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Research Paper

Decoding Disability from Sociological Perspective

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Abstract:
This review paper explores the concept of disability from a sociological perspective, examining the social, cultural and economic factors that shape the experiences of individuals with disabilities, by challenging traditional medical models of disability, this paper highlights the importance of understanding disability as a social construct, influence by power relations, stigma and social exclusion. The paper argues that a sociological perspective on disability can promote greater inclusion, accessibility and social justice for individuals with disability. This study critically examines disability through a sociological lens, focusing on the lived experiences and systemic challenges faced by persons with disabilities (PWDs), particularly women and children. Adopting a global and Indian perspective, the research explores the prevalence of disability, access to essential services, and the intersections of disability with gender, childhood, and socio-cultural norms. The paper focuses on the unique vulnerabilities of children with disabilities in conflict zones and marginalized regions, as well as the institutional and cultural barriers hindering the realization of inclusive equality. In the Indian context, the study analyzes the role of policy frameworks, such as the Rights of Persons with Disabilities Act, 2016, and critically assesses their implementation in areas such as education, vocational training, family life, employment, and political participation. This paper which is based on secondary literature underscores the need for a transformative approach rooted in social justice and participatory inclusion to dismantle attitudinal, environmental, and structural barriers. Through a multidimensional exploration, this work advocates for an intersectional and rights-based model of disability, challenging traditional notions of dependency and promoting empowerment and dignity for all individuals with disabilities.

Keywords: Disability, Social model, discrimination, intersectionality, Stigma and Social Exclusion

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I. Introduction:

Disability is an intrinsic aspect of the human condition and must be understood within the broader social, cultural, and historical contexts in which it exists. It cannot be viewed in isolation from the social structures and practices that shape human experiences. Rather than being solely a medical issue, disability is increasingly acknowledged as a social construct that both influences and is influenced by how societies are organized (World Health Organization, 2001).

Definitions of disability hold significant implications. They shape public attitudes, influence how non-disabled individuals interact with people who have impairments, and guide the formation of organizational and policy frameworks. Historically, disability has often been equated with inability, reinforcing stigma and exclusion. Additionally, the language used to describe individuals with disabilities has frequently been derogatory. Terms such as “retarded,” “crippled,” and “mentally ill” are now considered inappropriate and offensive. In the Indian context, local terms like *langda* (lame), *kana* (one-eyed), *tota* (mute), and *paagal* (mentally ill) have been commonly used in pejorative ways, reflecting entrenched societal biases (Government of India, 2016). Terminology and conceptual understandings of disability have evolved over time and are shaped by prevailing socio-cultural and historical conditions. Contemporary perspectives highlight that disability emerges not merely from an individual’s impairments but from the interaction between those impairments and environmental, social, and attitudinal barriers (WHO, 2001).

According to the WHO’s *International Classification of Functioning, Disability and Health (ICF)*, disability includes three interconnected dimensions:

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1. **Impairment**: A problem in body structure or mental function (e.g., vision loss or memory issues).
2. **Activity Limitation**: Difficulties in performing basic tasks (e.g., walking, hearing, or reasoning).
3. **Participation Restriction**: Challenges in taking part in normal life situations (e.g., employment or accessing healthcare) (WHO, 2001).

This framework shifts the focus from a purely medical model to a bio-psychosocial approach. It underscores the dynamic interaction between individuals and their environments, suggesting that disability is shaped by societal structures as much as by individual health conditions. In alignment with this view, the *United Nations Convention on the Rights of Persons with Disabilities (CRPD)* defines disability as a long-term physical, mental, intellectual, or sensory condition that, in combination with various barriers, limits full and equal participation in society (United Nations, 2006). This rights-based approach emphasizes inclusion, dignity, and equality. The experience of disability is highly diverse and influenced by factors such as gender, age, ethnicity, and cultural background. Two individuals with the same impairment may have vastly different life experiences and support needs. Disabilities may be congenital or acquired, permanent or temporary, and they may involve sensory, physical, cognitive, or communicative challenges.

