Disability - Human Rights based model versus the Social, Medical and Charity models

The history of disability across the world has been characterised by a progressive development of four models; namely, social, medical, charity and the human rights model which are briefly discussed below.

**Social Model of Disability**

In 1983, a disabled academician Mike Oliver coined the phrase of “social model of disability.” It focussed on an independent model (of which the medical model was a part) and a social model, derived from the distinction originally made between impairment and disability. A fundamental aspect of the social model concerns equality and strongly believes in the phrase “Nothing about us without us”.

The social model of disability is based on a distinction between the terms “impairment” and “disability.” Impairment is used to refer to the actual attribute, the abnormality, of a person, whether in terms of limbs, organs or mechanisms, including psychological. It addresses issues such as under-estimation of potential of disabled people to contribute to the society by enhancing economic values if given equal rights, suitable facilities and opportunities.

**Medical Model**

Under the medical model, disabled people are defined by their illness or medical condition. They are disempowered on the basis of medical diagnosis used to regulate and control their access to social benefits, housing, education, leisure and employment.

This model promotes the view of a disabled person being a dependant and needing to be cured or cared for, and it justifies the way in which disabled people have been systematically excluded from society. This model is also known as the ‘individual model’ because it promotes the notion that it is the individual disabled person who must adapt to the way in which society is constructed and organised.

**The Charity Model**

Driven largely by emotive appeals of charity, this model treats PwDs as helpless victims needing ‘care’ and ‘protection’. This model relies largely on the goodwill of benevolent humanitarians for ‘custodial care’ of the PwDs rather than justice and equality and creates an army of powerless individuals dependent on either arrangements maintained by these so called benevolent individuals who are outside of the mainstream development and State sponsored charities or mechanisms of social support like special schools and protection homes for PwDs.

In the core of this model, disability was perceived as a disqualification for claiming the right of social resources which ensured the exclusion of PwDs from social arrangements, public services and justified their exclusion from mainstream education and employment.

**Human Rights Model**

The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings irrespective of their disabilities have certain rights which are inalienable. This model builds upon the spirit of the Universal Declaration of Human Rights, 1948, according to which, ‘all human beings are born free and equal in rights and dignity.’

The principle of diversity provides the foundation to accept disability as part of human variation. However, it is a sad reality that in practice our treatment of difference has been rather poor, especially in the context of disability. The doctrine of differentiation is of particular importance to PwDs, some of whom may require specialised services or support in order to be materially equal to others.

**Looking to the Future**

While the rights-based discourse, at a strategic level, has brought some additional entitlements to PwDs, it has not significantly altered the way in which disability is construed and, despite legislative changes, some people’s lives have not necessarily changed. We are now seeing the emergence of a revamped socio-medical model, which ‘promises’ to actually expand the population of PwDs to include people whose impairment is their ‘bad’ genes and their disability is the social response of avoidance, discrimination and even elimination which their impaired genes elicit in others.
Disability is not a brave struggle or ‘courage in the face of adversity.’ Disability is an art. It’s an ingenious way to live.” - Neil Marcus

Adapt Approaches in the Rich Countries, Rather than Starting from Scratch

World Report on Disability

There has been a paradigm shift in approaches to disability. In recent decades the move has been away from a medical understanding towards a social understanding. Disability arises from the interaction between people with a health condition and their environment. The emphasis should be on removing environmental barriers which prevent inclusion.

There are over one billion people with disabilities in the world, of whom between 110-190 million experience very significant difficulties. This corresponds to about 15 percent of the world’s population and is higher than previous World Health Organisation (WHO) estimates, which date from the 1970s and suggested a figure of around 10 percent.

The prevalence of disability is growing due to population ageing and the global increase in chronic health conditions. Patterns of disability in a particular country are influenced by trends in health conditions and trends in environmental and other factors - such as road traffic crashes, natural disasters, conflict, diet and substance abuse.

Disability is more common among women, older people and households that are poor. Lower income countries have a higher prevalence of disability than higher income countries. According to the ‘Guardian’s’ coverage of the launch, 20 percent of the world’s poorest people have disabilities and nearly 80 percent of PwDs live in low-income countries.

This pioneering report shows how removing barriers to mainstream services and investing in rehabilitation, support services and more accessible environments can ensure that millions of people with disabilities can participate in education, employment and in the wider society. At the intersection of public health, human rights and development, the World Report on Disability will be a necessary reference for policymakers, professionals, and advocates for PwDs and their families.

The report ends with a concrete set of recommended actions for governments and their partners. These recommendations are based on the ‘United Nations Convention on the Rights of Persons with Disabilities (CRPD)’ and are pretty much what one would expect - governments need to spend more, have a national disability strategy and plan of action etc. http://www.who.int/disabilities/world_report/2011/en/index.html

A Strategy for Ensuring Inclusion of PwDs

UTS with the support of Sightsavers, under its ‘Mainstreaming Disability in Rajasthan’ project is organising a series of workshops with selected NGOs which are intensively working at grassroots on mainstreaming issues in different districts of Rajasthan. In these workshops the key resource person was Prasanna Kumar Pincha, Special Rapporteur, National Human Rights Commission and participants were the officials and field functionaries of the selected organisations.

The aim of these workshops was to initiate a process of mainstreaming the PwDs in the select organisations by raising their level of understanding and sensitisation on the related issues such as the current scenario of the disability in India and Rajasthan, historical aspects, disability models of development, legal framework including laws and acts on disability, initiatives taken by governments, human rights of PwDs, types of disability, UNCRPD, barriers in the way of inclusion and shared experiences of the disabled by birth.

