

Challenges Faced by Girls with Physical Disabilities and the Role of Familial and Institutional Assistance in Supporting their Career Goals: An Appraisal

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ABSTRACT

The study, entitled- Challenges faced by Girls with Physical disabilities and the role of Familial and Institutional Assistance in supporting their career Goals: An Appraisal aimed to understand the lives of young girls with locomotor disabilities and the factors promoting and inhibiting the vocational opportunities available to them. These girls were registered with Pt Deendayal Upadhyaya National Institute for Physical Disabilities. The study was based on the premise that building an understanding about the challenges faced by girls with disabilities can help to plan programmes and interventions with greater sensitivity so as to provide support for their development and well being. The disability leads to limited opportunities for people, it restricts them from doing most of the activities able bodied people can do. The purpose of the research was to understand the future aspirations of girls affected by physical disabilities, who have taken vocational training or are pursuing it. It was a descriptive study with a combination of qualitative and quantitative aspects. The study was conducted with 60 girls in the age group of 18-21 years with locomotor disability of more than 40% as per Government of India norm. Out of them 30 girls had already completed a vocational course and 30 were currently enrolled in a vocational course at PtDeenDayalUpadhyaya National Institute for Physical disabilities. The various challenges articulated by these girls have been classified into- reactions from people around them in the family, neighborhood and in the community, infrastructural barriers at public places, educational sufferings, discrimination at educational institutes and aspirations for family life. The families of the girls with disabilities have supported them to the extent that these girls have become self reliant and independent by getting enrolled in vocational courses such as: IT support services, hair and skin care services, embroidery and customer relation management. Government Institutes are the places with professional support mechanisms where these girls get treated equally with dignity. Except a few, most of them aspired a family life with understanding life partner.

Key Words : Physical disabilities, Challenges, Role of familial and Institutional Assistance, Career goals

INTRODUCTION

Humans have been constantly endeavouring to exercise control over diseases, the quest for help and happiness have been one of the most important goals of mankind. The right to life and health is viewed as of “seminal value” underline the entire development of human rights in modern democratic societies. Everyone has the right to standard of living adequate for wellbeing

of himself and of his family.

The specter of disability has haunted the mind set of public since pre historic time. The link of disease with moral imperfection an evil has traditionally influenced the social attitude towards disabled persons.

The magnitude of disability varies from society to society. Firstly, wars, industrialization, disease, accidents and other emerging social situations contribute to make disability a continuous problem in both developed and

developing societies. Secondly, the lack of comprehensive policies regarding the prevention of disabilities and the rehabilitation facilities forces the disabled to take the help of their family and go for public assistance which create additional burden on the family and society. Like their fellow men disabled person first and foremost are human beings with the same physical needs of food, warmth and shelter and other necessities contributing to self-fulfillment, safety, security, love, sense of belonging, self-esteem and opportunities for new experiences, personal growth and creativity.

This means they have the capacity to think, feel and act as normal individual and therefore deserve equal status in society. The plight of the disabled in both the developed and developing societies is quiet bad. They are still deprived of their basic human rights like opportunities to play, to receive education, training and rehabilitation and even to interact with their peers. However, many of them are abused as curse of god and are subjected to malnutrition, neglect and mental torture.

Disability itself is a great curse, but it is all the more acute and horrific when the individual so affected are women, who are subjected to dual discrimination-firstly because of their gender and secondly because of their specific disabilities. The policy towards disabled persons has passed through four phases: exposure and destruction, care and patronage, education and vocational training and social assimilation.

The global movement to achieve human rights for the disabled is a recent phenomenon having gained momentum with the support from the United Nations. The physically handicap person bears a double burden of actual disability and that of the social disability. It is assumed that crippled in body are crippled in mind as well because of this widely defused public attitude, they often regard themselves in the same manner. And, as a result of brooding loneliness and ill treatment actually become mentally as well as physically unstable.

One of the specific and fundamental needs of the disable person is the identification of disability in the right human and medical framework before the person receives thee personal care from the family and professional help. Parents uninformed of possibility of rehabilitation, resign themselves to acceptance of the deformity as a result of some unknown crime and postponed treatment until too late.

People with disabilities are vulnerable because of the many barriers they face: attitudinal, physical and

financial. Addressing these barriers is within our reach and we have a moral duty to do so. Addressing these barriers will unlock the potential of so many people with so much to contribute to the world.

Governments everywhere can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education and employment- and never get the chance to shine (Stephen Hawking).

As per Census 2011, in India, out of 121 Cr population about 2.68 Cr persons are 'disabled' which is 2.21% of the total population. According to World Health Organization: 'Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.'

People are labled as disabled because they look different from rest of the society on the account of their appearance behavior and capacity to learn. The National Sample Survey Organization (NSSO) defined disability as "Any restriction or lack of ability to perform an activity in the manner or within a range considered normal for human being.

The other definitions used are

Visual Disability: A person is treated as having visual disability if he/she had no light perception and also who has light perception but could not count of her hand correctly using glasses from a distance of three meter in good day light with both eyes open.

Hearing Disability: A person was treated as having hearing disability if he/she cannot hear at all or could hear only loud sounds or shouted words or could hear only when speaker is was sitting in the front, or would usually ask to repeat the words spoken or would like to see the face of the speaker.

Speech Disability: Speech of the person was judged to be disordered if the person's speech was not understood by the listener, drew attention to the manner in which he/she spoke than to the meaning, and was aesthetically unpleasant.

Locomotor Disability: It was defined as the loss or lack of normal ability of an individual to move both himself/herself and/or objects from one place to another. It may occur due to: paralysis of limb or body, deformity in the limb(s), loss of limb(s), dysfunctioning of joints of

the limb(s) and deformity in the body other than that in the limb (e.g. deformity in the spine, or in neck or dwarfing or stunting).

Impairment: Any loss or abnormality of psychological, physiological or anatomical structure or function.

Disability: It is a restriction or lack of ability to perform an activity in the manner or within the range considered normal for human life.

Handicap: It is a disadvantage for a given individual resulting from an impairment or disability that limits or prevents the fulfillment of a role that is normal for that individual.

In the definition given by the **Planning Commission of India**, a disabled person means a person who is

- a) Blind
- b) Deaf
- c) Having orthopedic disability; or
- d) Having neurological disorder;
- e) Mentally retarded.

