

# **THE UNITED NATIONS AND THE RIGHTS OF THE DISABLED PERSONS**

Dissertation submitted to Jawaharlal Nehru University  
in partial fulfilment of the requirements  
for the award of the Degree of  
**MASTER OF PHILOSOPHY**

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1990**

Dedicated to my parents  
and elder brother who  
instilled in me the  
courage and self-  
determination to face  
the odds of my disability.

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ACKNOWLEDGEMENTS

I am grateful to many for their help in carrying out this research work. My foremost indebtedness is due to my Supervisor, Prof. K.P. Saksena, whose valuable guidance at various stages of the work was highly stimulating. Without his kind co-operation and constant encouragement, this work would not have seen the light of the day.

I am also thankful to Prof. (Mrs.) Sumitra Chisti (Chairperson of the Centre for International Politics, Organization and Disarmament ), Prof. Bimal Prasad and Prof. (Mrs.) Urmila Phadnis of the Centre for South Asian Studies of the School of International Studies for their kind help in my research work.


I take this opportunity to express my gratitude to Prof. D.N. Mallik (B.U., Muzaffarpur) and Dr. M.S. Verma, (L.N.M.U., Darbhanga), who kindled inspiration in me and rendered moral and intellectual help at the challenging moments during my dissertation preparation.

I must record my sincere appreciation for the Staffs of JNU Library, Delhi School of Social Work Library, IDSA Library, Nehru Memorial Library, United Nations Information Centre and ILO Library.

I also wish to acknowledge my heart-felt gratitude and appreciation to my family members and relatives for their continuous encouragement. My sincere thanks are also due to my dear nephew 'Ramanji', who has been a source of unending inspiration in completing this work.

I cannot but acknowledge the cooperation of friends and well-wishers in my endeavour. I owe special gratitude to Ajay, Binod, Johnson, Nalini, Parmenand, Prashant and Sakarama who gave their valuable time for discussing the subject and making necessary corrections. Their altruistic academic help proved very useful in preparing this dissertation. Last but not the least, I am thankful to Mr. Walecha for typing the dissertation neatly at a very short notice.

New Delhi.  
July, 1990.

  
( GAJENDRA NARAYAN KARNA )

INTRODUCTORY NOTE

This study attempts to analyse the United Nations' activities for the promotion and respect for, and observance of human rights, with special reference to the incidence of disability, and in that context it examines the rights of the disabled persons in a global perspective.

The incidence of disability is the most catastrophic situation inflicted by the forces of nature, birth and accidents on human beings. Viewed in this sense, it is as old as the human civilisation itself. The ghost of disability has haunted the minds of people in all ages. While, since time-immemorial mankind has shown concern for those fellowmen, who were afflicted with disability because of birth, disease accident and/or violence. Human behaviour towards such deprived persons has been attached with stigma. Sometimes, the deprived human beings have been object of fun; sometimes a cause of embarrassment and occasionally even considered as a manifestation of divine displeasure.

Consequently, the people afflicted with disabilities were considered for centuries as incapable of leading independent and productive lives. They were, in fact, regarded as an object of pity and charity. The society

never bothered to take care of the human dignity and self respect of such disadvantaged persons. Thus, the story of injustice to the disabled is unfolded in all societies. This approach not only compelled them to take recourse to begging in the streets but also made them an easy victim of social segregation and exploitation.

The rapid advancement made in the field of medical and social sciences during 20th century has given a new direction to the concept of welfare of the disabled. As a result , there has been a radical shift in the social perceptions regarding disability. The society is now gradually awakening towards the rights of disabled persons. Simultaneously , a new consciousness has emerged among the disabled towards their rights and obligations.

With the inception of the United Nations(UN) and other international bodies, the campaign for disability prevention and rehabilitation gained world-wide currency. Though it is a fact that before the establishment of the UN, some measures had already been initiated for the prevention of disability and the rehabilitation of the disabled under the auspices of the League of Nations, especially the International Labour Organisation(ILO), at the international level. Over the years, the UN

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and other specialised agencies have oriented their activities towards this menacing human problem. The incorporation of the human rights provisions in the UN charter and the adoption of the Universal Declaration of Human Rights followed by two covenants - International Covenant on Civil and Political Rights and International Covenant on Economic, Social and Cultural Rights manifest the growing concern of the international community towards making the disabled as useful and productive members of society. Many countries have enacted legislation to give effect to the global concern for the rehabilitation of the disabled. However, the proper placement of disabled persons in most of the Third World countries is yet a far cry.

Although, the accurate statistics on the number of persons affected by various types of disability are not available, the dimensions of the incidence of disability are really very intriguing. According to a UN estimate,<sup>1</sup> more than 500 million people in the world suffer from disability in some way or the other. The major proportion of disability is found among the weaker and poorer sections of the Third World countries .

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<sup>1</sup>World Programme of Action Concerning Disabled Persons , United Nations Decade of Disabled Persons, 1983 -92 (New York: United Nations, 1983), p.1.



The overall plight of disabled persons in both developing and developed societies presents a gloomy picture. While in developing societies, disability is basically caused by poverty and mal-nutrition. On the other hand, in developed societies, disability is linked with aging and accidents . That is why, in developing countries, mostly children are victims of disability; whereas elder persons and industrial workers are, for the most part, affected by disability in western countries. The situation of women with disabilities is more distressing. The disabled women are subjected to dual discrimination - firstly because of their sex and secondly because of their disability.

Ironically, no country , not even the ones which are enjoying prosperity and affluence, has been able to integrate the disabled people into active socio-economic life.

Against this background, certain pertinent questions may be asked. What is the socio-cultural environment which has led to the segregation of the disabled in every walk of life ? Has any attempt been made to differentiate the severe cases of disability from the less severe cases ; as for instance, persons who are totally blind and those

who have just one-eye , those who only limp while moving and those whose both legs are completely paralysed? What is meant by 'full participation' of the disabled in social life and development and of 'equality'? What constructive measures have been taken for their rehabilitation and psycho-social as well as economic integration and with what degree of success? To what extent are the member-states following the norms and principles set by the UN human rights instruments in this regard, especially the UN Declaration on the Rights of Disabled Persons(1975)? What is the situation of disability in developed countries and how does it differ from those of developing countries? What are the impediments in the way of their integration in society and how can they be removed? These and related questions are the subject of this study.

First chapter provides a brief review of the social perceptions regarding the incidence of disability in a historical perspective.

Second chapter, discusses the nature and dimensions of the problem of disability. It also delineates the identification of various types of disability.

Third chapter, discusses the various steps taken for the rehabilitation of disabled persons by the League , especially the International Labour Organisation(ILO).

Fourth chapter deals with the role of the United Nations with regard to the promotion and respect for, and observance of human rights, with special reference to the rights of the disabled persons.

The next chapter focusses attention on the problem of rehabilitation of the disabled in a global perspective. It also discusses in detail the processes of rehabilitation attempted in various countries and the extent to which they have been successful. Besides, it also analyses the factors responsible for the segregation of the disabled.

Finally, the concluding chapter attempts an overall assessment and suggests some constructive measures for the amelioration of the lot of the disabled.

INCIDENCE OF DISABILITY : A HISTORICAL PERSPECTIVE

Health and happiness have been the two main goals of mankind. So intertwined are these goals in the mind of common men that he tends to regard them as his human rights. But on the other hand, human life has been marred by the ravages wrought by the forces of nature, accident or violence since the advent of civilisation. Viewed in this context, the incidence of disability is as old as human society itself. It is an irony, however, that systematic efforts to ameliorate the plight of the disabled could gain momentum only after the world wars. In fact, at no stage in human history has there been so much awareness among the international community in integrating the disabled into the mainstream of socio-economic life as it is today. The adoption of the Declaration on the Rights of Disabled Persons (1975) and proclamation of the period 1983-1992 as the United Nations Decade of Disabled Persons is a clear proof of this.

The disabled, like others, are social beings. They have the similar hopes, aspirations and rights as others have. This basic and simple proposition is, however, not universally appreciated and recognised. The common man focusses his attention on their disabilities rather than potentialities.

It is generally believed that a crooked body is associated with a crooked mind. For him "The deceiver is cross-eyed,

the witch hunch-backed, Satan himself is club-footed."<sup>1</sup> Such persons are under the impression that physical perfection and ability are synonymous. In fact, most of the problems encountered by the disabled stem from prejudices and ignorance on the part of the so-called able-bodied persons. This prompted an illustrious deaf leader to say that "The greatest hardship of my life is not due to the fact of being deaf but that my capabilities are, underrated by the hearing people".<sup>2</sup> Highlighting this fact, a noted psychologist has aptly observed that "In our culture disabled have been given inferior status comparable to the status often given to ethnic and other minorities in the same culture".<sup>3</sup>

Disability : Through the Ages

To understand the incidence of disability, it is necessary to find out how the disabled have been treated in the past. That will not only explain the changing attitude of society towards the disabled, but also help us in understanding the incidence of disability in a proper perspective. Here some

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<sup>1</sup>A.Querido , "The Attitude of the Family and the Community towards the Grippled", in Changing Attitudes towards the Disabled, Report of the proceedings of the Sixth World Congress of the International Society for the Welfare of Cripples, held at the Hague from 15 to 17 September, 1954(London: Central Council for the Care of Cripples, 1954), p.39.

<sup>2</sup>Evelyn Khan, "Educational Problems of the Partially Deaf" Social Welfare, Vol. IX, No.8, Nov. 1962, pp. 23-24.

<sup>3</sup>B.A. Wright, Physical Disability: A Psychological Approach (New York: Harper & Row, 1960), p.10.

pertinent questions arise. What is meant by 'disabled' ? Is there any classical distinction between the terms 'disabled', 'physically handicapped', 'impaired' and 'crippled'? What are the different aspects of life affected by disability? The question of the real exposition of these expressions may be reserved for a later stage of discussion. For the present, our attempt would be to delineate the various stages of historical evolution through which the attitude of society towards disability has passed upto now.

But here one may find divergences of opinions among social scientists. While Finkelstein<sup>4</sup> maintains three phases of societal attitude towards disability. According to him, the first phase was one where disability was intertwined with low social status and in which blame for misfortune was attributed either to the disabled individual or to the neglect of society. The second phase developed along with the industrial growth. This phase was characterised by the development of segregated institutions for the disabled. This phase witnessed the large-scale development of skilled professional help. That is why, the disabled started questioning the power relationships between them and the helping professions. The third phase is fuelled by the innovation of new tools and techniques, which have offered

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<sup>4</sup>See, V. Finkelstein, Attitude and Disabled People (New York: World Rehabilitation Fund, 1980).

a greater degree of personal independence to the disabled. In the opinion of Finkelstein, the most remarkable aspect of the third phase is the shift of social perception from oppression and dominance to the nature of society, which 'disables' the impaired people to a great extent. Finkelstein suggests that research into social attitudes should be oriented towards the physical environment. He categorically states that "By .... attacking the environmental forces that turn the medical condition of disability into psycho-social conditions of handicap, radical changes in the situation of the disabled can result".<sup>5</sup>

On the other hand, Usha Bhatt (an Indian analyst) in her work Physically Handicapped in India: A Growing National Problem<sup>6</sup> has regarded mainly four stages of social attitude towards disability. They are :-

- i. Exposure and destruction;
- ii. Care and protection;
- iii. Training and education; and
- iv. Social absorption.

(i) Exposure and Destruction:

The first phase of the attitude of society was characterise by the 'exposure and destruction' of the disabled. The

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<sup>5</sup>Ibid., p.24.

<sup>6</sup>Usha Bhatt, The Physically Handicapped in India: A Growing National Problem (Bombay: Popular Book Depot, 1963), p.84.

pre-historic society was governed by the Darwinian principle of 'survival of the fittest'. Most of the primitive tribes were quite accustomed to discarding their disabled children on the grounds of physical unfitness. Similar practice was prevalent in the Eskimos and the Dene tribes of North America. They considered the crippled as incapable of struggling hard for existence and killed their old as well as disabled fellow beings.<sup>7</sup> The Masai, the Dieri, the Carib and other tribes of Australia and Hawaii as well as a few tribes of Africa may also be put in this category. Some other tribes like the Navajo and Macri ridiculed and regarded them as useless members of society. For example, on a number of occasions, the disabled individual was not called by his name but by the term for his specific disability like 'Langara' (for lame in Hindi). Thus more than disability, social handicap worsened the life of the disabled. Gradually, such social handicap gave rise to the stigma towards the deprived persons. Thus the unwritten law of the primitive society that the disabled should be sacrificed for the group was carried over into the written law of the ancients. In due course, it determined the course of the treatment of the disabled persons for many centuries.<sup>8</sup>

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<sup>7</sup> Ibid., pp. 84-85.

<sup>8</sup> Ibid, P. 85.



But there were some exceptions to this well-established inhuman practice. The Blackfoot Indians took special care of the ill or disabled persons. Likewise, among the Andamanese and the Bushman of Africa, better care and mercy was generally shown to the disabled.<sup>9</sup> In this context, it is interesting to note that even the Mongols, who were notorious for their inhumanity, had made some provision for the disabled. Giving an account of his travels through the Mongol Empire of Kublai Khan, Marco Polo has even mentioned that in the city of Kin Sai there were watchmen patrolling the streets, who, if "They notice any person who from lameness or other infirmity is unable to work, they place him in one of the hospitals, of which there are several in every part of the city, founded by the ancient kings, and liberally endowed. When cured he is obliged to work at some trade".<sup>10</sup>

Though the Todas of India practised female infanticide, they refrained from touching the deformed and weak persons.<sup>11</sup> But despite this forward step in India, early Greeks destroyed their disabled members because of their ideal of bodily perfection. So much so that the Athenians allowed their disabled children to die of cold and neglect. On the other

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<sup>9</sup> Ibid.

<sup>10</sup> Marco Polo, Cited in Allan W. Scott, Rehabilitation: A Community Challenge (New York: John Wiley & Sons, 1958), p.2.

<sup>11</sup> Bhatt, n.G, p.85.

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hand, Spartans took them to the hilltops and killed them.<sup>12</sup>  
Likewise, in Thebes the deformed persons were subjected to execution.<sup>13</sup>

Paradoxically, though the Spartans eliminated deformed children, they tried to protect their war-disabled in every possible way. Thus it may be noted that the Spartans had a dual standard in dealing with the disabled. Similarly, from Aristotle's account of the state, it becomes clear that during 5th century B.C. (which is generally deemed to be the golden era of Pericles), both the war-disabled and the disabled civilians were provided financial assistance as well as work by the governing board of Athens. On the other hand, even the great political thinkers like Plato and Aristotle justified the disposal of the disabled. But strangely enough, there was no scope for the physically disabled in Plato's ideal state. Plato held the view that the body and soul should be regarded as two aspects of a single whole. So, a defect in one indicates or involves a defect in the other. He, himself, asserts in his masterpiece The Republic: "Surely then, to him, who has an eye to see, there can be no fairer spectacle than that of a moral beauty in his soul with outward beauty... No, not, if it is only a bodily blemish,

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<sup>12</sup>Robert M. Goldenson, et.al (eds.), Disability and Rehabilitation Handbook (New York: McGraw Hill, 1978), p.3.

<sup>13</sup>William E. Lecky, The History of European Morals (London, Green & Co., 1911), Vol. II, p.26.

he may so bear with it as to be willing to regard it with complacency."<sup>14</sup> Similar is the observation of Aristotle: "Nothing imperfect or maimed shall be brought up".<sup>15</sup> Thus the assumptions of both these thinkers seem to be contradictory and fail to give us a clear picture of the disabled persons.

In the ancient Roman society, the father had the right to destroy his disabled child. The only restriction laid was that he would have to obtain the consent of his five neighbours. Strangely enough, the attitude of Roman society towards the disabled was given a legal garb by the Twelve Tables (which were given effect to in 541- 540 B.C.). By this law, the father was individually authorised to destroy a disabled child immediately after its birth.<sup>16</sup>

(ii) Care and Protection:

This societal attitude of exposure and destruction was followed by a phase of 'care and protection'. The immediate provocation for this approach came from the propagation of two religions - Christians in the West and Buddhist in the East. Both these religions stressed the

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<sup>14</sup> Plato, quoted by G.L. Dickinson, The Greek View of Life (London: Methuen & Co., 1957), 23rd end., pp. 143-44.

<sup>15</sup> Will Durant, The Life of Greece (New York: Simon and Schuster, 1966), rep., p.537.

<sup>16</sup> Bhatt, n.k., p.86.

idea of protecting all classes of under-privileged groups, including the disabled. One of the most important sermons of Jesus Christ was that one should have compassion and mercy towards the deprived, the needy and the poor. Consequently, the Christian community, in general, and the Church officials, in particular, turned their attention to the custody and care of the disabled persons. Later, with the downfall of the power of the Church, the state and local authorities assumed responsibility for the care and protection of such persons.

During the middle ages, disability was linked in men's mind with malignity, divine punishment and superstitious fears. The disabled were ridiculed and behaved harshly, thereby forcing them to beg in the streets. Most of the parents were under the impression that it would be contrary to the 'will of God' to treat the disabled children. Haffter opines that there was a pervasive belief in the middle ages that disabled infants were 'changelings' substituted for the real child by envious creatures. Since the changeling was not a human child, barbarous practices were legitimised in order to recover the real child.<sup>17</sup> It is worth mentioning

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<sup>17</sup>C. Haffter, "The Changeling: History and Psycho-dynamics of Attitudes to Handicapped Children", Journal of the History of the Behavioural Sciences, Vol. 4, 1968, pp. 55-61.

that though the Christian culture avoided the killing of the disabled, it failed to save them from social segregation.<sup>18</sup> Not to speak of others, even social reformers and thinkers like Martin Luther vindicated their removal from society.<sup>19</sup>

Now the question arises, Had any attempt been made in ancient and medieval times to cure disability? In order to provide answer to this question, it may be noted that undoubtedly some sporadic attempts in this direction had been made during this period. But the methods of treatment were too primitive and localised. The remains of the Neolithic period reveal that both mental and physical illness was cured by the method of trepanning (a process of operation, in which the skull is opened with a trepan). Besides, in the 5th century B.C. Hippocrates had also made efforts to diagnose and cure physical as well as mental diseases.<sup>20</sup> It is, however, intriguing that "Between the promulgation of Twelve Tables in Rome and the eleventh century, only one instance of public provision for the disabled has been traced. This was in 590 AD, when Pope

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<sup>18</sup>Bhatt, n. 6, p. 28.

<sup>19</sup>Ibid.

<sup>20</sup>Goldenson, n. 12, p. 3.

Gregory included the disabled in his classification of infirm and the destitute, to be supported from public funds."<sup>21</sup>

The credit for making first venture to ameliorate the miserable plight of the disabled goes to charitable societies. However, it was only in the 16th century, when it could be given a legal framework. The 22nd statute of Henry VIII, which dealt with the punishment of beggars and vagabonds, allowed the disabled to beg in the place of their birth. But, it was with the passing of 27th statute in 1535-36 that the authorities were obligated to provide assistance and the relief by voluntary charitable alms. In 1569, by another statute, the aged, impotent, sick, lame or blind were to be taken to St. Bartholomew's or St. Thomas's Hospitals.<sup>22</sup> In this connection, the English Poor Law of 1601 marks the beginning of public responsibility for the care of disabled persons. The English Poor law system remained in operation for more than 300 years.<sup>23</sup> But mere care and protection were not sufficient. Thus no major breakthrough could be made during this period.

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<sup>21</sup> Bhatt, n. 6, p.89.

<sup>22</sup> Ibid.

<sup>23</sup> Collier's Encyclopedia (New York: 1983), Vol. 21, p.144.

(iii) Training and Education:

With the emergence of the era of renaissance, a third stage of the social perception of disability begins. This phase is marked by concern for 'training and education' of the disabled. The advent of the 18th century gave an added impetus to the ideas of liberty, equality and fraternity on a global level.<sup>24</sup> As a corollary to these developments, some famous thinkers and reformers concentrated their attention on the pathetic situation of the disabled. Consequently, a number of institutions for disabled persons were set-up. The first such institution was established in 1780 in Switzerland by Jean Andre Varrel. Thereafter a large number of such institutions sprang up in different parts of the world.

