

# Models for Person with Disability in India

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**Abstract – Disability was considered to be a curse rather than understanding the biological factors responsible for it and may occur with anyone at any point of time. Since, ancient time disability was considered to be the outcome of sins committed by oneself. It was concluded that through passage of time, people would gradually understand the outcome of disability and its effect on persons with disabilities but instead the opinion has turned to be objects of charity rather than giving importance and mainstreaming them in the society. Researchers, various organizations and Government institutions across the globe have tried to lay down the principles and to realize the society that they are entitled to all fundamental and human rights as other people enjoy in the society under their respective Constitution of their country. If they are given responsibilities, they have the capacity in themselves to prove the mettle and are actually showed to the world. With stringent laws and imposing stern actions on law violators, the conditions of persons with disabilities have been gradually changing but still needs lot of improvement. With the help of this research paper, I have tried to discuss various conceptions in the mindset of people regarding them as objects of charity to giving them importance in the society and thus imparting them respect, dignity and trust them to the core would definitely contribute to the economic conditions of the country.**

**Keywords: Disability, Model, Impairment, Rehabilitating, Movement, Person with Disabilities, Problem, Approach, Organization.**

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## 1. INTRODUCTION:

The programs aimed at rehabilitating the disabled persons depend on the models of disability. The models of disability are, in fact tools for defining impairment. Different people conceptualize the phenomenon of disability differently. Accordingly each individual would have different definition for the word impairment and recovery plan to be pursued. The conceptions of disabilities have experienced shifts from time to time, from location to place, and from individual to person. The definition of disabilities for a psychiatrist is distinct from that of physician, economists, and social worker. Accordingly we have various types of impairment emerging from disability movement worldwide.[1]

Practically all impairment literature explains the transition from charitable and medical models to societal form of disability in reasoning on the basis of disability policy. The different impairment models can be briefly defined as follows:

## 2. RELIGIOUS OR MORAL MODEL:

Moral model was the oldest model of disabilities. The impaired individual was treated as a sin in this paradigm. Disability was seen as Deity punished for miscarriage of karma in the past. Thus, disabled individuals have been viewed as aliens. They should

not have a right to exist in culture as a whole. They have no privilege like all other citizens of community to have access to schooling, social life and work. You are accountable yourself for what you are. The disabled family has been seen with suspiciousness. In general, their family was concealed to prevent this disabled member. The challenges encountered by them were not a matter for either government or culture. Many cultures, though, are equating disability with sin. A number of communities are there. In this model, injuries are viewed as punishment for previous birth behaviour. It is seen as a punishment for an individual or a family placed by God.[2]

## 3. MEDICAL MODEL

The Medical Model for Impairment is focused on a concept of disability solely medically. This approach is also regarded as the bio-centered impairment model. The physical or emotional condition of an illness or disorder is thereby correlated with the impairment suffered by the individual. From a political context, a disabled individual is treated as a "problem" and needs care and cure. In terms of services, the general approach within this model is towards special institutions for people with disabilities, e.g. special schools, sheltered workshops, special transport etc. The medical model approach to disability holds that disability

result from an individual's physical or mental limitations. The development of medical science and curative approach of the physician has contributed the medical model. Since many disorders have medical roots, the disability-related conditions are known as residing in humans. The injured person is under the health paradigm in the sick position. In other terms, these issues won't occur if the person is "healed." In contrast to 'average human' people with disabilities are therefore deemed to be 'abnormal.' Such a perception supports dependency on physicians, rehabilitators and voluntary organisations. The aim of this method is therefore on clinical diagnosis and medication that enable disadvantaged people the recipient of public service and charity.

The solution to medical well-being presupposes four:[3]

- (i) Disability is simply a disorder that is absolutely a health issue. The only problem is that the medical and paramedical practitioners are willing to treat it and to minimise it, so that people are as natural as practicable;
- (ii) The objective condition of normality confers upon practitioners a vital position within the medical community which allows the handicapped and their relatives no space for decision-making;
- (iii) The person with disabilities is inferior to his or her health physically and mentally and is therefore not deemed to be fully human and therefore loses the capacity for decision making and;
- (iv) Personal misfortune which sometimes affects individuals is the occurrence of impairment.

The medical paradigm is focused around the assumption that disadvantaged individuals are inferior to other competent mates on a biological and psychological level. They are thus not considered as completely human, because they lack the right to judge about themselves. This paradigm minimise disability to illness and tries to find it within a person's body or mind, whereas medical and paramedical practitioners are responsible for identifying, managing and handling patients with disabilities. This model decreases recovery measures in terms of safety and care of medical treatment.

