



# Comprehensive Overview of Disability-Related Policies and Laws in India: A Narrative Review

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## ABSTRACT

There is a large number of people living with one or more types of disabilities. Being one of the most vulnerable subset of the population, it is necessary to understand the policies and laws protecting the rights of these people. The paper discusses benefits, provisions, and guidelines for the government while planning for the scheme, policies, and initiatives. The provisions of several social legislation and acts are examined considering the rights of those living with disabilities. The specification and categorization of disabilities under Indian legislation are also probed. We have examined studies from multiple sources. Findings indicate that these schemes are essential components that are discussed when it comes to promoting rights. This topic is pivotal for future policy making and this study will help explore and develop initiatives specific to this particular group. By doing so, it will aid the Policymakers and other stakeholders in identifying possible areas where they can improve or modify things as well as implement them for the welfare and advancement of individuals' rights who have disabilities.

**Keywords:** Person with Disability, Policy, Rights of Person with disability, Rights, India, Social Work.

## INTRODUCTION

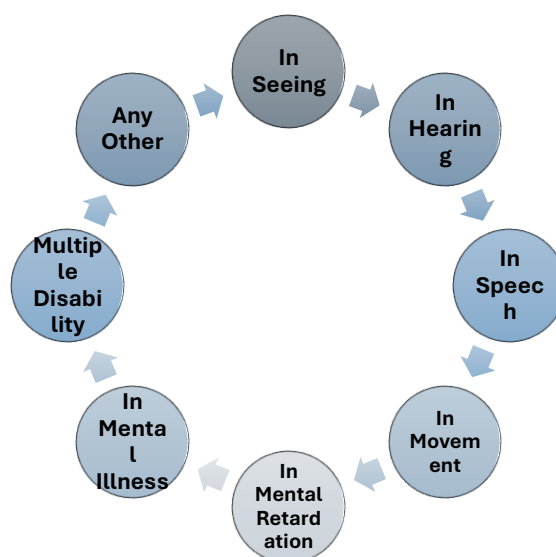
A disability is any impairment in a bodily or mental state that makes it difficult for the individual living with it to carry out certain actions (activity limitation) and associate with their environment (participation restrictions) (Center for Disease Control and Prevention [CDC], 2024). The experience and extent of disability can largely be impacted by the environment a person finds themselves in. Environments that are not accessible often create obstructions that prevent disabled people from functioning adequately or fully within the society they live in, just as others do (World Health Organization [WHO], 2022). The Indian Government enacted the 1995 Act to determine the most accepted definition and classification of disability. Accordingly, if a medical authority certifies that he or she has suffered from any disability not less than 40 % of his or her entire life, then such a person would be considered disabled (Naraharisetti, R., & Castro, M.C. (2016). Another definition given by the RPwDs act 2016 defines “*a-person-with-a-disability* “ an individual with a disability” denotes an individual who has a prolonged physical, mental, cognitive, or sensory defect that affects his or her complete and efficient engagement in society together with other members through the interference of obstacles ( Rights of persons with Disabilities Act 2016.)

Several efforts have been initiated to understand disability and in the course of exploring the concept, models of disability have been developed. The models serve as a way of gaining knowledge because they enable one to look at and contemplate something which is not real, though it might have a resemblance with what is actual. The change or modification of disability knowledge has brought new models about the prevailing causes of disability. During the 1950s, any degree of impairment was seen as justifiable for being disabled always. On the contrary, lack of an impairment that severe was believed to be enough reason for not qualifying for disability compensation, in the 1960s, it stated by The AMA, Committee on Medical Rating of Physical Impairment, “ To conduct a competent assessment of permanent impairment one needs to have a sufficient and thorough medical examination, precise objective evaluation of ability and eliminate subjective feelings as well as outside the medicine influence like patient’s gender, age or occupation (Edward et al., 1997). During the 1970s, another model was proposed by Saad Nagi, a sociologist "Disability is a manifestation, in a social situation, of either physical or mental limitations, here limitations depict that an individual capacity to cop up with the society’s demand. More conceptually, these demands comprise interpersonal relationships, work employment, educational activities, and self-care efforts (Mathiowetz N & Wunderlich GS., 2000). On the basis of the nature and cause of disability, there are three models of

disability one is the Medical Model, the second is the Social Model, and the third one is the functional model, which practically defines the disability. The *Medical-Model-of-Disability* defines disability as a defect or deficiency in an individual that needs to be cured and fixed, and the *Social-Model-of-disability* highlights disability as a social construct created by the environment where maximum roles are inaccessible and unaccommodating, and societal change is the cure and removing discrimination attitude will act as a preventive measure for it. *The Functional Model* is described as the limited involvement of the individual due to physical or mental impairments (Including People with Disabilities: Public Health Workforce Competencies. 2016).

