



Reappraising Disability in Indian: Model, Magnitude, and Measurement

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ABSTRACT

Defining and measuring the disability is critical social issue. In the past, many social scientists including demographers, geographers and sociologists have attempted to define the term disability in their normative discipline sense. In this paper, we have tried to reappraise disability from the significant earlier literature and discuss it in a revised manner. It is aptly argued that disability seems to a fluid state or condition and the ontological strand of the concept is modified, redefined over the time. The bodily art of the paper covers the conceptual definition of disability and its related models, statistical density and magnitude of disability that is particularly based on different categories including gender and the urban rural distinction of India. Disability as a socio-cultural term and a lived experience doesn't promote change. So, the wide complex issues of the disability are also discussed in the kaleidoscope of developmental issues to show the disadvantages posed by disability through social meaning and the politics of normalcy. It has been suggested that there is a need to reframed disability with conceptual reference to sick role, deviance or functional limitation and the term should not be used without denoting the socio-cultural phenomenon.

Keywords: Disability, Culture, Development, Model, Perspective

INTRODUCTION

Defining disability is highly argumentative for numerous reasons. It is because, in early time it is used to refer to a distinct class of people. Historically, "disability" has been used either as a synonym for "incapability" or "inability" as a reference to legally imposed limitations on rights and powers. The term has covered a wide range of nomenclature having different characteristics. These various aspects are considering as the disability. Paraplegia, deafness, blindness, diabetes, autism, epilepsy, depression, and Human Immunodeficiency Virus (HIV) all has been classified as "disabilities". The term covers such diverse conditions as the inborn absence or adventitious loss of a limb or a sensory function. It also includes neurological conditions, cognitive dysfunctions, psychiatric disorder (e.g. schizophrenia and bipolar disorder) and chronic disease like arteriosclerosis. Hence for worthy, to justify the concept and term disability there is as much variation among "disabled" people with respect to their experiences and bodily states as there is among people who lack disabilities. It is

generally used to refer a condition which is resulting from dysfunction in individual bodies and mind. This dysfunction is affect our normal life activities. In he below section we will elaborate the diffeent ceptual definitions given by different international and national bodies.

CONCEPTUAL DEFINITIONS OF DISABILITY

The term Disability unlike other word, cannot be used without denoting a kind of phenomenon or entity, and it mainly depend on certain assumptions about how the world and societies work. The everyday usage of disability is an injury, illness, impairment depends upon the signifiers linked to individuals.¹ Grue demonstrate hearing aids, canes and wheelchairs to denote signifiers. Disability is a socially, culturally and theoretically complex topic. One of the major problem in defining disability comes from our culture. Language is the vehicle of culture.² The word 'disable' discomposes into 'dis' meaning not, and 'abled' Disability mean inability. The authors argue, it is because any topic related to disability is sufficiently complex due to their precision and efficiency of the meaning. Hence, it is not possible to confine the disability in a single definition. Many scholars and developmental agencies define disability. Some of the definitions has discussed as below:

*World Health Organisation (WHO)*view, disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty

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encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.³ Thus, disability is not only an issue of health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives.

The International Classification of Functioning, Disability and Health (ICF) define disability as a component of health, rather than the consequences of disease, a risk factor.⁴

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) says, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.⁵

WHO termed disability as an impairment within our body, which restrict or create delinquent in our day-to-day activities. UNCRPD labelled this disability is an abiding condition which obstruct the individual to participate fully in the society. These above definitions of the international bodies which are accepted by all over the world. McColl and Bickenbach has defined this disability from five dimensions:⁶

- Biomedical: The result of the underlying illness or impairment. Physical inability, nerve dysfunction, and medicalization.
- Philanthropic: Tragedy, loss, an object of sympathy and charity
- Sociological Model: A deviation from the societal norm. Dysfunction, sick Role, role withdrawal.
- Economic: Excess service cost and limited productivity having Social Cost.
- Socio-Political: The interpretation between people with a health condition and a society deigned for non-disabled people.

