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Challenges of the Physically Challenged and how they are positioned in the society

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Abstract: Disabled people's suffering has been more than decades after decades. Disabled people better to name as physically challenged are people who areaffected both psychologically and or physically.They have to be given care and not isolated. It isassociated to any disabled part of the human body, it now encompasses a complex mix of personal and environmental factors. In order to comprehend disability and disablement, a horde of conceptual models have been articulated.The models can then be used to quantitatively and qualitatively evaluate disability and functioning, identify needs so that apt resources can be obtained, monitor costs, and direct social policy.

1. Introduction

In olden days disability was considered as a sin , disabled people were thought to be cursed, slowly it changed and they are no more called handicapped but was called as physically challenged.

Different types of disabilities

- vision Impairment.
- deaf or hard of hearing.
- mental health conditions.
- intellectual disability.
- acquired brain injury.
- autism spectrum disorder.
- physical disability.

Let us consider different models of physically challenged people.

2.Key words: Disability, Physically Challenged, Society, Disability Models

3.Review of Literature

3.1Challenges of Having a Disability

Certain disabilities need equipments, other disabled need other persons help.So we should be ready to help. For example Blind people sometimes need others to read their notes,of course scribe, but still they cant operate phones etc hence they should be helped in such cases, Jawaharlal Nehru University has students helping the blind students.

3.2Paul Burtner College of Dentistry :Society's Attitude Toward People with Disabilities

Historical Perspective

During the past 40 to 50 years there have been numerous changes in our society with respect to the management and treatment of people with disabilities. In addition, there have been many advancements in medical care. As a result, most of these individuals reside in the

community rather than institutions and depend upon community-based private practitioners for oral health care.

3.3Changes:

Slowly with globalization and MNC's people had a broader lookout on physically challenged persons, special ratio of employment was kept especially for disabled people.

Certain organizations working for the disabled.

- https://enabled.in/wp/
- http://disabilityaffairs.gov.in/content/
- Chistoper Blind Mission-Mrs Gunawarthy Fernandez-Chief
- Ritham Special School for the Mentally Challenged Children
- Vikash
- Diya Foundation
- National Society for Equal Opportunities for the Handicapped
- Adarsh Charitable Trust

4. Disability in India

Today, there are millions of people living with one or multiple disabilities. In India, the population with disabilities is around 26.8 million, constituting 2.21% of India's total population, if one goes by the 2011 population census data. Disability rights activists and academicians working on disability issues, however, say that these numbers in the census are a very small percentage of the actual numbers. World Bank data on the total number of persons with disabilities in India suggests the number is between 40 and 80 million.

Inspite of constituting such a substantialpercentage of the total population, persons with disabilities have a challenging life. The Government has taken very little measures .They provide disability certificates on a particular day when the doctor arrives this makes difficult for disabled people to wait for a long time.After a very long process they give rs1000 per month a negligible amount.Intamilnadu Government gives wheel chairs and plastic hands and limbs and Recruitment drives for the challenged, but this isn't enough they need to carter to every citizen who is disabled.Counselling for disabled and their family members is required.A few Air lines have concession in tickets. While in railways an attender can accompany the disabled people, but in online mode of reservation a booking for disabled with the concession is not there. But in buses SETC,TNSTC have concessions for non-ac buses, they can provide for that also.

Disability need not be an obstacle to success. It can be a stepping stone, it not a curse but a boon to prove YES, I CAN.Globally its time not to overlook millions of disabled people

Famous Indian People with Disabilities: Their 'disability' is often seen as their 'inability' but some have proved their mark along with disability.