### Types of Disability

Particularly the Person with disabilities act 1995, defined seven types of disabilities such as blindness, low vision, leprosy cured, hearing impairment, locomotor disability, mental retardation, and mental illness (Persons with Disabilities Act 1995). The list has been enlarged by the RPwD (The Rights of Persons with Disabilities) Act, 2016, and extended to twenty-one conditions; now the list includes cerebral palsy, Dwarfism, Muscular Dystrophy, Acid Attack Survivors, Hearing Impaired People, Speech or Language Impaired People, Particular Learning Disabilities, Autism, Multiple Sclerosis (MS) and Parkinson's Disease (PD) with hematological conditions such as healing disorders hemophilia other related diseases thalassemia sickle cell anemia among others. In addition, there are individuals with more than one type of disability. (Narayan CL, John T ., 2016).



**Figure 1:** Previous Categorization of Disability (as per PwD Act 1995).

**Blindness:** This term refers to a state wherein one's eyesight is completely dark but at the same time, he/she cannot differentiate between two extremes: blackness or brightness.

**Low Vision:** Low vision means Visual acuity of the better eye is 6/18 or worse, or in the range of 20/60 to 3/60 or 10/200 or worse, even with the use of glasses. Vision is confined to less than 40 degrees in extent to an angle of 10 degrees or more.

**Leprosy:** Chronic infection brought on by leprosy. The skin is affected; peripheral nerves also get harmed; mucosal areas in upper respiratory tracts as well as around the eyes suffer.

**Hearing impairment:** Hearing Impairment referring to a loss from total to partial hearing is generally known as hearing disability. It constitutes a form of disability with two areas, that is, deaf and hard of hearing. Deaf refers to the inability to hear a sound of 70 dB at speech frequency in at least one ear. Unable to hear well means an Individual who has a hearing loss of 60-70 dB at speech frequencies in both ears.

**Locomotor Disability:** A disability that hinders an individual's ability to make movements from one place to another most especially in persons who have difficulty in walking, standing, lifting or carrying objects. Normally, it caters for problems associated with the joints and muscles, and bones.

**Dwarfism:** Dwarfism is a growth disorder that can be identified when the Height is shorter than the average body height. A height less than 4 feet 10 inches ( 147.32) is considered as Dwarfism.

**Cognitive Impairment/Intellectual Impairment:** An individual with cognitive impairment might lack the abilities required for community living and job opportunities, such as trouble communicating, taking care of oneself, making friends, being aware of danger, and guiding themselves.

**Mental disorder:** Mental disorder is a broad term for a variety of diseases that impact mental capacity or neurological activities. Disorders such as bipolar disorder, major depression, schizophrenia, anxiety disorders, and others affect how people think, feel, and behave.

**Autism Spectrum Disorder:** It is an umbrella term covering Autistic Disorder, Asperger's Syndrome, and atypical autism. It alters how information is received and stored in the human mind. People suffering from this condition often find it hard to speak or even express

themselves non-verbally; they also struggle with engaging other individuals, socializing as well as participating in other activities.

**Cerebral palsy (CP):** The Cerebral palsy is a condition of disability that affects the control and coordination of muscles due to damage to the brain. It happens at birth or before. The “brain paralysis” defined in the title is invalid because Cerebral Palsy is a non-progressive condition, meaning it does not worsen over time; it rather stays constant as time goes on.

**Muscular Dystrophy: *Muscular Dystrophy* (MD)** represents a collection of genetic neuromuscular disorders notorious for reducing muscles strength and systemic wasting of muscle tissues. MD tends to worsen over time; hence it can be described as a progressive disease that becomes more severe with time.

**Chronic neurological conditions:** Dementia in all its forms and other chronic neurological disorders Alzheimer’s, Parkinson’s, dystonia, ALS, Huntington’s, neuromuscular disease, multiple sclerosis epilepsy, etc. can also cause difficulties with the performance of everyday activities. Symptoms of various kinds may arise among people suffering from conditions recognized as chronic neurological ones and these can necessitate different kinds of care specialized or not.