At the same time, medical sciences also achieved some spectacular success, thereby paving the way for the treatment of the disabling diseases. It was realised that the prevention and early care would go a long way in relieving the burden of the disabled. Dame Agnes Hunt, who was herself disabled, opened the first convalescent home for the disabled in 1900 in England. Later in 1907, this home came to be known as 'Robert Jones and Agnes Hunt orthopaedic Hospital'. In addition to this, she also laid the

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<sup>24</sup>Bhatt, n. G, p.90.

foundation stone for the first 'After Care Clinic' in 1907.<sup>25</sup> This was followed by other countries of Europe. But still, the disabled were considered as objects of pity and charity. This fact is corroborated by the contemporary literature.

(iv) Social Absorption

It is, indeed, a rare coincidence that both the medical approach to disability and the concept of rehabilitation started taking shape side by side. Besides, Emil Kroepelin evolved the first classification of mental diseases. Likewise, Sigmund Freud introduced psycho-therapeutic approach to the treatment of mental disorders.<sup>26</sup> Several other factors, such as, growth in the size of the problem, development of an industrial society, spread of universal compulsory education and the growth of democratic institutions crystallised public opinion towards the basic needs of the disabled.<sup>27</sup>

All these developments led to the softening of societal attitude towards the disabled. But, here it cannot be concluded that there has been a sudden flowering of the moral instinct in man. The process of rehabilitation is accentuated by the spiritual and social concerns for human welfare and by the economic pressure of our time. In our

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<sup>25</sup> Ibid.

<sup>26</sup> Goldenson, n. 12, p. 4.

<sup>27</sup> Bhatt, n. 6, p. 91.



industrial civilisation, it is widely held that relegating the disabled to home confinement or institutional care for life is not only morally wrong but also economically unsound.

In course of time, several social workers dedicated themselves to finding a constructive solution to the problems of the disabled. Of all these, the name of Jeremiah Milbank, ranks high. By setting up the Red Cross Institution for Disabled Men in 1917 (which in due course came to be known as the New York Institute for the Crippled and Disabled), he gave a practical dimension to the concept of vocational rehabilitation of the disabled. Similarly, Robert Jones in England, Dr. C. Biasalski in Germany and H.S. Spitzky in Vienna, played commendable role in the rehabilitation of the disabled in their countries during 1920s.<sup>28</sup>

The first World War further provided a new framework for the rehabilitation of the disabled. Nevertheless, the welfare activities for the disabled were mainly confined to their basic necessities like food, cloth and shelter. After the first World War, there was a remarkable change in human outlook and it was felt necessary to integrate the disabled in the mainstream of active socio-economic life. But it is only after the second World War that the process of rehabilitation gained momentum at the international level.

Disability in Indian Society :

From time immemorial, it has been a part of India's cultural heritage to help the poor and the destitute. The responsibility for assisting such persons was shared by the rulers and the community. In fact, devotion and service towards one's fellowmen, love for charity and brotherhood existed even in feudal days. The custom of the joint family, kinship and other social institutions provided an inbuilt mechanism to such philanthropic activities.<sup>29</sup> In conformity with this tradition, care and protection was bestowed on the disabled in every possible way by the society.<sup>30</sup>

According to Bhagwad Gita, Charity is evlid, if it takes into consideration Desha (place), Kala (time) and Patra (recipient). The forms of the charity were Artha (money), Vidya(Education) and Abhaya(courage).<sup>31</sup>

A thorough study of the history of ancient India reveals that there had never been any inhuman practice of exposure

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<sup>29</sup>D. Paul Chowdhry, A Handbook of Social Welfare in India (Delhi: Atma Ram & Sons, 1981), p.1.

<sup>30</sup>Rajendra Kumari Bajpai, "Social Welfare in India", in Subhash C. Kashyap (ed.), Indian Polity: Retrospect and Prospect (New Delhi: National Publishing House, 1989), p.89.

<sup>31</sup> Chowdhry, n.29, p.1.

and destruction, prevalent in the Indian society. A foreign writer has observed "In ancient India the physically deformed children were cast into the Ganges".<sup>32</sup> But in the recorded history of India, there is no such evidence to prove that this was a general practice. On the contrary, a reference to Mahabharata suggests that the disabled were shown sympathy in ancient times. For Narada asks Yudhishthira: "Do you treat as father, your subjects, who are afflicted with blindness, dumbness, lameness, deformity, friendlessness and those who have renounced the world!"<sup>33</sup>

The kings were expected to provide sustenance for the war - disabled and their dependents. This fact is substantiated by another question asked by Narada to the eldest of the Five Pandavas: "Do you maintain the women of those who died for you or who have come to a sad plight while fighting for you on the battlefield? And do you also maintain those who are wounded on the battlefield, while fighting for you?"<sup>34</sup> Similarly, the laws of Baudhayana instructs: "Granting food, clothing and shelter, they (kings) shall support those who are incapable of transacting legal business, viz; the blind, idiots, those immersed in vice,

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<sup>32</sup>Cited in Henry H. Kessler, Crippled and the Disabled (New York: Columbia University Press, 1935), p.16.

<sup>33</sup>Mahabharata, Cited in Bhatt, n.6, p. 93.

<sup>34</sup>Ibid.

the incurably disabled, those, who neglect their duties and occupations, and so on!"<sup>35</sup>

Even in early times, the Hindu society appreciated the individual merits of disabled persons. This fact may be apparent from the eminence enjoyed by Ashtavakra (literally meaning a man with eight physical deformities), Manthara and Vamana (a dwarf).

One of the ancient commentators on Indian law lays down that one of the daily duties of the house holder is to "place on the ground (some food) for dogs, out-castes, chandalas (svapak) , those afflicted with disease that are punishments of former sins, crows and insects"... "without he may give food even before his guests, to the following persons, (viz.) to newly married women, to infants, to the sick and to pregnant women."<sup>36</sup>

While laying down the duties of the King, Manu observes: "The King should always give gifts and do other kinds of charities to a learned Brahmin, to one who is affected by disease or affliction, to one who is young (an orphan), to him who is very old and to him who is born in a noble family."<sup>37</sup> These rules indicate the amount of consideration

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35 Ibid.

36 Manu, Ibid, p.94.

37 Ibid.

shown to the disabled by way of protection and care.

Manu further enjoins:

"A blind man, an idiot, (a cripple) who moves with the help of a board, a man full seventy years old, and he confers benefits on Shrotiyas, shall not be compelled by any (King) to pay a tax".<sup>38</sup>

However, Manu does not seem inclined to assign the disabled an equal status in society. His following excerpts are a clear indication of this:

"Let him (house-holder) wed a female free from bodily defects, who has an agreeable lame, the (graceful) gait of a hamsa (swan) of an elephant, a moderate (quantity of) hair on the body and the head, small teeth and soft limbs".<sup>39</sup> Likewise, Manu asserts "Let him (house-holder) not entertain at a Shradha (anniversary of the dead) he who does not follow the rule of conduct, a man destitute of energy like (a) eunuch, one who constantly asks (for favours) he who lives by agriculture, a club-footed man, and he who is censured by virtuous man"... "If a lame man, a one-eyed man, one deficient in a limb, or one with a redundant limb, be ever the servant of the performer (of the Shradha) he also must be removed from that place where the Shradha is held."<sup>40</sup> Manu instructs the king: "At the time of

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid., pp. 94-95.

consultations let him (the king) cause to remove idiots, the dumb, the blind and the deaf, animals, very agedmen, women, barbarians, the sick and those deficient in limbs".<sup>41</sup>

In this famous civil and criminal codes, Manu prescribes: "with whatever limb a man of low caste does hurt to (a man of the three) highest castes even that limb shall be cut off".<sup>42</sup>

Thus from the above elucidation of Manu's philosophy, it is evident that although the disabled were treated with pity and compassion in ancient India, their rights to social equality were never recognized. This is perhaps because of the prevalence of superstitions in the society.

Satatapa observes that men guilty of grave sins and who have not undergone prayaschita (penance for sin) are, after undergoing the torments of Hell, born with bodies marked with certain condemned signs. One guilty of grave sins is liable to such signs for 7 births, one guilty of Upapataka (comparatively greater sin for 5 births and one guilty of papa (sin) for 3 births.<sup>43</sup>

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<sup>41</sup> Ibid., p.95.

<sup>42</sup> Ibid.

<sup>43</sup> Satatapa, Ibid., p.96.

Strangely enough, even the famous medical work like Charaka Samhita held the views that diseases were the off-  
shots of actions done in previous lives.<sup>44</sup>

In the ancient India, when the state and the joint family system provided an inbuilt mechanism to the care and protection against the hardships of life, the disability was not considered as a major problem. Generally, the headman of the rural community was entrusted with the responsibility of taking care of disabled and distressed members.

The concept of 'Karmaphala' (consequences of one's deeds) was instrumental in depriving the disabled their basic human right to lead an independent life. It was believed that the disabled were reaping for what they had sowed in previous lives. Unfortunately, such dogmatic ideas are still plaguing the minds of a common-man.<sup>45</sup>

In the later, intervening period of Smritis and the Guptas, the social attitude towards the disabled became

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<sup>44</sup> Ibid.

<sup>45</sup> G. Ramdas and R.R. Mishra, "Rural Attitude Towards the Disabled", Indian Journal of Disability and Rehabilitation Vol.1, Jan-June 1987, p.49.

liberal, because of the Buddhist influence. Buddhism showed great compassion and regard for the disabled. Simultaneously, the followers of Jainism also adopted the same fundamental doctrine of non-violence and selfless service to all living including the disabled.

Vocational rehabilitation provided a more human approach to the disabled. The foundation of such activities was already laid by Buddhism and Jainism. In this respect, the Golden age of the Mauryas, especially the reign of Chandragupta, stands unique. A lot of workshops for vocational rehabilitation of the disabled and other socio-economically down-trodden sections of society were undertaken.<sup>4</sup>

Kautilya, made it a special point to recruit dwarfs, the hunch-backed and otherwise deformed persons in the royal palaces.<sup>47</sup> In his famous work Arthashastra he prescribes : "The King shall provide the orphans, the aged, the infirm, the afflicted and the helpless with maintenance".<sup>48</sup> But during the reign of Ashoka, the philanthropic work for the disabled and the down-trodden expanded considerably. He was himself a staunch follower of Buddhism. He initiated

<sup>46</sup> Bhatt, n. 6 , p.97.

<sup>47</sup> Kautilya, Ibid.

<sup>48</sup> Ibid.



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special measures with a view to providing medical relief to such persons. The coins of the days of Samudragupta bear a figure of a dwarf near the king. This indicates the special status accorded to the disabled in his kingdom.<sup>49</sup>

One may get another glimpse of the social history of India through the writings of Fa Hien. He had come to visit India from China in 400 A.D. Recollecting the account of the then society in his work, he observes : "The nobles and house-holders of this country have founded hospitals within the city (Pataliputra) to which the poor of all countries, the destitute, cripple and the diseased may repair. They receive every kind of requisite help gratuitously."<sup>50</sup>

#### Disability in Medieval India and Onwards

In medieval India, the Muslim rulers and the Rajput chieftains also maintained the well-established tradition of looking after the destitute and the disabled. One of five Rukans (duties) of Islam, Zakat (charity) was strictly followed by the Muslim rulers. The Mughal's concern for the disabled and distressed may be gauged from

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<sup>49</sup> Ibid, p. 98.

<sup>50</sup> Fa Hien, quoted from R.C. Dutt, A History of Civilization in Ancient India (Delhi: Vishal Publishers, 1972), p.59.

the fact that they had set up a special department to supervise charities and endowments. During the period of Akbar, the non-muslims were also covered by such institutions.<sup>51</sup>

Later, western invasion upset many of the old institutions in the eighteenth century.<sup>52</sup> Throwing light on the inroads of western civilisation, an analyst has aptly observed, "The crumbling of the old order, absence of new healthy substitutes and confusion in transition made the situation extremely complicated".<sup>53</sup> However, several piecemeal efforts were made in order to establish hospitals and charitable homes for the destitutes. A good deal of spade work in this direction, was accompanied by foreign missionaries. But there was no school for the orthopaedically handicapped by 1900. It was only after the second World War that the attention of the Government and the public was attracted towards the rehabilitation of the war disabled persons. After

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<sup>51</sup>Bhatt, n. 6, pp. 98-99.

<sup>52</sup>B. Sankaran and B.P. Yadav, "Rehabilitation of the Orthopaedically Handicapped", in Tarlok Singh (ed.), Encyclopaedia of Social Work in India (New Delhi: Publication Division, 1987, Vol. 2, p.372.

<sup>53</sup>V.M. Kulkarni, "Child Welfare in India", in Social Welfare in India, A Report Published by the Planning Commission Govt of India, pp. 32-33.

independence in 1947, the problem of the civilian disabled came to the limelight. Gradually a number of voluntary and government sponsored welfare organisations were set up. It is because of the efforts of these organisations that the rehabilitation services in India has assumed new direction. But still much remains to be done to create awakening in the Indian society towards its disabled members. The common man of India, still believes in the old ideas of fatalism. Sympathy and understanding are confined only to intellectual classes. The mass society still treats the disabled with negligence and apathy. These attitudes can well be illustrated by the fact that people are generally ready to part with a coin to get rid of perplexing disabled beggars. This beggar-producing philanthropy must be changed. Only by changing the prevalent attitude of people towards disability, the disabled can be accorded their legitimate status in society.

In conclusion, it may be noted that the attitude of society has been subject to change from time to time. While in the primitive society, man's inhumanity to man was very much in vogue. Later, disability instilled fear, suspicion and superstition in the minds of the common people. As a result, disability was viewed as an 'incarnation of the devil'. In the middle ages, myths and legends grew around these fears and fancies of the primitive man. It was only in the later period that there occurred a slight

change in societal attitude towards disability, but still the disabled were regarded as 'second class citizens'. The 20th century witnessed a shift from marked fear and hatred to general sympathy. In brief, the social attitude towards the disabled have always been contradictory and varying .

Chapter IIDISABILITY - CONCEPT , NATURE AND SCOPE

Conceptions regarding the nature and scope of disability have changed from time to time. The persons, with a physical defect of some kind or other, were termed as 'crippled' for centuries. The word 'crippled' and its synonyms imply some sort of social stigma. The very pronouncement of this word spells out a miserable plight of the person concerned. The identification of such persons by terms like 'disabled' or 'physically handicapped' is, however, a recent innovation. The change in terminology is quite significant, as it indicates the growing social awareness towards the rights of the disabled community.

Disability : Changing Conceptual Framework:

The concept of disability has many aspects. It will, therefore, be worthwhile to dwell upon them briefly. To begin with, the term 'disabled' and its connotations like 'physically handicapped', 'impaired' or 'crippled' refer to a state of helplessness<sup>1</sup>. In other words, it suggests something which falls short of the normalcy of a human being. But this standard is itself a misnomer because of its ambiguity and fluctuating nature. Everybody, in his life time, has strengths and weaknesses, abilities and

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<sup>1</sup>Alan Gartner, "Images of the Disabled: Disabling Images", Social Policy, Vol 13, No. 2, Fall 1982, p.15.

inabilities.<sup>2</sup> There can be no denying the fact that despite disability, such an individual has residual resources which enables him to take on fresh tasks. The famous orthopaedic surgeon Dr. Kessler, who was himself a disabled, has dubbed it as a 'safety factor'. According to Dr. Kessler, "This safety factor provides a huge reservoir of structure and function upon which an individual can draw. The organic effect may even act as a stimulus to over-compensation."<sup>3</sup>

In fact, 'physical fitness' is itself a relative term. Generally, it refers to the functional capacity of an individual to perform a task. It makes no particular sense, unless the task or the job, for which the fitness is to be judged, is to be specified.<sup>4</sup> Physical fitness for an athlete or a soldier may be quite different from that of a university professor.

Besides, social prejudice is also one of the important factors of physical fitness. A disabled person, who is capable of accomplishing all the day-to-day tasks of his

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<sup>2</sup>Pat Mc Neill, "Handicapping the Disabled", New Statesman & Society, Vol I, No. 19, 14 October 1988, p.26.

<sup>3</sup>Henry H. Kessler, Rehabilitation of the Physically Handicapped (New York: Columbia University Press, 1947), p.4.

<sup>4</sup>Usha Bhatt, The Physically Handicapped in India : A Growing National Problem (Bombay: Popular Book Depot, 1963), p.4.

life, can reasonably be considered as "physically fit". But generally , people are so obsessed with the idea of branding the disabled as completely worthless that they ignore the inherent potentialities of a so called disabled person. Dr. Kessler is of the view that the term 'normal' is a personal rather than statistical concept. It depends on the specific context in which it is used as the standard.<sup>5</sup>

To put it accurately, physical fitness reflects societal attitude rather than functional capacities. It is a concept that should take into consideration the individual in totality. An individual is not a machine acting in parts, but a living organism that reacts to his environment as a whole.<sup>6</sup>

The extent to which any type of disability constitutes 'handicap' or 'impairment' is determined by the cultural pattern of society. What may seem normal in one culture, may be abnormal in another culture. This fact may be better explained by an illustration. Binding of foot and thereby restricting the natural growth of an individual is very much prevalent in China. But such practices may be considered uncommon in American or in other societies.<sup>7</sup>

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<sup>5</sup>Kessler, n.3, p.5.

<sup>6</sup>Bhatt, n.4, p.5.

<sup>7</sup>W.M. Cruickshank, "A Study of the Relation of Physical Disability to Social Adjustment", The American Journal of Occupational Therapy, No.3, 1952, p.8.

There are certain other problems in defining disability, such as , who should be regarded as 'disabled' and by whom and in what context? The most important difficulty in understanding the scope of disability is created by the indiscriminate use, by scholars, of terms like 'disabled', 'physically handicapped', 'impaired' and 'crippled' almost synonymously. In common parlance, these terms are so loosely used that the classical distinction between them is very often blurred. Some authors have tended to use the terms 'disabled' and 'physically handicapped' interchangeably even in the same article.<sup>8</sup> On the other hand, there are some scholars like Dunham<sup>9</sup> and Kessler<sup>10</sup> who have attempted to make a distinction between these two terms. Really, there is a very subtle difference between them. Whereas, disability refers to the consequences of an impairment<sup>11</sup>. In other words, it denotes restrictions or lack of ability on the part of impaired persons to perform

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<sup>8</sup> R.E. Bates, 'Meaning of 'Disabled' and 'Handicapped': Their Relationship to Each other and Specific Defects, Microfilmed Doctoral Dissertation (University of Houston, 1965) n. p.

<sup>9</sup> Jerone R. Dunham, "Psychological Aspects of Disability", in R.M. Goldenson (ed.) Disability and Rehabilitation Handbook (New York: Mc Graw Hill, 1978), p.12.

<sup>10</sup> Kessler, n.3, p.70.

<sup>11</sup> Jessica Scheer and Nora Groce, "Impairment as a Human Constant: Cross-Cultural and Historical Perspectives on Variation", Journal of Social Issues, Vol 44, No.1, 1988, p.24.



an activity in the manner or within the range considered appropriate for their non-impaired fellowmen. On the other hand, handicap is the social disadvantages resulting from impairment or disability.<sup>12</sup> Thus, disability is that situation in which functional capabilities are either lost or reduced considerably because of impairment. Contrary to this, handicap is a value judgement passed by others about an impaired, disabled person. It is not necessary that disability may become handicap under all circumstances. It becomes handicap, only if it causes interference with the individual's expectations, job-performance or relationship with others.

Again the term 'disabled' may be differentiated from 'impaired'. 'Impairment' is any deviation from the normal which leads to defective structure, function, organisation or development of the whole or any part of individual's faculties. While disability is any limitation experienced by the impaired individual of similar age, sex and culture. It leads to a limitation of physical function, whether locomotory, sensory, aural, visual, or affecting any other specific organ.<sup>13</sup>

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<sup>12</sup> Ibid.

<sup>13</sup> M. B. Sussman, "Dependent Disabled and Dependent Poor: Similarity of Conceptual Issues and Research Needs", in Joseph Stubbins (ed.), Social and Psychological Aspects of Disability (London: University Park Press, 1977), pp.247-59.