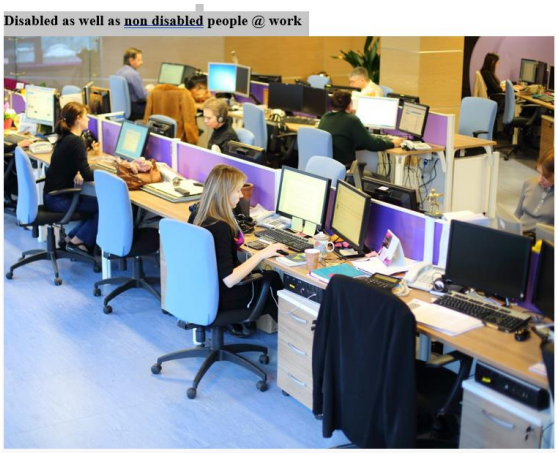
- AjitJogi. Nature of Disability: All four limbs paralyzed due to whip-lash injury to the neck and serious damage to the spinal cord. ...
- Suresh H. Advani. ...
- PreethiSrinivasan. Nature of Disability: Quadriplegic. ...
- H. Boniface Prabhu. ...
- ArunimaSinha. ...
- Ravindra Jain. ...
- S Jaipal Reddy. ...
- **JavedAbidi**.

5.Rights to Persons With Disabilities Act, 2016

It has been almost a year since the government of India came up with this landmark act on disability which increased the number of disabilities from seven to 21. This act which

replaced the earlier Persons with Disabilities Act, 1995 has also increased the quota of reservation for persons with disabilities from 3% to 4% in government jobs and 3% to 5% in higher education institutions.

Figure 1: People @ work



Individuals who have disabilities can sometimes face discrimination in the workplace.

- Even highly qualified colleagues treat their disabled comrades differently or put them into sorecircumstances.
- The mindset of people working with disabled people should be broader, they should treat them as their counterparts.

onsidering UGC regulations is important so here we go:

6. **UGC**

FACILITIES FOR DIFFERENTLY-ABLED PERSONS

A. Teacher Preparation in Special Education (TEPSE)

B. Higher Education for Persons with Special Needs (HEPSN)

C. Visually- Challenged Teachers

A. Teacher Preparation in Special Education (TEPSE) Scheme.The Teacher Preparation in Special Education (TEPSE) scheme is meant for assistingDepartments of Education to launch special education teacher preparation programmes toprepare special teachers to teach children with disabilities in both special and inclusivesettings. The scheme provides financial assistance to offer B.Ed. and M.Ed. degree courseswith specialization in one of the disability areas.

Specific Objectives of TEPSE

The specific objectives of the TEPSE scheme are as follows:

To encourage Universities to start M.Ed. special education courses to prepare teachereducators to serve in higher education institutions offering special education teacherpreparation courses.

Eligibility

Higher education institutes offering special education course at B.Ed.and/or M.Ed. level will

be given assistance under the following conditions.

1. The university department should have the approval of the Rehabilitation Council of India for starting the concerned teacher preparation course in special education.

2. The university should have a model school where differently abled children areadmitted. In the absence of its own model school, university should produce inwriting the acceptance of a special/integrated school in the vicinity to function as amodel school.

3. The university should have a minimum of five years of experience in running B.Ed. level teacher preparation courses.

4. The university should have constituted an expert committee involving facultymembers from the university, experts in the field and differently-abled persons themselves. The committee should meet at least once a year to review the activities related to the scheme(s) concerned.

5. University applying for the scheme should have been approved by the UGC under sections 2(f) and 12(B).

Financial Assistance

Financial assistance to the university departments of education will be given by the UGC as per the following norms:

1. The university departments will be sanctioned one professor or one associateprofessor and two Assistant Professors to run a B.Ed. course; and one professor, oneassociate professor and three Assistant Professors when the university offers anM.Ed. course too in special education in any one of the specific disability areas with aminimum of 20 students and a maximum of 30. In the case of University departmentsdesirous of offering M.Ed. special education courses only, provided one of itsconstituent/ affiliating colleges offers B.Ed. special education in the samespecialisation, one Professor, one Associate Professor, and one Assistant Professor will be sanctioned. The staff appointed for special education courses should have necessary educational qualifications prescribed by the Rehabilitation Council of India.