**Specific learning disabilities (dyslexia).** Specific learning disabilities are various disorders that impede an individual's ability to perform cognitive functions such as learning, listening, reasoning, verbalizing, reading, and to some extent writing or spelling. Dyspraxia, Dysgraphia, Dyscalculia, and attention-deficit hyperactivity disorder (ADHD) are a few specific learning disabilities. **Multiple Sclerosis:** Multiple Sclerosis is a neurodegenerative disease afflicting the central nervous system. It inhibits the ability to relay information from the brain to the rest of the body. In the long run, MS can cause damage to the nerves that can’t be reverted. Fatigue, weakness, somatic pain, tingling and numbness, muscle stiffness and spasms, difficulty walking or balancing, vertigo and dizziness, cognitive and memory dysfunctions, altered hearing or vision, visual impairments, thinking disabilities, learning, and plan issues, feelings of sadness and worry, marital problems, urinary problems, bowel issues, complications in speech and swallowing, and many more are the common signs of Multiple Sclerosis.

**Disability of spoken and written language:** This means that a person has trouble with the ability to speak or write permanently due to situations such as having had their larynx removed or having lost the ability to understand or produce speech. These types of disabilities may be caused by physical or nervous system conditions.

**Thalassemia:** This blood disorder that is genetically inherited and characterized by less or abnormal hemoglobin production is Thalassemia. The condition develops because of the destruction of red blood cells in large numbers, leading to an anemic state. Anemia, which is a symptom of Thalassemia, manifests itself through pale skin, fatigue, and urine that has dark coloration.

**Hemophilia:** A deficiency of blood-coagulating proteins creates this ailment named hemophilia. The result is prolonged bleeding. Almost all patients suffering from hemophilia are men. But rarely females get affected by it.

**Sickle Cell Disease:** SCD is a set of illnesses related to blood that cause red blood cells (RBCs) to shape like sickles, be deformed, and even fall apart. The illness is inherited genetically.

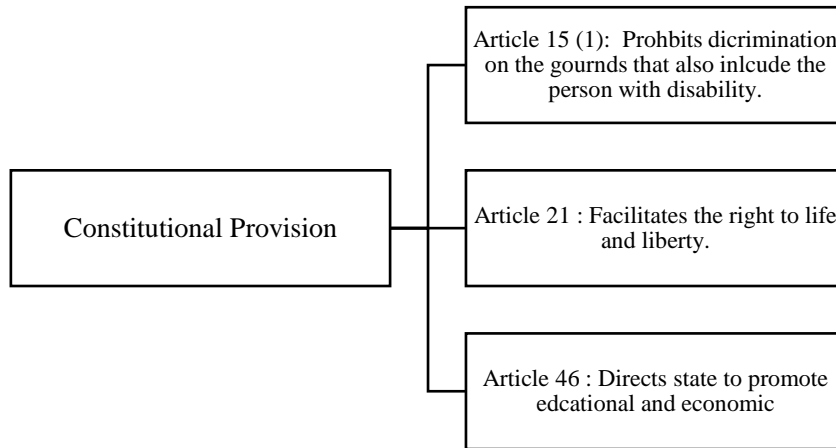
**Multiple Disabilities including deaf-blindness:** Concurrently having two or more separate types of disabilities, either physical or mental or both is known as Multiple Disabilities. Some typical examples of Multiple Disabilities include Blindness with intellectual disability, Orthopedic impairment along with mental retardation. Speech impairment accompanied by movement disability.

**A person who is a victim of an acid attack:** Typically, the women are the ones who suffer from these brutal crimes known as acid throwing. Such assaults usually leave the victims scared or disfigured in their facial features as well as in other bodily sections.