The definition includes ‘any person who is unable to ensure himself /herself, wholly or partly, the necessities of a normal individual or social life including work, as a result of deficiency in his /her physical or mental capability’.

Blind : A person shall be deemed to be blind if he/she suffers from either of the following conditions-

- a) Total absence of sight;
- b) Limitation of the field of vision subtending an angle of 20 degree or worse.

Deaf : A person shall be deemed to be deaf if he/she has lost 60 decibels or more in the better ear in the conversational range of frequencies.

In the new law – Persons with Disabilities (Equal Opportunities, Protection of rights and Full Participation) Act 1995

Mental Retardation means a condition of arrested or incomplete development of mind of a person which is specially characterized by subnormality of intelligence.

Women and Disability:

Handicapped women are doubly discriminated against as a result of being both disabled and female. Saviola (1981) described this situation as “double jeopardy” since the stereotypes ascribed to both disabled people and women consist of passivity, dependence, helplessness and failure. Disabled females may be considered members of “a multiple minority group”

(Deegan, 1981) since they are the recipients of discrimination and prejudicial attitudes from several groups simultaneously. They are the victims of a “less than whole” attitude held by able bodied women and men as well as a “sexist” attitude held, not only by able bodied persons, but also by disabled men in their own subculture.

Early education experience of Disabled girls:

Disabled girls experience particular isolation and trauma when exposed to educational system, and the law requiring that children receive some kind of education has been differentially applied to disabled boys and girls.

Girls and women with physical impairments face a number of difficulties in both early and post secondary education. Because boys have tended to out-number girl in several disabilities categories and have been more highly visible both in activity and achievement efforts, they have been more successful than girls in competing for financial support. Girls may experience frustration in their schooling via the traditional sex role stereotypes.

Vocational rehabilitation:

“The term rehabilitation is used in a double sense: 1. It is used broadly as a collective title to describe those facilities which are wholly or mainly vocational in character and which are necessary for the restoration of disabled person to the working community. 2. It is also used to signify the final result of the successful application of these vocational facilities, viz., the satisfactory placement of the disabled person in suitable employment.”

The entire structure of vocational rehabilitation is build upon the residual abilities rather than lost capacities. Another principle of vocational rehabilitation is that a disabled individual should never be trained around his disability.

Vocational training:

Vocational training is important component of the vocational rehabilitation process and is a step following vocational guidance.

Types of training for disabled:

- Training with able bodied- training the disabled with the able bodied has advantages that are partly psychological and partly dictated by practical necessity.
- Training leading to placement- The British Interdepartmental Committee pointed out “Training is

worse than useless if at the end of it the persons trained cannot be placed with reasonable speed. The disabled person must be trained for a job for which there is a demand.

– Retraining for old job- an emphasis is placed on training the disabled for his former job or one closely related to it.

Vocational training is considered to be important for women with disabilities so that they become independent and are able to face the hardships of life they have to go through in order to survive in the society. In the Private Institutes disabled women tend to face discrimination and bullying hence there is a less number of disabled women in the mainstream courses hence they opt for vocational trainings where people similar to them are enrolled.

METHODOLOGY

The study was based on the premise that building an understanding about the challenges faced by girls with disabilities can help to plan programmes and interventions with greater sensitivity and holistically so as to provide them support for their development and well being. The purpose of the research was to understand the future aspirations of girls affected by physical disabilities, who had taken vocational training or are pursuing it. The study tried to gain insights into the enabling and limiting factors with respect to their career and the kind of familial and the institutional support they seek to realize their dreams.

Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities (PDDUIPH) is a pioneer Institute which is an Autonomous organization under the administrative and financial control of Ministry of Social Justice and Environment, GOI. It aims to serve the persons with disabilities of all age groups. Through this Viklang Sahara Samiti (A Non Profit Organization) came into light, working for the welfare and education of disabled and normal youths from the economically weaker sections since 1994.

The chapter elaborates the overall plan of the study and delineates the steps taken during the process of the study.

Objectives of the Study:

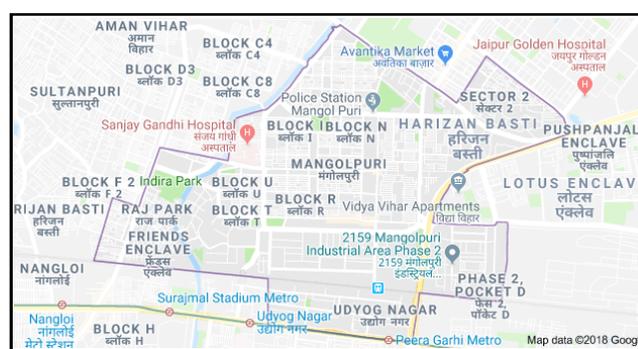
General Objective:

To understand the challenges faced by girls with disabilities and the role of familial and institutional support in helping them realize their dreams.

Specific Objectives:

1. To recognize the physical, emotional and economic challenges faced by girls with disabilities in pursuing vocational training.
2. To examine the kind of support and services girls need to deal with the challenges faced by them.
3. To gain insight into the enabling and limiting factors in availing the services and support from family and Institutions.
4. To analyse the practices of girls with disabilities who have been able to manage their physical disability well.

Locale of the study: Mangol Puri, Delhi



It was noticed that most of the physically challenged girls in the Mangol Puri (North west Delhi) area were not able to avail the facilities provided by the Central or the State government. Therefore an NGO named Viklang Sahara Samiti, Delhi, based in Mangol Puri area was chosen as the centre for the study. The girls who were registered with PDDUIPH got themselves enrolled to get vocational training in different courses such as: IT support services, Hair and Skin care services, Embroidery and Customer Relation Management at Viklang Sahara Samiti, Delhi.