2. Assistance from the UGC will be for the Twelfth Plan period and the implementinguniversity should give an undertaking that it will continue the course with theassistance of the state government or generate its own resources to meet theexpenditure of the course after the Plan period.

3. The implementing University should also provide extension services to the specialschools and integrated schools to strengthen the quality of special education in thosesettings.

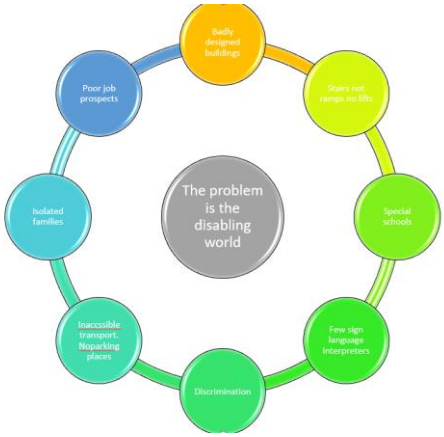
4. In addition to the salary grant, the UGC will provide a maximum of Rs. 2,00,000/- per institute towards purchase of books, journals, use of services from collaboratinginstitutions, special aids and appliances for its special education teacher preparationcourses when it runs a B.Ed. special education or M.Ed. special education course onlyand provides an assistance of Rs. 4,00,000/- when it runs both B.Ed. and M.Ed.special education courses. However, this grant will be sanctioned only after the staffsapproved have been appointed by the university.

5. The continuation of the grant to the institute is contingent upon the demonstration of satisfactory performance during the midterm evaluation to be carried out by the UGC.

7.Conceptual Models of Disability

7.1 Model of Disability

Figure 2: Model of Disability

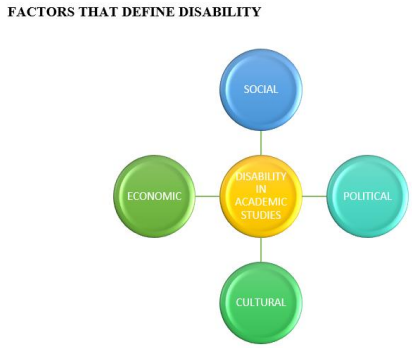


The model asserts that disability does not necessarily mean reduced spectrum of operations.

Lets consider the features that make in difficult for disabled persons. There should be an alternative for this system.