Finally group work was done in which an exercise was conducted on the current scenario of disability in the organisations. In the group discussions issues on the challenges in the way of mainstreaming disability in their organisation and what are the possible suggestions to meet those challenges were discussed. All the participants came out with a group presentation divided on the basis of their programmatic areas in which they were working. The rest of the group members and Pincha gave their critical comments on the presentation and an action plan emerged to follow up in a time bound and effective manner.
Disability is a matter of perception. If you can do just one thing well, you’re needed by someone.” Martina Navratilova

‘Karts’ इंटरनेशनल द्वारा साइडेसर्स के सहयोग से विकलांगता को मुक्तियार से जोड़ने की परियोजना के तहत मुक्तियार के मुद्दे पर धार्मिक स्तर पर कार्य कर रहे स्वसंस्कृत संस्थाओं, लॉ और सोशल वर्क के महाविद्यालयों के साथ निर्धारित दौरे पर एक विभिन्न संदर्भों के विकलांगता कार्यक्रमों का आयोजन किया गया है। ये संवेदनशीलता कार्यक्रमों के राज्यात्मक विभिन्न जिलों में विकलांगता को मुख्य धारा में जोड़ने की अपेक्षा एक फलीनी कोशिश है जिसमें चिकित्सा स्वसंस्कृत संस्थाओं के प्रतिनिधित्व व कर्मचारी, जिन्हें इस विषय पर पहले कोई औपचारिक प्रशिक्षण या जानकारी नहीं दी गई थी, साफ़ रूप से। अब तक लगभग 16 कार्यक्रमों का आयोजन राज्यात्मक विभिन्न जिलों में जयपुर (आई.आर.एम.), मंडलसर, लॉ कॉलेज, राजस्थान विश्वविद्यालय, बीकानेर, अग्रलेख, अग्रलेख, बीकानेर (उम्मे) और उदयपुर (सेंटर मिल्ट, आयस, जे.जे.पी.एस. एम अर्ट) जिलों में किया जा चुका है। इन कार्यक्रमों में अनुसंधान कुल 700 व्यक्तियों ने, जो कि धार्मिक स्तर पर विबिध व्यक्तियों पर कार्य कर रहे हैं, ने उसारा से भाग लिया।

अतः तक की गई कार्यक्रमों में प्रतिभागियों को विकलांगता के मुद्दे, कामों और मंडलों को मुख्यधारा में जोड़ने में सहयोग और दु:ख अनुभवित परीक्षाओं पर विचार विश्वास अनुसार प्रकट किया है। विभिन्न प्रकार के साइडेसर्स, राज्यात्मक मानवता कार्यात्मक उपचार तथा परिवार में अधिकारियों के चुनिन्दा समाज द्वारा जानकारी प्रदान की गई। इस दौरान विकलांगता को मुक्तियार: दो चरण में बांटा गया था। प्रथम चरण में, विकलांगता के सौभाग्य व्यक्तियों पर धार्मिक बातचीत की गई और दूसरे चरण में, एक समूह कार्य कार्य जोता का मानने के लिए गरीबवर्धन की गई।

इसमें उल्लेख किया गया है, कि विकलांगता है जिसे विभिन्न संस्थाओं द्वारा जोड़ा गया है उस संस्थाओं के निर्धारण, समाजिक साइएज के माध्यम से संगठित विकलांगता व्यक्तियों के उद्देश्य का साथ देने में विभिन्न संस्थाओं में विकलांगता की अभाव का उपयोग किया जा रहा है।

संस्थाओं के विज्ञान, विभिन्न मानव सामाजिक नीतियों, संस्थाओं में कार्यरत विकलांग राष्ट्रीय कार्य, प्रवर्धन और कर्मचारी में विकलांगता के मुद्दे के संवेदनशीलता, विकलांगता का एक प्राथमिक कर्मचारी है या नहीं, विकलांगता के विभिन्न विकलांगता संस्थाओं में विकलांगता व्यक्तियों के बुखार का स्तर आदि विवरण संबंधित पर नमूना हृदय किया जा सकता है। साथ ही इस विषय पर भी भविष्य का निशाना कि विकलांगता का उस संस्थान के पूर्व क्षेत्र में विकलांगता के स्तर विकलांगता की तत्कालीन रूप से जोड़ने हेतु भावना और प्रशिक्षण देने में सहयोग दिया जा सकता है।

समूह, विभिन्न संस्थाओं के प्रति सामाजिक धर्मवाद का उपयोग करते हुए कार्ययोजना का हेतु सहयोग देते हुए संस्थाओं के कार्य का साधन निर्माण किया जा सकता है। तथा मानने में भी विकलांगता का एक बिंदु जोड़ने का सामाजिक आवाज बांटने के लिए आयोजित किया जा सकता था। अंत में समूह ने यह भी साझा किया कि संस्थाओं के प्रबन्ध के साथ में प्रभावकारी विकलांगता के भाषण संबंधित प्रयासों व विकलांगता का बांटने के साथ साथ संबंधित विकलांगता के बारे में जान सकते हैं।

उपरोक्त कार्ययोजनाओं के बारे में संस्था प्राधिकृतों को अनुमति करना होगा तथा इन संस्था प्राधिकृतों के लिए उनकी सहायता के लिए अद्वितीय उपकरण प्रदान करें।

आदि भी नहीं बने हुए हैं, व्यक्ति संस्था प्राधिकृतों व कर्मचारी में विकलांगता को उनकी संस्था में एक प्रवर्धक कर्मचारी बनाने की आवश्यकता पाये गई है, जिसके लिए हेतु आवश्यक अंशिका की अवश्यकता है।
“Science may have found a cure for most evils; but it has found no remedy for the worst of them all — the apathy of human beings.” - Helen Keller

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