Disability in a Global Context

Disability is a global issue affecting a significant portion of the world's population. According to the World Health Organization (2023), approximately 1.3 billion people or 16% of the global population live with some form of disability. However, collecting accurate data remains a challenge. Social stigma and underreporting often lead to an underestimation of the actual number of people with disabilities. Between 2009 and 2018, surveys across 41 countries measured disability based on difficulties in functional areas such as seeing or hearing. The results indicated that, on average, 12.6% of adults experienced at least one functional difficulty (Mitra & Yap, 2021). In the United States, recent estimates show that 27% of adults have some type of disability (Centers for Disease Control and Prevention, 2023). Among them, 12.8% have cognitive impairments that affect memory, concentration, or decision-making; 12.1% have mobility-related disabilities; 6.1% experience hearing loss; 4.8% have serious vision difficulties; and 7.2% struggle with independent living, such as completing errands alone.

Access to healthcare services is a common concern for persons with disabilities. A study conducted across Europe found that 30% of individuals with disabilities were unable to obtain needed healthcare due to financial barriers (Mitra, 2017). The gap was particularly wide between countries only 16% of people with disabilities in Denmark cited affordability as a problem, while in Italy, the figure rose dramatically to 94% (Mitra, Findley, & Sambamoorthi, 2009).

The *2030 Agenda for Sustainable Development* reinforces the need to ensure that people with disabilities are not excluded from development initiatives or denied basic human rights (The World Bank, 2023). Disability among children is also gaining global attention. According to UNICEF (2021), nearly 240 million children aged 2 to 17 are estimated to have some form of disability. These estimates are based on various functional difficulties, including psychological and social aspects. Disability in childhood is not defined by medical conditions alone; it is also shaped by environmental factors, expectations, and social roles. Therefore, disability should be seen as the result of interaction between individual needs and their surroundings. Children and adolescents with disabilities form a diverse group. They may be born with or acquire impairments that affect walking, speaking, seeing, or self-care. These children often face difficulties in acquiring basic literacy skills and may require special instruction and educational support. In their daily lives, they encounter various barriers physical ones, such as inaccessible buildings; communication barriers, like a lack of textbooks in Braille or public announcements without sign language; and attitudinal barriers, such as stereotyping or pity, which undermine their capabilities and dignity. Children with disabilities are also more vulnerable to neglect, abuse, and violence. Research shows that they face a higher risk of physical, emotional, and sexual abuse sometimes starting at a very young age and continuing into adolescence.

Armed conflict is another significant factor contributing to disability. The effects of war go beyond soldiers; civilian populations, including women and children, are often severely affected. Common outcomes include loss of limbs, spinal injuries, blindness, hearing loss, and mental health conditions such as post-traumatic stress disorder (PTSD). Children are particularly at risk during conflicts, suffering from injuries, malnutrition, displacement, and the loss of family members. According to Human Rights Watch (2018), people with disabilities in conflict zones have often been left behind during evacuations and subjected to violence, hunger, and isolation. In many cases, they were abandoned in their homes or villages with no access to food, water, or medical care. In refugee camps, people with disabilities frequently encounter additional challenges in accessing basic needs like sanitation, food, and health services.

Disability in the Indian Context

India, as the world's most populous nation, has a significant number of individuals living with disabilities. According to the 2011 Census, 2.68 crore people, or 2.21% of the total population of 121 crore, reported some form of disability. This data covered eight broad categories of disability, including visual, auditory, speech, movement, mental retardation, mental illness, and others. However, these figures are widely considered underestimated due to the stigma surrounding disability, which often leads to under reporting and the marginalization of persons with disabilities that are frequently excluded from public visibility (Vaidya, 2019). Recent estimates suggest a higher prevalence. A study by Pattnaik et al. (2023), analyzing data from the National Family Health Survey (NFHS-5, 2019–2021), found a disability prevalence rate of 4.52% in India. Loco-motor disabilities were the most commonly reported, accounting for 44.7% of all disabilities, followed by mental and speech-related impairments. Cultural and religious interpretations in India significantly influence the perception of disability. It is often regarded as a divine punishment for past misdeeds, leading to social ostracization of the affected individuals and their families. Persons with disabilities are frequently viewed as passive recipients of charity rather than as rights-bearing individuals (Addlakha, 2008). Begging among persons with disabilities remains a common sight, especially near religious sites.