7.2Main Digest

Figure 3: Factors

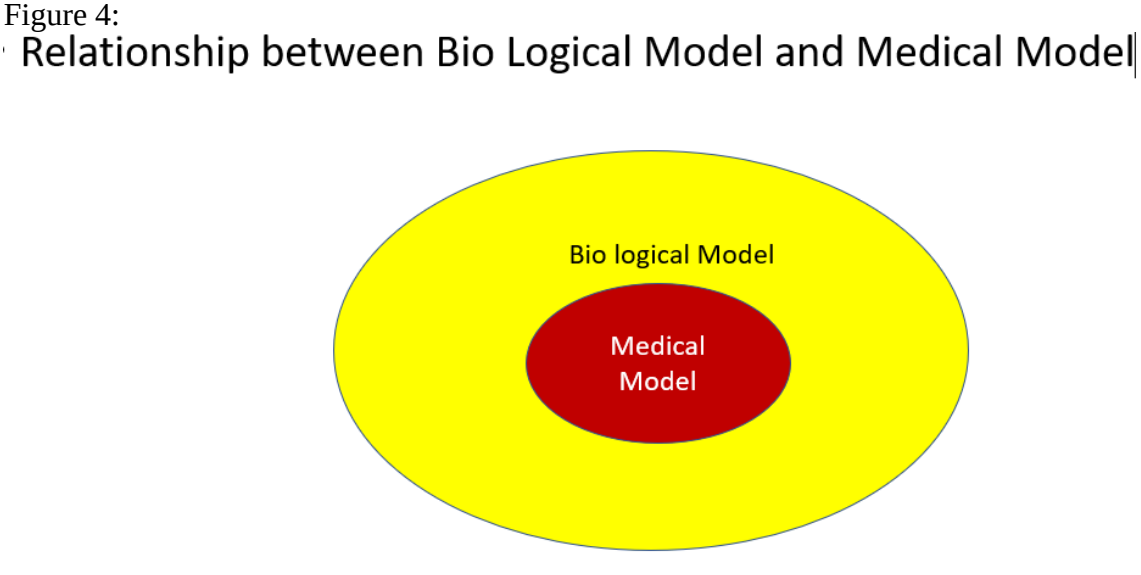


Some people consider people with disability as a normal person but some show difference so lets consider the models.

7.3 Biomedical Model of Health

The biomedical model of health is the prevails mostly in the western world and focuses on health purely in terms of biological factors. Biological model and Medical Model-relationsip is given below..

Figure 4:



7.4 Medical Model of Disability

The medical model of disability is presented as viewing disability as a problem of the person, directly caused by disease, trauma, or other health condition which therefore requires sustained medical care provided in the form of individual treatment by professionals.

- In the medical model, management of the disability is aimed at a "cure," or the individual's adjustment and behavioral change that would lead to an "almost-cure" or effective cure.
- In the medical model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming health-care policy.

Figure 5:

This is a diagram of the traditional Medical Model of Disability, which the Social Model was developed to challenge.

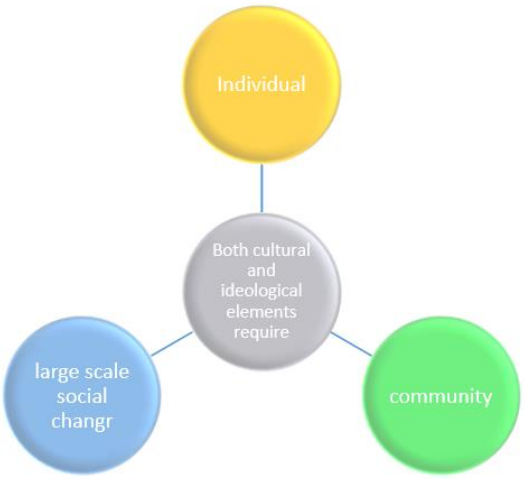
7.5 Identity Model

Disability as an identity model is meticulouslycorrelated to the social model of disability - yet with aessential difference in emphasis - is the identity model (or affirmation model) of disability to the extent that it 'claims disability as a positive identity' *(Brewer et al. 2012:5)*

7.6 Social Model of Disability

The social model of disability sees the issue of "disability" as a socially created problem and a matter of the full integration of individuals into society.

Figure 6:



From this outlook, equal access for persons with disability is a human rights issue of major concern.

7.7Minority Model of Disability

The minority model of disability, also known as sociopolitical model of disability, adds to the social model, speaks about the negative attitudes and social barriers,

The minority model standardizes the hardships of disability as a minority experience no more or less minority groups' experiences (sex, race, sexual orientation, etc.). Essentially, this brings to light that disabled people are treated equivalent.

7.8 Expert or Professional Model of Disability

The expert or professional model of disability has provided a response that is traditional to disability issues and can be seen as an offshoot of the medical model.

Within its framework, professionals like doctors identify limitations of disabled people and improve the condition of the disabled person..

7.9 Tragedy and/or Charity Model of Disability

The tragedy and/or charity model of disability depicts disabled people as victims of circumstance who are deserving of pity.

Especially during Covid 19 disabled people suffered a lot but were helped by many charity trusts

7.10 Moral Model of Disability

The moral model of disability refers to the superstitious beliefs , disability may be seen as a result of bad actions of parents if congenital, or as a result of practicing witchcraft , or spells kept by somebody or enemies evil actions or ancestoral curses.

7.11Legitimacy Model of Disability

The legitimacy model of disability is a integrity based value that treats persons with disability with in difference. This viewpoint allows for multiple explanations and models to be considered as purposive and viable *(DePoy& Gilson, 2004) (Elizabeth DePoy& Stephen Gilson)*.