Finally, the term 'crippled' strictly refers to only physically 'deformed' persons. Thus it may be added that the term 'disabled' is more broad and relevant than the 'crippled'.

### Nature and Scope of Disability

Now the question arises what is meant by 'disabled' ? There are mainly two views in this regard - one is broad view and other is narrow view. While the former places its main emphasis on mental fitness. The latter focuses its attention on limitations caused by disabling conditions. Broadly, we can say that the term 'disabled' encompasses all those persons, who are afflicted with deafness, dumbness, visual, orthopaedic deformity and the mental retardation.

Unfortunately, no well-conceived definition of the term 'disabled' has evolved so far. The main reason is that different countries have followed different criteria in defining it. No two countries subscribe to the same definition. So much so that the scholars and international bodies have also adopted various approaches to the study of disability. These approaches are - medical, psychological, economic-vocational and socio-political. To limit the study of disability to any one approach would amount to limiting its nature and scope. In fact, the incidence

of disability could not be probably understood, unless some sort of integrated approach is evolved . But before presenting such an integrated viewpoint, it seems desirable to examine briefly the various approaches as developed by their leading advocates:-

(a) Medical Approach:-

This is, perhaps, the oldest and most traditional approach to the study of disability. This approach holds that the problems of disability arise mainly from physical impediments rather than the environment or society'.<sup>14</sup> Hence, any solution to the problem of disability should be sought through individual rather than collective efforts.

The medical approach to the incidence of disability is best represented by the World Health Organisation(WHO). The WHO has developed and published an International classification of Impairments, Disabilities and Handicaps in 1980.<sup>15</sup> These terms indicate different dimensions of disadvantages. In accordance with the criteria adopted by WHO, a disabled person is one who falls under

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<sup>14</sup>Harlan Hahn, "Disability and Rehabilitation Policy: Is Paternalistic Neglect Really Benign", Public Administration Review, Vol 42, No. 4, July-August 1982, pp. 386-87.

<sup>15</sup>International Classification of Impairments, Disabilities and Handicaps(Geneva: WHO, 1980), pp. 27-29.

the following three categories:

(i) Impairment - This term is used to denote a permanent or transitory psychological, physiological or anatomical loss of function. This includes all those persons, who suffer from amputated limb, paralysis after polio, diabetes, hearing impairments, near-sightedness and mental retardation etc.

(ii) Disability - It indicates any restriction or lack of ability to perform an activity in the manner or within the range considered normal for an individual. According to WHO, disability encompasses within itself all such defects like difficulty in hearing, walking, speaking, seeing, reading, writing etc. Moreover, disability may be permanent or temporary, progressive or regressive. It may also vary in its impact from one situation to another.

(iii) Handicap - It refers to such disability, which causes interference with the expected normal activity of a person in his life. This involves inability to care for oneself, developing a capacity for independent economic activity etc.

It may be noted that 'impairment' reflects a categorisation of a pathological state. It represents disturbances at the level of the organ. Disability may

arise as a direct consequence of impairment or as a response by the individual, especially psychologically to physical, sensory or other impairment. As it manifests disturbances at the level of the person. Handicap denotes the cultural, socio-economic and environmental consequences on the disabled individual. In a nutshell, the medical approach to disability emphasises physical functioning.

(b) Psychological Approach - The psychological approach to disability postulates that disability is accompanied by some sort of psychological disturbances. The disabled individual is not merely a person with a lost limb or sensory organ but a person gifted with a thinking mind. As is generally agreed, the disabled are not rehabilitated by others rather, they are helped to become self reliant. According to this approach, any effort to rehabilitate a disabled person should necessarily entail the harmony and co-operation of the body and the mind.

Among the scholars, who have highlighted the psychological aspects of disability, the names of Barker<sup>16</sup>, Albrecht<sup>17</sup> and Roessler<sup>18</sup> etc. are worth-mentioning.

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<sup>16</sup>See, R. G. Barker et al, Adjustment to Physical Handicapped and Illness (New York: Social Science Research Council, 1953), rev. edn.

<sup>17</sup>G. Albrecht(ed), The Sociology of Physical Disability and Rehabilitation (Pittsburgh: University of Pittsburgh Press, 1976).

<sup>18</sup>See, Richard Roessler and Brian Bolton, Psycho-Social Adjustment to Disability (Baltimore: University Park Press, 1978).

Disability affects the individual in two ways. In the first place, it handicaps the individual in the ordinary task of life, and secondly, it influences the attitude of others towards disability. However, there are two extreme views regarding the effects of disability on personality. According to one view-point, the disabled are helped rather than obstructed by their disability. Disability, in such cases becomes a source of strength. This view-point was advocated by Adler in his famous theory of compensation.<sup>19</sup> The second viewpoint insists that all mental, moral and spiritual disorder are linked with physical affliction. Besides Lombroso, other psychologists who hold a similar view include Allport, Bacon and Campbell etc.<sup>20</sup> Thus, it will not be wrong to assume that the psychological approach to disability considers the problems of disability from merely psychological stand-point and fails to take into account other aspects.

(c) Economic - Vocational Approach

The economic or vocational approach to disability tries to establish a linkage between the individual and society.<sup>21</sup> The focus of attention in this approach is

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<sup>19</sup>Bhatt, n.4, p.122.

<sup>20</sup>Cited in Ibid, pp. 122-23.

<sup>21</sup>Hahn, n.14, p.387.

centred on the vocational limitations of the disabled. The economic-vocational approach to disability is associated with several scholars and national as well as international bodies. However, it is with the publication of Public Policy Toward Disability by Berkowitz, Johnson and Murphy in 1976<sup>22</sup> that this approach got theoretical orientation. The proponents of this approach tend to suggest that employment problems of disabled persons stem from faulty economic system and deficiencies on the part of the disabled persons.<sup>23</sup>

Among the scholars, who have adopted economic vocational approach in their writings include Edward Berkowitz, Jaffrey Rubin, Howards, Brehm and Nagi.<sup>24</sup> The economic-vocational framework evolved by these scholars is oriented towards the establishment of an economy founded upon manual labour rather than the economy based on the delivery of services. Vocational rehabilitation or income maintenance programmes are prescribed as the principal solution to the problems of disabled persons.

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<sup>22</sup> cited in Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> These scholars have adopted economic orientation in their definition of disability to counteract the sophistication and the significance of the original study by Berkowitz, Johnson and Murphy. In this context, see, Edward Berkowitz, Disability Policies and Government Programmes ( New York: Praeger, 1979); Jaffrey Rubin et al (eds), Alternatives in Rehabilitating

In recent years, the economic-vocational approach has been developed by various national and international agencies in order to provide rehabilitation to disabled persons. But there is a lack of uniformity in their identification of disability. Generally, two important criteria<sup>25</sup> have been pursued by them in this regard - 'benefit determination' and 'selective placement'. So far as the criteria of benefit determination is concerned, it stresses primarily on the causes of disability. It evaluates disability in terms of percentage basis. On the other hand, the most striking aspect of the selective placement criteria is that it is focussed more on the effects of disability. Thus it is obvious that both these criteria are centred on the causes and effects of disability.

The International Labour Organisation (ILO) is the ardent exponent of the vocational approach. The ILO, inter-alia International Labour Vocational Rehabilitation and Employment (Disabled Persons) Convention 1983(No. 159) and Recommendation 1983(No. 168) defines the term 'disabled'

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the Handicapped : A Policy Analysis(New York : Human Sciences Press, 1982); Irving Howards, Henry P. Brehm and Saad Z. Nagi, Disability: From Social Problem to Federal Program(New York: Praeger, 1980).

<sup>25</sup>Employment of Disabled Persons: Manual on Selective Placement (Geneva: ILO, 1984), p.2



as "an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment".<sup>26</sup>

Thus it may be noted that the economic-vocational approach is more inclined to modify the disabled persons rather than the environment and the worksite. But the fact is that changes in the attitudes of employees is the most desirable means of fulfilling the social and economic needs of the disabled persons.

(d) Socio-Political Approach

As a sharp reaction to these three approaches, a new socio-political approach to the study of disability has recently emerged. This approach regards disability as a by-product of interactions between individual and environment.<sup>27</sup> This approach avoids the limitation of the medical approach, because it maintains that the fundamental restrictions of disability are located in the social environment rather than within the disabled individual. According to this view-point, disability

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<sup>26</sup> Ibid., p.4.

<sup>27</sup> Hahn, n.14, p.387.

arises because of the failure of a structured social environment rather than the inability of a disabled individual to adapt to the demands of society. Thus, the disabled, like other ethnic or racial minorities, may be viewed as a minority group.<sup>28</sup> Like other deprived and disadvantaged strata of society, the disabled persons have been subjected to the same assumptions of biological-inferiority, segregation, and discrimination. The socio-political approach considers these problems as a manifestation of external deficiencies in the social and economic order rather than as an indication of internal or individual disorders.

Among the contemporary advocates of the socio-political approach, Hahn, Bowe and the Rothschild are the most outstanding. In the opinion of Hahn, the difficulties faced by disabled persons are largely the by-product of disabling environment instead of personal disorders or deficiencies.<sup>29</sup> He categorically states that "The extent to which environment modifications

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<sup>28</sup> Ibid.

<sup>29</sup> Harlan Hahn, "The Politics of Physical Differences: Disability and Discrimination", Journal of Social Issues, Vol. 44, No.1, 1988, p.40.

could ameliorate the functional constraints of disability may eventually be determined by technology and by the limits of human imagination in designing a world adapted to the needs of everyone.<sup>30</sup> According to him, two corollaries emerge from the socio-political view of the problems of deprived persons.<sup>31</sup> Firstly, this approach lays stress on the fact that the functional demands exerted on human beings by the environment are determined by public policy to a significant extent. Secondly, the perception that the environment is fundamentally moulded by the past and present public policy suggests public attitudes as a vital component of the surroundings with which disabled people must contend.

As far as the view-point of Bowe and Rothschild is concerned , they have also regarded the disabled as a minority group.

Thus , it is clear that the socio-political approach emphasises the need for strengthened laws to combat discrimination against disabled persons while the medical , psychological and economic-vocational approaches seem inclined to improve the potentialities of the disabled.

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<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

### An Integrated Approach

From the foregoing analysis of the nature and scope of disability, it is evident that all the approaches discussed above, suffer from 'over-generalisation' or a very narrow view of disability. These approaches do not take into account different aspects of disability in its entirety. Viewed in this context, the most acceptable definition of the term 'disabled' has been put forward by the United Nations (UN). According to UN, the disabled may be defined as "Any person, unable to ensure by himself or herself, wholly or partly the necessities of a normal individual and/or social life, as a result of a deficiency, either congenital or not, in his<sup>her</sup> physical or mental capabilities."<sup>32</sup> This definition offered by the UN seems to be broad and more relevant.

### Types of Disability

The disabled persons may be roughly divided into two main categories, namely:—a) the orthopaedically disabled and b) the sensorially disabled. It may be further divided into the following sub-categories:—

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<sup>32</sup> The United Nations and Human Rights (New York: United Nations, 1984), p.114.

i) Orthopaedically disabled - are those persons who have defects which cause deformity or an influence with normal functions of the bones, muscles or joints.<sup>33</sup>

ii) The visually disabled - The blind may be defined as those persons "whose vision is lacking or markedly deficient in one or both eyes".<sup>34</sup>

iii) The accoustically deaf (or the deaf) - The deaf are those who are unable to hear speech with or without a hearing aid.<sup>35</sup>

iv) The speech disabled (or, the dumb) - The dumb are those persons who were born without hearing or has lost it at an early age and who therefore have not acquired speech. Strangely enough, the term deaf and dumb are so generally used in an identical sense, but there is wide subtle distinction between the two. Though it is a fact that no anatomical co-relationship exists between the organs of hearing and those of speech.<sup>36</sup>

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<sup>33</sup> Association of the Physically Handicapped, "Incidence and Distribution: Physically Handicapped", The Journal of Rehabilitation in Asia, Vol. VII Jan. 1966, pp. 9-11.

<sup>34</sup> Collier's Encyclopedia (New York: 1983), Vol. 4, p.25.

<sup>35</sup> Ibid., Vol. 7, p.754.

<sup>36</sup> International Encyclopedia of the Social Sciences (U.S.A, 1968), Vol. 5, p.18.

In fact, lack of speech results from lack of hearing because without hearing one cannot learn to speak, unless specially taught.

v) The mentally retarded - are those who suffer from any psychological syndrome that causes a feeling of distress in an individual or disables an important area of mental functioning.<sup>37</sup>

#### Magnitude of the Problem

It is quite difficult , if not an impossible task to obtain accurate data about the incidence of disability in a global perspective. The main reason is that disabled persons have been identified for various purposes in various countries. That is why, no single yardstick has been evolved so far, by which to evaluate disability.

The dimensions of the incidence of disability are, indeed, very intriguing. According to a UN estimate,<sup>38</sup> more than 500 million people in the world are physically or mentally disabled. This figure is approximately equal to the entire population of Europe<sup>39</sup> and the combined

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<sup>37</sup>The New Encyclopedia Britannica (U.S.A. 1987), Vol. 8, p.21.

<sup>38</sup>World Programme of Action Concerning Disabled Persons , United Nations Decade of Disabled Persons, 1983 - 1992 (New York: United Nations, 1983), p.1.

<sup>39</sup>The International Year of Disabled Persons (New York: United Nations, 1981 ),p.9.

population of the U.S.A and USSR. The proportion of disabled persons to the rest of the population is calculated to be one to ten. This means that 10 persons out of every 100 are afflicted with disability in some form or the other.<sup>40</sup> The developing and under-developed countries have the lion's share of the world's disabled population. As many as 80% of all disabled persons live a segregated life in the rural areas of these countries.<sup>41</sup>

The situation presents a gloomy picture, if one takes into account the families of disabled persons as well as those directly involved in seeking to support them. On the basis of above estimate, it may be surmised that not less than twenty-five percent of the total world population are affected by disability.<sup>42</sup>

It has been estimated that disabled women account for about one-third of the total disabled population. According to an ILO survey, some 160 million women are

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<sup>40</sup>Sheila Stace, Vocational Rehabilitation For Women with Disabilities (Geneva: ILO, 1986), p.1.

<sup>41</sup>World Programme of Action..., n.38, p.13.

<sup>42</sup>Stace, n.40, p.1.

suffering from disability in one form or the other. But if the disabled female children are included in this calculation, then the total female population with disability will be around 250 million. This figure accounts for about 5% of the world population.<sup>43</sup>

The situation is more disturbing if one realises the constantly growing pace of disability. The population of disabled persons is not static. Factors such as congenital defects, disease, old age and accident keep raising the figure consistently. The population of disability is increasing every year by some 15 million as a result of war, accident, malnutrition and disease.<sup>44</sup> In other words, it may be noted that a country like Afghanistan is added to the disabled population every year. If this trend continues, then figure may surpass 700 million mark by 2000 A.D.<sup>45</sup>

The most prevalent forms of the incidence of disability are physical impairment, chronic illness, mental retardation and sensory disability etc. Several causes may be held responsible for the ever-increasing population

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<sup>43</sup> Ibid.

<sup>44</sup> Malcolm Harper and Willi Momm, Self -Employment For Disabled People: Experiences From Africa and Asia (Geneva: ILO, 1989), p.77.

<sup>45</sup> Ibid., p.78.



of disability. The major causes are poverty, disease, old age, natural disasters, traffic and injuries, population lack of primary health care and poor-sanitation etc.<sup>46</sup>

Of all the problems of the disabled, employment may be considered to be the most important. But unfortunately, there are no global estimates of the unemployed disabled population. When unemployment is rampant, the disabled persons suffer more than the others. In developing countries, their prospects of securing work in the open employment are minimal. Even in developed countries their rate of unemployment is often double than that of able-bodied workers.<sup>47</sup>

These estimates give us an idea of the magnitude of the problem of disability, although they do not help in ascertaining the actual proportion of the disabled in the world population.

Thus from the above discussion of the nature and scope of disability, two main points emerge explicitly. Firstly, the dimensions of disability are enormous. Secondly, inspite of incessant efforts by governmental and non-governmental bodies, the incidence of disability

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<sup>46</sup>Stace, n.40, p.1.

<sup>47</sup>Employment of Disabled Persons ... , n.25, p.vi.

shows no sign of waning. The battle against disability has to be fought on all fronts with concerted, persistent and courageous efforts. Experience has shown that the most effective weapon to combat this menace is the new science of rehabilitation. Until the first quarter of the twentieth century, disability was regarded as life-long dependency and despondency, misery and squalor. It is heartening that now the disabled are not only placed on an equal footing with the able-bodied, but are also given special concessions in various countries. In fact, the global campaign against the prevention of disability and rehabilitation of the disabled gained momentum only with the inception of international bodies like the League of Nations and International Labour Organization. Hence the next chapter deals with the role of these two institutions.

### Chapter - III

#### THE ROLE OF LEAGUE AND ILO

With the coming into existence of the League of Nations, especially the International Labour Organisation (ILO), the activities for the prevention of disability and the rehabilitation of the war-disabled got a new impetus. It is worth-mentioning, that both these organisations were built around the idea of achieving the objective of international peace. But such a lasting peace could be maintained, only if it was based on social justice.

The Covenant incorporated in article 23(f), a classic statement of the League's concern for health: the obligation of every state "to endeavour to take steps in matters of international concern for the prevention and control of disease". Moreover, article 25 manifested the concern of the League for the improvement of health and prevention of diseases.

The adumbration of these health-related provisions of the League may be traced to International Sanitary Convention (1903) and the setting up of the Permanent International office of Public Health (1909) in Paris. In fact, the founding fathers of the League covenant were greatly inspired by these experiments. What was novelty in the League was that it tried to conceptualise a new mechanism out of these experiences.

Immediately after the inception of the League of Nations (1920), the attention of the League Council was drawn towards the large-scale incidence of typhoid and cholera epidemics in Eastern Europe. In order to give effect to the provisions enshrined in article 23(f), the League Council, at its Second Session in February 1920, summoned an International Conference of Health Experts.<sup>1</sup> Accordingly, the Conference of Health Experts met in April 1920 under the Chairmanship of Dr. Buchanan of the United Kingdom and recommended the establishment of an Epidemic Commission to tackle the calamity.<sup>2</sup> The League Assembly endorsed the recommendation of this body (conference). On 23 September, 1921, the League Council decided to set up the Epidemic Commission under the control of the Provisional Health Organisation of the League.<sup>3</sup> As a result, the Epidemic Commission came into existence in 1920.<sup>4</sup> The Epidemic Commission played a vital role in combating the incidence of epidemics, both by direct measures and by coordinating the efforts of governments immediately concerned.<sup>5</sup>

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<sup>1</sup> League of Nations Official Journal (Geneva), April-May 1920, pp. 88-93.

<sup>2</sup> Ibid.

<sup>3</sup> League of Nations Official Journal, January 1922, p.8.

<sup>4</sup> Encyclopaedia Americana (U.S.A. : 1983), Vol.17, p.113.

<sup>5</sup> C.K. Webster and Herbert Sydney, The League of Nations in Theory and Practice (London: George Allen & Unwin, 1933), p.277.

With the passage of time, the idea of establishing a new and active Permanent Health Organisation also cropped up.<sup>6</sup> Despite various difficulties, the plan for the establishment of the Permanent Health Organisation could be materialised in 1923.<sup>7</sup> Thus, the practical expression of the League's concern for health-related matters took shape with the coming into existence of this organisation. Gradually, the health services of the League expanded considerably. This paved the way for making fresh demands by the member-states. The establishment of the Eastern Epidemiological Intelligence Centre at Singapore in 1925 may be regarded as a corollary to these developments.

From the above brief discussion of the League's activities, it becomes clear that it did not specifically touch the problem of disability. The most important limitations of the League lies in the fact that it vaguely conceptualised the health related provisions. Besides, the League also lacked adequate financial resources and satisfactory implementation machinery. The further initiatives in this regard could be made only by the ILO.

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<sup>6</sup>F.P.Walters, A History of the League of Nations (London: Oxford University Press, 1969), rep., p.181.

<sup>7</sup>Webster et al, n.5, p.277.