Sample:

Sample Selection:

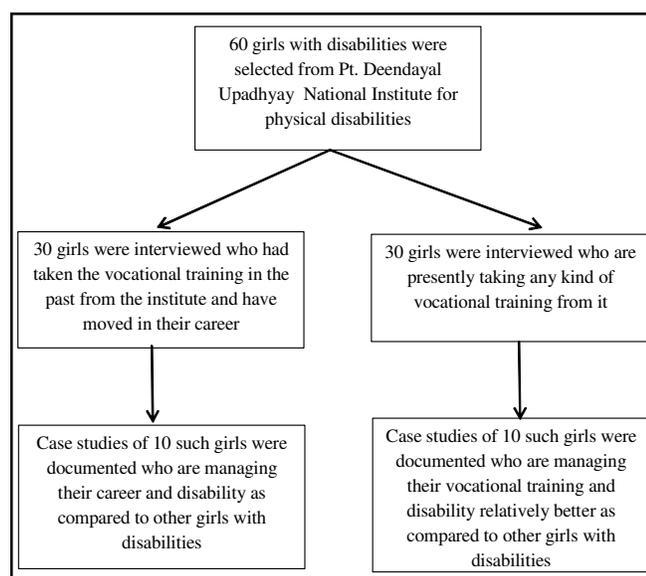
It was a descriptive Study with a combination of quantitative and qualitative aspects. The study was conducted on Girls with disabilities with 40% or more locomotor disability defined by Government of India norms. The girls registered with PDDUIPH were included.

Sample Size and Inclusion Criteria:

The sample of the study was 60 girls with locomotor

disabilities from age group 18-21 years. Out of them 30 girls were selected who had taken the vocational training from Viklang Sahara Samiti in the past and the other 30 girls were the ones who were presently taking any one vocational training from there. Out of these, case studies of 20 such girls were documented of which 10 girls who had taken the vocational training in the past and the other 10 who were presently enrolled and have moved in their career relatively better than other girls.

Sample size :



Inclusion Criteria :

1. Only the girls with disabilities who were registered with the Institute and who had availed any assistive device service for their disability and also seek vocational training or have taken some vocational training from the institute in the past were included in the study.
2. Girls within the age group of 18-21 years who possess certificate of disability and are residents of Delhi.

Sampling Technique:

Purposive Sampling Technique was used for the study to include only those girls who possessed certificate of disability and who had availed the assisted device services in the past from Pt. Deendayal Upadhyay National Institute for Physical Disabilities and were getting vocational training support.

Purposive Sampling as the nature of the study was quite sensitive. It was difficult to get permission from the

families to include their daughters in the study. The girls enrolled at Viklang Sahara Samiti were approached through the organization. After building rapport with the girls permission was sought from their parents to include them in the study.

Tool for Data Collection:

Interview Schedule:

1. Interview schedule was used for understanding the enabling and limiting factors in pursuing vocational training by the girls.
2. It included open and closed ended questions covering various essential aspects of the relation of the girls with the family members.

Method of Data Collection:

Data Collection Process:

1. Permission was sought from PDDUIPH to interview the girls with disabilities at the vocational training centre.
2. With the permission of the organization, girls with disabilities were either called at the centre on a visit for the purpose of data collection or visiting the centre for their own work regarding training and support were interviewed.
3. Home visits in some cases where girls with disabilities were unable to come at the centre were undertaken.

Analysis and Interpretation:

Data was analysed using Qualitative and Quantitative methods.

Post facto Variables for analysis of data include literacy levels, access to education and skill training for girls with disabilities.

Analysis of interview schedule: Code sheet was prepared, dummy quant tables were prepared to check for discrepancy, if any. After proper change and value addition methodology of making quant tables was determined and then further applied to the sample of 60 girls with disabilities.

RESULTS AND DISCUSSION

The research study entitled “Challenges Faced by Girls with Physical Disabilities and the role of Familial and Institutional Assistance in supporting their career goals: An Appraisal” was carried out in Mangol Puri region of North West Delhi.

The study was carried with girls with locomotor disability registered with Pt. Deen Dayal Upadhyaya National Institute for Physical Disabilities and who enrolled themselves in one of the vocational training courses at an NGO – Viklang Sahara Samiti in MangolPuri region.

The study was divided into parts:

Part 1: 30 girls between the age group of 18-21 years who were previously enrolled in one of the different types of vocational training courses at NGO: Viklang Sahara Samiti.

Part 2: 30 girls between the age group of 18-21 years who were currently pursuing any one vocational training courses at NGO: Viklang Sahara Samiti

This chapter includes findings obtained from semi-structured interviews and case studies. The findings of the study are as follows:

Profile of the Respondents:

For the present study, to understand the background information of the respondents different categories were made.

Age of the Respondents:

Since the study was carried out with the girls affected with locomotor disability who were between the age group of 18-21 years as they were mature enough to express the ordeal they were going through in various forms. The age pattern for the girls who were previously enrolled in vocational training shows that more than half of them were in the younger age group of 18-19 while

among the currently enrolled 66.66% of them were in the age group of 20-21 years (Table 1).

Qualification of the girls:

The pattern for the qualification of the girls who were previously enrolled in the vocational training highlights that the 30% of the girls had completed their class 12th similarly among the currently enrolled group too 36.66% of the girls had completed their class 12th. It was also noticed that due to reasons related to their health some girls couldn't complete their formal education so they had opted for open schooling (Table 2).

Caste of the Girls

From the Table 3, it can be inferred that majority of the girls in the study who were earlier enrolled in vocational training belonged to ST category *i.e.* (26.66%), followed by SC category *i.e.* (20.00%) and then OBC category *i.e.* (16.68%) and General category *i.e.* (3.33%), whereas on the other hand from the girls who were currently pursuing vocational training maximum numbers were from General category families *i.e.* (46.66%), followed by OBC category *i.e.* (26.66%) then SC category *i.e.* (23.34%) and then ST category *i.e.* (3.34%).

Through the background profile of the girls it can be said that caste played a role as overall, maximum girls who had either completed or were currently pursuing came from general category families.

Majority of the girls had completed their class 12th but could not go for higher education. Because of the limited mobility due to locomotor disability. Shortage of

Table 1 : Age of the Girls

Age (in years)	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
18-19	16	53.44	10	33.34	26	43.34
20-21	14	46.66	20	66.66	34	56.66
Total	30	100.00	30	100.00	60	100.00

Table 2 : Qualification of the Girls

Qualification	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
8 th	5	16.66	0	0.00	5	8.34
10 th	7	23.34	9	30.00	16	26.66
12 th	9	30.00	11	36.66	20	33.34
Open Schooling	4	13.34	3	10.00	7	11.66
Graduate	5	16.66	7	23.33	12	20
Total	30	100.00	30	100.00	60	100.00

Table 3 : Caste of the Girls

Caste	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
SC	6	20.00	7	23.34	13	21.68
ST	8	26.66	1	3.34	9	15.00
OBC	5	16.68	8	26.66	13	21.66
General	1	3.33	14	46.66	25	41.66
Total	30	100.00	30	100.00	60	100.00

disabled friendly infrastructure, gender bias and poverty, the development potential of these girls was highly compromised.