7.12 Empowering Model of Disability

The empowering model of disability demands the service provider for the person with a disability and his/her family to be empowered to decide the course of their treatment and what services they wish to benefit from. This is followed by the service provider gaining acceptance.

Figure 7:

7.13 Social Adapted Model of Disability

The social adapted model of disability states although a person's disability poses some limitations in an able-bodied society, oftentimes the surrounding society and environment are more limiting than the disability itself.Example A blind IAS topper in India was refused to give the position.

7.14 Economic Model of Disability

The economic model of disability defines disability by a person's inability to participate in work.

It also assesses the degree to which impairment affects an individual's productivity and the economic consequences for the individual, employer and the state. Sometimes disabled people are given less work but paid equal that might bring profits down.

7.15 Diversity Model of Disability

Seeking to overcome the false dichotomy of ability/disability, *Bickenbach et al. (1999)* pursue the concept of universalism, proposing: While the social model is now universally accepted, it is argued that universalism as a model for theory development, research and advocacy serves disabled persons more effectively than a civil rights or minority group approach. *(p. 1173) - (Models of Disability and Human Rights: Informing the Improvement of Built Environment Accessibility for People with Disability at Neighborhood Scale?)*

7.16 Religious Model of Disability

The moral/religious model of disability is the oldest model of disability and is found in a number of religious traditions, including the Judeo-Christian tradition (Pardeck& Murphy 2012:xvii). In this model others if I could mention especially the pentacostal people believe God has punished them for this sins and fasting and praying without seeking medical help will cure the impairment

7.17 Human Rights Based Model of Disability

From the mid 1980's countries such as Australia enacted legislation which embraced rights-based discourse rather than custodial discourse and seeks to address the issues of social justice and discrimination. The legislations embraced the shift from disability being seen as an individual medical problem to it instead being about community membership and fair access to social activities such as employment, education and recreation.

The emphasis in the 1980's shifted from dependence to independence as people with disabilities sought to have a political voice. Disability activism also helped to develop and pass legislation and entitlements became available to many people. However, while the rights-based model of disability has helped to develop additional entitlements, it has not

changed the way in which the idea of disability is constructed. The stigma of 'bad genes' or 'abnormality' still goes unchallenged and the idea of community is still elusive - *(https://sites.google.com/site/changesintheviewsofdisability/models-of-disability)*

7.18 Relational Model of Disability

In the late 1960s Nirje, a Swedish social theorist, formulated the principles of normalization emphasizing people with disability and 'normal' (ordinary) life, including access to the built environment, are not mutually exclusive.

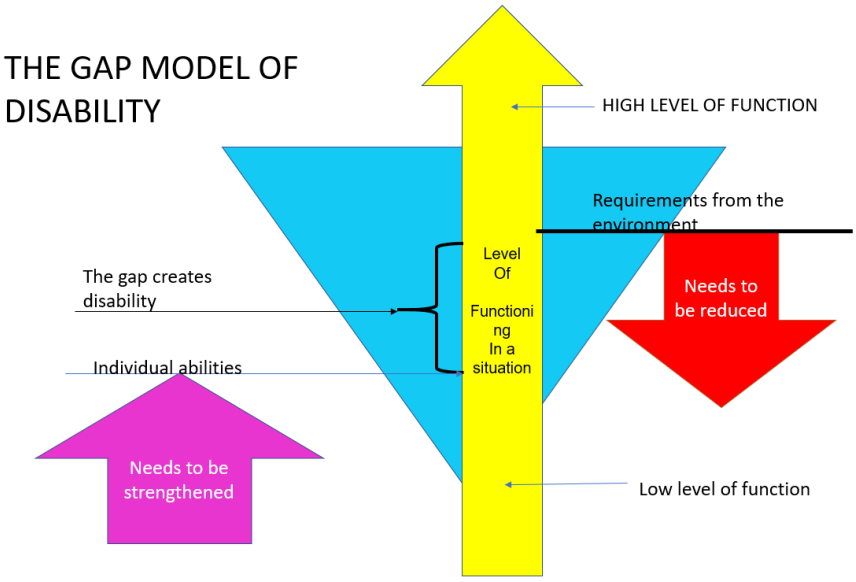
7.19 Affirmation Model of Disability

The affirmation model of disability is essentially is a optimistic view of the disability improving the life style , this model contradicts the personal tragic model.