Such a handicap approach may be deemed a problem that promotes dependency on medical, paramedical, recovery and charitable practitioners. The psychiatric model obviously stigmatically portrays impaired individuals as not natural. The World Health Organisation has reflected well the medical welfare solution to disability. The classification of disability made by World Health Organization in 1980 also supports the medical welfare approach which lays all emphasis on clinical diagnosis and medical treatment

rendering the disabled individual as recipient of public assistance and charity.

#### 4. CHARITY MODEL

Charity model of disability also views the person with disabilities as the problem and dependent on the sympathy of others to provide assistance in a charity or welfare. This paradigm treats individuals with disabilities as socially based. The individual with an impairment has an emotional appeal. The people with disabilities are viewed as powerless, 'safe' survivor. With this paradigm, individuals with disabilities are presented as worthy of pity. The paradigm of charity leaves those with disabilities helpless rather than inspiring them. Employers regard individuals with disabilities as nonprofits. The contractor may contribute money to take liability instead of solving the problem by providing an acceptable working atmosphere for people with disabilities.

The sentimental appeals motivate much of the model of charity. This paradigm is firmly focused on charity and benevolence, not on fairness and equity. This paradigm accepts the isolation from institutional arrangements and public service by people with disabilities. The charity paradigm justifies the absence from formal schooling and work by people with disabilities. Entitlement privileges are supplemented with relief initiatives establishing, based upon either the state funds or charitable people, a fighting forces of helpless entities lacking any influence or negotiating power. This paradigm argues for a mechanism to provide social care for disadvantaged individuals. This model was focused on the original efforts of both the government and individuals. The government dedicated a substantial portion of the fund to the care of disadvantaged citizens. The NGOs working to help people with disabilities still depend on contributions and government grants.[4]

#### 5. SOCIAL MODEL OR FUNCTIONAL

The debate on injustice against contemporary impairment rejects the medical welfare paradigm and positions disability in the social sense. The paradigm for social relations considers individual distinctions as built and residing in a social partnership. Therefore, the supporters of the model of social relations insist that culture as a whole must abolish social and physical structures restricting persons with disabilities in order to gain access to resources . The paradigm of civil relations further emphasises the idea of 'independent existence,' which ensures that people with disabilities judge their own issues better and are full citizens with fair citizens' rights. Discourses on disability rights stress the definition of "equality," not the "normal" concept, centred on the interests of all citizens of community. The desire for fair opportunity is based on the notion of individual autonomy consisting of personal

potential for the opportunities provided to all citizens by society.

The focus of this model of disability is to facilitate societal progress that empowers and integrates the perspectives of people with disabilities and calls for community to transform itself. This paradigm stresses the true foundation of impairment as institutional, environmental and attitudinal inequality. It is society in general, through prejudice, denial of rights and development of economic dependence, that discapitalizes an individual with disabilities. In the social model of impairment, a person's problems result from the failure of culture to correspond to his biological state. In this model persons with disabilities are not stereotyped as persons who cannot work, who are not natural, or who of course have inadequate living standards, but are recognised as residents whose personal and civil rights are prohibited from being fulfilled, which should be shared by everyone. The social model is also known as functional model and is similar to the medical model, it regards the person with disability as in need of services from a rehabilitation professional who can provided training, therapy, counseling or other services to make up for the deficiency caused by the disability.[5] A central feature of this modern definition is that it is not the disorder that logically stems from exclusion and segregation of individuals with disabilities but rather from political decisions focused on stereotypes regarding disability.

Unlike the medical model of impairment in people with disabilities, the social model suggests that the individual is impaired due to social, attitudinal and architectural barriers. The social paradigm portrays disabilities as a function of society's inequality, racism and discrimination of the disadvantaged. It is culture that builds fiscal, educational, health, architectural, legal and cultural hurdles and other obstacles so as to keep people with disabilities from gaining entirely from social life. The social model shifts the emphasis from a disabled individual to the society and its disabling attitudes and environment. People who believe on social model are of the view that handicap is made and not acquired. But the approach comprises of all necessary structural changes in social management.

The relationship with social barriers and illness is known to be a disability. A individual has become impaired because of the drawbacks endured by a society that is disabled, in addition to the persistence of assumptions, biases and indifference among so-called "normal" citizens. The advocates of social relation approaches, therefore, insist that the society as whole has the responsibility to eliminate social and physical structures that exclude people with disabilities in having access to opportunities.