### The Role of ILO

The International Labour Organisation (ILO) came into existence in 1919 as an autonomous body associated with the League of Nations. As is clear from the above discussion that the basic assumption behind the establishment of the ILO was that it should contribute to the maintenance of universal peace by promoting social justice. It will not be wrong to observe that though the rehabilitation and the rights of the disabled are not the sole concern of the ILO, they lie at the very heart of its mission. The adoption of several recommendations, conventions and resolutions by the ILO for the vocational rehabilitation of disabled persons is a clear proof of this.

Article 23(b) of the League covenant obliges the member-states, among other things, "to endeavour to secure and maintain fair and humane conditions of labour for men, women and children, both in their own countries and in all countries to which their commercial and industrial relations extend and for that purpose will establish and maintain the necessary international organisations". The responsibility for implementing this obligation was vested with the single body — the International Labour Organisation.

When the ILO was revitalised by the Declaration of Philadelphia in 1944, its concern for human rights and fundamental freedoms found expression in its constitution. The ILO constitution stipulated that all human beings, regardless of race, creed or sex should have the right to pursue both their material well-being and their spiritual development in conditions of freedom, dignity, economic security and equal opportunity. A major part of the ILO activities for the rehabilitation of disabled persons consists of the adoption of international labour standards in the form of recommendations, conventions and resolutions.

As far back as in 1921, for the first time, the International Labour Organisation turned its attention towards the employment problem of disabled persons. The publication of a report on the Compulsory Employment of Disabled Ex-Servicemen<sup>8</sup> in 1920 may be regarded as a landmark in the vocational rehabilitation of the disabled. It was followed by a meeting of Experts in 1923 in Geneva to study methods of identifying jobs for the disabled.<sup>9</sup> The main recommendation of this Experts Group was that the

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<sup>8</sup> "Document : Vocational Rehabilitation of the Disabled", Indian Journal of Public Administration, Special Issue, Vol. XXVII, No. 3, JulySept. 1981, p.885.

<sup>9</sup> Ibid.

ex-servicemen should have the opportunity of earning their livelihood. The recommendations of this Experts Group may have relevance even today with the exception that they should be applied to all disabled persons and not just to the disabled ex-servicemen. Thus, this Experts Group was a mile-stone in the vocational rehabilitation of disabled persons. It had so profound an influence on the global level that the International Labour Conference, at its seventh session on 10 June 1925, also accorded International recognition to the vocational needs of disabled persons in the Workmen's Compensation (Minimum - Scale ) Recommendation (No. 22). It incorporated, among other things, provisions for the vocational re-education of injured workmen.<sup>10</sup>

The economic-crisis of 1930 shattered the further activities in this regard. Consequently, no major breakthrough could be made during the intervening period of the second world war. It was only after the second world war that the question of the rehabilitation of war disabled persons came into sharp focus. This is because of two main factors. In the first place, the heavy casualties of the second world war necessitated the intensive

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Conventions and Recommendations 1919 - 1949 (Geneva : International Labour Office, 1949), pp. 88-90.



care and rehabilitation of the war-disabled. Secondly, the civilian disabled filled the serious man power gaps in industry and commerce. The war production records of the disabled demonstrated conclusively to employers and general public that disability may not be a handicap for their integration into normal work-settings.<sup>11</sup>

The International Labour Conference, which held its twentysixth session at Philadelphia on 12 May 1944, was also impressed by the fine work performance of the disabled during the war. This fact is amply substantiated by "Recommendation Concerning Employment organisation in the Transition From War to Peace (No. 71)".<sup>12</sup> It reaffirmed that disabled workers, whatever the origin of their disability, should be provided with full opportunities for rehabilitation, specialized vocational-guidance, training, retraining and employment.<sup>13</sup>

As a result, these international standards formed the basis for post-war vocational rehabilitation in many European countries. But the ILO Committee of Experts on the Application of Conventions and Recommendations, under articles 19 and 22 of the ILO constitution, pointed out

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<sup>11</sup> Indian Journal of ..., n.8, p. 885.

<sup>12</sup> Conventions and Recommendations, no.10, pp. 577-89.

<sup>13</sup> Ibid., p.579

in 1952 that Recommendation No. 71 was primarily designed to cover a transitional period.<sup>14</sup> However, these measures were not sufficient to solve the problem of the vocational rehabilitation of disabled. Therefore, it was realised that separate set of standards should be evolved to conceptualise the idea of the vocational rehabilitation.

On 22 June 1955, the International Labour Conference unanimously adopted the Vocational Rehabilitation (Disabled) Recommendation (No. 99).<sup>15</sup> In fact, the adoption of this instrument may be considered as a turning point in creating global concern towards the vocational rehabilitation of the disabled. The most striking aspect of this recommendation was that it was applicable to all disabled persons, regardless of the origin and nature of their disability.<sup>16</sup> Thus, this recommendation acted as a stimulus to national activities in this field.

In addition, resolutions recalling the provisions of the recommendations and reaffirming its importance were adopted by the 1965 and 1968 sessions of the International

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<sup>14</sup> Indian Journal..., n.8, p. 885.

<sup>15</sup> International Labour Conventions and Recommendations (Geneve: International Labour Office, 1982), pp.107-113.

<sup>16</sup> Ibid.

Labour Conference. The latter resolution called for appropriate studies to be made to determine to what extent Recommendation No. 99 needed to be revised.<sup>17</sup> In due course, studies were carried out in 1970 and they revealed that the majority of member states still justified its relevance.<sup>18</sup>

The International Labour Conference, at its sixtyfifth session held in Geneva in 1979 unanimously adopted a 'Resolution Concerning Disabled Persons'.<sup>19</sup> The operative part of the resolution called upon the International Labour Office to lay stress on activities for the rehabilitation of the disabled persons. This resolution was mainly aimed at ensuring that the ILO played a pivotal role in helping to achieve the aims and objectives of the International Year of Disabled Persons (IYDP).<sup>20</sup>

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<sup>17</sup> Indian Journal...., n.8, pp 885-86.

<sup>18</sup> Ibid., p.886.

<sup>19</sup> Vocational Rehabilitation of Services for Disabled Persons (Geneva: ILO, 1983), p.1.

<sup>20</sup> Ibid.

In addition, the most recent steps initiated by the ILO include vocational Rehabilitation and Employment(Disabled Persons) Convention 1983(No. 159)<sup>21</sup> and Recommendation, 1983 (No. 168).<sup>22</sup> These instruments are very important in the sense that they contain useful guidelines on methods and measures for widening the employment opportunities for disabled persons.

In sum, it may be noted that the League Provisions concerning health matters had not been properly institutionalised. Nevertheless, its health activities left a lasting imprint on the policy-makers of the United Nations. As far as the activities of the ILO for the vocational rehabilitation of disabled persons are concerned, it would be fair to assert that these instruments are the manifestations of the ILO's deep commitment to the basic human rights of disabled persons. Thus, ILO has played a commendable role in the vocational rehabilitation of the disabled. In the post-world war years, the United Nations, together with ILO and other international bodies, has continued the activities for the rehabilitation of the disabled persons.

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<sup>21</sup>Convention concerning Vocational Rehabilitation and Employment of Disabled Persons(Convention 159), pp. 1-4.

<sup>22</sup>Recommendation concerning Vocational Rehabilitation and Employment of Disabled Persons(Recommendation 168), pp.1-7.

Chapter - IVTHE ROLE OF UNITED NATIONS

The primacy between individual and society has been the perennial problem of political philosophy for a long time. It would not be improper to assert that the struggle to preserve, protect and promote basic human rights has continued in each period in every society. But the post-war period is strikingly marked by the growing international concern for human rights. It has offered a new direction to the movement for integrating disabled persons into the mainstream of socio-economic life. The concept of human rights emphasises the positive aspect of availability of certain conditions for the development of mankind. This means that any discrimination between the disabled and the able-bodied persons tantamounts to the gross violation of the basic human rights of the disabled community. In a nutshell, the movement for respect for human rights is also directed against such obnoxious discrimination based on ability and disability. Therefore, here it seems desirable to briefly recapitulate the meaning and evolution of the concept of human rights.

The Concept of Human Rights : Meaning and Evolution

The concept of rights is a dynamic one. With the development of social consciousness, rights are subjected

to continual review and redefinition. Now the question arises what is meant by rights? Without getting involved into definitional controversies, it may be noted that rights are those claims of individual and groups which are recognized by the state through legal and constitutional mechanisms.

As far as the concept of human rights is concerned, it can be interpreted in two ways. In the first place, human rights are inherent and inalienable rights of an individual. Secondly, human rights are legal rights, established by the law-making bodies of the societies. The basis of these rights is the consent of the governed. Stated in simple terms, human rights are those rights which are inherent in one's nature and without which one cannot live as human beings.

The roots of the international concern for human rights can be traced back to the dawn of civilisation in the humanitarian traditions and incessant struggle for freedom and equality in all parts of the world. In due course, these rights gained recognition, in a systematic way, in different forms in various parts of the world. They found expression, for instance, in the Greek political system and Roman Law in Europe, Confucious system in China and

the Panchayat System in India. Besides all these , the Magna Carta (1215) in England, American Declaration of Independence (1776), the French Declaration of the Rights of Man (1789), and the Bolshevik Revolution in Russia(1917) may be regarded as significant landmarks in the evolution of the concept of human rights.

There can be no denying the fact that " Each of these declarations and institutional frameworks referred to above, have made significant contributions. But they lacked conceptual clarity and totality of what constitutes right." <sup>1</sup> At the same time, these declarations were either sectarian or generally ambiguous.<sup>2</sup> It was only after the Second-World War that the concept of human right could become universal in its approach. However, it would be quite right to assume that these developments provided a framework at the global level early in the nineteenth century, when the prevention of disability and the rehabilitation of the disabled attracted the attention of the world community. After the First World War, international concern for human dignity and rights found expression in certain provisions .

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<sup>1</sup>K.P. Saksena , Teaching About Human Rights (New Delhi: J.N.U./HURITER, n.d. ), p.5, mimeo .

<sup>2</sup>Ibid.

of the covenant of the League of Nations. In addition, some of the post-1919 peace treaties and a number of minority treaties and declarations created a congenial environment for the protection of linguistic, racial and religious minorities under the League System. The incorporation of the human rights provisions in the UN charter and the adoption of the International Bill of Human Rights offered a new dynamism to the global concern for the promotion of respect for, and observance of human rights.

#### Charter Provisions of Human Rights

The charter of the United Nations makes a special mention of human rights and fundamental freedoms in a number of clauses. The very preamble of the charter articulates the determination of the peoples of the United Nations "to reaffirm faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and of nations large and small ". The concern for human rights is adequately reflected in article 1 of the charter which deals with the purpose and principles of the United Nations, i.e. "to develop friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples", and "to achieve international co-operation in



solving international problems of an economic, social, cultural, or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion".

Under article 13, the General Assembly is authorised to initiate studies and recommendations for the purpose of "promoting international co-operation in the economic, social, cultural, educational and health fields, and assisting in the realisation of human rights and fundamental freedom for all without distinction as to race, sex, language or religion ".

Article 55 stipulates that "With a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, the United Nations shall promote ... (c) universal respect for, and observance of , human rights and fundamental freedom for all without distinction as to race, sex, language or religion". While in article 56, all Members of the UN pledge themselves to take joint and separate action in co-operation with the organisation for the achievement of the purposes set forth in article 55".

Under article 62, the Economic and Social Council (ECOSOC) is empowered to "make recommendations for the purpose of promoting respect, for and observance of, human rights and fundamental freedoms for all". Apart from, the ECOSOC "may prepare draft conventions for submission to the General Assembly, with respect to matters falling within its competence and may also call "international conferences on matters falling within its competence".

As far as the question of recommendations is concerned, the ECOSOC is vested with the responsibility of making arrangements with the members of the United Nations or with the specialised agencies to "obtain reports on the steps taken to give effect to its own recommendations and to recommendations on matters falling within its competence made by the General Assembly." Again, by article 68, the ECOSOC is empowered to set up Commissions for the protection of human rights.

Apart from these provisions, the United Nations, inter alia, articles 73 and 76 of the charter, expresses its concern for and responsibility towards the dependant territories whose peoples have not yet secured a full measure of self-government. According to article 76, one of the basic objectives of the Trusteeship System shall be "to encourage respect for human rights and for fundamental

freedoms for all without distinction as to race, sex, language or religion, and to encourage recognition of the interdependence of the peoples of the world.

### International Bill of Human Rights

The International Bill of Human Rights represents the most significant milestone in the field of human rights. The Preparatory Commission of the United Nations, which met immediately after the closing of the San Francisco Conference recommended that the ECOSOC should set up a Commission on human rights as envisaged in article 68 of the Charter. Accordingly, the Council established the Commission on Human Rights early in 1946<sup>3</sup>. The Commission, in turn, appointed drafting committee to prepare a draft of an International Bill of Human Rights. The Commission drafted a Universal Declaration of Human Rights, which was adopted and proclaimed by the General Assembly on 10 December 1948.<sup>4</sup> It was followed by a productive phase of codification in the form of international binding treaties. With the passage of time, two International Covenants on Human Rights were completed in

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<sup>3</sup>Economic and Social Council (ECOSOC) Resolution, 5(i) 16 February 1946.

<sup>4</sup>General Assembly Official Records (GAOR), 3rd Session plenary, 183rd meeting, 10 December 1948 .

1966. They were International Covenant on Economic , Social and Cultural Rights and International Covenant on Civil and Political Rights.<sup>5</sup> Each contains measures for international supervision of the rights which it sets out and for the settlement of complaints by states that another state is not giving effect to its provisions. Besides, the Optional Protocol to the International Covenant on Civil and Political Rights provides international machinery for dealing with communications from individuals of the states which have ratified it. These two covenants and the Optional Protocol, along with the Universal Declaration of Human Rights, constitute the International Bill of Human Rights.

#### Universal Declaration of Human Rights

The Universal Declaration of Human Rights contains a preamble and thirty articles, setting forth the human rights and fundamental freedom to which all men and women, in the world are entitled without any discrimination. Article 1, which is regarded as the corner-stone of the whole Declaration, sets out the philosophy upon which the Declaration is based. It succinctly declares that "All human beings are born free and equal in dignity and

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<sup>5</sup>General Assembly Resolution, 2200 A (xxi), 16 December, 1966.

rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood". Article 2 lays down the basic principle of equality and non-discrimination with regard to the enjoyment of human rights and fundamental freedoms. Articles 3 to 21 deal with the civil and political rights and articles 22 to 27 relate to the economic, social and cultural rights. The concluding articles 28 to 30 tend to ensure every one the realization of all human rights and fundamental freedoms. These articles also emphasise the duties and responsibilities of each individual .

Thus , it may be added that the Universal Declaration of Human Rights is not a treaty . It was initially viewed as "a common standard of achievement for all peoples and all nations" rather than enforceable legal obligations. Nevertheless, it has become important as a yardstick by which the degree of respect for, and compliance with international human rights standards may be measured.. "Since 1948.... it has set the direction for all subsequent work in the field of human rights, and has provided the basic philosophy for many legally binding international instruments designed to protect the rights and freedoms which it proclaims." <sup>6</sup> Prof. Humphrey has rightly observed that "The impact of the Universal Declaration has probably exceeded the most sanguine hopes

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<sup>6</sup>The United Nations and Human Rights(New York: United Nations Publication, 1984), p.26.

of its authors".<sup>7</sup>

### Covenants

It was a rare coincidence that both the covenants and the Optional Protocol were adopted and opened for signature and ratification or accession by the General Assembly on the same day, i.e. 16 December 1966.<sup>8</sup> The International Covenant on Economic, Social and Cultural Rights entered into force on 3 January, 1976.<sup>9</sup> Whereas, the International Covenant on Civil and Political Rights and the Optional Protocol thereto entered into force simultaneously on 23 March 1976.<sup>10</sup>

It is interesting to note that the preamble and some articles of both the covenants are almost identical. The preamble of each covenant recalls the obligation of states under the charter of the United Nations to promote universal respect for, and observance of human rights and freedoms. It also reminds the individual of his responsibility

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<sup>7</sup>Humphrey , cited in A.H. Robertson, Human Rights in the World(Manchester: Manchester University Press, 1972), p.28.

<sup>8</sup>General Assembly Resolution, n.3.

<sup>9</sup>United Nations Action in the Field of Human Rights (New York: United Nations Publication, 1988), p.26.

<sup>10</sup>Ibid., p.37.

to strive for the promotion and observance of the rights and recognises that "In accordance with the Universal Declaration of Human Rights, the ideal of free human being enjoying civil and political freedom and freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his civil and political rights as well as his economic, social and cultural rights."

Likewise, one may find great similarity in the provisions of articles 1,3 and 5 of both the covenants . Both covenants, inter alia , these articles accord recognition to the most fundamental civil, political, economic, social and cultural rights of human beings, so that he may lead a better life. Article 1 of both covenants stresses the universal character of the right to self-determination and calls upon states to promote the realisation of, and respect for, that right. Again, article 3 of both covenants reaffirms the equal rights of men and women. Lastly, article 5 in both cases , provides safeguards against the destruction and misinterpretation of any provision of the covenant as a means of justifying infringement of a right or freedom.

But there are two basic differences between both the covenants.<sup>11</sup> Firstly, the differences between them may be

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<sup>11</sup> Philip Altson, "Implementing Economic, Social and Cultural Rights: The Functions of Reporting Obligations", Bulletin of Human Rights (New York: United Nations), 89/1, March 1990, p.6.

manifested in terms of the type of responses in pursuing efforts to ensure. These differences may be observed in matters, such as: the systematic implications of the problems and their root causes, the impact of the international economic climate, the effectiveness and so on. Secondly, the implementation mechanisms of the civil and political rights differ from those of the economic, social and cultural rights.

The Covenant on Civil and Political Rights provides for the establishment of a Human Rights Committee (hereafter referred to in the present covenant as the Committee (Article 28/1) and it was established in 1977. It consists 13 members of "high moral character and recognised competence in the field of human rights" (Article 28/2). In addition, it also incorporates an important provision under which "... A state party claims that another state party is not fulfilling its obligations under the covenant"(Article 41). On the other hand, the ECOSOC is vested with the responsibility of implementing the International Covenant on Economic, Social and Cultural Rights.

Furthermore, the Optional Protocol to the International Covenant on Civil and Political Rights empowers the Human Rights Committee "to receive and consider... communications from individuals claiming to be victims of violations of



any of the rights set forth in the covenant"

### Provisions Concerning Disability

Under the impact of all these developments in the domain of human rights, the campaign for prevention of disability and the rehabilitation of the disabled gained momentum . It was realised that specific steps should be initiated through international instruments for assigning the status of equality to disabled persons.

Even though it is a fact that prior to the inception of the United Nations, steps were initiated for the prevention of disability and the rehabilitation of the disabled under the auspices of the League of Nations, especially by ILO on international level. Paradoxically, the UN charter does not specifically refer to the obligations of the world community towards disability. However, it includes many specific provisions concerning rights of deprived and weaker sections. While the Universal Declaration of Human Rights as well as the International Covenant on Economic , Social and Cultural Rights embodies many specific provisions for the amelioration of the disabled and destitute persons.

Article 2 of the Universal Declaration of Human Rights explicitly provides that "Everyone is entitled to

all the rights and freedoms set forth in this Declaration without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". Article 5 proclaims that, "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment". Further article 6 states that "Everyone has the right to recognition everywhere as a person before the law". This implies that any discrimination can not be justifiable merely on the ground of disability. Moreover, article 22 stipulates that "Everyone... has the right to social security and is entitled to realisation through national effort and international co-operation and in accordance with the organisation and resources of each state". But the most explicit manifestation of the obligations of states towards disabled persons may be discernible in article 25 of the Declaration. It categorically stipulates that "Everyone has the right to a standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

Similarly, under article 12 of the Covenant on Economic, Social and Cultural Rights, the states parties recognise

the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. It further provides that the states shall initiate necessary measures for the prevention, treatment and control of epidemic, endemic, occupational and other diseases.

