Blindness	Nishashkt Vivah	40% Disability	Financial Assistance
Puducherry	Autism Spectrum Disorder, Blindness, Cerebral Palsy,	FINANCIAL ASSISTANCE TO DIFFERENTLY ABLED PERSON	40% Disability	Education Benefit
Puducherry	Acid Attack Victim, Autism Spectrum Disorder, Blindness,	GRANT OF SCHOLARSHIP TO DIFFERENTLY ABLED STUDENTS	40% Disability	Financial Assistance

	Cerebral Palsy, Chronic Neurological Conditions,			
Puducherry	Multiple Sclerosis, Muscular Dystrophy, Parkinson's Disease, Short Stature/Dwarfism,	FUEL SUBSIDY TO DIFFERENTLY ABLED PERSONS	40% Disability	Subsidy
Puducherry	Sickle Cell Disease, Specific Learning Disabilities, Speech and Language Disability	SUPPLY OF PROSTHETIC APPLIANCES TO PwD	40% Disability	Misc Benefits

Several disability-related welfare programmers' have been launched by the Indian government. The previous section covered a few of the main welfare programs. India's impaired programs are displayed in table 3.3 above. Aries benefited from all of the many projects that were implemented in Puducherry, which were all 40%. The advantage is the same for Bihar and Chhattisgarh, Aries. With sixty percent benefit regions, Kerala has a high percentage of these.

TABLE 3.3.4

Educational Level of Persons with Disabilities

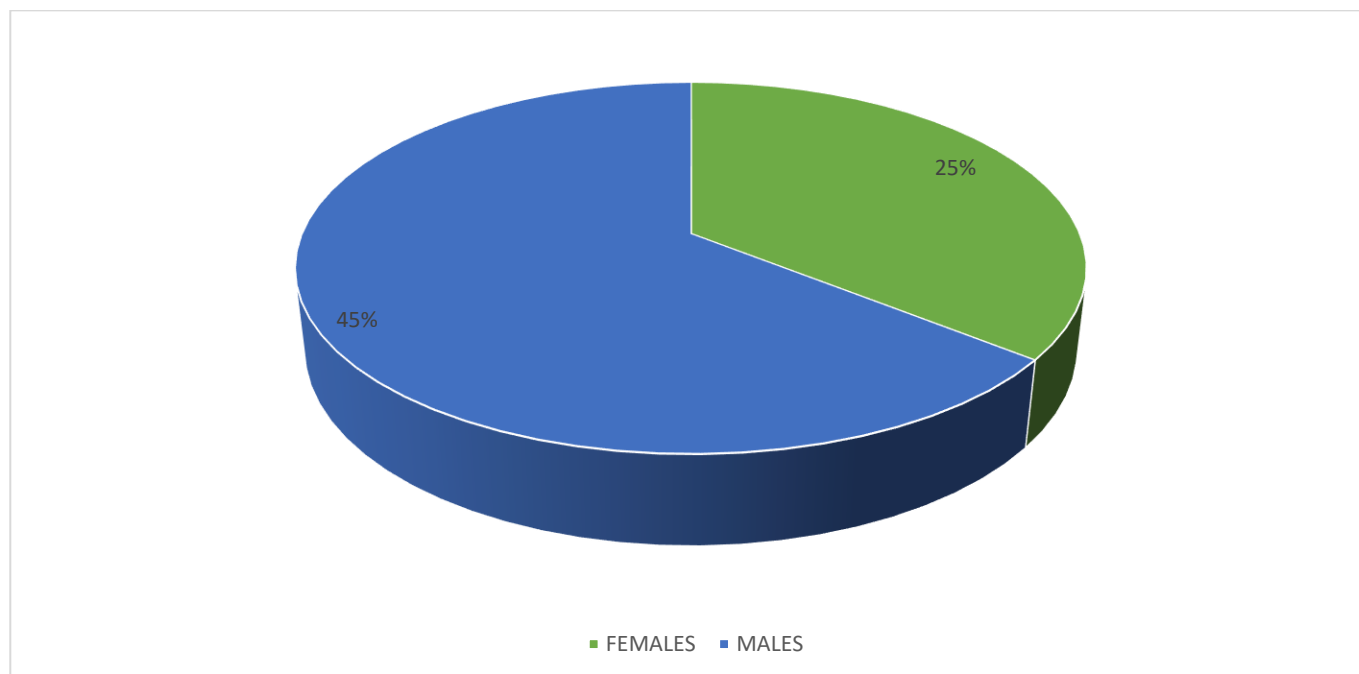
Educational Level	Males	Females
Illiterate	56,40,240	65,56,401
(i) Literate but below Primary	17,06,441	11,33,904
(ii) Primary but below middle	21,95,933	13,58,925
(iii) Middle but below Matric/Secondary	16,16,539	8,31,531
(iv) Matric/Secondary but below Graduate	23,30,080	11,18,570
(v) Graduate and above	8,39,702	4,07,155
Total	1,49,88,593	1,18,26,401