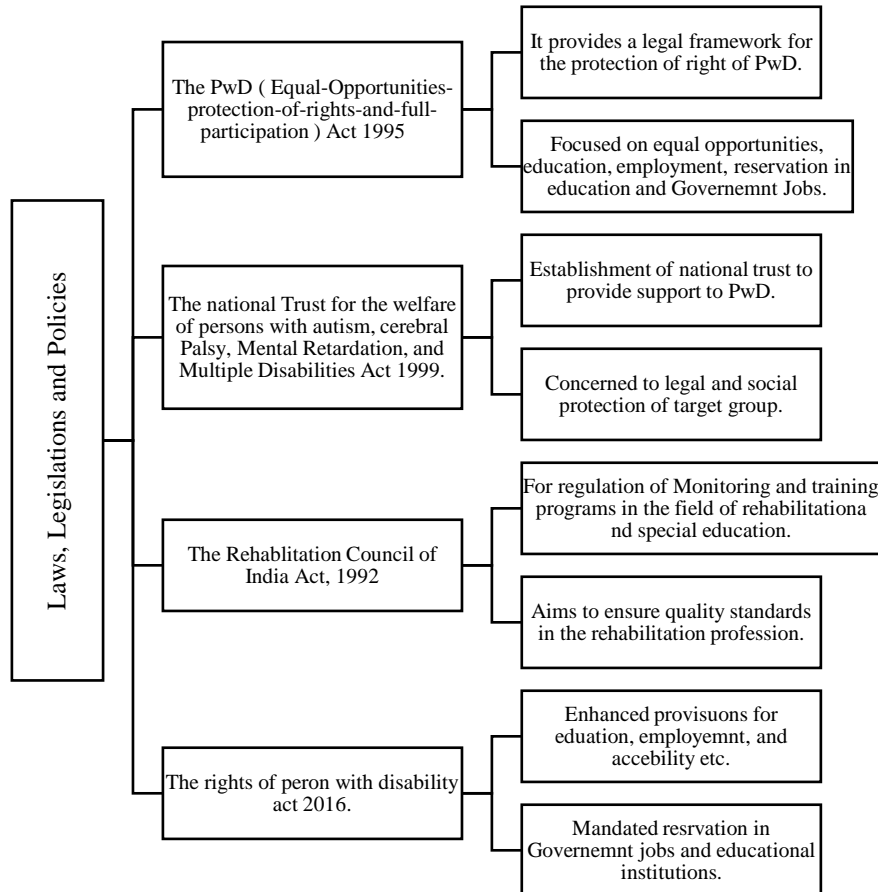
**Parkinson's Disease:** Parkinson's disease, also known as PD, is a disease that affects the way people move due to changes in the central nervous system. The most common symptoms of PD are tremors and muscle rigidity. PD will always aggravate with time.

### **Overview of the policies and laws in India**

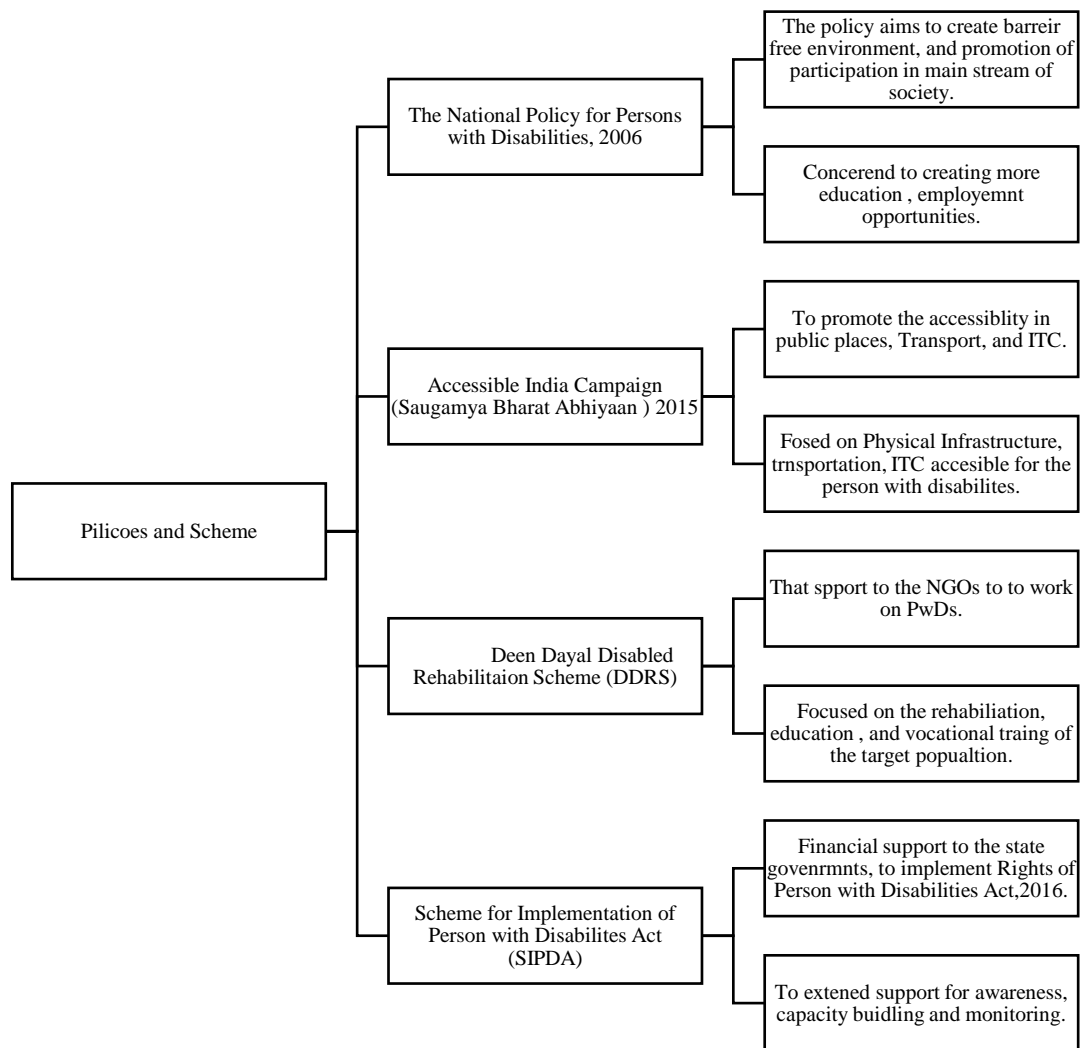
**Constitutional Provision specific to people with a disability:** Fundamental Rights apply to all irrespective of their health or mental state, ability, or disability. This is one of the objectives that the population with disabilities have equal rights to live with dignity, without discrimination, and with equal opportunities National Human Rights Commission. (2022) [Lead India (2021)]. There are a number of constitutional provisions, legislations, and policies available for persons with disability in India. Some of them are highlighted below.