Rooting their idea in the values of Disability Pride and perspectives emerging from the disability arts movement, Swain and French identified the affirmation model as a critique of the personal tragedy model corresponding to the social model as a critique of the medical model.

7.20 THE GAP MODEL

Figure 8:



7.21 Spectrum Model of Disability

The spectrum model of disability refers to the range of visibility, audibility and sensibility under which mankind functions. The model asserts that disability does not necessarily mean reduced spectrum of operations.

Table 1: Differences between Moral, Medical, Social.

Meaning of disability	Moral	Medical	Social
Meaning of disability	Disability is not able to function as a normal human being	A defect or failure of a bodily system that is inherently abnormal	Disability is a social construct.Problems reside in the environment that fails to accommodate people with disabilities

Moral Implications	The ability brings disgrace to the family members	A medical abormally due to genetics, bad health habits, person's behaviour	Society has failed a segment of its people and doesn't support them
Sample Idea	What can be borne is given: spiritual belief	Patients in medical terms is isolation of body parts	nothing about us civil rights not charity
Origins	Oldest model but accepted globally	Used in USA in most rehabilitation clinics and journals	in 1975 Rehabilitation Act
Goals of intervention	Divine acceptance	Care of the disabled with greatest extent .	Policy system helps disabled
Benefits of model	Acceptance of disability	Faith in medical intervention	A sesnse of community pride "Iwill", "I can"
Negative effects	Shame to conceal the person with disability	Services , benevolence for people with disability	Political and social to meet disabled people's need

The World Health Organization Disability Assessment Schedule 2.0 (WHODAS-2)[6] was created in 1998 as WHODAS II in line with the conceptual models and to be used in assessing the disability based on this model.

There are 36 items (self-administered and covering the past 30 days) on functioning and disability covering seven domains under WHODAS-2, which are the following (and explicit):

1. Understanding and Communicating (6 items)
2. Getting around (5 items)
3. Self-care (4 items)
4. Getting along with others (5 items)
5. Life activities: Household (4 items)
6. Life activities: Work/School (4 items)
7. Participation in society (8 items)

For each item, the response is scored from 1 (No difficulty), 2 (Mild difficulty), 3 (Moderate difficulty), 4 (Severe difficulty) to 5 (extreme difficulty or cannot do), with scores for each domain based on item responses, with room for missing items up to 30% for each domain. A final score is then computed that fits into a range from 0 to 100 with higher score as evidence of higher disability.

Within each domain classification, health conditions are diseases, illnesses, or other health conditions, injuries, mental or emotional problems, problems with alcohol, and problems with drugs. Having difficulty with an activity means increased effort, discomfort or pain, slowness, and changes in the ways such activities are performed.

Conclusion

This article has outlined twenty one models of disability that continue to impact the way in which people conceive of PWDs..While these new models outbeat the old ones and give an idea in the treatment of disabled people. There are trusts , people ready to help, service providers, family members also support the disabled.

Limitations

While we have touched only on disabled people we have not particularized autistic children,psychologically affected are not brought into the topic

Appendix A:

Section 4000, Functioning: Performance Questions

I4002 How much of a problem is standing for long periods such as 30 minutes for you?