SOURCE: SECONDARY DATA

Table 3.4 presents the educational attainment of impaired individuals by gender. The majority of them are literate, as can be seen here, but the male category scores higher in primary education than the female category, and the male category scores higher in middle school, matriculation/secondary education, graduate education, and above education. This could be due to personal or financial difficulties.

FIGURE 3.3.4

WORKING STATUS WITH DIABILITIES



SOURCE: SECONDARY DATA

According to the 2011 Census, 36% of disabled individuals are employed (females: 23%, males: 47%). A third of disabled people are employed in agriculture. Of the PWD population in the 15–59 age range, 50% are employed, but just 4% of the children with disabilities under the age of 14.

CHAPTER 4

FINDINGS, RECOMMENDATIONS

AND CONCLUSION

4.1 FINDINGS

According to the data analysis above, the majority of programs and schemes for the disabled are underutilized, and there is a poor state of unawareness among the impaired community. It was also observed that people with disabilities are frequently left out of decision-making processes. Individuals with disabilities are especially susceptible to deficiencies in services including education, healthcare, and rehabilitation, as well as in obtaining support and aid. The program is only partially implemented, and very few people meet the requirements to use the facilities.

In addition, individuals encounter problematic and difficult barriers in their daily lives, both physical and attitude-based. The government has assisted the differently abled in a number of ways, although in previous years they were not sufficiently aware of the projects. In the past, people were afraid of people with disabilities because they were ignorant of them, but attitudes have evolved since then. People's ability to manage their social and economic position has been aided by the pension that disabled individuals get.

As a result, 50% of the population was satisfied with government-related programs for the disabled community, while the remaining 50% were not. It was also evident that regular awareness initiatives pertaining to the scheme were to be planned.

4.2 RECOMMENDATIONS

- Adopt and assess plans for integrating individuals with disabilities into public health initiatives that support wellness, fend off illness, and handle chronic and other medical issues.
- Talk about disability models for all age groups.
- Describe the procedures used to evaluate the health concerns of individuals with disabilities
Determine the effects of public health initiatives on the health of individuals with disabilities

4.3 Conclusion

In summary, government programs for people with disabilities are essential for fostering inclusivity, giving people with disabilities a sense of agency, and guaranteeing their full inclusion in society. These programs are designed to assist individuals with disabilities in overcoming the unique challenges they face and offer them with opportunities for healthcare, employment, education, and socialization. By implementing such programs, governments seek to promote a world in which individuals with disabilities can lead fulfilling lives and contribute positively to the development of their surrounding areas.

Government programs for people with disabilities often focus on providing accessible infrastructure, assistive technology, and specialized services to increase their independence and freedom. These initiatives value including learning and strive to ensure that children with disabilities have equal access to high-quality education by removing barriers. Employment-related initiatives such as skill development programs, vocational training, and reservation policies aim to improve employment opportunities and promote financial independence for individuals with disabilities.

It is essential to acknowledge that varying regions and countries may encounter varying levels of achievement with regards to government initiatives intended for individuals with disabilities. Various obstacles, such as insufficient funding, subpar execution, and low public awareness, may impede the maximum potential impact of such initiatives. As a result, governments need to continuously review and improve their policies while taking the needs and views of the disability community into account.

It is critical to recognize that different areas and nations may experience different levels of achievement with government programs for people with disabilities. Obstacles like insufficient funding, ineffective execution, and low understanding can prevent these programs from having the greatest possible impact. Governments must therefore constantly assess and enhance their policies while considering the opinions and requirements of the community of people with disabilities.

At last, government-owned programs for the disabled are essential to encouraging inclusivity, removing barriers, and ensuring equal opportunities. By creating a supportive environment and providing necessary resources, these programs improve the overall well-being and autonomy of individuals with disabilities, allowing them to live fulfilling lives and participate actively in society.

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