Initial years of disability for the Respondents:

To understand about the age at which the disability had occurred to the girls, their reactions towards it and how family and neighbours reacted to it, different categories were made

The age at which disability had occurred:

The Table 4 also indicates that in the previously enrolled category 56.66% of the girls had the disability after first five years of their life either due to some road accident, poor financial conditions, side effects of some injection or because of improper muscle and bone formation.

Whereas in the currently enrolled category 60.66% of the girls faced the disability within first five years of their life due to lack of nutrition , improper growth, lack of institutional assistance at the time of birth and even

side effects of medicines.

At the time of birth only 16.66% of the girls in both the categories suffered with the disability that made it clear that at the time of birth they were healthy but as they grew due to ignorance they had to suffer with life-long locomotor disability.

Initial reaction of the Respondents:

The Table 5 indicates the very first reactions of the girls when they encountered disability. In the category of the girls who were previously enrolled in vocational training a total of 69% of the girls had felt disheartened but could do nothing, they cried a lot to express their emotions and even tried hard to maintain a normal life post the incidence. 10.00% of the girls accepted it as God’s will while 20.00% could not believe that it happened with them.

On the other hand the girls who were currently enrolled in vocational training, 46.00% of the girls cried a lot and felt disheartened as nothing could be done at that point of time rather than accepting it and living a normal

Table 4 : Age at which Disability occurred

Age	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
At birth	5	16.68	5	16.66	10	16.66
Between 0-5 years	8	26.66	18	60.66	26	43.44
After 5 years	17	56.66	7	23.34	24	40.00
Total	30	100.00	30	100.00	60	100.00

Table 5 : Initial reaction of the Respondents

Reactions	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
Couldn’t believe it happened	6	20.00	6	20.00	12	20.00
Felt disheartened but nothing could be done	7	23.33	7	23.33	14	23.66
Cried a lot	7	23.33	7	23.33	14	23.66
Tried hard to maintain normal life	7	23.33	4	13.33	11	18.33
Accepted as God’s will	3	10.00	6	20.00	9	15.00
Total	30	100.00	30	100.00	60	100.00

life with it.

Reactions of family members of the Respondents:

From the Table 6 it can be interpreted that family plays a major role in supporting each other in all the circumstances. The category of the girls in which they were previously enrolled 33.33% of the family members reacted as if they could do nothing except supporting their girls during harsh circumstances.

30.00% of family members were shocked as they could not expect this to happen to their child and none of them consulted doctors regarding the disability due to poor finances. Among the girls in the currently enrolled category also the pattern remained the same. However, a concern which emerges is that disability occurred due to ignorance and poor health seeking behavior to manage disability exacerbated the problem for them.

Neighbours' Reactions:

From the above Table 7, it can be seen that majority of the neighbours of the girls who were previously enrolled gave recommendation for doctors *i.e.* (96.66%) and consoled the parents of the girls *i.e.* (93.33%). The girls who were currently enrolled in vocational training,

expressed that their neighbours were very supportive towards them.

In majority of the cases, neighbours gave advice and supported them and even recommended doctors for them.

Disabled person(s) in the family:

The Table 8 indicates that these girls generally had no other person(s) in the family with disability.

Therefore, it can be inferred that for most of them, disability was not due to heredity but was because of their family's social and economic situation and circumstances.

Problems faced by girls with locomotor disabilities:

To understand the problems the girls tend face in day to day lives living with locomotor disability, the following categories were formed.

Discrimination in comparison to able bodied siblings:

From the Table 9, it can be interpreted that 93.44% of the previously enrolled girls did not face any discrimination at home in comparison to their able bodied siblings, whereas only a small percent of 6.66% had faced

Reactions	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
Could do nothing	10	33.33	12	40.00	22	36.66
Accepted as God's will	4	13.33	7	23.33	11	18.33
Shocked	9	30.00	3	10	12	20
Supported	7	23.33	2	6.66	9	15
Consulted doctors	0	0	6	20	6	10
Total	30	100.00	30	100.00	60	100.00

Reactions	Previously Enrolled		Currently Enrolled		Total	
	n1/30	%	n2/30	%	N/60	%
Gave advice	26	86.66	28	93.33	51	90.00
Consoled parents	28	93.33	28	93.33	56	93.33
Recommended doctors	29	96.66	29	96.66	58	96.66
Supported the girls	28	93.33	29	96.66	57	95.00

Disabled Family Member	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
Yes	3	10.00	2	6.66	5	8.44
No	27	90.00	28	93.44	55	91.66
Total	30	100.00	30	100.00	60	100.00

Table 9 : Discrimination in comparison to able bodied siblings

Discrimination at home	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
Yes	2	6.66	10	33.44	12	20.00
No	28	93.44	20	66.66	48	80.00
Total	30	100.00	30	100.00	60	100.00

the discrimination at home.

On the other hand, the girls who were currently enrolled in the training program 33.44% of them had faced discrimination on the basis of the attention the parents give to their children, the educational opportunities and the support from the parents.

Physical problems in daily life:

The Table 10 indicates the problems the girls with locomotor disabilities had to face daily were: in the currently enrolled category 60.00% of the girls had to face a major problem of travelling as locomotor disability proves to be a major hurdle in it. 46.66% of the girls had faced the problem of coping up with the chores they had to perform daily. The girls who faced the problem of sitting on floor and going out with friends seems to be the least at 23.33%.

On the other hand, the currently enrolled girls also had to face a problem of travelling longer distances *i.e.* 63.33% and the least they had to face the problem of

managing personal hygiene *i.e.* 30.00%.

Infrastructural barriers were faced by girls with locomotor disabilities at public places and public transport:

The Table 11 can be interpreted in the following way:

It shows the different infrastructural barriers the girls had to face in public places and public transport. Under the currently enrolled category of girls in vocational training, the major barriers that came in their path were travelling in public transport such as a rickshaw and the bus which is 56.66% of girls for both bus and rickshaw. The least barriers the girls had to face was the unavailable or limited availability of proper medical infrastructure for the disabled that was reported by 26.66% of the girls.