The concept of disability is not confined with only these five dimension or above three definitions given by the international bodies. There are other dimensions which analyze this concept in different time period from the different context. Now in succeeding discussion, the author try to focus on the conceptual model of disability that will help a dipper understanding about disability from various dimensions.

MODEL OF DISABILITY

Model of disability can provide a systematic approach to understanding the causes and contexts of disability. It offers a framework for understanding the disability its causes and implications.⁷ Study of disability is not a homogeneous task. There are many different schools within the field having rival theories and models. In earlier time, the study of disability is strongly influenced by the health related science and medicine and health professionals. In the country like India the study of disability is profoundly influences by the disciplines of the sociology, social work and health economics etc. As the

tradition of discipline developed, it also enrich the study of disability respectively. Now the authors discuss the different models of disability which encompass into major five models i.e. (i) Social Model, (ii) Medical Model, (iii) Ecological Model, (iv) Minority Model, and (v) Gap Model. These models help us to understand the causes and milieus of disability.⁸ The chapter will not be able to explore the discipline tradition of all the model. Our endeavor is to focus mainly on the social and medical model of the disability after giving a brief sketch of the five model.

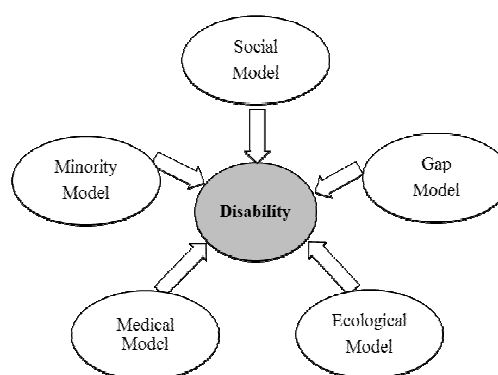


Figure 1: Different models of disability

Medical Model

The society highly accepts medical model of disability than other models. It is highly Percival among the professionals, elite personnel, and common man. The medical model interpret the disability as a bodily impairment which is dealt by the medical professionals. This disability is considering as a fixed, permanent, or static one.⁹ The medical model of disability only focuses the individual's limitations.

Social Model

The social model of disability says that disability is caused by the way society is organizing, rather than by a person's impairment or difference. Social model refers the disability as a disabling social, environmental and attitudinal barriers rather than lack of ability of the body. Disability is not an attribute of an individual, but rather a complex collection of conditions which may create by the social environment.⁹

Minority Model

About fifteen percent of world's population suffers from the disability (WHO, n.d.). So, a major chunk of the population in our society suffer this problem which create a group known as 'minority group'. The minority model, in which disability is theorized partly as a form of cultural otherness, probably fits the case of deaf people best. The capital is intended to mark deafness as a cultural and linguistic identity. The minority model has been less successful in, and may not be as well suited for, explaining the continuing economic and political marginalization of disabled people. In past era, a distinct class of the population has been referred as a disability population. These class of the population had less power and subject to stigmatize and exclusion.

This approach aptly proposes that disabled people are an oppressed and marginalized group. This approach was mainly associated with the North American social movement. The lag of this approach is it does not define disability as concept but mainly focus on the identity and power politics. Later on, this model is interpreted and claimed to merged with the social model. The minority group approach may advocate special measures, or a comprehensive disability income, or a bigger share of social resources. In a pioneering, if ultimately unsatisfactory analysis, Helen Liggett has highlighted the dangers of a minority group approach which reinforces the constitution of disability.¹⁰

Gap Model

The dominant paradigm, the relational or 'gap' model in which disability is theorizing as a difference between the capabilities of the individual and the demands of society, is fit for certain purposes, the most important of which is to identify areas of adaptive improvement. The gap model's notion that 'disablement' can actually be eliminated through the simultaneous adjustment of individual capacities and social demands is an ideological position that requires a significant degree of mutual interest between individual and state. Disability is explain as the gap between those capabilities and the opportunities offered by society and its institutions; disability is therefore something that can and should be addressed by the full spectrum of policy tools, ranging from medical intervention, when appropriate, to anti-discrimination measures directed at employers, academic institutions, commercial entities, etc. The gap model does not take a position on this issue, but merely acknowledges that a proportion of the population will at any given time have either impairments or illnesses that place certain restraints on their functional capacities.