**Figure 2:** Laws, legislations Policies and schemes for a person with a disability in India.



**Figure 3:** Major constitutional provisions for persons with disabilities.



**Figure 4:** Major initiatives under for PwDs in terms of policies and schemes for PwDs.

The Government of India formulated the National-Policy-for-Persons-with-Disabilities, 2006 to ensure that persons with disabilities (PwDs) live in an atmosphere whereby they have equal opportunities, their rights are protected, and they can participate fully in society. The policy framed for PwDs covers Physical rehabilitation, educational, economic, and rehabilitation and it also includes the protection provision of the rights of the PwDs (National Policy for Persons with Disabilities, 2006). The scheme acknowledges that people living with disabilities (PwDs) are vital human resources and aims to enhance the quality of their lives in different ways (Disability in India - A Statistical Profile, 2011).

**OBJECTIVE**

The prime focus of the narrative review is to provide a detailed review of the legislative framework and policies governing the rights and welfare of persons- with- Disabilities in India. The review listed the key laws, their evolution, implementation, mechanism, and their



alignment with international standards, specific to the United Nations Convention on Rights of Persons with Disabilities (UNCRPD).

## **METHODOLOGY**

A randomized literature search was carried out in databases like Pub Med and Embase. The review also comprises grey literature such as Government reports, acts, and official publications. No specified time frame has been taken but it covered the points of time when there is any amendment in policies and acts which are usually from 1995 to 2016. Access to a few locked articles was obtained by special requests to the journals and corresponding authors.

## **FINDINGS**

It is estimated that 15% of the total population in the world has any type of disability and out of the total population with disability 80% are from Low- and Middle-Income Countries (LMIC). The thematic analysis is discussed below:

### **International Context**

As noted by the World-Health-Survey, about 785 million (15.6%) of individuals aged 15 years and older, experience any form of disability while according to the Global Burden of Diseases, the figure is 975 million (19.4%). In these figures, the World Health Survey goes on to state that 110 million (2.2%) people have very high degrees of difficulties in functioning while it is noted by the Global Burden of Diseases that 190 million (3.8%) people suffer from disabilities which are extreme and can be associated with conditions like tetraplegia, a person who suffers from severe clinical depression or blindness. By its own initiative, only the Global Burden of Diseases estimates child disabilities (0 – 14 years) which stands at 95 million (5.1 %) children including roughly 13 million who are reaffiliated as having childhood impairments “severe disability” (Global Report on Health Equity for Persons with Disabilities [WHO,2022]).

