Integration of Persons with Disabilities in Social Activities in India

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Abstract

Persons with disabilities are the most vulnerable group who need social support for their survival with dignity. They are segregated from the mainstream despite having potentialities, because of social stigma, prejudice, and discrimination, callous attitude of the fellow beings, lack of community involvement, and lack of awareness among the mass. Their social integration is possible through a concerted effort by various agencies of the society. Social integration is a multidimensional concept having a wide connotation. Here it is referred as a movement of minority group, such as persons with disabilities, into the mainstream of society in order to gain full access to the opportunities, rights, and services available to the members of the society. The main areas of intervention, which need to be focused upon for the integration of this vulnerable group in various social activities in India, encompass socio-economic, psycho-medical, educational, and vocational interventions. Highlighting various categories of persons with disabilities, this theoretical paper discusses these areas in-depth.

Keywords: persons with disabilities; socio-economic intervention; psycho-medical intervention; educational intervention; vocational intervention.

Persons with disabilities (PWDs) are the most vulnerable group who need social support for their survival with dignity. They are segregated from the mainstream despite having potentialities, because of social stigma, prejudice, and discrimination, callous attitude of the fellow beings, lack of community involvement, and lack of awareness among the mass. Goffman (1963) proposes that the possession of a disability interferes with ordinary social interactions and creates a special class of stigmatized interactions. The greater the belief people have that they are or will be stigmatized by others, the more they will withdraw from social contact (Link, Struening, Cullen, Shrout, & Dohrenwend, 1989). Lack of knowledge, education, skills and resources, poor socio-economic condition, weak mental abilities, isolation, loneliness, negative attitudes and other psycho-social factors make the PWDs aloof from the social activities. To empower the PWDs, who are the considerably disadvantaged minority, their integration to the mainstream is a prime focus in the contemporary society of India.

Persons with Disabilities

A careful scrutiny of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 in India, popularly known as PWD Act, 1995, the Rehabilitation Council of India Act, 1992 and the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 provide a clear meaning of a person with disability and its various categories.

"Person with disability" means a person suffering from not less than 40 per cent of any disability as certified by a medical authority, such as Blindness, Low vision, Leprosy-cured, Hearing impairment, Locomotor disability, Mental retardation and Mental illness.

(i) Blindness: "Blindness" refers to a condition where a person suffers from any of the following conditions - (i) Total absence of sight. or (ii) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or (iii) Limitation of the field of vision subtending an angle of 20 degree or worse (PWD Act, 1995).

(ii) Low vision: "Person with low vision” means a person with impairment of visual functioning even after treatment of standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device (PWD Act, 1995).
(iii) Leprosy-cured: "Leprosy cured person" means any person who has been cured of leprosy but is suffering from: (a) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity; (b) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; (c) Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly (PWD Act, 1995).

(iv) Hearing impairment: "Hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies (PWD Act, 1995).

(v) Locomotor disability: "Locomotor disability" means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy (PWD Act, 1995).

(vi) Mental retardation: "Mental retardation" means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence (PWD Act, 1995).

(vii) Mental illness: "Mental illness" means any mental disorder other than mental retardation (PWD Act, 1995).

The person with severe disability refers to a person with eighty percent, or more of one or more disabilities (PWD Act, 1995). The Act, however, does not clearly define persons with multiple disabilities.

According to the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999, multiple disabilities refer to a combination of two or more disabilities as defined in Clause (I) of Section (2) of the Persons with Disabilities Act, 1995. In addition to the above, multiple disabilities include individuals who are Deafblind, autistic, cerebral palsied, neurologically impaired. These disabilities may either be congenital or acquired.

Social Integration

Social integration is a multidimensional concept having a wide connotation. Here it may be referred as a movement of minority group (PWDs) into the mainstream of society in order to gain full access to the opportunities, rights, and services available to the members of the society. It is a process of achieving a positive goal to improve the quality of life of the underprivileged or disadvantaged group of the society. Social integration theory shows that a lack of positive social interaction and acceptance has negative consequences from an individual, family, community and societal perspective. Integration studies have demonstrated the positive impact of interaction on isolated groups of society. Actively engaging in social roles helps people build self-esteem, physical wellness and a sense of commitment to the community around them. Social scientists from Columbia and Harvard universities conducted a quality of life study among patients with severe mental illness in 2003. Applying social integration theories to demonstrate the emotional and mental value of interaction and citizenship for disabled individuals in the community, the study supported the belief that both interaction and citizenship are reasonable expectations in patient care. Citing successful employment programs that place disabled individuals into competitive jobs, the study demonstrated the potential capacity of social integration in effective long-term treatment and sense of wellness among patients.