### International Resolutions and Declarations on Disability

The United Nations came into existence in 1945. since then, in collaboration with other international bodies as well as governmental and non-governmental agencies, it has been actively involved in the rehabilitation of disabled persons. The first UN initiative in this regard was the adoption of a resolution in 1950 by the Economic and Social Council (ECOSOC) regarding 'Social Rehabilitation of Physically Handicapped'.<sup>12</sup> The ECOSOC, inter alia, this resolution requested the Secretary General to "plan jointly with specialised agencies and in consultation with interested non-governmental organisations, a well-coordinated programme for the rehabilitation of physically handicapped persons."<sup>13</sup> Accordingly, a Technical Group, consisting of experts from various fields, was created. The Technical Group prepared a report which was endorsed in 1952 by the Social Commission as well as the ECOSOC.<sup>14</sup> The most important

<sup>12</sup>ECOSOC Resolution, 309 E(x1), 13 July 1950.

<sup>13</sup>Rehabilitation of the Handicapped (New York : United Nations Department of Social Affairs, 1953), p.3.

<sup>14</sup>W.Scott Allan, Rehabilitation: A Community Challenge (New York: John Wiley and Sons, 1958), p.215.

contribution of this document lies in the fact that it created greater understanding and co-operation among the voluntary organisations for the rehabilitation of disabled persons. Thus this document could be regarded as a milestone in the field of rehabilitation of the disabled.

Notwithstanding all these measures, it was only after 15 years that the ECOSOC adopted another resolution on 30 July 1965 on the Rehabilitation of Disabled Persons.<sup>15</sup> This shows the concern of the international body towards assigning the status of equality to the disabled and their proper placement in society. It will not be wrong to assert that except rhetorics, these measures could not go a long way in solving the problems of the disabled. However, these measures determined the future course of action in this regard.

But the most systematic effort to accord the status of equality to the disabled persons may be found in three declarations adopted since 1971. The Social Committee submitted a resolution to the Economic and Social Council (ECOSOC), which, in turn adopted the resolution on 21 May 1971 and brought it to the attention of the General Assembly<sup>16</sup>. Accordingly, the General Assembly

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<sup>15</sup>ECOSOC Resolution, 1086 K(XXXIX) 30 July 1965.

<sup>16</sup>ECOSOC Resolution, 5029(XXVI), 21 May 1971.

at its twenty-sixth session, on 20 December 1971 adopted and proclaimed the Declaration on the Rights of Mentally Retarded Persons.<sup>17</sup> Among other things, it ensures the equal rights to the mentally retarded persons to the maximum degree of feasibility. But since, this declaration was confined to the mentally retarded persons, it failed to provide an integrated framework for the rights of all categories of disabled persons.

The ECOSOC , at its fifty-eighth session on 6 May 1975, adopted a resolution on the 'Prevention of Disability and Rehabilitation of Disabled Persons.'<sup>18</sup> The ECOSOC , inter alia, this resolution drew the global attention towards the magnitude of the problem of disability and requested member states to take progressive legislative measures to facilitate the prompt identification and prevention of disability.

This was followed by a General Assembly Declaration on the Rights of Disabled Persons, which is considered to be the sheet -anchor of all national action. The General Assembly adopted this Declaration at its thirtieth session on 9 December 1975.<sup>19</sup> The most striking fact about this declaration is that it offers functional definition of disability. At the same time, it touches almost all aspects

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<sup>17</sup>General Assembly Resolution 2856(xxvi), 20 December 1971

<sup>18</sup>ECOSOC Resolution , 1921 (LVIII), 6 May 1975.

<sup>19</sup>General Assembly Resolution, 3447 (XXX) , 9 December 197

of the life of disabled persons. This declaration incorporates a wide-range of rights of disabled persons. The rights set forth in this declaration are as follows -

- " Disabled persons shall enjoy all the rights set forth in the Declaration. These rights shall be granted to all disabled persons without any exception and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person or to his or her family.
- Disabled persons have the inherent right to respect for their human dignity. Whatever the origin, nature and seriousness of their handicaps and disabilities, they have the same fundamental rights as their fellow citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.
- They have the same civil and political rights as other human beings.
- They are entitled to measures designed to enable them to become as self-reliant as possible.

- They have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten their social integration or re-integration.
- Disabled persons have the right to economic and social security and to a decent standard of living. They have the right, according to their capabilities to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.
- They have the right to live with their families or foster parents and to participate in all social creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by his or her condition or by the improvement which he or she may derive therefrom.

- Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.
- They shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account. "20

Thus, a perusal of the above declaration gives the impression that it seeks to guarantee a number of rights to the disabled persons in a global perspective. It is noteworthy that the United Nations has tried to rectify the shortcomings of its earlier Declaration on the Rights of Mentally Retarded Persons and adopted a broader framework. Therefore, it would not be an exaggeration to term it as the 'Magna Carta of the disabled people of the world.'

The ECOSOC, at its fourteenth plenary meeting on 9th May 1979, adopted a resolution on the Rights of Deaf-Blind persons. Article 1 of the Declaration lays

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Ibid.



down its basic principle". "Every deaf-blind person is entitled to enjoy the universal rights that are guaranteed to all people by the Universal Declaration of Human Rights and the rights provided for all disabled persons by the Declaration on the Rights of Disabled Persons".<sup>21</sup>

On 16 December 1976, the General Assembly recommended that all member-states should bear in mind the principles and rights enunciated in the Declaration in working out the policies, plans and programmes.<sup>22</sup> With a view to focussing global concern towards the problems of disabled persons, the General Assembly proclaimed the year 1981 as the International Year of Disabled Persons (IYDP)<sup>23</sup>. The main objectives of the IYDP were to promote and support effective measures for the prevention of childhood disabilities, encouragement for positive attitude towards disabled children and fuller participation and integration of disabled persons in society and development of adequate rehabilitation programmes.<sup>24</sup> In short, the IYDP was

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<sup>21</sup> United Nations Actions ..., n.9, p.254.

<sup>22</sup> Ibid.

<sup>23</sup> General Assembly Resolution, 31/123 ( XXXI ),  
16 December 1976.

<sup>24</sup> United Nations Action, n.9, p.253.

designed to reflect the gravity of the problem to the world over. It aimed at reminding the world community their duties and responsibilities towards their less fortunate fellow beings.

The General Assembly, at its thirty-second session set up a 15-member Advisory Committee to plan the observance of IYDP. The membership was further increased to 23 at its thirty-third session by the General Assembly.<sup>25</sup>

On 17 December 1979, the General Assembly approved the recommendations of the Advisory Committee and adopted them as the Plan of Action for the year.<sup>26</sup> Moreover, it decided to expand the theme of the year to "Full participation and equality".

In 1980, the General Assembly recommended that UN System and Member-States should concentrate themselves to the participation of disabled persons in the activities undertaken during the IYDP.<sup>27</sup>

Meanwhile the Advisory Committee formulated a World Programme of Action Concerning Disabled Persons and submitted to the General Assembly.<sup>28</sup> Accordingly, the General Assembly adopted it by a resolution on 3 December 1982

<sup>25</sup> Ibid.

<sup>26</sup> General Assembly Resolution 34/154 (XXXIV) , 17 December 1979.

<sup>27</sup> The United Nations..., n.6, p.115.

<sup>28</sup> United Nations Action ..., n.9, p.253.

Simultaneously, it also called for implementation of the resolution and designated the period 1983-1992 as the United Nations Decade of Disabled Persons.<sup>29</sup> The main purpose of the World Programme of Action concerning Disabled Persons is to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of "full participation" of disabled persons in social life and development, and of "equality". This means that the disabled are entitled to the opportunities equal to those of the whole population and equal share in the improvement in living conditions resulting from social and economic development. These concepts should apply with the same scope and with the same urgency to all countries, regardless of their level of development.

But so far as the reality is concerned, disabled persons are very often denied the opportunities of full participation in the activities of the socio-cultural system of which they are a part. This deprivation comes about through physical and social barriers that have evolved from ignorance, indifference and fear. Highlighting this fact an American political scientist has succinctly observed that "In an era permeated by assumptions that equate disability with biological inferiority, the notion that

<sup>29</sup>The United Nations..., n.6, p.115.

disabled and nondisabled citizens could ever occupy positions relative equality might appear problematic"<sup>30</sup> Generally , the disabled are confronted with various problems in their day to day life. These problems are the major stumbling-block in the 'full participation' of disabled persons in social life and development as well as of equality. Broadly , the problems may be enumerated as follows -

Firstly , the social perception and behaviour very often lead to the alienation of disabled persons from socio-cultural life. Generally, people tend to avoid contact and personal relationships with those who are disabled. The pervasiveness of the prejudice and discrimination affecting disabled persons and the degree to which they are excluded from normal social intercourse produce psychological and social problems for many of them.

Secondly, the professional and other service personnel with whom disabled persons come into contact fail to appreciate the potential for participation by disabled persons in normal social life . Thus they do not contribute to the integration of disabled individuals

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Harlan Hahn , "Disability Policy and the Problem of Discrimination", American Behavioural Scientist, Special Issue on 'Disability and Rehabilitation Policy', Vol 28, No.3, January/February 1985, pp.311-312.

and other social groups.

Thirdly, as a result of these barriers, it is often difficult, if not impossible for disabled persons to have close and intimate relationships with others. Marriage and parenthood are often unattainable for people who are identified as "disabled", even when there is no functional limitation to preclude them. The needs of mentally handicapped people for personal and social relationships, including sexual partnership, are now increasingly recognized.

Fourthly, most of the disabled persons are not only excluded from the normal social life of their communities but in fact confined in institutions. While the leper colonies of the past have been partly done away with and large institutions are not as numerous as they once were, far too many people are today institutionalised when there is nothing in their condition to justify it.

Lastly, many persons with disabilities are excluded from active participation in society because of doorways that are too narrow for wheel-chairs; steps that cannot be mounted leading to buildings, buses, trains and aircraft; telephones and light switches that cannot be

reached ; sanitary facilities that cannot be used. Likewise , they can be excluded by other types of barriers, for example oral communication which ignores the needs of the hearing impaired and written information which ignores the needs of the visually impaired persons. In fact, such barriers arise from ignorance and lack of concern. Despite the fact that most of these barriers could be eliminated by careful planning, some of these barriers still prevail in various parts of the world, especially in the Third World countries. Though some countries have enacted legislation and launched campaigns of public education to eliminate such obstacles, the problem remains a crucial one.

Thus from the above brief discussion of the full participation and equality of disabled persons, it is clear that a person is handicapped when he or she is denied the opportunities generally available in the community that are necessary for the fundamental elements of living. Our experience shows that it is largely the environment which determines the effect of an impairment or a disability on a person's daily life. It is gratifying to note that the disabled persons have now started to unite in organisations as advocates for their own rights

to influence decision-makers in Governments and all sectors of society. In view of their vital importance in the process of participation, it is imperative that their development be encouraged.

In addition, the General Assembly encouraged Governments to observe national days for the disabled. It also requested international organisations and funding bodies to attach higher priority to human resource development. The World Health Organisation was entrusted with the task of reviewing its earlier definitions of impairment, disability and handicap in consultation with the organisations of disabled persons.<sup>31</sup>

In fact, the scope of the United Nations interest in the field of the prevention of disability and the rehabilitation of the disabled is very wide. Besides, the major UN organs, a number of other specialised agencies and non-governmental organisations as well as voluntary organisations are also playing an important role in this regard. It is not possible to go into the details of the activities of those organisations. However, their activities may be summarised as follows-

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<sup>31</sup> Ibid.

ILO - As has been discussed earlier, the International Labour Organisation (ILO) is the oldest of the specialised agencies, actively involved in the rehabilitation of disabled persons ever since 1921. It is mainly concerned with the prevention of industrial accidents and occupational diseases as well as with the vocational guidance, training and placement of the disabled and social security. Its major activities in the field are : establishment of international standards for vocational rehabilitation, research and publication , technical assistance , seminars and demonstrations.

UNESCO - The United Nations Educational, Scientific and Cultural Organisation (UNESCO) was started in 1944 and since then it has been actively participating in the promotion of education among disabled persons. Its gift coupon plan has provided material and equipment for the education of the disabled children in several countries. In co-operation with WHO, UNESCO is engaged in studying the role of the disabled in socio-economic life.

WHO - The World Health Organisation (WHO) which was set up in 1948, is primarily concerned with preventive medicine, public health and medical care. It has undertaken an evaluation of the global situation of disabled persons and brought out so many publications concerning the prevention of disability.



UNICEF - The United Nations International Children's Emergency Fund (UNICEF), established in 1946, provides equipment to various nations for the rehabilitation of the disabled children. It has contributed materially to the general level and health of the children throughout the world. It is giving high priority to the needs of disabled children during International Year of Disabled Persons.

In addition, other international bodies concerned with the rehabilitation of the disabled include the United Nations Development Programme (UNDP), Food and Agricultural Organisation (FAO), the United Nations Industrial Development Programme (UNDP), Food and Agricultural Organisation (FAO), the United Nations Industrial Development Organisation (UNIDO) and the Office of the United Nations High Commissioner for Refugees (UNHCR) etc. Besides, there are many other non governmental international bodies, deeply involved in the rehabilitation of the disabled. Of all these non governmental organisations, the role of Rehabilitation International and Rotary International are the most important.

#### Implementation Measures

Though as of now, no international body is specifically charged with the responsibility of implementing the UN instruments, The most important reason is that the

global concern for the integration of disabled persons has yet not been articulated in the form of conventions. The UN activities in this regard have been so far confined to the adoption of resolutions and declarations. However, the Sub-Commission on the Prevention of Discrimination and Protection of Minorities is the most important body dealing with the violation of the rights of disabled persons. The Sub-Commission consists of 26 members . It meets each year for a period of three weeks.

The Sub-Commission has set up a number of subsidiary Working Groups and appointed special rapporteurs on individual country situations as well as on thematic issues. Here it is worth mentioning that the Sub-Commission has not yet established any Working Group on disability.

Each of the Working Group submits its report to the Sub-Commission for consideration . On some questions, including those relating to the discharge of its functions, the Sub-Commission adopts its own resolutions and decisions. While in other situations, it prepares draft resolutions and decisions for consideration by the Commission on Human Rights and the ECOSOC . The Sub-Commission submits a report on the work of each session to the Commission

The Sub-Commission on Prevention of Discrimination and Protection of Minorities, at its 1982 session recognised the relation between disability and human rights.<sup>32</sup> Further in 1983, it urged the Commission on Human Rights to identify human rights problems of disabled persons in collaboration with their respective governments.<sup>33</sup>

On 24 May 1984, the ECOSOC adopted a resolution and expressed its deep concern over the serious violations of the human rights of disabled persons.<sup>34</sup> The ECOSOC is of the view that such violations often lead to temporary and permanent disability. Therefore, the Secretary General was requested to obtain views of the concerned international organisations for finding devices of preventing such violations of the human rights of the disabled.

On 29 August 1984, the Sub-Commission on Prevention of Discrimination and Protection of Minorities appointed Mr. Leandro Despouy as a Special Rapporteur<sup>35</sup> to make a detailed study of the casual linkage between gross

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<sup>32</sup> The United Nations ... n.6, p.116.

<sup>33</sup> Ibid.,

<sup>34</sup> ECOSOC Resolution, 1984/26 , 24 May 1984.

<sup>35</sup> Sub-Commission on Prevention of Discrimination and Protection of Minorities Resolution, 1984/20 (29 August 1984).

violations of human rights and disability. He was also asked to examine the progress made to alleviate the problems of disabled persons. He submitted a preliminary report to the Sub-Commission at its thirty-eighth session in 1985.<sup>36</sup> The report says that "The discrimination to which disabled persons are subjected not only constitute a violation of human rights, but also, in most cases, aggravates the disabled".<sup>37</sup>

In order to prevent such violation of the rights of disabled persons, the Special Rapporteur, in his report, suggested to strengthen legal instruments and establish control mechanisms. After examining the preliminary report, the Sub-Commission requested the Special Rapporteur to continue his work. He was asked to submit a progress report for the consideration of the Sub-Commission at its fortieth session.

Thus , the foregoing analysis of the human rights provisions of the Charter of the United Nations and various UN instruments, suggests that the UN has made significant strides in its endeavour to set the highest possible international standards in the field of human rights. In fact, human rights issues are at the heart

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<sup>36</sup>The United Nations Action, . . . , n.9, p.254.

<sup>37</sup>Ibid.

of the entire UN system. Every United Nations body, irrespective of its specific assignment, is oriented to the ultimate goals of the organisation in mind - i.e. the protection and promotion of world peace and of human rights.

However, as far as the rights of disabled persons are concerned, no international body has so far been exclusively vested with the responsibility of monitoring the implementation of the UN instruments in this regard. The United Nations and other international bodies may only provide guidelines for the promotion of rights of disabled persons. The main task of integrating and rehabilitating disabled persons rests with the respective member states. In brief, it may be added that unless the disabled are assigned the status of equality in society the promotion of their rights will remain mere a myth. Hence, the next chapter deals with the rehabilitation of the disabled.

Chapter - VREHABILITATION OF THE DISABLED :  
PROSPECTS AND CHALLENGES

As we have discussed in the preceding pages the United Nations role in the promotion of human rights and the rehabilitation of disabled persons, several measures have been initiated in this regard by the United Nations and other international bodies - both governmental and non-governmental. Nonetheless, the situation of disabled persons in almost all societies is abysmal. The disabled cannot live in tribulation and deprivation for long. It is the responsibility of the community to restore them to a fuller and productive life. But this goal cannot be easily achieved. It requires the concerted and planned effort as well as manpower mobilisation on the part of the community, the policy-makers and the statesmen. In fact, the underlying assumption behind the concept of rehabilitation is the alleviation of such deprived people. Therefore, here we intend to elucidate the legislative measures taken by various countries specifically, and how the process of rehabilitation has been undertaken and with what results. But before discussing these aspects, a brief recapitulation of the concept of 'rehabilitation' is necessary.

### What is Rehabilitation?

There is a great deal of controversy among scholars and national as well as international agencies regarding the definition of the term 'rehabilitation'. Basically, there are two widely accepted definitions<sup>1</sup> of rehabilitation, one with a purely medical connotation, which views rehabilitation as assisting all those medical measures which expedite recovery. These measures are, for the most part, in the field of physical medicine and are employed as supplements to the specific medical or surgical treatment prescribed by a doctor or a therapist. Rehabilitation, according to the second definition, is the restoration of the disabled to the fullest physical, mental, social and vocational and economic usefulness of which he or she is capable. In other words, rehabilitation is a goal-oriented and time-bound programme, which aims at enabling an impaired person to reach an optimum mental, physical or social-functional level.

### Legislative Measures in a Global Perspective

So far as the question of legislative measures for the rehabilitation of disabled persons is concerned, the first

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<sup>1</sup> ILO, cited in S. Krishnaswamy, "Role of Development in the Aid of the Handicapped", The Indian Journal of Social Work, Vol. LI, No. 1, January 1990, p.170.

governmental step in this direction was initiated by the Germans. In May 1918, the 'Reichstag' (the German Parliament) passed an Act compelling all firms with not less than fifty workers to employ at least 2 percent of men disabled in war and industry.<sup>2</sup> This was followed by the United States in 1920, when the Federal Government passed the Industrial Rehabilitation Act. This Act explicitly provided for "promotion, by the Federal Government of vocational rehabilitation of persons disabled in industry, or otherwise, and their return to civil employment"<sup>3</sup> In the United Kingdom, the King's National Roll Scheme was introduced in 1919 to encourage employers to hire a quota of disabled ex-servicemen.<sup>4</sup> The scheme was voluntary, but those employers who fulfilled their obligations were given priority in the allocation of government contracts. Viewed in this sense, a comprehensive rehabilitation

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<sup>2</sup>Usha Bhatt, The Physically Handicapped in India: A Growing National Problem (Bombay, Popular Book Depot, 1963), p.169.

<sup>3</sup>Cited in Ibid.

<sup>4</sup>Ibid.



scheme was introduced in the United Kingdom in 1944 with the passing of the Disabled Persons Employment Act.<sup>5</sup> This Act, for the first time, incorporated provisions for the registration of disabled persons, an employment quota scheme, reservation of jobs and provisions for sheltered workshops. Moreover, it provided for the establishment of a National Advisory Council on Employment of Disabled Persons (NACEDP) and local committees to advise and assist the Secretary of State and the Manpower Services Commission (MSC) in matters relating to the employment of the disabled persons.