Ecological Model

Human being and environment can't be separated from each other. The ecological system is based on interaction between the environment and the individual which is known as Ecological System Theory (EST). This EST model was developed by psychologist Bronfenbrenner.¹¹ EST model theorizes the environment "as if the individual were an open system at its center surrounded by the interacting environmental layers".¹¹ Ecological model of disability focuses three disability concepts: pathology, impairment and disability. It focuses the disability is a result of interaction of impairment, activity limitations and participation restriction in a particular social or any physical environment like place of work, home, school, or any public places etc.¹²

Social Model vs. Medical Model

Disability is mainly described in a way that suggests that it is a permanent state. Medical model especially observes disability as being fixed, static, and permanent. The medical model of disability is rooted with an emphasis on clinical treatment. Hence, medical model seek to cure disability through

intervention and rehabilitation. Disability is formulated as a defectiveness and taking medicine is the way to cure it. Disability as lived experience is mainly presenting in the context of medical implication. Hence, in medical model the experiences of disability is always produce in a particular set of physical and intellectual or body dysfunction and it is seen in a context of medical implication. Brisenden has observed that, disability as an experience, as a lived thing. In the case of disability their experiences are not integrated with the consciousness of main stream society.¹³ We can see how society determines and differentiate people having disability. Disable people are seen as weak, pathetic and in need of sympathy. Society term them as 'cripple'.¹³

Disability have determined by the societal norm. We live in a world of societal and scientific norm. To understand disability, Davis has argued that one must understand the construction of normalcy.¹⁴ Norm is both a condition of the societal process. The societal process of disability as a concept mainly arrived with the industrialization. The concept normal, normalcy normality norm, average, abnormal only enters around in the year 1840. To quote who observed disability from normalcy, power and culture, to show how disability is constructed in the frame of abnormality.¹⁴ Disability as a term is a way of looking at people with difference abilities and consequently different needs. The social model has a significant role in the disability movement across the world especially in Britain.¹⁵ This model is important because it talks about the inclusion and rehabilitation of the people with impairment. Chappell, Goodley, and Lawthom spoke about the emergence of the social model of disability. He meant it to assist people having learned difficulties.¹⁶ Not only the primary service concern to normalization but for also economic, social wellness.

SOME OTHER MODELS OF DISABILITY

Expert/Professional Model

This model has given a traditional responses to disability issues and can be seen as a branch of the medical model. Inside of its system, experts follows a procedure of distinguishing the impairment and its limits (utilizing the medicinal model), and making the essential move to enhance the position of the impaired individual. This has had a tendency to deliver a framework in which anauthoritarian, over- active service provider prescribes and acts for a passive client.

This relationship has been portrayed as that of fixer (the expert) and fixee (the client) and unambiguously contains an imbalance that limits collaboration. Despite the fact that an expert may caring, the imposition of solutions can be less than benevolent. In the event that the choices are made by the "expert", the client must choose between limited options and is not able to practice the fundamental human right of flexibility over his or her own particular activities. In the amazing, it undermines the client's dignity by evacuating the capacity to partake in the easiest, ordinary choices influencing his or her life.

Charity Model

This model also known as tragedy model. This model depicts disabled people as victims of circumstance, deserving of pity. This model plausible used by the greater part of the non-disabled individuals to characterize and clarify the disability.