Historically, India has promoted a charity- and welfare-based approach to disability, emphasizing medical rehabilitation, distribution of assistive devices, and vocational training for low-income work (Addlakha, 2008). The combination of widespread poverty, entrenched social hierarchies, and structural inequalities exacerbates the challenges faced by persons with disabilities in accessing basic services such as education and healthcare. Disability within poor rural or working-class households often results in severe economic strain. Vulnerable groups such as women and girls with disabilities, as well as those from marginalized castes and economically disadvantaged backgrounds, face intersecting forms of discrimination and exclusion. Families providing lifelong care to members with disabilities also experience considerable strain. Therefore, strong social policies and effective service delivery mechanisms are essential to promote inclusion and well-being.

In recent decades, global initiatives have helped reshape the discourse on disability. The United Nations designated 1981 as the International Year of Disabled Persons and declared 1983–1992 as the Decade of Disabled Persons. In 1993, the UN General Assembly adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. Landmark legislation, such as the Americans with Disabilities Act (1990) and the UK’s Disability Discrimination Act (1995), reflect this global momentum. India ratified the UN Convention on the Rights of Persons with Disabilities in 2007, marking a shift from welfare to rights-based approaches and recognizing persons with disabilities as active participants in development. India has developed a considerable health and rehabilitation infrastructure, involving central and state governments and public institutions. At the national level, the Ministry of Social Justice and Empowerment is responsible for overseeing welfare programs targeting disadvantaged populations, including persons with disabilities. The 2006 National Policy for Persons with Disabilities was a landmark policy recognizing individuals with disabilities as valuable human resources. It emphasized equal opportunities, rights protection, and societal participation aligned with constitutional principles of equality, freedom, justice, and dignity (Government of India [GOI], Ministry of Social Justice and Empowerment [MSJE], 2006).

The policy outlines three core areas:

1. **Physical Rehabilitation**: Early detection, medical intervention, and provision of assistive devices, along with the development of skilled rehabilitation professionals.
2. **Educational Rehabilitation**: Inclusive education and vocational training.
3. **Economic Rehabilitation**: Ensuring dignified livelihoods and social inclusion (GOI, MSJE, 2006).

In 2012, the Department of Empowerment of Persons with Disabilities (Divyangjan) was established under the Ministry of Social Justice and Empowerment to focus on the welfare of persons with disabilities. Despite numerous national and international efforts to promote the inclusion of persons with disabilities, significant barriers to equal participation in development processes remain. In alignment with the 2030 Agenda for Sustainable Development's commitment to "leave no one behind," India and other nations must continue working toward a more inclusive, accessible, and equitable society for all.

Types and Causes of Disability

Some disabilities are congenital, meaning they exist from birth and may result from genetic factors, birth injuries, or prenatal complications. Others are developmental, appearing during early childhood due to infections, birth complications, or environmental exposures. Factors such as poor maternal health, substance use during pregnancy, malnutrition, and exposure to environmental toxins like lead are known to contribute to developmental disabilities (WHO, 2001). There is a well-established correlation between poverty and disability. Inadequate healthcare, poor sanitation, limited education, and lack of awareness about existing services all contribute to both the onset and deepening of disability, particularly in low-resource settings (Government of India, 2016).