The Second World War marked a turning-point in the rehabilitation of the disabled . Immediately after the war, the rehabilitation of disabled persons found expression in the national constitutions and basic laws of so many countries like Finland, Austria, Japan, Netherland , Switzerland and France.<sup>6</sup> The constitutions and basic laws of these countries articulated a number of rights for the disabled citizens. The most prominent among these rights are the right to work , the health -care,

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<sup>5</sup>Vocational Rehabilitation Services for Disabled Persons (Geneva: ILO, 1983), p.104.

<sup>6</sup> Ibid.

the right to assistance in case of severe illness or impairment, the right to rehabilitation and others. However, these provisions lacked conceptual clarity and all the laws and regulations concerning the disabled were primarily shaped by professionals, who generally tended to promote the interests of the disabled people along disease-oriented categorical lines. The disabled were, by and large, excluded from the policy-making processes

It is noteworthy that all these developments in the field of rehabilitation legislation generated the feeling of resentment and disappointment among the disabled. They now felt that they belong to a minority group. The emergence of the 'Disability Rights Movement' during the 1970s in the United States and at other places provides a good example of this.<sup>7</sup> The advocates of this movement tried to find out their analogy with other minority groups, that had launched similar movements during 1960s in different parts of the world. Although, statistics were flawed by definitional problems, there was abundant evidence to substantiate this formulation

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<sup>7</sup> Harlan Hahn, "Disability Policy and the Problem of Discrimination", American Behavioural Scientist, Special Issue on 'Disability and Rehabilitation Policy', Vol. 28, No.3, January-February 1985, pp. 299-300.

of the problem. The disabled persons had the highest unemployment rate. The largest population of the disabled lived in abject poverty. Most of the disabled persons had been subjected to rigid patterns of segregation in education, transportation, housing, and other areas of life. Even so called 'architectural barriers' and 'institutionalisation' often precluded contacts between the disabled and their fellowmen in public accommodations.<sup>8</sup> Thus, the arguments of the advocates of the 'Disability Rights Movement' were more or less valid.

In the subsequent years, the movement had wide-ranging impact on the policy-formulations of different countries of the world. The defence of minority rights can be found embodied in the laws of different countries, some of which guarantee to the disabled persons the right to equal opportunities in education, in employment, the right to physical access, and to protection against discriminatory measures. "Other innovative provisions impose upon employers and organisations, the obligation to establish 'positive policies' or 'affirmative action programmes', etc. to promote the integration of disabled persons".<sup>9</sup>

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<sup>8</sup> Ibid., p.300.

<sup>9</sup> Vocational Rehabilitation ..., n.5, p.116.

These changes have led to a remarkable shift in the rehabilitation policies of various countries. Since 1970s , many countries, notably the industrialised countries, have widened the scope of rehabilitation services so as to cover larger numbers of disabled persons. This includes statutory amendments or supplementary legislation as well as administrative measures, to decentralise services so that they may be available to the rural disabled. Some developed countries have gone to the extent of expanding eligibility requirements in order to include migrant foreign workers, who had become disabled.<sup>10</sup>

The United Nations Declaration on the Rights of Disabled Persons (1975 ) further signalled the global concern for national and international action for the disabled. The links between vocational rehabilitation services and social insurance systems , which in the industrialised countries were established in the beginning of this century, have been consolidated . Many developed countries have strengthened specialised guidance, training and employment services for the disabled. The Employment and Training Act 1973 of the United Kingdom<sup>11</sup> is a case in point. By this law, the Manpower Services Commission was made

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<sup>10</sup> Ibid.

<sup>11</sup> Ibid., p.104.

responsible for providing training and placement services to the disabled. Similar provisions were adopted in the Comprehensive Employment and Training Act 1973 of the United States.<sup>12</sup> In addition, some other countries like Denmark and USSR, have also enacted legislation regarding special training centres and workshops for the disabled.<sup>13</sup>

A number of European countries , particularly those in scandinavia , have pioneered programmes in this regard. In these countries, the government departments, employers, trade unions and voluntary organisations assist disabled persons to safeguard the jobs of those who become , or are at risk of becoming , disabled(e.g. Adjustment Group system in Sweden). The United States and some other countries have regulated the placement of disabled job-seekers into general employment. In certain other countries , government departments provide incentive to employers in this regard.<sup>14</sup>

As far as the legislative provisions for the disabled persons in India is concerned, the very Constitution of India imposes upon the state the responsibility to

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<sup>12</sup> Ibid., p.109.

<sup>13</sup> Ibid., p.118.

<sup>14</sup> Ibid.,

ensure the disabled and deprived persons, the right to work , education, and public assistance. Here, it is interesting to note that all these provisions of the Indian Constitution are embodied in the Directive Principles of State Policy which provide all citizens the right to an adequate means of earning a livelihood and promise to protect children and youth against exploitation and moral and material abandonment.

Article 41 stipulates that the State shall, within the limits of its economic capacity and development , make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, sickness and disability.

Article 46 further provides that the state shall promote with special care , the educational and economic interests of the weaker sections of the people and shall protect them from social injustice and all forms of exploitation.

The state, therefore, is expected to provide adequate opportunities for obtaining medical treatment , education and training, gainful employment and social rehabilitation. It is a matter of deep regret that upto now , any comprehensive legislation has not been enacted in this

regard. But special laws are now on the anvil to ensure statutory protection and employment for the disabled. A draft bill prepared by the Ministry of Social Welfare incorporates many recommendations of the Baharul Islam Committee, which had suggested in its report submitted on June 30, 1988 that the Constitution be amended to reserve the following for handicapped people-

- "Four percent of government jobs at all levels.
- Four percent jobs in all public sector units.
- Four percent jobs in all private sector units with more than 100 employees.
- Three percent executive jobs in all private sector establishments with over 100 employees.
- Four percent seats in all government colleges and schools".<sup>15</sup>

The committee further recommended that welfare of the disabled be brought under the concurrent list (it is presently on the state list) and retirement age for them be extended by five years.

The Prime Minister Mr. V.P. Singh has recently given assurance that a legislation would be brought forward in the coming session of the Parliament to provide "legal sanction" to reservation of jobs for the disabled so that it <sup>may</sup> become "justiciable". The legislation will also cover other welfare measures for the disabled.<sup>16</sup>

<sup>15</sup> Ramindar Singh, "The Handicapped Getting their Due", India Today, November 30, 1988, p. 187.

<sup>16</sup> Times of India (New Delhi), July 30, 1990.

In spite of all these legislative measures taken by various countries, the overall situation of the rehabilitation of disabled persons is not satisfactory in almost all countries. The most disturbing fact is that the population of disabled persons is constantly increasing at an alarming rate.

### Process of Rehabilitation

As noted earlier, the concept of rehabilitation is very broad. The process of rehabilitation of disabled persons involves basically three aspects. They are : physical rehabilitation , vocational rehabilitation and psycho-social integration. These three aspects are so much interlinked with each other that any type of compartmentalisation between them will not be desirable. Therefore, it seems relevant to discuss these three aspects separately.

#### A. Physical Rehabilitation

Physical rehabilitation of the disabled is the first and most important part of the whole process of rehabilitation. It is, indeed, a comprehensive programme of rehabilitation, which aims at improving the functional loss caused by disability. Physical rehabilitation has mainly two stages - prevention of disability and restoration of the disabled.



Prevention of disability: The first phase in the process of physical rehabilitation of disabled persons is the prevention of disability. The process of rehabilitation usually starts with the onset of disability. Therefore, it would not be wrong to designate it as the 'key to the rehabilitation process'. From the view-point of a nation's total economy and well-being of the mass citizens preventive measures deserve the highest priority. However, it must be pointed out that the methods of disability prevention are numerous and varied. Sometimes, the method may be a specific one, directly attacking the cause of a disease; for instance vaccination or inoculation. In other situations, the goals of prevention can be achieved by community education, early detection, awareness creation campaign, genetic counselling and so on. The whole strategy for disability prevention may be roughly put in the following sub-headings:

- i. Immunization - This is one of the most powerful and effective means of the prevention of disability. It is all the more necessary because the diseases like polio, measles, tetanus, whooping cough, diphtheria, neo-natal and tuberculosis are still taking a horrible toll in the developing societies. According to an estimate more than 40 million children in the world are affected by polio virus. But this data is not constant. About

2,00,000 children become disabled in the world every year by polio.<sup>17</sup> Similarly, measles which kills only some two of each 10,000 cases in the United States, kills two per 100 cases in the developing world. This figure may be more in mal-nourished populations. Whooping cough is another major killer, particularly in the age-group of less than six months. Tetanus, diphtheria and tuberculosis can be viewed as other challenging problems in the Third World Countries. It is, indeed, tragic that about five million children die and another five million become impaired every year because of these six vaccine-preventable diseases.<sup>18</sup>

The World Health Organisation (WHO) , as part of its global efforts , launched the Expanded Programme on Immunization(EPI) in 1974. This programme aims at minimising the occurrence of these diseases by 1990. Subsequently, this programme has been followed by all countries. It is heartening to note that two-thirds of all the children in the developing world have already been covered by vaccines and approximately two million lives are being saved each year.<sup>19</sup>

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<sup>17</sup>Ruth Landy's Interview with Dr. Ralph Henderson, "Polio Eradication: Part and Parcel of EPI", World Health, December 1989, p.6.

<sup>18</sup>Ralph H. Henderson, "Vaccine -Preventable Diseases: The Role of Immunization Services", in Sir John Wilson(ed). Disability Prevention : The Global Challenge(OUP, 1983), p.10.

<sup>19</sup>The State of the World's Children 1990 (New Delhi: UNICEF) , pp. 17-18.

The most important consequence of all these preventive measures is that the incidence of polio has been considerably brought under control in developed countries. But developing countries like India are still in its grip. The immunisation against other diseases has also not produced desired results, especially in the Third World Countries. Measles are still taking a heavy toll of 1.5 million young lives every year.<sup>20</sup> Similar is the case with tetanus. The coverage of pregnant women in the developing world stands even today at less than 30%<sup>21</sup>. This is because the number of recorded tetanus cases among women and new born babies has fallen very little in the 1980s.

In 1985, the Rotary International, a non-governmental organisation, launched its world-wide campaign against polio. As of now, the Rotary Foundation of Rotary International has allocated more than \$ 12 million for polio immunisation programmes in 26 countries, including India to protect more than 87 million children.<sup>22</sup>

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<sup>20</sup> Ibid., p.18.

<sup>21</sup> Ibid.

<sup>22</sup> Rotary Foundation, " Polio Plus Programme : Criteria for Funding of Polio Immunization Programme", Assignment Children , Vol No. 69-72, 1985, p.187.

Despite all these measures, the challenge of immunization seems to be great. But the promise is even greater. In fact, the elimination of all these diseases constitutes a major contribution to the prevention of infant and childhood disability.

ii. Nutrition : There is inter-relationship between malnutrition and certain disabilities for which malnutrition is widely acknowledged as the causative factor. According to Dr. Ramalingaswami, there are primarily four nutritional disorders of the developing world, which lead to widespread impairment and disability.<sup>23</sup> The first and most intractable of them is protein - energy malnutrition (PEM). The second problem is endemic goitre. The third nutritional problem is Xerophthalmia, which leads to blindness. The fourth and last nutritional condition is nutritional anaemia.

The debilitating effects of nutritional deficiency on children need no elaboration. The most striking of all the nutritional deficiency disorders is blindness caused by vitamin A deficiency and this has assumed serious proportions. According to a UNICEF estimate,

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<sup>23</sup>V. Ramalingaswami, "Malnutrition", in Wilson, n. 18, pp. 21-22.

about a quarter of a million children become permanently blind every year and another quarter of a million have their eye-sight impaired by the lack of Vitamin A.<sup>24</sup> Another nutritional deficiency, which is not widely known as Vitamin A deficiency is iodine deficiency. This affects mostly children living in mountainous or flood prone areas, where iodine is leached from the soil. Lack of iodine can lead to 'cretinism' , a metabolic condition, resulting from the marked deficiency of the thyroid gland functions, which if not detected in time, can lead to progressive mental retardation. The solution to the problem of iodine deficiency is not hard to find. What is required is the use of iodised salt, in lieu of ordinary salt.<sup>25</sup>

It is worth-mentioning in this connection that there have been numerous studies to indicate the relationship between nutrition and the rate of growth during childhood . However, there is a paucity of precise data on the number of persons effected by malnutrition . Thus , it is quite difficult to arrive at an estimate of those disabled due to malnutrition or undernutrition.

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<sup>24</sup>The State... , n.19, p.34.

<sup>25</sup>Krishnaswamy, n.1, pp. 168-69.

iii. Maternal, Child Health and Obstetric Practices

The other causes of disability in the developing societies are related to pre-natal, peri-natal and post-natal care, as well as to the kind of obstetric practices employed at the time of delivery. Lack of immunisation of the pregnant mother, renders the new-born infant more susceptible to all communicable diseases which result in various disabling conditions.<sup>26</sup> Infectious diseases like rubella (German measles) , if contracted by the pregnant mother, may damage the developing infant and cause mental retardation or other disabilities. Exposure to radiation, such as X-rays by the mother can also cause some kind of congenital malformation of the brain or some infection in the new born infants. Low-birth weight (below 2.5 kg) of the new-born infant is yet another cause of disability. Low-birth weight occurs due to poor nutrition, which, in the long run, leads to the ill-health of the most of mothers.

It has been found that inappropriate obstetric practices and inappropriate neo-natal care can lead to neurological impairments. In developing countries, especially India, untrained mid-wives play an important role at the time of delivery. Some of the methods employed

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<sup>26</sup> Ibid., p. 169.

in certain parts of rural India are unhygienic , and they can hamper the normal development of babies, or even cause the imminent death of children.<sup>27</sup> Wyon and Gorden in their Khanna Study (1971)<sup>28</sup> highlighted the practice of cutting the umbilical cord of the new born infant with a rusted sickle, which leads to tetanus. Lack of tetanus-immunisation of the pregnant mother, along with low immunisation against DPT (Diphtheria, Pertussis and Tetanus) of the new-born, takes a heavy toll of infants in the developing countries. According to a UNICEF estimate, more than three quarters of a million new-born babies and innumerable young mothers fall a victim to tetanus every year in the Third World Countries.<sup>29</sup> All these pre-natal, peri-natal and post-natal related diseases can be successfully prevented by taking recourse to the immunisation of pregnant mother and elementary hygiene.

#### iv. Accidents and Hereditary Defects

Strangely enough , these two prominent causes of disability are such that are least under control,

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<sup>27</sup> Ibid.,

<sup>28</sup> Cited in Ibid.

<sup>29</sup> The State...., n. 19, p.24.

Although, there is quite lack of reliable data on the occurrence of disability due to accidents and hereditary defects, it may be surmised that both are the major causes of disability in the world.

Accidents are usually of two kinds - industrial and traffic . It is interesting to note that the western countries are more prone to industrial accidents, whereas the Third World Countries are mainly in the grip of traffic accidents. The most alarming fact is that deaths due to nutritional deficiencies and infections have reduced considerably in most of the developed countries. On the other hand , mortality rates due to accidents show a rising trend everywhere. According to a calculation,<sup>30</sup> about 1,60,000 industrial accidents occur everyday in the world, many of them leading to disability . Generally, women and young persons are more vulnerable to industrial accidents . Likewise, the statistical data collected from 58 countries suggests a death rate of 64 per 100000<sup>31</sup> .

Besides , disability may also result from other accidental factors ;such as, falling on roads or slipping

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<sup>30</sup> George Foggon, "Occupational Accidents" , in Wilson , n.18, p.47.

<sup>31</sup> Cited in A.Kaprio, "Injury" in Ibid, p.42.



indoors, crackers and other explosion and slipping over banana skins, etc. Environment also plays its role in causing specific type of disability. In mountainous regions, disability due to accidental factors are quite common. While animal and insect bites are common in forests and rural areas. In majority of cases, accidental injuries lead to the loss of limbs.

So far as the question of hereditary defects is concerned, it is very difficult to assess the magnitude of disability due to this factor alone because of lack of statistical data. However, it may be asserted that prevention of hereditary defects is feasible, only if the disorder is dominant. But any preventive measure can not be effective, if the disorder is recessible. The system of endogamous marriage (marriage with close relatives) which is prevalent in most of the communities of Southern India, also gives rise to genetic disorder.

Thus, it is clear that though the causes like accidents and injuries before or after birth, hereditary defects, traffic accidents, are not strictly under control; occurrence of disabilities due to these causes can be reduced to a large extent.

Restoration of the Disabled - This is the second stage in the process of physical rehabilitation. It means that every medical , surgical and auxiliary services should be used to reduce the impact of disability as far as possible. Restoration may eventually help the disabled in their vocational rehabilitation. In some situation, physical restoration may itself assume the form of vocational rehabilitation. In other situations, it is accompanied by vocational rehabilitation. Thus, there is co-relationship between them. The process of physical rehabilitation involves adequate training, evaluation of the working capacity of the individual, remedial gymnastics and prosthetics.

Notwithstanding so many obstacles, there is great scope for disability prevention and rehabilitation. Most of the disabilities are preventable, if enough precautionary and educative measures are followed.

#### B. Vocational Rehabilitation

The second phase of the process of rehabilitation of the disabled is the vocational rehabilitation. Work or employment has a psychological, social and economic value for the disabled. It instills in them the feeling of self-confidence. The social status of disabled individual is greatly determined by the nature of his job.

Therefore, the denial of job opportunities to them amounts to depriving them of their basic human rights. The framework of vocational rehabilitation evolved by the ILO feels this gap.

Here a pertinent question arises, What is meant by the vocational rehabilitation. Generally, the term 'vocational rehabilitation' is interpreted in two ways. Firstly, it is viewed as a collective title to describe all such facilities which are necessary for the restoration of the disabled to his normal working capacity. In the second place, it denotes the final outcome of the successful application of vocational facilities. In brief, vocational rehabilitation may be defined as a service necessary to render a disabled person fit to engage in a remunerative occupation.

The basic postulate behind the ILO framework of vocational rehabilitation is that if disabled persons are to take full advantage of their inalienable right to an equal share of employment opportunities with others, then every effort must be directed towards ensuring that the employment, they are offered, is within their physical or mental capacity. In fact, the ILO framework involves the total rehabilitation of disabled persons.

Besides vocational training and employment potential , it also focusses attention on medical, social, psychological and educational factors which determine the working capacity of disabled persons to a significant extent.<sup>32</sup>

As we have discussed in the third chapter, the ILO has played a vital role in the promotion of the vocational rehabilitation of disabled persons for a long time. The end-product of vocational rehabilitation is resettlement of disabled persons into gainful economic life. The ILO's field of activity encompasses all vocational aspects of the process of the rehabilitation. Over the years, it has provided the service of its experts to many third world countries.

As noted earlier, the placement of disabled persons got impetus during the second world war. The excellent performance of disabled persons during the second world war time gave it a new direction. Since then, much more attention has been paid to the vocational aspects of rehabilitation and in particular to developing vocational assessment and work preparation courses for the disabled. A number of countries have set up centres specifically designed for this purpose, or have combined the activities with the existing medical rehabilitation services.

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<sup>32</sup>World Programme of Action Concerning Disabled Persons  
United Nations Decade of Disabled Persons 1983-1992,  
(New York: United Nations, 1983), p.3.

As a matter of fact, the placement of disabled persons in job suited to their abilities is the goal of the whole rehabilitation process. But in actual practice, it is confronted with several obstacles. Successful placement of the disabled persons depends on several factors.<sup>33</sup> They may be roughly put up in three categories -

- i. Attitude of the community
- ii. Attitude of <sup>the</sup> disabled towards his disability;
- iii. The availability of services for the disabled with the society.

i. Attitude of the community - If a community accepts the potentiality of the disabled, the placement of disabled persons becomes easy. But, the society is generally so much in the grip of considering the disabled as non productive members that it is quite impossible for the disabled individual to be engaged in any active working life. Employers usually rationalise their feelings on economic grounds. Their reactions to the placement of disabled persons may be of three types. In the first place, they maintain that disability reduces productivity and hence an economic liability. Secondly, they are under the impression that disabled persons are more prone to accidents. Finally, they may be liable to employ the disabled only if the disabled persons are injured at work.