Cognitive theory proposes that to change the attitudes of people toward others, there needs to be contact between them (Allport, 1954). Allport's (1954) ‘intergroup contact hypothesis’ gives four critical conditions to ensure positive outcomes of intergroup contact - equal group status within the situation, common goals, intergroup cooperation, and support of authorities, law, or custom. This hypothesis was extended by Pettigrew (1998) with the additional factors of time and friendship potential.

Social Integration of Persons with Disabilities

A well-established social network is a structural prerequisite of feeling socially integrated and emotionally accepted (Fischer, 1982; Laireiter & Baumann, 1992; I. G. Sarason, Sarason, & Pierce, 1990; Scott, 1991; Thoits, 1992; Verbrugge, 1977). To integrate the PWDs in the mainstream, social work plays a significant role. Social work deals with the scientific solution and treatment of the social and individuals’ problem. Its foremost goal is to enhance human happiness in general by means of...
creating conducive conditions which help to make a more possible satisfying way of life and instigating development within the individual as well as the community which helps to live more adequately and creatively. In the process of integration of PWDs, rehabilitation plays a significant role.

"Rehabilitation" refers to a process aimed at enabling PWDs to reach and maintain their optimal physical, sensory, intellectual, psychiatric, or social functional levels. Rehabilitation programmes are primarily concerned with the helping the person with disability, as a person requiring a specialized help to enable her/him to realize her/his physical, social, emotional and vocational potentialities. The main areas of intervention, which need to be focused upon for the integration of the PWDs in various social activities in India, encompass socio-economic, psycho-medical, educational, and vocational interventions.

(1) Socio-economic Intervention

(i) Community-based rehabilitation: Community-based rehabilitation (CBR) is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services. CBR guidelines provide practical suggestions to programme managers on how to develop or strengthen community-based programmes to be inclusive of people with disabilities and their families. CBR provides a link between people with disabilities and development initiatives. CBR is implemented through the combined efforts of PWDs, their families, organizations and communities, and relevant government and Non-Governmental Organizations (NGOs) working in the development sector. The CBR works to ensure development initiatives for the PWDs and is increasingly considered as an essential component of community development. Through community action it serves to empower persons with disabilities (individually and within groups) to realize their rights and promote respect for their inherent dignity, ensuring that they have the same rights and opportunities as other community members.

(ii) Social support network: Social support refers to the function and quality of beneficial social relationships. Within this functional perspective, perceived availability of support can be distinguished from the activation of support when needed. Perceived available support denotes the anticipation of supportive action if needed. Received support describes actual social encounters where a network member has provided tangible help, affection, or other kinds of support. Received support, thus, refers to the actual receipt of helpful transactions, which can be emotional, instrumental, or material. To integrate the PWDs in various social activities, their received support has to be enhanced by means of intensive community participation and developing partnership with NGOs.

(iii) Self-help group: A self-help group (SHG) is a group of about 10 to 20 people, usually women or PWDs, from a similar class and region, who come together to form savings and credit organization. They accumulate and generate financial resources to make small interest bearing loans to their members. The primary focus of SHG is on savings. The setting of terms and conditions and accounting of the loan are done in the group by designated members. There are inter-group borrowings, exchange of ideas, sharing of costs and discussion of common interests. There are typically various subcommittees that deal with a variety of issues including loan collections, accounting and social issues. Creating more SHGs among the PWDs helps developing their economic condition. Engaging themselves in microfinance system, they become able to meet their life expenses and also able to enhance their quality of life as a whole in the process of mainstreaming.

