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SOCIO-ECONOMIC CONDITIONS OF DISABLED PEOPLE IN KARNATAKA- A HISTORICAL STUDY

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Introduction

Disabilities are the largest category in the global disability population and have historically faced disability and gender discrimination. This study examined disabled people in rural Karnataka. We considered respondents' perceptions of socio-economic conditions during childhood, before marriage, and after marriage. Almost everyone will be temporarily or permanently handicapped by poverty, starvation, birth problems, accidents, old age, psychological disorders, natural calamities, and wars. Those who live to old age will have growing challenges in functioning and living. Many non-disabled people assist and care for their disabled family and friends (World Report on Disability). One-third of Indian families are affected by disability. Population expansion, more accidents, and ageing make disability and related political challenges more acute. Disability's fundamental issue is social marginalisation. Since the 1970s, society's view of disability has altered. Disability is increasingly seen as a human right, not a social issue. Once, disabled persons were sent to special schools and homes. Now, community exclusion has changed to social inclusion and community participation. Disability is currently approached through educational and occupational training, not social marginalisation. Modern medicine and medically oriented ways to overcome disability have given place to more interactive approaches acknowledging environmental disability.

Background of the Study

Economists, sociologists, and philosophers have long lived among people who could see, walk, or hear; little effort was made to study persons with limited mobility, deformities, or chronic illnesses. Before the last century, philosophical interest in these conditions was spotty. The philosophical treatment of disability is new. Only inclusive development allows economists to discuss socially underprivileged groups' development. Sociologists argue social growth without economic development of socially excluded people. The lack of attention to socially oppressed groups, notably "Specially Abled," may have a historical cause. Once categories were defined, it was feasible to generalise about the disabled (Hacking, 1990; Davis, 2002). Second-half political theory, obsessed with eliminating or diminishing undeserved disadvantages, tends to see disability as a key source of disadvantages to be addressed by government compensation (G. L. Albrecht, K.D. Seelman, and M. Bury, Thousand Oaks, 2001). Disability became a source of prejudice and oppression for sociologists.

Statement of the Problem

Disability is a social evil. Accidents, diseases, natural disasters, wars, or ageing can cause disability in human life. Disability is a human right and social evil. Poor health, poverty, human issues, and environmental variables cause impairment. Social and environmental impediments make disability complicated, multidimensional, and dynamic. Disability isn't solely medical or social. Disability is heterogeneous. Disability's meaning depends on intent and perspective. Health and environment interact to cause disability. Disability encompasses disability, activity constraint, and participation restriction in a person's surroundings. Disability models, concepts, and opinions vary. Disability is a "dynamic interaction between health problems, environmental and personal factors," according to the WHO's International Classification of Functioning, Disability and Health (ICF, 2001). Modern political economists aim to help the disabled. Disabled people are the world's greatest minority, and

social reforms, vaccination, and malnutrition are used to remove disability. 1.4 Study Importance People with limited mobility, cognition, longevity, or chronic ailments are termed differently abled. Ancient intellectual and moral texts from diverse cultures identified these criteria. Ancient philosophers debated the hardships or ills of crippled persons and the relationship between disability and philosophical, psychological, and social interactions.

Objective of the Study

1. To study the Socio-Economic background of differently abled persons in Karnataka.
2. To Increase work and employment for persons of working age with disabilities.

Physically challenged population at state level

The disability of speech percentage is about 17.80%, of total physically challenged population in state of Karnataka. Among total the speech disability population the males are more in number is about 1,22,685 followed by females are about 1,13,006 respectively. The total movement disability 22 population in Karnataka state is about 06.85%, among the total people who are having disability in movement, males are about 1,71,139, whereas female population is about 1,00,843. While percentage of disability in mental retardation in Karnataka state is about 7.10, among the total population of disability in mental retardation, the female population is about 44,473 and male population is about 49,501 respectively. The total population of disability of Mental illness is about 1.58% of which males are about 10,828 and females are about 10,085 only.

Table 1.1: Type of and Sex Wise Distribution of Disability Population in Karnataka State

S.No	Type of Disability	Male	Femal	Total	Percentage
01	In seeing	133909	130261	264170	19.95
02	Hearing	122685	113006	235691	17.80
03	Speech	49848	40893	90741	6.85
04	In movement	171139	100843	271982	20.54
05	Mental retardation	49501	44473	93974	7.10
06	Mental illness	10828	10085	20913	1.58
07	Any other	133079	113642	246721	18.63
08	Multiple disability	55532	44481	100013	7.55
	Total	726521	597684	1324205	100

(Source-Censes2011)

The above data table explains that, the total disabled population percentage according to type of disability among the different social groups in Karnataka state. The total disabled people in seeing is about 19.5% of total disabled population, among the total disability of seeing population males are about 1,303,909, while female population is about 1,30,261.

Table 1.2: Physically Disabled Population In Karnataka State

S.NO	Disabled population	Rural	Urban	Total
01	Total Disabled male population	4,38,605	2,82,916	7,26,521
02	Total Disabled female population	3,54,089	2,43,595	5,97,684
	Total disabled population	7,92,694	5,31,511	13,24,205

(Source-Censes2011)

The above data table indicate that, the total disabled population in Karnataka state is about 13,24,205 of which the male disabled populations is about 4,38,605 in rural areas and 2,87,916 in urban areas of the state, the total 23 male disabled population in the state is 7,26,521 respectively. Whereas, the total female disabled population in the state is about 5,97,684 of which the rural women disable population is about 3,54,089 and in urban regions the female disabled population is about 2,43,595 respectively. The above data analysis suggests that, majority of the disabled population residing in rural areas than the urban regions. The total rural disabled population is about 7,92,694, while rural disabled population is about 5,31,511 respectively. In Karnataka, there is also considerable population of physically challenged as presented in the following table.

Conclusion

In order to make the spirits, principles and mandates of this great convention the reality, we need to be economically empowered. It is the economic power, we possess, which will help us change our lives, our communities and the society we live in because it is the economic power which, like it or not, rules the world. It is the socio- economic power. In addition to transfer of knowledge related to skill development in various types of rehabilitation methods, community also will be involved in planning, decision making, and evaluation of the program with multi-sectoral coordination. Besides, referral system will be there for those disabled who cannot be managed at community level and referred to district, provincial, and national levels.

Specific Recommendations

1. Advocacy for mainstreaming the systems and services. It requires commitment across all sectors and built into new and existing legislation, standards, policies, strategies, and plans.
2. Invest in specific programs and services for people with disabilities. In addition to mainstream services, some people with disabilities may require access to specific measures, support services, or training. In this process, involvement of persons with disability is of paramount importance as they give insight into their problems and suggest possible solution.

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