### **India Context**

According to Census 2011, the population of PwDs in India are 2.68 crore, which count for 2.21% of the total population (Measurement of Disability through Census National Experiences: INDIA, 2016). it is also revealed as per the findings that there are 20% of the disabled persons are having movement disability followed by 19% PwDs having blindness or lower vision, and same percentage (19%) of persons are having hearing disability and 8% have multiple disabilities. The age distribution shows that 10-19 years have the highest percentage

of disabled population followed by 20-29 years. 61%. Out of the total disabled population (2.68 crores) 55% ( 1.46 Cr) are literate whereas 62% of males are literate and 45% of females are illiterate (Persons with Disabilities (Divyangjan) in India - A Statistical Profile: 2021). The 2011 census also highlighted that nearly one-third of the population is working.

## **Policy Analysis**

### **International Standards:**

The policy framed for disability in India, specifically the Rights of Persons with Disabilities (RPwD) Act, 2016, highlights a strong orientation with the principles formulated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Dignity, autonomy, and non-discrimination for people with disabilities (PWDs) are the cornerstone of both frameworks which encourage a rights-based approach. The RPwD Act outlines 21 different types of disabilities and gives rights to education, jobs, and accessibility as per the reflection of the United-Nations-Convention on Rights of Persons with Disabilities (UNCRPD), that emphasizes that everyone should be part of society at large (*Accessibility Requirements*, n.d.; *Acts and Policies on Disability*, Official Website).

However, the legislation framed for PwD is comprehensive, but the implementation faces significant challenges. One of the core principles under both the UNCRPD and the RPwD is accessibility and yet in India accessibility under improved and it is more manifested in rural areas (Khatri v. Supreme court over “dismal” implementation of RPwD Act 2016).

Otherwise, there have been efforts to make society aware of PwD issues including those relating to them, but negative attitudes always take the upper hand further fueling stigma and exclusion. In addition, failure to collect data and poor monitoring have implications for policies regarding these programs (Bhawan, n.d.; *Towards an Inclusive Education Framework in India*, n.d.).

Though actual employment rates for people with disabilities (PWDs) remain low, the RPwD Act has mandated a 4% reservation of government jobs, which is a step in the right direction for employment. However, the availability of health care and rehabilitation services has been plagued by inaccessibility, especially in remote areas. In addition, legal capacity and political participation for PWDs in India are still evolving at their own pace; supported decision-making systems are lacking and political involvement is minimal. Despite the fact jobs seem scarce for Persons with Disabilities (PWDs), what the RPwD Act does is order that 4 percent of government positions should be reserved for them to enhance job opportunities. But still, access

to healthcare facilities or rehabilitation services particularly in the rural areas has been difficult. Furthermore legal capacity and political participation for PWDs in India continue to develop at their own pace without any support in the decision-making process while there is a low level of political engagement (MSJE).

### **Regional Differences:**

Each sector has unique differences in policy implementation on disability across states and regions In India. Data Quality and Coverage significantly vary as per state. In terms of disability data, certain states such as Kerala and Tamil Nadu are improved in comparison to other states like Uttar Pradesh and Bihar which provide scope for better targeting and monitoring of policy in these states ( National-Policy-for Persons with Disabilities, Government of India, 2006 | Krishna N, 2022). In India, the population of PwD is 2.68 crore which is 2.21 % of the total population it is a huge number to be intervened, and as a response to the number of the targeted population, there are lack of dedicated institutions and concentrated in certain states only and the remaining states are lacking adequate rehabilitation centers (MSJE, 2006)