## **6. RIGHTS-BASED MODEL**

The impairment paradigm focused on the rights draws on the insights into a social model to facilitate the

development, across all facets of society, of societies embracing diversities and disparities and having a non-discriminatory atmosphere for inclusion.[6] The disability rights model position disability as an important dimension of human culture. This model regards disability as normal aspect and that the disabled are equally entitled to rights as others. It is often referred to as the human rights model that specifies that, regardless their disability, all human beings deserve such inalienable rights. This model ensures the requirements are prioritised for support services by persons who value their individuality and freedom of choice. The disability rights model focuses on equality and non –discrimination, reasonable accommodation, accessibility, breaking down barriers, equal participation and inclusion and private and public freedom. The paradigm of disability rights through the years has progressed, through broadening the responsibilities of states with regard to private sector operations, to give better safeguards to the rights and freedoms of vulnerable people both in public and private realms. With the change from the medical paradigm to a disability social model, disability has been reclassified for people with disabilities and revealed as a common type of disability related prejudice their isolation, institutionalisation, and exclusion The dialogue on the interests of the impaired thus stresses an equitable and non-discriminatory approach. The debate on disability rights thus focuses on an egalitarian definition which is not perceived to be "normal" and is focused on the interests of all citizens of community.

This modern layer in impairment laws was embraced as a substantial step in future acceptance of disabled people's civil rights, a journey that growing policymakers seem to be prepared to take. Thus, the attitude to disabilities in the field of civil rights treats legal proceedings as a critical structure by which equity processes may be assured.

The human rights dialogue on disability therefore respects the rights of persons with disabilities and focuses on an equitable definition that is focused on the needs of all. The equal opportunity principle should be the basis of interpretation which implies that affirmative action programmes are essential for reasonable accommodation to ensure social integration of people with disabilities. The human rights paradigm positions the individual with disabilities as an essential feature of human society. Both individuals, regardless of their disabilities, have such privileges, which are undeniable, according to the models of human rights. This paradigm relying on the spirit that 'all persons are born free and fair in freedom and equality' is enshrined in the 1948 Universal Declaration of Human Rights, stressing that the individual with a disability has the same rights as others. This model reflects on treating individuals with disabilities as topics rather than as artefacts that locate the issue beyond people with disabilities

and explores methods of solving the disparities in impairment in economic and social processes.[7]

## 7. ECONOMIC MODEL

The economic model of disability tries to establish the linkages between the individual and society in term of their contribution to productive capabilities towards the society. The emphasis is on health-related limits on the number and nature of employment of disabled individuals. This approach indicates that disadvantage individuals' job issues are triggered by a faulty economic structure and shortcomings. The job rehabilitation or income-generation services will address the challenges experienced by disabled people. In sentencing disabled men and women to a life of constant dependence, the new strategies are of greater importance and therefore give low-wage work minimal prospects for advancement around them. Contrary to some theories, the Economic Paradigm indicates that the most appropriate approach to meet the social and economic needs of the drawbacks strata of society is to adjust people's attitudes, schooling, training, and employability rather than to alter the surrounding climate and job shifts.

The campaign of disability has helped to shift the disability approach to the charity model from a philosophical model, but little progress has been made in the human rights model. Group-wide work is important for the development of a real society where capabilities and disorders are not treated on the grounds of physical or emotional handicaps, but rather disabled individuals are regarded as a diversity of ability.

## 8. CONCLUSION

Thus, it is concluded that instead of treating persons with disabilities as an object for charity and discriminating them with their capabilities, they should be relied upon as important arm which can contribute to the society alike others. Today, most important problem lies for persons with disabilities on infrastructure related facilities, ramps, lifts, sign boards, wheel chairs should be available for persons with disabilities at workplaces as lack of such facilities are the biggest hurdle for persons with disabilities, thus reducing their capabilities and efficiency in doing work. They are prone to barriers in their life, to make their life comfortable, we shall thrive to make the environment barrier free as much as possible. Different approach which people have in their mind should be changed with the passage of time and should allow them to breathe fresh air in the society rather feeling depressed and ill motivated. They should be trusted to be empowered and shall feel motivated to become bureaucrats, officers and procure other top positions in the country. Only those who do hard work and build a market for themselves are good, despite any mistakes, harm or lack of resources. Society at large should be pillar of their support and

they should attribute their success to the people making them comfortable and believing in them. Government as well as voluntary organization along with peers and families should attribute to their success. We should concentrate more and more on creating opportunities for them, guiding them, motivating them and at last provide faith and support so that they can do something for the country and for themselves and set an example in the society.

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