Legal and Policy Framework in India

India's first comprehensive disability legislation was the *Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995*. It recognized seven disabilities such as blindness, low vision, leprosy-cured, hearing impairment, loco-motor disability, mental retardation, and mental illness. To qualify for government benefits, individuals were required to obtain medical certification of at least 40% disability (Ministry of Law and Justice, 1995). In 1999, the *National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act* was introduced to support individuals with high-support needs, especially those likely to require lifelong care (Ministry of Law and Justice, 1999). Following India's ratification of the *CRPD* in 2007, the country revised its legal framework to align with international standards. This led to the enactment of the *Rights of Persons with Disabilities Act, 2016*, which expanded the list of recognized disabilities from 7 to 21 and maintained the 40% benchmark for entitlement to benefits and protections (Government of India, 2016).

Sociological Understanding of Disability

The traditional medical model of disability has been the subject of significant critique by scholars and disability rights activists, particularly for its tendency to define disability as a personal tragedy or medical abnormality, often excluding the perspectives and lived experiences of persons with disabilities. This model places disability within the individual, emphasizing impairment as a medical or biological dysfunction that must be treated or cured. Critics argue that this approach promotes paternalism and disempowerment, rendering persons with disabilities as passive recipients of care (Marks, 1999). In response, the 1970s witnessed the emergence of an alternative conceptual framework known as the *social model of disability*, which reframed disability as a consequence of societal structures and attitudes rather than an inherent individual deficiency. This model gained significant traction through the efforts of advocacy groups such as the Union of the Physically Impaired against Segregation (UPIAS) in the United Kingdom. Comprising disabled individuals themselves, UPIAS rejected the dominance of medical professionals and charity-based frameworks that positioned them as dependent or inferior. Instead, they asserted the right to autonomy and redefined disability as distinct from impairment where *impairment* refers to the physical or cognitive condition, and *disability* refers to the socially constructed barriers that prevent full participation in society (Lang, 2007). Under the social model, disability is viewed as a result of physical, economic, political, and social barriers that restrict access and participation. These barriers may include the absence of ramps or elevators in office buildings, lack of inclusive teaching materials for visually or hearing-impaired students, and inaccessible voting booths. Thus, exclusion is not due to the impairment itself but rather to the failure of societal systems to accommodate diverse needs. As Lang (2007) notes, the social model shifts the focus "from consideration of the deficits of the functional, physiological and cognitive abilities of the impaired individual, to the ability of society to systematically oppress and discriminate against disabled people."

A key objective of social model advocates has been to challenge and transform these disabling societal conditions. They oppose segregated or "special" provisions that isolate persons with disabilities from the mainstream. Instead, they promote universal design an approach to creating environments that are inherently accessible to all, regardless of ability (Marks, 1999). The influence of the social model has been profound, laying the foundation for the interdisciplinary field of Disability Studies and fueling the growth of the global Disability Rights Movement. This movement has empowered persons with disabilities worldwide including in India to assert their rights as equal citizens and actively participate in the formulation of policies and programs that affect their lives. The widely embraced slogan *"Nothing About Us, Without Us"* captures the core ethos of this movement: those decisions impacting disabled individuals must involve their voices and leadership.