The difference in putting inclusive education into practice according to the RPwD Act, 2016 is evident in some states. The outcomes of the fifth meeting held on disability of the Central Advisory Board held on 24<sup>th</sup> June 2022 ( under the MoSJE ) pointed out that only 10 states have established separate departments to deal with the issues of PwD, 12 states have an independent commissioner In addition the states of Andhra Pradesh and Maharashtra, as well as the union territories of Dadra and Nagar Haveli, Daman and Diu, and Ladakh, have not yet enacted the necessary rules under the law or established state advisory boards.(Supreme Court Of India Record of Proceedings, 2023). There are an estimated 70 million PwDs in India (2017), and out of the total population of PwDs, 0.1% were employed in Industries Ramachandra SS, et al 2023. As per the report “*Status of disability in India*” “related to the enrolment of CWSN in cities of India, it was observed that the average enrolment rates are less than 1 percent of total enrolment across all states. It was found that CWSN enrolment rates were highest in Kerala at 2.2% and lowest in Uttar Pradesh at 0.2% followed by Nagaland and Haryana each at 0.3%. If overlies the data on CWSN enrolment with the statistics of schools without ramps within urban India, we can see that there exists a remarkably negative correlation between these two variables, to put it differently, many states with higher percentages of schools without ramps tend to record lower CWSN enrolment figures. Four states show the greatest number of schools that do not have ramps and a corresponding low rate of CWSN

enrolment which includes Uttar Pradesh (77%), Haryana (70%), Rajasthan (70%) and Uttarakhand (89%). (Status of Disability in India, 2020) .

### **A Global and National Prevalence of Disability:**

Reports from several surveys indicate that disability affects people in every age category, and this has been proved by global studies. Comparatively, this prevalence rate is lower for India even though there are still major hurdles regarding education, employment, and access. Around the world and also in India specifically, there is an evident need for specific policies meant to ensure improving accessibility, inclusion, and support to persons with disabilities especially in rural and isolated areas.

### **Indian Disability Laws and International Standards:**

India's RPwD Act, 2016 echoes the United Nations Convention (UNCRPD) emphasizing dignity, autonomy, and non-discrimination. The RPwD Act increased recognized disabilities from 7 to 21, requires 4% job reservations in government jobs, and offers free education for children with disabilities. It also supports accessibility in public spaces and services so as to ensure inclusion in all areas of life.

However, there are still some challenges that remain particularly in rural areas where accessibility is limited while healthcare services are limited. Lack of data collection hampers progress due to negative societal beliefs about such services that have been established over the years within these communities. Although legal capacity and supported decision-making have been embraced by the act, little is done about political engagement. Therefore, addressing these issues through infrastructure improvement, monitoring mechanisms enforcement and public awareness enhancement are among the vital measures that will make the act more aligned with international standards. Moreover, proper data collection and resource distribution will further not only improve but also deliver true inclusion for Individual with any kind of Disabilities in India.

### **Challenges in the Implementation of Policies Framed for PwD in India:**

There are many impediments to the implementation of disability policies in India. Poor infrastructure and services particularly in rural areas are a major concern regarding accessibility for Persons with Disabilities (PwD), making it hard for them to access basic amenities. Healthcare as well as rehabilitation services is lacking especially in the remote regions. Additionally, there is still social stigma and negative attitudes towards the PwDs undermining

their integration into society. The lack of comprehensive data on PwD complicates effective policy targeting and monitoring even further. Although the Rights of Persons with Disabilities (RPwD) Act 2016 provides that 4% of government jobs should be reserved for PwD, actual employment rates are still very low indicating improper enforcement of this provision. Also, PwD's political participation is limited due to ineffective supported decision-making systems. These challenges point to a need for stronger institutional mechanisms, public awareness campaigns, and better data collection if the rights and inclusion of PwD in India are to be realized.

### **Disability and employment in India:**

In India, even with legal measures taken, employment opportunities for persons with disabilities (PwD) are few. According to the RPwD Act, 2016, 4% reservation upon government jobs is supposed to be allotted to PwDs while higher educational institutions must set aside 5%. Nonetheless, actual employment rates among PwDs are generally low especially in private sectors since this group is not given any encouragement to work there. Moreover, physical access is still a big hindrance because many organizations fail to provide access points either in terms of physical structures or support services as required by law. Also, lack of education about disability issues or stigmatization contributes towards the exclusion of PwDs from workspaces thus leading them into unemployment.

Additionally, many PwD are unable to obtain the requisite education and skills which limits their ability to get employed. There are some government schemes that promote vocational training for PwD but they lack adequate funding and implementation, especially in remote areas. To facilitate more job opportunities for PwD it is important to address these issues.

### **Education and PwD in India:**

Despite having social legislations such as the Rights of Persons with Disabilities (RPwD) Act, 2016 that promises free education for children with disabilities aged between 6-18 years in inclusive settings, educational access for persons with disabilities (PwD) in India continues to face multiple challenges. For instance, the lack of ramps, accessible classrooms, and learning aids among other infrastructural barriers make quality education inaccessible, especially in rural schools.