<sup>33</sup>Employment of Disabled Persons: Manual on Selective Placement (Geneva: ILO, 1984)pp. 41-45.

ii. Attitude of the Disabled towards his Disability 115

Attitude of the disabled greatly influences his placement. In any community where the disabled have been over-protected by their families, or have been given a negative role by the community it may be quite difficult to convince him of the benefits of vocational rehabilitation. In the case of persons, who have become disabled as a result of industrial, traffic or other accidents, there may well be some reluctance on the part of those persons to consider returning to work for fear that by doing so it may adversely affect claims for compensation or injury benefits. Thus, we see that the vocational rehabilitation of the disabled is co-terminus with his own self-perception. The disabled should have determination and perseverance to devote himself to work.

iii. The Availability of Services for the disabled within the society

Placement of the disabled persons can be successful only in the society of full employment. Severe unemployment or under-employment in a country creates the greatest obstacle to their placement. In such a situation, the disabled are relegated to the backwaters of working force. Hence, it is necessary to concentrate vocational rehabilitation on a few selected groups. The agriculture based community may offer good prospects of their placement in industrial enterprises, provided they are properly skilled in the job. Much can be accomplished by educating the public regarding the capabilities of the disabled.

From the above brief recapitulation of the vocational rehabilitation of disabled persons, we may come to the conclusion that unless the disabled are offered any work or employment,

their basic necessities of life cannot be fulfilled. Since abolition of disability is intimately attached with the abolition of underdevelopment, it is all the more necessary that due attention be given to the proper placement of the disabled persons, so that they may be self-reliant and supporting members of society.

C. Psycho-Social Integration of the Disabled - Psycho-social integration of the disabled is, perhaps, the most crucial stage in the process of rehabilitation. The physical and vocational rehabilitation measures cannot achieve the desired results, unless the disabled may feel themselves psychologically integrated and the society is willing to accept them as productive members. In other words, the rehabilitation of disabled persons depends greatly on their psycho-social integration.

There can be no denying the fact that handicap is mainly the 'social condition' imposed upon the disabled persons. The rehabilitation of the disabled is closely intertwined with his total integration into the society. Broadly, rehabilitation encompasses the whole process of adjustment and re-adjustment of the disabled individual in various spheres of life.

Of course, the disabled has to encounter many psycho-social problems in his day-to-day life. These problems are: feeling of inferiority, lack of self-confidence, fear of social ridicule and limited scope of social participation. In this way, the disabled has to bear a double burden of handicaps - 'social - handicap' in addition to his 'specific handicap'. In short, it may be observed that disability

brings in its wake so many adjustment problems. Therefore, any worthwhile attempt to rehabilitate the disabled should aim at overcoming these obstacles. As long as these barriers persist, the social integration of the disabled will remain a pious hope. The whole psycho-social adjustment problems of the disabled may be categorised under the following points -

i. Physical Adjustment - Almost all types of disabling conditions lead to changes in the appearance, capabilities and functional skills of the individuals<sup>34</sup>. Consequently, the disabled has to face a great deal of uncertainty in his life than his able-bodied counterparts. The disabled has to assure himself whether he would be able to move freely, cross a road, board a train or bus. If he can not perform these normal activities of life, he is liable to feel alienated from his social milieu.<sup>35</sup> Though, in some situations, disability can be completely eliminated or its impact can be greatly reduced. But in most of the cases, disability leaves behind it permanent structural and functional disorders. This is because the disabled may tend to seek the assistance of others in his physical adjustment. As psychologists maintain

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<sup>34</sup> Richard Roessler and Brian Bolton, Psycho-social Adjustment to Disability (Baltimore: University Park Press, 1978), p.22.

<sup>35</sup> Anima Sen, Psycho-Social Integration of the Handicapped: A Challenge to the Society (Delhi: Mittal Publications, 1988).



that the self concept is a determinant factor in the personality development of the disabled individual.<sup>36</sup>

It determines not only his own perception but also the perception of others towards his disability. Therefore, it is imperative that the self-concept should be reconciled.

ii. Emotional Adjustment - Generally, the disabled person suffers from the feeling of emotional insecurity as well as physical insecurity. Though the fact is that everybody may feel insecure at sometimes or the other in his life, the frequency of such feelings is greater in disabling conditions. All human behaviour is directed towards certain goals. If the disabled individual succeeds in achieving his goal, he is liable to feel a sense of emotional satisfaction. But, if progress towards a goal is thwarted, the process of personality development of the disabled is endangered.

From psychological point of view, the sexual instinct of the disabled is as normal as his able-bodied fellowmen.<sup>37</sup> Love and affection may also give him the emotional satisfaction, thereby paving the scope for his psycho-social integration. But this simple

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<sup>36</sup> Roessler et.al, n.34, pp. 22-24.

<sup>37</sup> For details, see W.F.R. Stewart, The Sexual Side of Handicap: A Guide for Caring Professions (Cambridge: Woodhead Faulkner, 1979), cf. K. Healings, Not made of Stone: The Sexual Problems of Handicapped People (Cambridge: Wood-head Faulkner, 1974).

proposition is not usually appreciated in most of the conservative societies. This is because of the perpetuation of certain false and childish notions about sex and disability in the minds of common men. If the disabled person realises that his right to lead a married life is jeopardised, his emotion creates mental agony of a serious nature.

Besides these, some other factors may also escalate the deprivation of disabled persons. These factors are - physical discomfort, the aversion, ridicule and scorn of the unscrupulous healthy peers, attitude of the society and so on.

iii. Family Adjustment : Family is the most important agent of socialisation of the disabled children. The attitude of the family member determines the future development of the disabled child to a large extent. Unless the disabled child feels that he is well integrated into his family, he cannot pursue his activities in a normal way. Thus, the home plays a vital role in the socialisation of the disabled child. It shapes the personality and behaviour pattern of the disabled child. It is at home where the disabled child first learns to live as a member of the family, and thereby gets the

confidence and assurance to lead a normal social life in the broader society. "A home provides shelter " as Glorya Hale observes, "but more than that, it provides comfort and the opportunity for self-expression and for independence. People with disabilities may have an even greater need for the security of home than able-bodied people... <sup>38</sup> ".

The impact of disability is closely interlinked with the adequacy or inadequacy of the parental attitude. Every child expects affection from his parents. The parental reactions to the disability of their children can be broadly put up in the following three categories.<sup>39</sup> Firstly, there are parents who decline to face reality and deny the existence of the incidence of disability in their children. Secondly, there are others who tend to accept disability, but cannot reconcile themselves with its wide -ranging effects. Finally, there are a few who unhesitatingly accept their disabled children. Such parents are willing to do whatever they can to make the life of their disabled children worth-living.

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<sup>38</sup> Glorya Hale (ed), The Source Book for the Disabled (New York: Paddington Press, 1979), p.80.

<sup>39</sup> Bhatt, n.2, p.111.



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The very acceptance of the disabled children by their parents is a pre-requisite for the solution of their adjustment problems. If the parents view the disability of their children as a calamity, the disabled children also think likewise. If they feel bitter against the unjust fate of their disabled children, they would also start thinking in the same manner. If they tend to make his disability a pivot of their existence, they would not hesitate in using their disability to extract sympathy from others.<sup>40</sup> The best way of nourishing the disabled children for the parents and family members is that they should objectively accept the limitations and potentials of their disabled children.

During the last decades, a number of studies have been undertaken in developed societies regarding the social integration of the disabled adults. Most of these studies reveal that generally the disabled persons are excluded from the participation in normative roles and not considered as normal adults.<sup>41</sup> Goffman<sup>42</sup>

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<sup>40</sup> Sen , n.35 , p.54.

<sup>41</sup>Ann Goerdt , "Social Integration of the Physically Disabled in Barbados", Social Science & Medicine , Vol 22, No.4, 1986, p.459.

<sup>42</sup>Goffman , "Cited in Ibid .

and Davis<sup>43</sup> claim that in the United States strained social interactions between able-bodied and disabled individuals limit the latter's participation in normal social relationships and thus in normal roles. Interesting as it may seem, Irving Zola,<sup>44</sup> an American sociologist (who is himself disabled) spent about 10 months in a Dutch village built for the disabled. He comes to the conclusion that in the United States and in Holland, the disabled are regarded as infants or children and denied the status of valid adults.

Safilios - Rothschild<sup>45</sup> has tried to examine societal responses to disability in the western, industrialised countries and concluded that the rehabilitation process in these countries have failed to integrate the disabled into the mainstream of larger society because of personal and social discriminatory practices which restrict their participation in the social roles of friend, lover, spouse and worker.

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<sup>43</sup>Davis, cited in Ibid.

<sup>44</sup>Zola, cited in Ibid.

<sup>45</sup>For a fuller understanding, see C. Safilios Rothschild, The Sociology and Social Psychology of Disability and Rehabilitation (New York: Random House, 1970).

But no such empirical studies have been made about the rehabilitation and social integration of disabled persons in developing countries. The World Health Organisation has sponsored surveys in developing countries which investigated the quality of life of disabled persons. The findings indicate that the social segregation of disabled persons is wide spread , often due to "deep-rooted fears and beliefs originating from age-old cultural and religious convictions..."<sup>46</sup>

The above discussions of the adjustment problems of the disabled suggest that these problems are basically the by-product of prevailing social perception of disability. In a nutshell , one may say that disability, whatever may be its causes and effects, exerts tremendous impact on the personality development of the individual and his consequent integration into the society.

#### Impediments in the Way of Rehabilitation of the Disabled Persons

Several factors may be held responsible for the increasing population of the disabled and their relegation to the margin of society . It is because of these factors

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<sup>46</sup>Disability Prevention and Rehabilitation , Report of the WHO Expert Committee on Disability Prevention and Rehabilitation, Technical Report Series(Geneva :WHO, 1981), p.11.

that the rehabilitation process has not been able to achieve the desired results.

Among these factors, poverty has been the most prominent one, particularly in the developing societies. In the developing societies, disability is generally caused by malnutrition, unhygienic surroundings, endemic diseases, lack of basic knowledge about hygiene and inadequacy of basic medical facilities. Since poverty involves all these causes, three-fourth of the world's disabled population is concentrated in developing societies. Ironically, the production of food and other necessary items in these countries has not kept pace with this growth in disabled population.<sup>47</sup> So long as, the majority population of these countries is not elevated above the poverty line, this imbalance will continue .

Ignorance and Illiteracy - Another factor that has impeded the process of rehabilitation of the disabled is the prevalence of wide-spread ignorance among the people. This factor is also very much applicable in the context

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<sup>47</sup> K.S. Taragi, "IYDP : From Relief to Rehabilitation", Indian Express (New Delhi), 9 January 1981.

of the Third World countries. It has not only led to the growth in the disabled population but also adversely affected the rehabilitation process. Most of the people in the Third World countries are still quite ignorant of the fundamental causes of disability and are influenced by the superstitious beliefs, in its prevention prospects and scope of rehabilitation. Unless the basic knowledge about disability is disseminated on a global scale, no breakthrough can be possible in near future.

Neglect in the Immunisation Campaign - There can be no denying the fact that immunisation is one of the most effective and powerful device of disability prevention. However, it is not properly utilised in many developing countries. It has been pointed out that in the developing world, ten children die and another 10 become disabled with each passing minute because of lack of immunisation facilities.<sup>48</sup> Diseases like neo-natal tetanus and polio are even today causing disability on a large scale in the developing societies. By preventing some of these cases of disability, immunisation can help reverse this trend and contribute to the prevention of childhood disability.<sup>49</sup> But in spite of greater scope for prevention

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<sup>48</sup> Henderson in Wilson, n.18 , p.10.

<sup>49</sup> Ibid.



of such diseases, there is still neglect in the immunisation campaign. As Dr. R. Shrinivas Moorthy writes in the magazine Digest on Mental Retardation:

"The need is to make realistic plans and implement them. Instead, the present tendency has been to keep smiling and blow little bubbles of hope".<sup>50</sup>

Man Power Problem: Besides, the problem of man power is also a great stumbling block in the way of the placement of disabled persons. The functioning of rehabilitation institutions in the Third World Countries affords a good example of this. In most of these countries, the last few decades have witnessed high specialisation of rehabilitation man-power, which has culminated in the creation of too many new professional groups and sub-groups. This is because more than one experts are generally involved in the treatment of one disabled individual.<sup>51</sup> Needless to say that the team work is a must in the rehabilitation process. But our experience shows that it has very often led to the

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<sup>50</sup>Moorthy, cited in V.R. Krishna Iyer, Law, Justice and the Disabled (New Delhi: Deep and Deep Publications, 1982), p.57.

<sup>51</sup>Disability..., n.46, p.22.

decline in the efficiency of utilisation of the available man power. In fact, the need for rehabilitation is so great that it cannot be properly met by specialists alone. Unless, each country introduces basic task concerning rehabilitation in the training curricula of doctors, nurses ; social workers, teachers and others, any solution of such man power problems can not be imagined.<sup>52</sup>

Problems concerning Rehabilitation Technology:

In recent years, there has been a rapid development of rehabilitation technology. Much more is known today regarding physical exercise and other active forms of training for the disabled . But the development of technical aids and devices can not yield the desired results, unless the disabled are adequately trained in their use. Follow-upthrough home visits may provide a valuable approach to ensure the proper handling of aids and other technology.<sup>53</sup>

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<sup>52</sup> Ibid., p.23.

<sup>53</sup> Ibid.

Lack of Political and Administrative Will - But mere rhetoric of declarations and legislations can not go a long way in the rehabilitation of disabled persons. The proper implementation of any scheme depends solely on political and administrative will. In the case of disabled persons, one of the most important factors responsible for the slow-pace of rehabilitation process is the lack of political and administrative will. This assumes significance in a world where more than 500 million people are affected by disability in some way or the other. No major breakthrough in this regard could be possible without political and administrative will. The present democratic culture is characterised by people's participation at all levels of decision-making process. With a view to facilitating the rehabilitation of disabled persons, some developed countries have enacted special legislation to ensure equality and full participation to them in social life and development. Unfortunately, most of the Third World Countries like India are still lagging behind in this respect.

Lack of Commitment - The success and failure of any rehabilitation process rest ultimately with the officials, who are involved in its enforcement. Their commitment is a predominant factor and that is what lacks in the

case of the problem of disability prevention and rehabilitation in most of the developing countries including India. While providing disability prevention and rehabilitation services, some important points must be borne in mind. The disabled are not asking for a special and favoured treatment. What they want is equal opportunity - an opportunity to be provided on equal terms. But our planners and statesmen view these measures as their deep sense of compassion towards the disabled community. Nair has vehemently challenged this notion, as is evident from his following observation - "No nation has any moral right to deny them their legitimate rights by conferring the lowest priority on their welfare in any planning endeavour".<sup>54</sup> It may be observed that this general impression has to be modified, if we want to instill in the disabled the feeling of self-dignity and confidence.

Social Barrier: One more significant impediment in the rehabilitation of the disabled persons is deep-rooted social stigma in the minds of the common men.

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G. Ravindran Nair, "Human Rights and the Disabled", Indian Express, (New Delhi), 10 December 1980.

The rehabilitation and all-round development of disabled persons depend exclusively on their social integration. As long as the society takes a lukewarm attitude towards the incidence of disability, the social integration of the disabled will remain just a dream. In this context, a journalist has succinctly remarked that "It is on the support and sympathy of society that the disabled can be merged in the mainstream of life. 'Not any one' says a movement pioneer," can become black or a woman. But anyone can become handicap. You could, tomorrow".<sup>55</sup>

Lack of Well-Conceived Definition:

But perhaps the most important problem in the rehabilitation of the disabled relates to the lack of well-conceived definition of disability. The complexity of the concept of disability has given rise to many problems of serious nature in the identification of the disabled persons. Different countries have their own definitions based on their own criteria of disability. Even international agencies have also followed various approaches in its definition. One may ask why we are so lackadaisical in delimiting the scope of disability at a time, when the whole world is resounded with

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Ashoke Mohan Sen, "Hope for the Handicapped", Tribune (Chandigarh), 18 February 1981.

the rituals and slogans of the 'International Decade of Disabled Persons'. As long as this situation continues, any effort to rehabilitate the disabled will be meaningless.

From the above discussion, we may now conclude that the problem of disability prevention and rehabilitation has now become a global concern. Whatever has been done in this regard by the United Nations and other international bodies as well as national government is quite insignificant to integrate the disabled into the mainstream of socio-economic and political life. In fact, the United Nations and other <sup>international</sup> bodies may mere provide guidelines in the fields of disability prevention and rehabilitation. The ultimate responsibility for alleviating the vast population of disabled persons rests with the government. Finally, the social integration of the disabled depends on the positive approach of the society. Until and unless the social perception towards disability is not changed positively, the promotion of human rights of the disabled and their full participation in socio-economic and political life will prove to be a rhetoric.

Chapter - VICONCLUDING OBSERVATIONS

From the foregoing analysis presented in the preceding chapter, it is evident that the social problems arising out of the incidence of disability are varied and complex. It is gratifying to note that as of now the question of disability prevention and rehabilitation is receiving due consideration both at national and international level. It has been well recognised that disability does not, in any way, take away the inalienable rights of deprived people. The movement for the rights of disabled persons has grown out of the realisation that they are firstly human beings. They have the same hopes, aspirations and rights as their fellowmen. Therefore, any discrimination between the disabled and the able-bodied tantamounts to the naked violation of the human rights of the disabled persons.

Despite the international norms laid down by the United Nations and other international bodies and various legislative measures initiated by different countries, the incidence of disability is assuming an alarming proportion day-by-day. The ever-increasing population of the disabled in the world is a serious challenge before the mankind. The late Indian Prime Minister

Mrs Gandhi had rightly observed at the World Health Assembly in May 1981 that "Humanity is one, at least in its vulnerability".<sup>1</sup>

The present study is a general analysis of the rights of disabled persons. In that context, its major focus is on the prevalence of disability in a global perspective and the impact of world-wide campaign against disability prevention and rehabilitation. From this study, the following observations may be drawn -

As noted earlier, the incidence of disability is the most catastrophic situation inflicted by the forces of nature, birth, violence or accidents on human beings. It is as old as the human civilisation itself. The ghost of disability has haunted the people in all ages. Sometimes, the disabled persons have been object of fun; sometimes a cause of embarrassment and occasionally even considered as a manifestation of divine displeasure. Thus, the story of injustice to the disabled is unfolded in all societies. The people afflicted with disability in some form or the other were considered as incapable of leading independent and productive lives. They were, in fact, taken as an object of pity and charity and were deprived of human dignity and self-esteem. This approach not only compelled them to take recourse to begin

<sup>1</sup>Sir John Wilson, (ed), Disability Prevention: The Global Challenge(OUP :1983), p.2.



in the streets but also made them an easy victim of exploitation. The rapid advancement made in medical and social sciences during the 20th century has given a new dimension to the concept of welfare of the disabled. As a result, there has been a sharp shift in the social perception regarding disability. The society is now gradually awakening towards the rights of disabled persons. Simultaneously, a new consciousness among the disabled has emerged towards their rights and obligations. Thus the realisation that to relegate the disabled to the margin of society is a brutal violation of their human rights has gathered momentum.

Though, it was the Greeks who perpetuated the inhuman practice of destroying their disabled members to serve their vested interests. This is because the Greeks were very much obsessed with the idea of bodily perfection. The Spartans and Romans also followed this tradition. Strangely enough, even the great masters of political thought like Plato and Aristotle went to the extent of justifying the disposal of disabled persons. It is, indeed, a rare coincidence that Indian society has always shown sympathy and concern for their deprived fellowmen. In the recorded history of India, there are no such instances of exposure and destruction of disabled persons. Even in feudal times, the potentialities

and merits of disabled persons were appreciated. The custom of joint family, kinship and other social institutions provided an inbuilt-mechanism to their care and protection .

The conversion of disability into handicap (as we have discussed in the first and second chapters) is closely intertwined with the social perceptions regarding disability. It has been found that the severity of any impairment is accentuated in proportion to the individual's isolation from the society. There can be no denying the fact that the disabled have to face innumerable problems in their lives. These problems can be solved only by accepting them as useful and productive member of society.