(iv) Entrepreneurship Development Programme: To strengthen the process of integration of the PWDs in the contemporary society, there is an urgent need to instill self-confidence and will power among them as a result they would be motivated to start their own ventures without depending upon the chance of fetching a private or Government job. Entrepreneurship Development Programme (EDP) is one of the effective training processes for this. EDP furnishes novel ideas, multidimensional approaches, and innovative techniques to make the PWDs capable to reach the contemporary market place. EDP, as a dynamic technique, enables the PWDs to learn the art of transforming their latent potentialities into success business and ameliorating entrepreneurial opportunities in their regions. The programme covers the entire effective venture creation process – starting from idea generation to
sustaining the viable business by optimally using the help and assistance from various Government, Quasi-Government and Non-Government organizations.

(v) **Cooperatives:** Co-operative of the persons with disabilities has been defined as “an association which aims to promote the vocational and social rehabilitation of the persons with disabilities by their gainful employment in a common enterprise run on co-operative self-management lines within the framework of the national economic plan and also to engage in social and educational activities for the purpose of reserving and enhancing the physical efficiency and resourcefulness of the persons with disabilities and restoring them to social activity; enabling the persons with disabilities to earn a living by gainful employment under conditions adjusted to their qualifications and nature of their ailment or disability; co-operative forms of management being duly observed; satisfying the social needs and steadily improving the material and cultural standard of living and social consciousness of the members to the benefit of the country.”

(vi) **Employment generation:** The PWDs always face issues with lack of equal employment opportunities in open employment. Many were confined to workshops run by small organizations or even petty shops with meager wage. Those in open employment might face discrimination and prejudice. To make the PWDs integrated into the mainstream, intensive job development programmes is to be carried out by means of job identification, job development, and job try out programmes. More exploration is required to generate innovative self-employment opportunities. To provide better employment opportunities and quick service, which are the paths for social integration, placement cells and job fairs, especially for the PWDs are to be formed and organized.

(2) **Psycho-medical and Physical Intervention**

Physiotherapy, occupational therapy, speech-language therapy, vocational guidance and counseling, assistive and adaptive devices and other medical assistance are the major psycho-medical intervention required to help the PWDs to integrate the society. These interventions become effective, if administered at the right time.

(i) **Physiotherapy:** Physiotherapy refers to an intervention to facilitate, develop, improve, and maintain sensory-motor, and daily living skills among the person with disabilities. Physiotherapy optimizes the functional ability by deformity and contracture management with the use of therapeutic techniques and appropriate assistive and adaptive technology.

(ii) **Occupational therapy:** Occupational Therapy (OT) is the therapeutic use of self-care, work, and play activities to optimize function, enhance development and minimize the disabling effects on the child’s independence. The main aim of OT is to enhance pre-requisite skills in the motor, sensory, cognitive, and psychosocial domains to facilitate independence of the child with disabilities in activities of daily living (ADL), play, and school. The domains of intervention by occupational therapists include sensory integration/modulation; sensory motor, visual motor skills; gross motor skills (posture, coordination, motor planning etc.); fine motor skills (prewriting/handwriting, in hand manipulation etc.); cognitive skills (attention span, processing etc.); activities of daily living (ADL) – feeding, grooming, dressing; play skills; and social skills.

(iii) **Speech-language therapy:** Speech-language therapists are professionally trained to prevent, screen, identify, assess, diagnose, refer, and provide intervention for, and counsel persons with, or who are at risk for, articulation, fluency, voice, language, communication, swallowing, and related disabilities. In addition to engaging in activities to reduce or prevent communication, swallowing, and related disabilities, speech-language pathologists also counsel and educate families or professionals about these disorders and their management (ASHA, 1996). Speech-Language Pathology is considered special education rather that a related service if the service consists of “specially designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability, including instruction conducted in the classroom, in the home and other settings. School-based speech-language pathologists prevent, identify, assess, evaluate, and provide intervention for students with speech, language and related impairments, disabilities and handicaps. (WHO, 1980).

(iv) **Vocational guidance and counseling:** Vocational guidance means assistance given to an individual in solving problems related to vocational planning and to occupational choice and profess with due regard for the individual's characteristics and their relation to occupational opportunities.
Vocational counseling is a method of helping an individual in planning his career, choosing an occupation, course of education, training, apprenticeship etc. and in making effective adjustments for a productive or satisfying career. It consists of one or more interviews with the individual who is given such help. The interview is planned on the basis of the bio-data supplied by the individual.