I4003 How much of a problem is getting out of your home for you?
I4004 How much of a problem is walking a short distance such as a 100m for you?
I4005 How much of a problem is walking a kilometer for you?
I4006 How much of a problem is engaging in vigorous activities for you, such as **[add country specific examples]**?
I4007 How much of a problem is getting where you want to go for you?
I4009 How much of a problem is raising a 2 liter bottle of water from waist to eye level?
I4012 How much of a problem is toileting?
I4014 How much of a problem is looking after your health, eating well, exercising or taking your medicines?
I4015 How much of a problem do you have with seeing things at a distance?
I4017
How much of a problem do you have with hearing what is said in a conversation with another person in a
quiet room?
I4019 How much of a problem is having pain for you?
I4020 How much of a problem do you have with sleep?
I4021 How much of a problem is feeling tired and not having enough energy?
I4023 How much of a problem do you have with coughing or wheezing?
I4025 How much of a problem do you have with felling worried, nervous or anxious?
I4026 How much of a problem is getting along with people who are close to you, including your family and friends?
I4030 How much of a problem is handling stress, such as controlling the important things in your life?
I4032 How much of a problem do you have with being understood, using your usual language?
I4035 How much of a problem is remembering to do the important things in your day to day life?
I4037 How much of a problem do you have with getting your household tasks done?
I4040
How much of a problem do you have with joining community activities, such as festivities, religious or
other activities?
I4042 How much of a problem did you have with voting in the last elections?
I4043 How much of a problem do you have providing care or support for others?

I4045
INTERVIEWER: If the respondent is currently not working, select the response option 98, not applicable. How
much of a problem is getting things done as required at work?
I4048 How much of a problem is using public or private transportation?
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Table 1.*Cont.*
Section 5000: Capacity questions
I5002
INTERVIEWER: If I3019 = 1, then include [without glasses] in the question. How much difficulty do you have
seeing [without glasses]?
I5003

INTERVIEWER: If I3023 = 1, then include [without hearing aids*] in the question.* How much difficulty do you
have hearing [without hearing aids]?
I5004 How much difficulty do you have walking or climbing steps because of your health?
I5005 How much difficulty do you have remembering or concentrating because of your health?
I5006 How much difficulty do you have washing all over or dressing because of your health?
I5007
Because of your health, how much difficulty do you have communicating, for example understanding or being
understood using your usual (customary) language?
I5008
Because of your health, how much difficulty do you have doing things that require the use of your hands and
fingers, such as picking up small objects or opening a container?
I5009 How much difficulty do you have sleeping because of your health?
I5010 How much difficulty do you have with shortness of breath because of your health?
I5011 How much difficulty do you have doing household tasks because of your health?
I5012 How much difficulty do you have providing care or support for others because of your health?
I5013
Because of your health, how much difficulty do you have with joining community activities, such as festivities,
religious or other activities?
I5014
INTERVIEWER: If the respondent is not working or receiving education, select the response option 98, not
applicable. How much difficulty do you have with your day to day work or school because of your health?
I5015 How much difficulty do you have with feeling sad, low or depressed because of your health?
I5016 How much difficulty do you have with feeling worried, nervous or anxious because of your health?
I5017
Because of your health, how much difficulty do you have getting along with people who are close to you,
including your family and friends?
I5018 Because of your health, how much difficulty do you have coping with all the things you have to do?
I5019 How much bodily aches or pain do you have?
Related Documents

- 1 - List of Phobias and Fears Including Their Meaning : *Disabled World (2009/01/11)*
- 2 - Caregiver Glossary of Terms : *Disabled World (2008/12/10)*
- 3 - Glossary of Gerontology Terms and Definitions : *Disabled World (2009/01/11)*
- 4 - Human Diseases and Disorders Acronyms : *Disabled World (2020/06/06)*
- 5 - List of Healthcare and Medical Acronyms/Abbreviations : *Disabled World (2019/03/21)*
- 6 - Definitions of Human Brain Components : *Disabled World (2017/12/21)*
- 7 - Disability or Disabled? Which Term is Right? : *Disabled World (2011/09/01)*