On the other hand the trend in the responses of currently enrolled girls is shown as the unavailability of disable friendly platform at public places comes out to be a major barrier for the girls with locomotor disability for

Table 10 : Physical Problems in Daily life

Problems faced daily	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
Daily chores	14	46.66	13	43.33	27	45.00
Travelling	18	60.00	19	63.33	37	61.66
Personal Hygiene	12	40.00	9	30.00	21	35.00
Playing sports	11	36.66	16	53.33	27	45.00
Sit cross legged	10	33.33	11	36.66	21	35.00
Sit on floor for long	7	23.33	12	40.00	19	31.66
Difficulty in going out with friends	7	23.33	11	36.66	18	30.00

Table 11 : Infrastructural barriers were faced by girls with locomotor disability at public places and public transport

Infrastructural Barriers at public places and transport	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
Riding a rickshaw	17	56.66	17	56.66	34	56.66
Travelling in a bus	17	56.66	17	56.66	34	56.66
In availability of disable friendly platform at public places	17	56.66	22	73.33	39	65
Broken roads	15	50.00	15	50.00	30	50
Medical infrastructure	8	26.66	15	50.00	23	38.33
Unavailability of disable friendly seating arrangement in public places	16	53.33	13	43.33	29	48.33

about 73.33% of the girls reported it. This can be due to bad roads and insufficient provisions due to lack of concerted policy implementation to create disable friendly platform at public places. The least problem is faced due to unavailability of disable friendly seating arrangement at public places *i.e.* 43.33% of the girls said this.

Display of Anxiety:

The Table 12 indicates that how the girls cope up with anxiety they have to go through for seeing themselves as someone different from others. Some displayed their anxiety before others while others could control and keep inside themselves.

Under the previously enrolled category, a major section of the girls *i.e.* (73.44%) could control their anxiety and do not display and the same trend of 73.44% of the girls saying that they control their anxiety, were currently enrolled in the vocational training course

Management of daily activities:

To understand about how the girls with locomotor disability tend to manage their daily activities and try to maintain a normal life, some categories were drawn, these were:

Practices to manage daily routine:

The Table 13 gives us the list of practices that the girls with locomotor disabilities can perform to manage daily routines as a help to others. 46.66% of the previously enrolled girls could help their mothers in household chores like washing dishes and clothes that can be done while sitting. On the other hand, 60.00% of the currently enrolled are involved in this. 70.00% of those previously

enrolled can manage personal hygiene like self grooming and dressing, while 53.33% of those currently enrolled were able to indulge in these activities.

76.66% of the disabled girls previously enrolled were able to go out for vocational training as compared to the 66.66% of those currently enrolled.

For travelling outside the house 46.66% of those previously enrolled are able to do it independently as compared to 50% of those currently enrolled. Even 46.66% of the girls are able to take care of their younger siblings and for those currently enrolled is 66.66%. These were some of the jobs they can handle on their own.

Activities where support is required:

The pattern remained similar for both set of respondents. Those who were previously enrolled 56.66% of the girls with locomotor disability reported that they required support for climbing stairs, 70.00% were unable to stand for long, about 80.00% needed support while walking on bad roads, 12.00% while working with foot on sewing machine. Even 30.00% of them required help while sitting on the floor (Table 14).

As compared to them those who were currently enrolled, almost the same % *i.e.* 56.66% need help to climb stairs, 60.00% can't stand for long without support. 66.66% needed care while walking on bad roads, 50.00% of them were unable to do foot work on sewing machine without assistance. Almost 30.00% need help to sit on floor.

Managing disability and career:

The different ways in which the girls with locomotor disabilities try to manage their education and career along

Table 12 : Display of anxiety

Angry at others	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
No	22	73.44	22	73.44	44	73.33
Yes	8	26.66	8	26.66	16	26.66
Total	30	100.00	30	100.00	60	100.00

Table 13 : Practices to manage daily routine

Practices to manage daily routine	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
Helping mother in household chores	14	46.66	18	60.00	32	53.33
Managing Personal Hygiene	21	70.00	16	53.33	37	61.66
Going out for vocational Training	23	76.66	20	66.66	43	71.66
Travelling	17	56.66	15	50.00	32	53.33
Taking care of younger siblings	14	46.66	20	66.66	34	56.66

Table 14 : Activities where support is required

List of activities where support is required	Previously Enrolled		Currently Enrolled		Total	
	n1	%	n2	%	N	%
Climbing stairs	17	56.66	17	56.66	34	56.66
Standing for long	21	70.00	18	60.00	39	65.00
Walking on bad roads	24	80.00	20	66.66	44	73.33
Foot work on sewing machine	12	40.00	15	50.00	27	45.00
Sitting on floor	9	30.00	9	30.00	18	30.00

with it could be understood by different categories. These were:

Effect of disability on current educational status:

The Table 15 indicates that as far as the effect of disability on their educational status is concerned the girls with locomotor disabilities faced different problems. Only 13.33% girls had lost their original certificates as well as could not afford open schooling as compared to the currently enrolled girls. 20.00% of the previously enrolled girls got less opportunities but only 10.00% of the currently enrolled girls faced this problem. 10.00% of the previously enrolled girls were discriminated at their Educational Institute while 6.66% of the girls who are currently enrolled faced this problem.

Future aspirations of physically disabled girls:

From the Table 16, it can be inferred that as far as the future or ambition of girls with locomotor disability is concerned the previously enrolled 23.33% girls wanted to get married as compared to 10.00% of currently enrolled. 10.00% wanted to start their business but none of the currently enrolled were able to say so may be because they were not sure of their competence at this stage. Only 6.66% of the previously enrolled it was comparatively noted that is 20.00%

Earlier, it was 20.00% of the girls who wanted to work in a parlour rather than being the owner and 10.00% of the currently enrolled wanted to start their own parlour. Earlier they wanted to settle down after completing the course but the currently enrolled girls wanted to pursue another course do a further course. 20.00% of the

Table 15 : Effect of Disability on Current Educational status

Effect of disability on Current Educational status	Previously enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
No effect	17	56.66	12	40.00	29	48.33
Crossed the age limit	3	10.00	2	6.66	5	8.33
Original certificates lost	4	13.33	12	40.00	16	26.66
Could not afford open schooling	4	13.33	5	16.66	9	15.00
Time Constraints	7	23.33	5	16.66	12	20.00
Less opportunities for the disabled	6	20	3	10.00	9	15.00
Discrimination at Educational Institutes	3	10	2	6.66	5	8.33

Table 16 : Future Aspirations of physically Disabled Girls

Future aspirations	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Want to get married	7	23.33	3	10.00	10	16.66
Will go with the flow of life	7	23.33	8	26.66	15	25.00
Start a small business	3	10.00	0	0.00	3	5.00
To do a job and earn	2	6.66	6	20.00	8	13.33
To work in a parlour	6	20.00	2	6.66	8	13.33
To start own parlour	0	0.00	3	10.00	3	5.00
Will do a further course	4	13.33	2	6.66	6	10.00
To do a call centre job	1	3.33	6	20.00	7	11.66
Total	30	100.00	30	100.00	60	100.00

currently enrolled girls were excited to do a call centre job but very few of those who had finished the vocational training course was only 3.33%.