Stigma and Social Exclusion

Culture plays a fundamental role in shaping how disability is perceived, understood, and experienced within a society. Culture encompasses the norms, values, knowledge systems, customs, and practices transmitted across generations, offering individuals a shared sense of identity and belonging. These cultural frameworks also define what is considered 'normal' or 'abnormal,' thereby constructing the boundaries of inclusion and exclusion. In this context, bodies and minds that deviate from the normative ideal often challenge dominant expectations and are viewed with ambivalence or even fear. As anthropologist Patrick Devlieger (2005) insightfully notes, "the disabled are the same and different," highlighting the paradoxical nature of social attitudes toward disability. Cultural interpretations of disability vary across societies and historical contexts. For instance, the American anthropologist Ruth Benedict (1934), in her seminal work, questioned the binary of 'normal' versus 'abnormal' by examining how certain behaviors and conditions such as epilepsy and hallucinations viewed as pathological in Western biomedicine, are instead integrated into religious and ritual life in some Native American cultures. This example illustrates the culturally contingent nature of what societies define as a ‘disability.’ Even within the Indian context, perceptions of disability differ across regions and socio-economic settings. For example, Mehrotra and Vaidya (2008), in their comparative study of Delhi and rural Haryana, observed that intellectual and learning disabilities are seen as more disabling in urban settings where educational achievement is prioritized. In contrast, in rural contexts where labor and manual skills are more valued, individuals with mild intellectual impairments may not be viewed as disabled per se but are rather described in local idioms such as *bhola* (innocent) or *seedha* (simple), and are assigned work within their capabilities. Religious and cultural beliefs also play a significant role in shaping attitudes toward disability in India. Drawing from ideas of karma and moral causality, disability is often interpreted as divine retribution for past sins either of the individual or the family thus not only stigmatizing the person with a disability but also extending this stigma to their kin. This belief fosters a culture of silence, exclusion, and resignation (Dalal, 2002; Ghai, 2015). Traditional Indian epics such as the *Mahabharata* and *Ramayana* continue to inform social norms and moral values, often linking disability to character flaws. As Anita Ghai (2015) argues, characters such as the blind king Dhritarashtra and the scheming Shakuni in the *Mahabharata*, or the hunchbacked Manthara in the *Ramayana*, serve as metaphors for moral failure rather than simply representing physical difference. These depictions reinforce negative stereotypes and contribute to the symbolic marginalisation of persons with disabilities.

Stigma surrounding disability is further entrenched through social practices that position persons with disabilities as passive recipients of charity, rather than as rights-bearing citizens. The prevalence of disabled individuals begging near religious shrines and public places is symptomatic of a deeply entrenched culture of welfare and charity, particularly shaped by colonial-era policies (Addlakha, 2008). The Indian state has historically emphasized medical rehabilitation, assistive devices, and segregated services such as special schools and sheltered employment, rather than fostering rights-based inclusion and empowerment. In contemporary India, this cultural legacy intersects with structural inequalities such as poverty, caste-based exclusion, and gender discrimination to deepen the marginalization of persons with disabilities. Individuals with disabilities from Dalit or economically marginalized communities, especially women and girls, face compounded forms of oppression and vulnerability. Access to basic services such as healthcare, education, and protection from exploitation remains severely limited. The burden of care often falls solely on the family, placing enormous emotional and financial strain on caregivers and affecting the well-being of all family members. To overcome this cycle of exclusion, it is essential to implement robust and inclusive social policies that go beyond tokenism and charity. There is a pressing need for state-led interventions that ensure access to essential services, promote social entitlements, and challenge the normative structures that perpetuate stigma and marginalization. A shift toward a rights-based and inclusive development approach is necessary to enable persons with disabilities to participate fully in all aspects of societal life

Intersectionality and Disability

Disability Studies conceptualize disability not merely as a personal or medical condition, but as a critical axis of discrimination and marginalization embedded within the social, cultural, economic, and political systems of society. However, the lived experiences of persons with disabilities (PwDs) are not homogenous. They are profoundly shaped by other intersecting identities such as gender, caste, class, race, age, and sexuality. The framework used to analyse these overlapping and compounding systems of disadvantage is known as intersectionality. Originating in Black feminist thought, intersectionality describes how various systems of power and oppression such as patriarchy, racism, casteism, ableism, and classism interact to create complex, cumulative effects in the lives of individuals who occupy multiple marginalized positions. Within the field of Disability Studies, this approach allows for a more nuanced understanding of how disability intersects with other social identities to produce unique forms of exclusion and discrimination. One of the most widely discussed intersections is that of gender and disability. Disabled feminist scholars have argued that women and girls with disabilities face 'double marginality,' as both identities are devalued and discriminated against in patriarchal societies. According to Kabir (2020), “Disability, gender and discrimination are inextricably interlinked. One in five women globally lives with a disability. Women are often at increased risk of developing a disability due to factors such as discrimination in healthcare and gender-based violence.” Data further show that women with disabilities are three times more likely to be illiterate and twice as likely to be unemployed or digitally excluded compared to women without disabilities. They also experience heightened vulnerability to violence, being up to three times more likely to suffer sexual assault and domestic abuse often with greater severity and lasting consequences.