- Appendix G
- DISABILITY MANAGEMENT QUESTIONNAIRE
- Date: _____
- Name of Participant: _____
- Organization:_____ _____
- 1. Does your organization carry out a disability management program?
- If no, reasons?
- If yes, is the disability management program successful in reducing disability and health
- costs?
- Please specify with financials and data [if this is not possible, please state reason, e.g.
- Confidentiality, etc.]
- 2. Please state the importance of the following with respect to a Disability Management
- program:
- a. Champion to push for the cause and gain top management support.
- Important [Yes or No]:
- Does your organization have a champion? Who?
- How does the champion gain top management support and push for issues related to Disability
- Management?
- b. Top management support
- Important [Yes or No]:
- Is top management support present in your organization?
- How is top management support present? Explain
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- c. Needs Assessment [to provide focus on the disability management program]
- Important [Yes or No]:
- Did your organization conduct a needs assessment?
- What internal and external factors did your organization consider?
- d. Integration [in terms of programs, elements such as early intervention, culture, top
- management support] Important [Yes or No]:
- Is integration present in your disability management program?
- How is integration present in your organization?
- e. Supportive Culture [employee involvement, formal structures, conflict resolution]
- Important [Yes or No]:
- Does your organization have a supportive culture?
- How is it supportive?
- f. Early Intervention [risk assessments, occupational nurse/physician, case management,
- supervisor involvement]
- Important [Yes or No]:
- Does your organization focus on early intervention?
- Please provide details of early intervention in your organization.
- g. Proactive Management of Information
- Important [Yes or No]:
- Does your organization proactively manage information in terms of refocusing the program
- to the needs of the employees and program evaluation?

- How does your organization proactively manage information?
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- h. Open Communication
- Important [Yes or No]:
- Is there open communication present in your organization?
- How is open communication present in your organization.
- i. Cost Containment [improved efficiency and administration of health care]
- Important [Yes or No]:
- How does your organization strive for cost containment?
- 3. Is there any other key success factors that I have not mentioned?
- 4. Does your organization have a Return to Work Program? If yes, please answer the following:
- Elements Presence in your
- Organization (Please Check)
- Details
- Top Management Support in terms of
- Resources, Formal Accommodation Policy,
- Flexibility
- Supportive Culture
- Union Cooperation
- EAP
- Workplace accessibility
- Supportive HR Practices
- Case Management
- Does your organization employ any other initiatives not mentioned above? Please specify
- Is this program successful? Please provide details if possible.
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- Page 162
- 5. Does your organization have a health and safety program? If yes, please answer the following:
- Elements Presence in your organization
- (Please Check)
- Details
- Tracking and Analysis of Information
- Formal Organizational Structure to
- Support Safety
- Emphasis on Employee Involvement and
- Behaviour
- Awards and Recognition
- Ergonomic Design: Review and
- Redesign
- Ergonomic Design: Design-in
- Ergonomic Design: Exercise and
- Education
- Does your organization employ any other initiatives not mentioned above? Please specify
- If this program successful? Please provide details if possible.

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- Page 163
- 6. Does your organization have a wellness program. If yes, please answer the following:
- Elements Presence in your organization
- (Please Check)
- Details
- Organizational Statement
- Voluntary participation
- Employee Health Screening
- Health education and promotion
- Options Available
- Personal Counseling and follow-up
- Use of cost-effective community
- resources
- Program evaluation
- Does your organization employ any other initiatives not mentioned above? Please specify
- If this program successful? Please provide details if possible.
- 7. Does your organization have a program to deal with psychological disorders and substance
- abuse? If yes, what are the key elements?
- If this program successful? Please provide details if possible.
- 8. How does your organization deal with repetitive strain injuries such as carpal tunnel syndrom?
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References:

[1] https://www.who.int/disabilities/data/model-disability-survey4.pdf?ua=1
[2] https://www.who.int/disabilities/data/brief-model-disability-survey5.pdf?ua=1
[3] Written by Jonathan Rodis
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[5] Head of EDS Massachusetts and New England Support Group
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