Effect of disability on career aspirations:

The data in Table 17 shows the effect of disability on career aspirations of the girls *i.e.* 26.66% of the previously enrolled girls had limited opportunities, while 20.00% of the currently enrolled girls are hopeful of opportunities. Earlier 6.66% of those girls who had completed their course were confused and scared of the society and 16.66% were unable to focus on studies or work efficiently but currently 23.33% are scared and afraid of the society of how will they be accepted or what kind of reaction they will receive from people. 16.66% were very focused while 6.66% are unable to work efficiently.

Career through vocational training:

Some girls had to drop out from their formal education due to their disability and in order to pursue a career they were enrolled in vocational trainings. To understand how they built their career through such trainings is as follows:

Source of information about Pt. Deendayal Upadhyay National Institute for physical disabilities:

The Table 18 brings out that there were many

sources who informed the girls about Pt. Deendayal Upadhyay National Institute for Physical disabilities. Previously enrolled 30.00% got information through advertisement, 33.33% through phone call, 10.00% through neighbours and friends and 16.66% through parents.

Enrollment in different types of vocational training:

The Table 19 indicates that on getting enrolled in the Institute the girls came across variety of vocational training courses. Previously 3.33% enrolled in IT Support services but currently no one opted for it. Earlier only 13.33% preferred Hair Care Services which had now increased to 20.00%. Whereas the preference for skin care services is same for both previously enrolled and currently enrolled girls *i.e.* 36.66%. Only 10.00% of the girls had applied for embroidery course in both the cases. Previously 36.6% were interested in Customer Care Relation training which had now come down to 33.33%.

Factors enabled getting enrolled into vocational training course:

According to the Table 20, it is evident that the girls were able to get enrolled because of the affordability of the course (43.33%). Support of parents was another contributory factor as per 35.00%, support of peers was important for 16.66%. The infrastructure which is disable

Table 17 : Effect of disability on career aspirations						
Effects	Previously Enrolled		Currently Enrolled		Total	
	n 1	%m	n 2	%	N	%
Limited opportunities	8	26.66	6	20	14	23.33
Confused and scared	4	6.66	7	23.33	11	18.33
Unable to focus on studies	5	16.66	7	23.33	12	20.00
No effect	4	13.33	2	6.66	6	10.00
Focussed	3	10.00	5	16.66	8	13.33
Unable to work efficiently	6	20.00	2	6.66	8	13.44
Total	30	100.00	30	100.00	60	100.00

Table 18 : Source of information about Pt Deendayal Upadhyaya National Institute for Physical Disability						
Source of information	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Advertisement	9	30.00	3	10.00	12	20.00
Phone Call	10	33.33	8	26.66	18	33.33
Neighbours	3	10.00	4	13.33	7	11.66
Friends	3	10.00	10	33.33	13	21.66
Parents	5	16.66	5	16.66	10	16.66
Total	30	100.00	30	100.00	60	100.00

Table 19 : Enrolment in different types of Vocational Training

Type of Vocational Training	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
IT Support Services	1	3.33	0	0.00	1	1.66
Hair Care Services	4	13.33	6	20.00	10	16.66
Skin Care Services	11	36.33	11	36.66	22	36.66
Embroidery	3	10.00	3	10.00	6	10.00
Customer Care Relation	11	36.66	10	33.33	21	35.00
Total	30	100.00	30	100.00	60	100.00

Table 20 : Factors enabled getting enrolled into vocational training course

Factors	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Affordability	15	50.00	11	36.66	26	43.33
Parents Support	12	40.00	9	30.00	21	35.00
Peer Support	8	26.66	2	6.66	10	16.66
Disable friendly Platform	6	20	10	33.33	16	26.66
Encouraging Trainers at the centre	10	33.33	4	13.33	14	23.33

friendly resulted in increase in the enrollment numbers of disabled girls from 20.00%-33.33%. Even the trainers at the centre were encouraging and hence who got enrolled wished to complete this training.

Factors that have helped to overcome the hurdles:

Though girls had to face the hurdles in their path of training there were factors that helped them to overcome the hurdles. Parents supported them (43.33%) and 36.66% received support of their friends. The atmosphere at the training centre was just. 30.00% found people at the centre were friendly (Table 21).

Peoples behavior towards the girls at the centre:

From the Table 22 it can be interpreted that people at the training centre showed positive attitude towards the girls. Majority of the people at the training centre were supporting and friendly towards girls i.e. 86%. 31.66% of the girls felt that there was strictness at the centre and were not free to ask doubts.

Scope of training in building up of the career for girls with locomotor disability:

From the Table 23, it can be inferred that as a result of the training the girls were hopeful of building up their

Table 21 : Factors that have helped to overcome the hurdles

Factors	Currently Enrolled		Previously Enrolled		Total	
	n 1	%	n 2	%	N	%
Parents support	13	4.33	13	43.33	26	43.33
Peer support	10	33.33	12	40.00	22	36.66
No discrimination at the vocational training centre	6	20.00	6	20.00	12	20.00
Minimal or no fees	9	30.00	7	23.33	16	26.66
Friendly people at the centre	12	40.00	6	20.00	18	30.00

Table 22 : People’s behavior towards the girls at the Training Centre

Behaviour	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Supporting	10	33.33	16	53.33	26	43.33
Friendly	12	40.00	14	46.66	26	43.33
Understanding and Encouraging	17	56.66	6	20.00	23	38.33
Sometimes Strict	9	30.00	10	33.33	19	31.66

Table 23 : Scope of training in building up of the career of the respondents

Scope	Previously Enrolled		Currently Enrolled		Total	
	n	%	n	%	N	%
Job related to the training received	10	33.33	18	60.00	28	46.66
Business of readymade garments	2	6.66	0	0.00	2	3.33
Work in a boutique	5	16.66	0	0.00	5	8.33
Call Centre job	10	33.33	5	16.66	15	25.00
Further pursue IT based Courses	7	23.33	6	10.00	13	21.66
Start a parlour by seeking loan from the Government	7	23.33	7	23.33	14	23.33

career. Almost half of the girls *i.e.* (46.66%) wanted to do a job related to the course they had done. A quarter of all the girls wished to do a call centre job. A very few number of girls *i.e.* (3.33%) were ready to start a business of ready-made garments by seeking loan from the Government.