The major proportion of disability is found among the weaker and poorer sections of the Third World societies. The incidence of disability is aggravated by numerous factors like ignorance, illiteracy, malnutrition, inadequacy of resources for disability prevention and rehabilitation services as well as lack of commitment on the part of the officials. The overall plight of disabled persons in both developing and developed societies is far from satisfactory. It is interesting to note that in developing societies , disability is basically caused by poverty and mal-nutrition, whereas

in developed societies disability is linked with aging and accidents. This is because mostly children are affected by disability in developing countries. On the other hand, in developed countries, elder persons and industrial workers are victims of disability. The situation of disability with regard to women presents a depressing picture. Generally, the disabled women have to face dual discrimination - firstly, because of their sex and secondly, because of their disability. The discrimination can be quite severe in the sense that it affects almost all aspects of their life; such as, education, employment, economic status, marriage and family and rehabilitation.

As far as the question of the process of rehabilitation is concerned, it could be said that the technique of identification and rehabilitation is far from satisfactory. The UN and other international bodies may only provide guidelines in the field of disability prevention and rehabilitation. The ultimate responsibility for ameliorating the plight of the disabled persons rests with the national governments. The national governments have usually taken half-hearted approach to their rehabilitation. The time lag involved in the process of rehabilitation relegates the disabled into handicap. Further, the lack of political will on the part of the national governments and the lack of commitment on the part of the implementing authorities

have impeded the rehabilitation measures. The official machinery engaged in the programme of disability prevention and rehabilitation is generally prone to be influenced by bureaucratic red-tapism and in the process the machinery itself tends to adopt lukewarm attitude. In addition to these factors, the lack of well-conceived definition of disability has also proved to be a serious hurdle in the rehabilitation of disabled persons.

That is why, several measures initiated by national and international agencies for the rehabilitation of the disabled persons before and after the second world war, have failed to yield the desired results. Whatever, may be the political compulsion, the sincere administrative will for the integration of the disabled persons was given expression for the first time in 1975 in the UN Declaration on the Rights of Disabled Persons. The efforts for the rehabilitation of the disabled got added impetus with the observance of 1981 as IYDP. One must bear in mind that the incidence of disability can never be completely wiped out, as long as the illiteracy, mass-poverty and glaring inequalities in socio-economic life persist in the world. Mere slogans and declarations as well as legislative measures can not be effective in integrating the disabled into the

mainstream of socio-economic life.

While considering some constructive steps for the promotion of human rights of disabled persons and their rehabilitation as well as integration into the mainstream of socio-economic life, one must take into account the fact that the problem of disability is merely a syndrome; the root causes are inherent in poverty, social segregation and illiteracy. Therefore, the remedy for this human suffering and tribulation does not lie either in passing certain norms by the UN and other international bodies as well as national governments or showing some favours to the disadvantaged people. The state exchequer cannot be converted into a charity fund for meeting the needs of the disabled population of such a vast magnitude. It may give only a temporary relief. The only permanent solution could be their psycho-social and economic integration and proper placement, and thereby enabling them to stand on their own foot with dignity and decency. The following suggestions may be effective in this regard.

The first and foremost step to be taken for a permanent solution to the problem of disability is to create social awareness regarding the basic causes of disability, its prevention prospects and rehabilitation. Education can go a long way in creating such awareness in order to prevent the incidence of disability. Besides, education may also prove to be an effective weapon in

eradicating the deep-rooted dogmatic ideas and superstitions attached with the incidence of disability.

The development of community-based rehabilitation services is another step to be taken so as to expedite the integration of the disabled persons. Rehabilitation efforts should be directed towards providing care to the disabled in the community. This encompasses strengthening all measures to foster the community integration of disabled persons. It also entails the balanced development of community-based rehabilitation services in both urban and rural areas. It should be based on an appraisal of the most appropriate forms of service-delivery to assist the disabled in accommodating to the life of their social milieu.

The development of technical aids and devices may be another significant step in the physical rehabilitation of disabled persons. Technical aids and devices provide a level of physical independence to severely disabled people.<sup>2</sup> It is of paramount importance from the points of view of their psycho-social and economic integration. This goal cannot be achieved by any other means. Steps should be initiated by each country to allow the disabled to have financial and physical access to the technical

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<sup>2</sup>W.V. James, "Technology for the Disabled", World Health Forum, Vol. 5, No. 3, 1984, pp 256-58.

aids and devices.

Rehabilitation technique should be simplified and made more economical. Every possible effort should be made to develop such services which do not depend exclusively on costly and sophisticated as well as imported equipment, raw ingredients and technology.

Disability prevention and rehabilitation should be incorporated as an integral and high priority component of national socio-economic policies and development plans. Actions in these fields should be recognised as legitimate targets for developmental assistance.

Allocations of financial resources for the rehabilitation of the disabled should be enhanced by all countries so as to give a boost to existing educational medical, social and vocational systems. This may ultimately enable the disabled to develop their potentialities in every possible ways.

Society should realise that the disabled are not second class citizens. Disability does not deprive them of their liberty and equality of opportunity. Every effort should be made to ensure the disabled their right to participate in and contribute to all aspects of

socio-economic and political life. Social structure should be revamped in such a way that opportunities for the full participation of disabled persons may be ensured.

Efficient and dedicated government officials and rehabilitation experts have to be posted to undertake the rehabilitation work with sincerity and commitment .

Non-governmental organisations and voluntary agencies may have a significant role to play in the field of the prevention of disability and rehabilitation. Legislative measures and efforts at official level alone cannot be effective in solving this challenging problem.

Manpower has to be mobilised to protest any discriminatory policy adopted by the government. The people must be vigilant against any violation of human rights. If any such violation takes place, this should be forthwith brought to the notice of local authorities. In order to prevent any atrocity and violation of the rights of the disabled, special cells and courts should be set up to monitor such incidents. The most important thing is that a general consciousness should be created at grass-root levels against the incidence of disability.



The foregoing analysis leads to the inevitable conclusion that the United Nations role in the promotion of human rights of disabled persons has been of limited success. The most important limitation of the world organisation in this regard is that it is merely a voluntary association of sovereign states rather than a supra-national body. The UN and other international bodies may only provide guidelines in the field of promotion of respect for and observance of the rights of the disabled as well as disability prevention and rehabilitation. The ultimate responsibility for alleviating the vast population of the disabled rests with the member-states respectively. Finally it can be asserted that only through integration of disabled persons into the mainstream of life, we would be restoring to them their basic human rights. Keeping them apart is tantamount to treating them as second class citizens. This integration would help society understand better about the potential of their disabled brethren. The global problems of disability are of such a colossal magnitude that as of now any worthwhile effort to meet the challenge does not seem to be in sight. However, there is enough scope for optimism and let us hope for the day when, with all the necessary changes in social perceptions and with greater opportunities available, the disabled would feel that they are no longer disabled.

## SELECT BIBLIOGRAPHY

Official Publications and DocumentsChanging Attitudes Towards the Disabled , Report of the

Proceedings of the Sixth World Congress of the International Society for the Welfare of Cripples, held at Hague, 13 September -17 September 1954 (London: Central Council for the Care of Cripples, 1954).

Charter of the United Nations

Economic and Social Council Official Records, 1946-84.

General Assembly Official Records, (1948-79).

Government of India, Planning Commission , Report on Social Welfare in India (New Delhi: GOI Publications, 1955).

Human Rights Compilation of International Instruments

(New York: UN Publication, 1983) .

I. L. O., Conventions and Recommendations, 1919-49 (Geneva, 1949).

\_\_\_\_\_, International Labour Conventions and Recommendations, 1919 -81 (Geneva, 1982).

\_\_\_\_\_, Convention Concerning Vocational Rehabilitation and Employment of Disabled Persons, 1983 (No. 159).

I.L.O., Recommendation Concerning Vocational Rehabilitation and Employment of Disabled Persons, 1983(No. 168).

Sub-Commission on Prevention of Discrimination and Protection of Minorities Resolution, 1984/20, 29 August 1984.

The Constitution of India (New Delhi: Manager of Publication, GOI , 1960).

The State of the World's Children, 1990 (New Delhi:UNICEF ).

Universal Declaration of Human Rights, General Assembly Resolution 217A (III) of 10 December , 1948.

#### BOOKS

Albrecht, G. (ed.), The Sociology of Physical Disability and Rehabilitation (Pittsburgh: University of Pittsburgh Press, 1976).

Bajpai, Rajendra Kumari, "Social Welfare in India", Indian Polity: Retrospect and Prospect, Edited by Subhash C. Kashyap (New Delhi: National Publishing House, 1989).

Barker, R.G., Adjustment to Physical Handicap and Illness : A Survey of the Social Psychology of Physique and Disability (New York: Social Science Research Council, 1953).

Bates, R.E., Meaning of 'Disabled' and 'Handicapped' : Their Relationship to Each other and Specific Defects, Micro-Filmed Doctoral Dissertation (University of Houston, 1965).

Berkowitz, Edward, Disability Policies and Government Programmes (New York: Praeger, 1979).

Bhatt, Usha, The Physically Handicapped in India: A Growing National Problem (Bombay: Popular Book Depot, 1963).

Choudhry, D. Paul, A Handbook of Social Welfare in India (Delhi: Atma Ram & Sons, 1981).

Collier's Encyclopedia (New York, 1983), Vol. 4, 7 and 21.

Dickinson, G.L., The Greek View of Life (London: Methuen & Co. 1957).

Disability Prevention and Rehabilitation, Report of the WHO Expert Committee on Disability Prevention and Rehabilitation, Technical Report Series (Geneva: WHO, 1981).

Dunham, Jerome R. et al, "Psychological Aspects of Disability", Disability and Rehabilitation Handbook, Edited by R.M. Goldenson et al (New York: Mc Grow Hill, 1978).

Durant, Will, The Life of Greece (New York: Simon and Schuster, 1966).

Dutt, R.C., A History of Civilization in Ancient India (Delhi: Vishal Publishers, 1972).

Employment of Disabled Persons: Manual on Selective Placement  
(Geneva: I.L.O., 1984).

Encyclopedia Americana (U.S.A., 1983), Vol. 17.

Finkelstein, V., Attitude and Disabled People (New York : World Rehabilitation Fund, 1980).

Foggon, George, "Occupational Accidents", Disability Prevention: The Global Challenge, (Edited by Sir John Wilson (OUP, 1983).

Goldenson, Robert M. et al (eds), Disability and Rehabilitation Handbook (New York: Mc. Grow Hill, 1978).

Hale, Glorva (ed), The Source Book for the Disabled  
(New York: Paddington Press, 1979).

Harper, Malcolm and Momm, Willi, Self-Employment for Disabled People: Experiences from Africa and Asia  
(Geneva: I.L.O. , 1989).

- Henderson, Ralph H., "Vaccine-Preventable Diseases : The Role of Immunization Services", Disability Prevention: The Global Challenge, Edited by Sir John Wilson (OUP, 1983 ).
- Heslings, K. , Not Made of Stone: The Sexual Problems of Handicapped People (Cambridge: Wood-head Faulkner, 1974).
- Howards, Irving et al, Disability : From Social Problem to Federal Program (New York: Praeger, 1980).
- International Classification of Impairments, Disabilities and Handicaps (Geneva: WHO, 1980).
- International Encyclopaedia of the Social Sciences (U.S.A , 1968) , Vol. 5.
- Iyer, Krishna, V.R. , Law , Justice and the Disabled (New Delhi: Deep and Deep Publications, 1982).
- Kaprio, A., "Injury", Disability Prevention: The Global Challenge, Edited by Sir John Wilson(OUP,1983).
- Kessler, Henry H., Crippled and the Disabled (New York: Columbia University Press, 1935).
- \_\_\_\_\_, Rehabilitation of the Physically Handicapped (New York: Columbia University Press, 1947).

- Lecky, William E., The History of European Morals (London: Green & Co., 1911), Vol-II.
- Ramalingaswami, V. "Malnutrition", Disability Prevention : The Global Challenge, Edited by Sir John Wilson (OUP, 1983).
- Rehabilitation of the Handicapped (New York: United Nations Department of Social Affairs, 1953).
- Robertson, A.H., Human Rights in the World (Manchester: Manchester University Press, 1972).
- Roessler, Richard and Bolton, Brian, Psycho-Social Adjustment to Disability (Baltimore : University Park Press, 1978).
- Rubin, Jaffrey, et al (eds.), Alternatives in Rehabilitating the Handicapped: A Policy Analysis (New York: Human Science Press, 1982).
- Safilios - Rothschild, C., The Sociology and Social Psychology of Disability and Rehabilitation (New York: Random House, 1970).
- Saksena, K.P., Teaching About Human Rights (New Delhi: JNU/HURITER, n.y. ), mimeo.

- Sankaran, B. and Yadav, B.P. "Rehabilitation of the Orthopaedically Handicapped", Encyclopaedia of Social Work in India, Edited by Tarlok Singh, (New Delhi: Publication Division, 1987).
- Scott, Allan W., Rehabilitation : A Community Challenge (New York: John Wiley & Sons, 1958).
- Sen, Anima, Psycho-Social Integration of the Handicapped : A Challenge to the Society (Delhi: Mittal Publications, 1988).
- Stace, Sheila, Vocational Rehabilitation for Women with Disabilities (Geneva: I.L.O., 1986).
- Stewart, W.F.R., The Sexual Side of Handicap: A Guide for Caring Professions (Cambridge : Wood-head - Faulkner, 1979).
- Sussman, M.B., "Dependent Disabled and Dependent Poor: Similarity of Conceptual Issues and Research Needs", Social and Psychological Aspects of Disability, Edited by Joseph Stubbins (London: University Park Press, 1977).



The International Year of Disabled Persons (New York: United Nations, 1981).

The New Encyclopedia Britannica (Chicago, 1987), Vol. 8.

The United Nations and Human Rights (New York: United Nations, 1984).

Thomas, David, The Experience of Handicap (London: Methuen & Co., 1982).

United Nations Action in the Field of Human Rights (New York: United Nations, 1988).

Vocational Rehabilitation of Services for Disabled Persons: Legislative Provisions (Geneva: I.L.O., 1983).

Walters, F.P., A History of the League of Nations (London: Oxford University Press, 1969).

Webster, C.K. and Sydney, Herbert, The League of Nations in Theory and Practice (London: George Allen & Unwin, 1933).

World Programme of Action Concerning Disabled Persons, United Nations Decade of Disabled Persons 1983-1992 (New York: United Nations, 1983).

Wright, B.A., Physical Disability: A Psychological Approach (New York: Harper & Row, 1960).

Articles in Periodicals

- Association of the Physically Handicapped, "Incidence and Distribution - Physically Handicapped", The Journal of Rehabilitation in Asia(Bombay), Vol. VII, January 1966, pp. 9-11.
- Basu, R.N. "India's Immunization Programme", World Health Forum (Geneva), Vol. 6, 1985, pp. 35-38.
- Budgen, R. and Johnston, B. "Freedom and the Handicapped: Possibility, Eligibility, Intention and Omission", Political Studies (Guildford), Vol. ~~XXI~~, 1983, pp. 264-74.
- Cruickshank, W.M. "A Study of the Relation of Physical Disability to Social Adjustment", The American Journal of Occupational Therapy(Rockville, M.D.), No. 3, 1952, p.8.
- Dhanda, Amita, "Rights of the Mentally Ill: A Forgotten Domain", India International Centre Quarterly (New Delhi), Spl Issue on the Right to Be Human, Vol. 13, Nos. 3&4, December 1986, pp. 147-60.
- Doll, Richard, "Prospects for Prevention", World Health Forum, Vol. 4, 1983, pp. 219-27.

- "Document: Vocational Rehabilitation of the Disabled ",  
Indian Journal of Public Administration  
(New Delhi), Special Issue, Vol. XXVII, No. 3,  
July-September 1981, pp. 917-34.
- Doll, Richard, "Prospects for Prevention", World Health  
Forum, Vol. 4, 1983, pp. 219-27.
- Gartner, Alan, "Images of the Disabled : Disabling Images ",  
Social Policy (New York), Vol. 13, No. 2,  
Fall, 1982, p.15.
- Goerdt, Ann, "Social Integration of Physically Disabled in  
Barbados", Social Science and Medicine(Oxford),  
Vol.22, No. 4, 1986, pp. 459-66.
- Haffter, C., "The Changeling: History and Psychol-dynamics  
of Attitudes to Handicapped Children" , Journal  
of the History of the Behavioural Sciences (Brandon),  
Vol. 4, 1968, pp. 55-61.
- Hahn, Harlan, "Disability and Rehabilitation Policy: Is  
Paternalistic Neglect Really Benign", Public  
Administration Review (Washington , D.C.),  
Vol. 42, No .4, July-August 1982, pp. 385-89.

- Hahn, Harlan, "The Politics of Physical Differences: Disability and Discrimination ", Journal of Social Issues (New York), Vol. 44, No. 1, 1988, pp. 39-47.
- \_\_\_\_\_, "Disability Policy and the Problem of Discrimination" American Behavioural Scientist , Special Issue on Disability and Rehabilitation Policy (Beverly Hills), Vol. 28 , No. 3, January-February 1985, pp. 293-318.
- James, W.V. "Technology for the Disabled", World Health Forum, Vol. 5, No. 3, 1984, pp. 256-58.
- Jones, Jonathan and Peddler , Mike, "A Positive Approach to Employment of Disabled Workers, Personnel Management (London), July 1985, pp. 21-22.
- Kettle, Melvyn , and Massie , Bert, " Need : A Disability Be a Handicap", Personnel Management, Vol. 13, No. 2, February 1981, pp. 32-35.
- Khan, Evelyn, "Educational Problems of the Partially Deaf", Social Welfare (New Delhi, Vol. IX, No. 8, November 1962 , pp. 23-24.
- Krishnaswamy, S., "Role of Development in the Aid of the Handicapped", The Indian Journal of Social Work (Bombay), Vol LI, No. 1, January 1990, pp. 165-75.

Landy, Ruth, "Polio Eradication: Part and Parcel of EPI",  
World Health (Geneva), December 1989, pp. 6-9.

League of Nations Official Journal (Geneva) April-May 1920.

\_\_\_\_\_, January 1922.

Mc Neill, Pat, "Handicapping the Disabled", New Statesman  
& Society (London), Vol. I, No. 19, 14 October 1988,  
 p.26.

Peach, Len, "A Realistic Approach to Employing the Disabled",  
Personnel Management , Vol. 13, No. 1, January 1981,  
 pp. 18-21.

Rabby, Rami, "Employment of the Disabled in Larger Corporations",  
International Labour Review (Geneva), Vol. 122,  
 No. 1, January-February 1983, pp. 23-36.

Randas, G. and Mishra, R.R., "Rural Attitudes Towards the  
 Disabled", Indian Journal of Disability and  
Rehabilitation (New Delhi), Vol. 1, Issue 1,  
 January-June 1987, pp. 49-53.

Rotary Foundation, "Polio-Plus Programme : Criteria for  
 Funding of Polio Immunization Programme",  
Assignment Children (Geneva), Vol. No. 69-72,  
 1985, pp. 187-92.

- Scheer, Jessica and Groce, Nora, "Impairment as a Cross-Cultural and Historical Perspectives on Variation " , Journal of Social Issues, Vol. 44, No.1, 1988, pp 23-37.
- Singh, Raminder, "The Handicapped Getting their Due " , India Today(New Delhi), November 30, 1988, p.187-88.
- Stace, Sheila, " Vocational Rehabilitation for Women with Disabilities " , International Labour Review, Vol. 126, No. 3, May- June 1987, pp 301-16.
- Warren, Michael D., " The Prevalence of Disability : Measuring and Estimating the Number and the Needs of Disabled People in the Community", Public Health, 1987, pp 333-41.
- Wertlieb, Ellen C., " Minority Group Status of the Disabled", Human Relations(London), Vol.38, No. 11, 1985, pp 1047-63.

#### Newspapers

Indian Express (New Delhi)

The Hindu (Madras)

The Statesman (New Delhi)

Times of India (New Delhi)

Tribune (Chandigarh)