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The importance of disability awareness

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Abstract

The biggest barrier people with disabilities encounter are other people. Disability Awareness means educating people regarding disabilities and giving people the knowledge required to carry out a job or task, thus separating good practice from poor. It is no longer enough just to know that disability discrimination is unlawful. Disability education brings attitudes to the surface, where they can be examined consciously, rather than putting students together and hoping for the best. It's not surprising that, despite the best of intentions, students with disabilities who participate in inclusion programs may continue to feel left out. For much of history, people with disability have experienced discrimination and stigma, often primarily associated with society's misconceptions about their ability.

Keywords: Activity limitations, social relationships, communication, participation restrictions, impairment, misconceptions

Introduction

Concept of Disability

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

There are many types of disabilities, such as those that affect a person's:

- Vision
- Movement
- Thinking
- Remembering
- Learning
- Communicating
- Hearing
- Mental health
- Social relationships

Although "people with disabilities" sometimes refers to a single population, this is actually a diverse group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways. Some disabilities may be hidden or not easy to see.

According to the World Health Organization, disability has three dimensions

1. Impairment in a person's body structure or function, or mental functioning; examples of impairments include loss of a limb, loss of vision or memory loss.
2. Activity limitation, such as difficulty seeing, hearing, walking, or problem solving.
3. Participation restrictions in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services.

Educators and teachers are rather inconsistent in using terminologies such as impairment, disability and handicap. These terms are used to represent children who need special assistance for education. Though limited consideration is given to the general usage of those words, clear distinction is required for academic, professional and skill development purposes. Impairment is basically a medical term but has become an educational term as well, referring to a loss of a limb or a faculty. The impairment becomes disability when it is developed to such an extent that the individual cannot fully participate in the social and

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vocational pursuits. But this condition does not prevent the individual from overcoming his disabling conditions and through using his/her training in need-based skills to reach the optimum level possible. Societal attitudes make it difficult for these persons to function normally even after need-based skill training.

Disability is a developmental issue because of its bidirectional link to poverty: disability may increase the risk of poverty, and poverty may increase the risk of disability. While estimates may vary, there is growing evidence that individuals with disabilities comprise of 5% to 8% of Indian population (World Disability Report, 2011). The table given below gives the population of PwDs in India according to 2011 Census.

Population of PwDs

Disabled Population by type of Disability India : 2011				
	Type of Disability	Persons	Males	Females
1	In Seeing	5,032,463	2,638,516	2,393,947
2	In Hearing	5,071,007	2,677,544	2,393,463
3	In Speech	1,998,53E	1,122,006	875,639
4	In Movement	5,436,604	3,370,374	2,066,230
5	Mental Retardation	1,505,624	870,708	634,916
6	Mental Illness	722,824	415,732	307,094
7	Any Other	4,927,011	2,727,828	2,199,183
8	Multiple Disability	2,116,487	1,162,604	953,883
9	Total	26,810,557	14,986,202	11,824,355

Disabled Population by Sex and Residence, India, 2011				
Residence	Persons	Males	Females	
1	Total	26,810,557	14,986,202	11,824,355
2	Rural	18,631,921	10,408,168	8,223,753
3	Urban	8,178,636	4,578,034	3,600,602
Percentage of Disabled to Total Population, India, 2011				
Residence	Persons	Males	Females	
1	Total	2.21	2.41	2.01
2	Rural	2.24	2.43	2.03
3	Urban	2.17	2.34	1.98

Source: <http://censusindia.gov.in/>

According to various Acts (including the proposed revised) related to disability in India, 18 disabilities are recognized. These include

- Blindness Low Vision
- Leprosy Cured
- Hearing Impairment
- Locomotor Disability
- Mental Retardation
- Mental Illness
- Cerebral Palsy
- Autism Spectrum Disorder
- Muscular Dystrophy
- Deaf Blindness
- Specific Learning Disability
- Hemophilia
- Multiple Sclerosis
- Speech and Language Disability
- Thalassemia
- Chronic neurological conditions

Accessible health care and support services promote independence for persons with disabilities

Challenges

- Persons with disabilities may have difficulty getting to

health care providers, getting in and getting around the service setting, being able to benefit from health care equipment in the service setting, and communicating with the health care provider and staff about their health needs and concerns.

- Insufficient numbers of health care services programs have the tools, skills and capacities to meet the full range of health care and wellness needs of persons with disabilities.

Strategies

- Develop and implement surveys to assess the full range of health needs of persons with disabilities, including whether and how those needs are being met by providers and facilities in communities nationwide
- Advance accountability by all health service delivery programs, including clinical and community preventive services, to ensure that persons with disabilities have full access to their services.
- Bring inventors, clinicians and industry together through more effective incubator and development programs to collaborate efficiently and effectively to enhance research and development of assistive technology for all types of disabilities.
- Encourage research efforts that collaborate and partner with integrated community-based provider networks to include individuals with disabilities in those efforts.
- Continue to develop community-based, public-private partnerships to facilitate coordinated, integrated care of persons with disabilities. Include collaboration with transportation, education and wellness providers. Include communication between all providers and the disability community about the benefits of wellness resources.
- Encourage the development of integrated, multidisciplinary service teams to provide one-stop health care for persons with disabilities.
- Encourage or develop partnerships to facilitate coordinated, integrated care for populations identified as traditionally underserved, including persons with disabilities who are members of racial or ethnic groups.
- Promote and disseminate the adoption of new treatments, models of care and adaptive or assistive technologies (for example, making available specialized, adaptive cognitive and psychiatric research applications of assistive technology for individuals with communication deficits as well as a mental disorder).
- Identify key elements of best practices in health service delivery for persons with disabilities and, among existing health service delivery programs for this population, identify highlighted models that are using the key element and assess why they are successful.
- Identify and implement in community-based care evidence-based best practices in health service delivery for persons with disabilities.

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