Role of training centre in finding the job:

The training centre didn't helped in findings jobs for the girls. Only a negligible number of girls *i.e.* (1.66%) could get an opportunity to sit for interviews for the course of IT support services but the future process was discontinued due to some undisclosed reasons (Table 24).

Family's support in building up of the career:

There are many factors that support in building up of the career. The family's support is a major one. A total of 26.66% of the girls had the family as the guiding support in all possible ways of finding a job, taking loan for their child to set up a small business (Table 25).

Aspirations for family life:

Though the families gave full support to their daughters but they had aspirations for them. Almost half of the girls *i.e.* (45.00%) have not thought of getting married in the near future. A very small proportion of just 8.33% of the girls will marry the person they love (Table 26).

Personal learnings at the centre :

To understand what the girls had actually gained from vocational training the following categories were formed.

Personal learnings at the centre from: Teachers :

As far as the learning is concerned, a total of 48.33% of the girls learnt to move towards a right path, 43.33% of the total girls learnt to understand the different situations and never give up on them. Though 11.66% of the girls learnt nothing from their teachers at the training centre

Table 24 : Role of training centre in finding the jobs

Training centre helps in finding the job	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
No	29	96.66	30	100.00	59	98.44
Yes	1	3.44	0	0.00	1	1.66
Total	30	100.00	30	100.00	60	100.00

Table 25 : Family's support in building up of the career

Family Support	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Guides the girl	10	33.33	6	20.00	16	26.66
Accompany the girl where she wants to go	6	20.00	6	20.00	12	20.00
Ready to take loan for the girl	5	16.66	8	26.66	13	21.66
Help the girl to start a small business	2	6.66	4	13.33	6	10.00
Guides the girl in finding an apt job	7	23.33	6	20.00	13	21.66
Total	30	100.00	30	100.00	60	100.00

Table 26 : Aspirations for family life

Aspirations	Previously enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Marry a suitable partner	5	16.66	8	26.66	13	21.66
Not thought of it yet	14	46.66	13	43.33	27	45.00
Marry after few years	7	23.33	8	26.66	15	25.00
Will marry the person they love	4	13.33	1	3.33	5	8.33
Total	30	100.00	30	100.00	60	100.00

(Table 27a).

Fellow Learners :

Through the Table 27b, it can be inferred that 48.33% of the total enrolled girls learnt how to work in groups and 46.66% learnt to share their ideas and thoughts to people similar to them. 28.33% of the girls learnt from each other how to support each other and help everyone move forward.

Suggestions to other girls for vocational training:

Yes:

As the girls have been benefitted now they would suggest other girls also for such type of training. 46.66%

joined out of interest and 36.66% joined because it could give them opportunities to earn. To learn the skills 35.00% of the girls joined the vocational training (Table 28a).

No:

The Table 28b indicates that there were a few girls *i.e.* 15.00% would suggest the girls to go for other courses as well, whereas 11.66% of the girls would suggest the other girls to go for what they are already doing and complete it.

Summary and conclusion:

In all countries of the world, people with disabilities are the largest minority group. As a group they are starved

Table 27 (a) : Personal learnings at the centre from Teachers

Personal Learnings	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Handling a large group	8	26.66	8	26.66	16	26.66
Understanding the situation	13	43.33	13	43.33	26	43.33
Guiding towards a right path	7	23.33	12	40	29	48.33
Nothing	2	6.66	5	16.66	7	11.66

Table 27 (b) : Personal learnings at the centre from Fellow Learners

Personal Learnings	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Working in Groups	18	60.00	11	36.66	29	48.33
Supporting each other	9	30.00	8	26.66	17	28.33
Handling tough situations	15	50	13	43.33	28	46.66
Sharing ideas and thoughts	14	46.66	6	20.00	20	33.33

Table 28 (a) : Suggestions to other girls for vocational training

Why	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
Out of interest	15	50.00	13	43.33	28	46.66
It helps to learn	13	43.33	6	20.00	19	31.66
Gives opportunities to earn	17	56.66	8	26.66	25	36.66
Provides the required skills	13	43.33	11	36.66	24	35.00

Table 28 (b) : Suggestions to other girls for vocational training

No Why	Previously Enrolled		Currently Enrolled		Total	
	n 1	%	n 2	%	N	%
	Must continue with what they are already doing	4	13.33	3	10.00	7
Must go for other courses	5	16.66	4	13.33	9	15.00

of services and facilities available to the non-disabled and consequently are the least nourished, the least healthy, the least educated and least employed. They are subjected to a long history of neglect, isolation, segregation, poverty, deprivation, charity and even pity.

Disability is a physical or mental condition that restricts or limits a person's movements, senses or activities. It interferes with the person's ability to do the daily activities and interactions. The disability leads to limited opportunities for people, it restricts them from doing most of the activities able-bodied people can do. Women with disabilities face multiple disadvantages as women, as disabled and as persons living in poverty.

According to WHO, more than one billion people worldwide (15% of the world's population) have a disability of which more than half are female (World Report on Disability, 2011). According to Census 2011, out of India's complete population there are around 2.68 million people affected by one or the other disability.

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, says that "Person with Disability" is a person suffering from not less than forty per cent of any disability as certified by a medical authority. Pt. Deendayal Upadhyay National Institute for Physical Disabilities in Delhi is an autonomous organization under Ministry of Social Justice and Empowerment that serves the persons with disabilities of all age groups. Some of its services are: an integrated school for orthopedically disabled children up to class 5, outreach camps are organized by it in remote areas for persons with disability, it also provides social, psychological and vocational counselling services to persons with disabilities and their family members.