Moreover, there is a dearth of trained teachers and special education resources that can adequately cater to inclusive education. Comparatively few pupils with special needs (CWSN)

get enrolled in schools while some states have so much more than others. Likewise, high levels of stigma prevent many PWDs from attaining mainstreaming.

There have been attempts to boost inclusive education as well as increase vocational training chances for persons with disabilities (PwD). Nonetheless, the application of these policies is inconsistent, and substantial progress is still required to achieve complete participation of PWDs in the education system.

## **DISCUSSION**

Various researchers in the recent past have identified and categorized different subsets of the vulnerable population. These categorizations are primarily based on health service accessibility, and residence status (Afzal et al., 2024; Afzal et al., 2021). By and large physical disabilities remain largely enshrouded in recent times and need an update gap review and policy review, which is offered by the present study. The review aims to get a comprehensive insight into the current situation of PwD in the Indian context and the role of policies and schemes framed to readdress the issues and crises among the targeted population. The narrative review reviews and analyzes various disability-related policies, legislations and practices within the Indian context and how they measure up to the global framework, identifying the central challenges to their implementation. It has reached a consensus that the Rights for the individuals with Disabilities that is RPwD Act, 2016, is one of the major legal frameworks that is intended to give effect to the principles in the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) as the country. Nevertheless, even though the law seems all-encompassing, there is a great deal of inconsistency in its application, especially in the hard-to-reach regions even where the law has been fully adopted, such as treatment facilities and rehabilitation facilities for people with disabilities which are very few.

One of the primary point need to be focus that the variation in the usable portions of disability policies in different states associated with the country, India. Kerala and Tamil Nadu states are ranked at the higher levels of degree of achievements particularly, concerning managing and availing more data and rehabilitation centers. On the other hand, states such as Uttar Pradesh as well as Bihar rank very low when it comes to addressing the enabling environment and facilities for people with disabilities (PWDs). As discussed earlier, this apportionment of resources demonstrates other issues such as the uneven enforcement of policies and the bad allocation of resources, especially in the areas of inclusive education and employment of PWDs.

One of the provisions of the RPwD Act is to provide a 4% reservation for PWDs in government jobs, which is expected to improve their labor market outcomes. However, the actual employment rates are still very low, especially in the private sector, which is less supportive of PWDs. This challenge is made worse by the absence of facilities and vocational training in the countryside and even in the farthest distance. In addition to this, the lack of decision-making and political power among PWDs in India calls for the need to implement stronger supported decision-making and political engagement strategies.

The ease with which societies accept People with Disabilities (PWDs) is limited by cultural beliefs that are negative and socially discriminatory. Cultural factors make it more difficult to implement policies, more so within the education and employment sectors, where discrimination is rampant and limits PWDs opportunities to certain spheres. Researchers in the past have underscored the utility of health data for health policies and social scheme inception and implementation, especially in rural India (Sahota et al., 2024; Afzal et al., 2023; Afzal et al., 2022). However, the absence of adequate and appropriately disaggregated disability data poses problems for policymakers who would be otherwise able to target and oversee programs.

## **RECOMMENDATION**

There are four states, where more than 50% of disabled children are living, adding to these states cover a major part of the total population, these states are UP (20.31%) followed by Bihar (14.24%), Maharashtra (10.64%), and West Bengal (6.48%). Framing a policy to make special provisions for these states regarding intervention to the population with disability. A database is required to formulate well-organized policies that cover the interests of the targeted population.

Changes are long-lasting authentic and easy to implement when if it is initiated with the help of a grass grassroots-level approach. The identification of ideas and initiatives that led the holistic development in the living standard of PwDs, (initiatives may be a scheme or program or it may be the idea of an NGO or related societies).The identification of the reference states, where the condition of PwD is better as per the standard set by national or international agencies and ideas or initiatives used in those states could be taken as ideal to change the overall condition PwDs in other states.

## **CONCLUSION**

To conclude, although the legal measures pertaining to disability in India comply with international norms, challenges are still relevant to their implementation, accessibility, and

how society perceives them. The necessary changes in overcoming these obstacles to PWD's full rights and inclusion in India's society will depend on the better collection of data, stronger institutional mechanisms, and awareness campaigns aimed at the public.



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