(v) Assistive and adaptive devices: To increase social inclusion, the PWDs are to be aware of the availability of various assistive and adaptive devices and techniques. Physical aids and appliances (artificial limbs, caliper, bilateral shoes, walker, hearing aids, blind sticks etc), alternative communication devices, motorized wheel chairs and tricycles, disabled-friendly four wheelers, computer access equipment, multilingual speech synthesis and voice recognition software and other software for the people of special needs make them enable to enhance their independence, better functioning and quality of life in the society.

(3) Educational, Vocational, and Work Intervention

(i) Vocational Training: Vocational rehabilitation is a process which enables the person with disability to secure some suitable employment, which he/she could retain and advance on permanent basis with an ultimate aim of integrating him/her in the society. This is a highly challenging and voluminous job requiring the application of high degree of professional skills from a multi-disciplinary team. A multi-pronged strategy has to be evolved to deal with the complexities of problems faced by each type of disability group so that the integration of a person with disability in the main stream of society is made a reality. The Government of India, Ministry of Labour & Employment under the Directorate General of Employment & Training has been involved in the vocational evaluation, training, and rehabilitation of the PWDs since 1968 through the Vocational Rehabilitation Centres (VRCs) for Handicapped. There are 20 such Centres already established in various parts of the country. All categories of PWDs such as locomotor disabled (includes cerebral palsy), hearing impaired, visually impaired (includes low vision), cured leprosy patients, mentally retarded persons and multiple disabled persons, within the age group of 15-50 years come within the purview of VRCs. These Centres evaluate the residual capacities of the persons with disabilities and arrange them adjustment training/institutional training/apprenticeship training/inplant training/skill training/community based vocational training/customized training/other special training etc., depending on the requirement, suitability and eligibility of the individual facilitating their early economic rehabilitation. The economic rehabilitation may be through wage paid employment, self-employment, sheltered employment, or through other support employment like co-operatives, contract employment, home-bound employment etc.

(ii) Short-term training, Special education, Inclusive education etc.: Considering the necessity, short-term training programme can be organized to enhance the skill of the PWDs in order to make them enable for self-employment. Recently, Government of India has started Modular Employable Skill (MES) scheme to enhance the skill of the underprivileged group, who does not get opportunity to study. Under the MES scheme, Vocational Rehabilitation Centres for Handicapped are registered as Vocational Training Providers where the PWDs have to be trained for different skills and face test to get an NCVT recognized certificate which is valid nationally and internationally in order to make them suitable for jobs and integrate in the society. Inclusive education along with special education is also a need of the hour. These interventions increase the potentialities of the PWDs to cope with the rapid changes in the society and make them enable to integrate.

(iii) Information and communication technology: Communication and access to information increases the adaptability of the PWDs. The current world is the age of information technology. The PWDs should be adequately exposed to broadcasting and media, telecommunications, information resource centres, and imparted adequate training in this sector, so that they equip themselves with all the ingredients which are pivotal for their integration with the rapid changes in the society.

(iv) Work environment: The working environment must be conducive for the PWDs. To integrate the PWDs with the work situation, disabled-friendly infrastructure, job modification or restructuring, flexible work hours, support to carry out work tasks, the provision of information in alternate formats such as cassettes, CDs, DVDs or Braille, and the promotion of supportive working relationships with colleagues are of prime focus.
Conclusion
The role of family, neighborhood, and peer group is very much crucial in integrating the PWDs into the stream of the society. In addition to this, adequate referral services, early intervention and intensive rehabilitation programmes definitely be helpful in the process of integration. Access to appropriate training and other community learning opportunities that contribute to provide new skills, instill confidence, and increase motivation among the PWDs also opens the way for their integration. Orientation programme for the professionals, knowledge dissemination, raising public awareness on issues relevant to social integration, equality, and inclusion of PWDs, and active involvement of the PWDs themselves in the process of mainstreaming would ameliorate the life style of the PWDs in the direction of their optimum integration in every sphere of social activity in the contemporary society.

References