The plight of the disabled in India is not dramatically different. The immense responsibility for the care of the disabled is generally left to their families and a few institutions managed by voluntary organizations and government. Since the disabled, as yet, do not have any economic or political or media power in India, they tend to be mostly ignored by society.

Traditional approaches to tackling problems

associated with disability have ranged from elimination to indifference to charity to sympathy to welfare. There is currently a growing interest in the rights of the disabled in India and there have been, since 1971, attempts to bring about legislation to create better opportunities for people with impairment.

"People are frequently said to be 'disabled' when they fall outside an accepted norm of function or behavior, thus the concept of disability ultimately rests upon a social judgement."

Sally French:

The disability leads to limited opportunities for people, it restricts them from doing most of the activities able-bodied people can do

The study focused on understanding the factors promoting and inhibiting the vocational opportunities available to girls with disabilities that are enrolled with the Pt. Deendayal Upadhyay National Institute for Physical Disabilities. The study was based on the premise that building an understanding about the challenges faced by girls with disabilities can help to plan programmes and interventions with greater sensitivity so as to provide them support for their development and well being. The purpose of the research was to understand the future aspirations of girls affected by physical disabilities, who had taken vocational training or are pursuing it. The study gained insights into the enabling and limiting factors with respect to their career and the kind of familial and the institutional support they seek to realize their dreams.

Findings of the study:

Profile of the girls:

- The girls suffering from locomotor disability were aged 18-21 years. They were mature enough to discuss about their problems. They had enrolled in vocational training.
- Majority of girls had completed their class 12th. A few were graduates. They could not go for higher studies due to financial problems.
- Almost 47% of the selected girls belonged to

general category, 27% were OBC while 27% belonged to SC and ST.

Initial years of disability of girls

- More than 60% girls faced disability when they were between 0-5 years. 24% of them were above 5 years of age when they became disabled. A few of them were disabled at the time of birth.
- Initially almost 45% of girls felt disheartened and cried a lot when they came to know about their disability. A few tried to be normal. 20% couldn't believe that it has happened with them. While another 20% accepted as Gods will.
- The family members gave vivid reactions .Maximum couldn't do anything. 24% accepted as God's will. A few consulted doctors and were shocked.
- Maximum neighbours consoled the parents and advised them.
- Maximum girls did not have any disabled person in the family

Problems faced by girls with locomotor disabilities:

- Maximum girls (almost 67%) were not discriminated upon to able bodied siblings.
- Most of the girls faced problems in travelling, even playing sports was difficult for them. Sitting on the floor for long or going out with friends also created problems for them. Very few were unable to take care of themselves *i.e.* personal hygiene and doing daily chores
- Around 74% of the girls had control on themselves and did not display any anxiety.

Management of daily activities:

- Most of the girls (67%) went out for vocational training and even took care of their siblings. Many of them helped their mother in daily chores. Almost 50% were able to manage their personal hygiene and even travelling.
- There were a few activities in which they required support like standing for long or walking on bad roads.
- Working on sewing machine with paddle was also very difficult. Even sitting on floor for long posed difficulty

Managing disability and career:

- Most of the girls had lost their original certificate, even a few had no effect on their lives.
- A few *i.e.* 17% could not afford open schooling and has time constraints.
- A few had less opportunities however crossed the age limit
- These girls also have future aspirations: some of them wanted to go with the flow of life. A few wanted to work in call or do a job and earn.
- A few wanted to get married or start their own parlour, almost 7% wanted to work in parlour or go for a further course.

Career through vocational training:

- Most of the girls received phone calls for the training at the Institute or even were told about their friends about it. A few were informed by their parents or through neighbours or advertisement.
- Maximum number of girls opted for skin care services and customer care relation, while others had a liking for hair care services or embroidery.
- Most of them could afford the training as they could get disabled friendly platform. Even their parents and peer group was very supportive.
- The girls had the support of their parents and peer group to overcome the hurdles.
- The fees was minimal and there was no discrimination at the training centre as people were friendly there.
- There was a scope for job related to their training received. Most of them wanted to do a job followed by those who wanted to start a parlour by seeking loan from the government. A few wanted to work at the call centre or pursue IT based courses.

Personal Learnings of the girls

- The teachers at the centre were quite understanding, they could even handle a large group, they guided the girls towards a right path.
- The fellow learners handled tough situations by working in groups and supporting each other.
- The girls did the training out of interest as they were given opportunities to learn, they were provided with the required skills.
- Most of them did not want to go for further

courses and wanted to continue with what they were already doing.

The various challenges articulated by these girls have been classified into- reactions from people around them in the family, neighborhood and in the community, infrastructural barriers at public places, educational sufferings, discrimination at educational institutes and aspirations for family life. The families of the girls with disabilities have supported them to the extent that these girls have become self reliant and independent by getting enrolled in vocational courses such as: IT support services, hair and skin care services, embroidery and customer relation management. Government Institutes are the places with professional support mechanisms where these girls get treated equally with dignity.

For many, disability occurred due to ignorance and poor socio economic status of the family and lack of access to services at appropriate time. Though many of them wish to pursue work, only a few of them could think of independently running any business. Except a few, most of them aspired a family life with an understanding life partner.

From the above discussion it is clear that estimates on disability vary great deal. For policy formulation and provision of services it is imperative that reliable estimates of the incidence and prevalence of various disabilities be made in accordance with accepted definitions of various categories of disabilities. With the strengthening of preventive measures of disability should get reduced. But tragically, the reverse is true. Ignorance of the illiterate parents and poverty exacerbates the situation and become the leading causes of locomotor disabilities.

Disability can be prevented and controlled to some extent but cannot be totally eradicated. The expectations of disabled people in India, like in other progressive countries of the world, are rising and instead of pity and charity they demand and get their civil rights. They are not second class citizens and cannot be treated as such.

This new trend for rights and dignity of disabled people can be responded by planning and implementing

a range of services aim them in making independent in all respects. These services cover all aspects of an individual's life from before birth to death – from health to education to nourishment/nutrition to leisure to employment to housing to transport to others. Together, these services must help disabled people to fully participate in all activities of the society.

It is an opportune time to avoid the wastage caused by excluding disabled people from the productive activities of the society and at the same time by making them dependent on existing resources. But, the greatest benefit of active participation of disabled people in mainstream activities of the society, however, is the improvement in the quality of their lives which cannot be calculated in monetary terms.

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