Similarly, the intersection of disability with caste and class in the Indian context adds another layer of systemic disadvantage. Individuals from Scheduled Castes (SC) and Scheduled Tribes (ST) who also live with disabilities frequently face compounded social exclusion. Chronic poverty and marginalization within these communities often result in lack of access to timely healthcare, rehabilitation, and assistive services factors that can exacerbate existing impairments or result in preventable disabilities. Kothari et al. (2020), in their policy paper on the intersectionality of disability and caste, argue that negative stereotypes surrounding both Dalits and disabled persons such as perceptions of incompetence contribute to their exclusion from the workforce and public life. Furthermore, the absence of reasonable accommodations and the persistence of discrimination intensify their isolation and economic insecurity. Understanding intersectionality is essential for the development of equitable and inclusive policies. Programs that address disability in isolation often fail to reach those who face multiple, overlapping forms of exclusion. For example, a generic employment scheme for PwDs may be ineffective for Dalit women with disabilities who also face caste-based discrimination and gendered barriers to mobility and access. Tailoring interventions to reflect such intersectional realities is crucial for ensuring that no one is left behind a central tenet of the United Nations' Sustainable Development Goals (SDGs).

Yet, as highlighted in the *UN Disability and Development Report* (UNDESA, 2019), the inclusion of persons with disabilities remains hindered by persistent stigma, negative attitudes, and a lack of accessible environments both physical and digital. Addressing these systemic barriers requires a holistic, intersectional approach that acknowledges the diverse identities and lived experiences of disabled individuals. Therefore disability must be recognized as a cross-cutting issue in the discourse on social justice and development. Intersectionality offers a vital analytical lens for understanding the multiple forms of oppression faced by persons with disabilities and for crafting policies that promote their full inclusion, participation, and dignity in society.

II. Conclusion

Understanding disability from a sociological perspective helps shift the focus from individual limitations to the broader social, cultural, and structural barriers that hinder participation and inclusion. Moving away from the medical model, the social model of disability highlights how inaccessible environments and discriminatory attitudes create disadvantages for persons with disabilities (PwDs), rather than the impairments themselves. This framework has been central to the development of Disability Studies and has fueled the global Disability Rights Movement, which emphasizes self-representation and participation in decision-making processes. Cultural beliefs and societal norms significantly influence how disability is perceived and experienced. In many contexts, especially in India, disability is often associated with stigma, shame, and religious explanations such as karma. These perceptions not only marginalize individuals with disabilities but also their families. Historical and ongoing social practices have treated PwDs as subjects of charity and welfare rather than recognizing their rights as equal members of society. As a result, access to education, healthcare, employment, and social participation remains limited, particularly for those in economically and socially disadvantaged communities. The concept of intersectionality further deepens our understanding by showing how disability intersects with other forms of identity, such as gender, caste, class, and ethnicity. For example, women with disabilities face greater barriers due to both gender-based and disability-based discrimination. Similarly, those from marginalized castes or economically weaker backgrounds often suffer from multiple layers of exclusion. These overlapping forms of disadvantage highlight the importance of inclusive and context-specific policy interventions. In essence, creating a just and inclusive society requires recognizing disability as a matter of human rights and social justice. It involves challenging social prejudices, improving accessibility, and ensuring active participation of persons with disabilities in all areas of life. With an intersectional and rights-based approach, it is possible to move towards a more equitable and inclusive future where no one is left behind.

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