The thought of being beneficiaries of philanthropy brings down the self-regard of individuals with inabilities. According to “pitying” donors, magnanimous giving conveys with it an expectation of appreciation and an arrangement of terms forced upon the beneficiaries. The main is disparaging; the second restricting upon the decisions open to individuals with disabilities. Likewise, employees will view individuals with disabilities as altruistic cases. As opposed to address the main problems of making a work environment helpful for the occupation of individuals with disabilities, employers may reason that making altruistic gifts meets social and financial commitments. People with disabilities are seen as tragic victims, it follows that they need care, are not capable of looking after themselves or managing their own affairs, and need charity in order to survive.

Religious/ Moral Model

The Moral Model has used in ancient time period among most of the population and is less pervasive today. Of course, there are various society and cultures that accomplice disability with sin and curse, and disability is frequently associated with feelings of guilty, even if such feelings are not doubtlessly arranged in religious standard.

For the individual with disability, this model is particularly oppressive. This model has been associated with disfavor all in all gathering of a man with an insufficiency. Families have covered away their loved ones with disabilities, keeping them out of school and rejected from any chance at having a vital part in the general population eye. In reality, even in less convincing circumstances, this model has realized wide social rejection and self-hatred. The Religious Model points of view disability as an order executed upon an individual or family by an outside force generally punishment by the supremen power. It can be a result of wrongdoings put together by the person with an disability, someone in the family or community group. It is also be resulted from the previous reincarnation. Even if in the case of violaoation of social or religious taboos or disrespect to the eldres can resulted of disability.

THIS MODEL ALSO DISABILITY AND INDIAN SCENARIO

DEFINITION OF DISABILITY

The Rights of persons with disabilities bill 2014: “person with disability” means a person with long term physical, mental, intellectual or sensory impairment which hinder his full and effective participation in the society equally with others. The intensity of the disabilities should not be less than forty percent, and this person should certified by certifying authority.¹⁷

National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999: “persons with disability” means a person suffering from any of the conditions relating to autism, cerebral palsy, mental

retardation or a combination of any two or more of such conditions and includes a person suffering from severe multiple disability.¹⁸

Rehabilitation council of India Act 1992 follow the definition given by Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995: Now this PWD act supposed to be changed to ‘The rights of persons with disabilities act’ 2014 (The bill has not cleared by both the house of parliament). Now the author discuss the magnitude of disability in our country.¹⁹

All the above definitions are following the international standard. The rights of persons with disability bill say it is an impairment of our body whereas National Trust Act give focus that is a condition of any kind of disease.

MAGNITUDE AND MEASUREMENT

India is a largest democracy with an estimated population of 121, 08, 54,977 as per Census of India, 2011.²⁰ It has one of the highest density of population in different religion culture, ethnicity and belief. The geographical and culturally heterogeneous country India can be also characterized due to feature of disability as largest minority group. The term disability as distinction as concept are changing from time to time. In India from the beginning the term handicapped is used. Gradually it has been modified to disable, impaired and differentially able. As like, the term physically handicapped has been modified from time to time to i.e. physically disable, impaired or physically challenged. The usage of synonyms of disability is strictly dependent on the people.

In India, two officially department collect disability statistics i.e. NSSO (National Sample Survey Organization)²¹ and Census of India. In the independence India Census 1981 has started collect the data on disability which comprise 0.2% of total population. There had no data collected in the 1991 census. Again in 2001 census started collecting data on disabilities. But, NSSO has collected data on disabilities in the year 1959-1960 (15th round of NSSO data). In its 47th round (in the year 1991) which indicate that about 1.9 percent of the total population (16.15 million population) of the county have disabilities. Again in census 2001 disabilities data has collected. According to the census 2001 there were 21.9 million persons with disabilities compared with 18.5 million (1.8 percent of the total population) reported by NSSO 2002 (58th round). Census 2011 shows that 2.21 percent of the total population have disabilities. Table-1 explain the percentage of different types of disabilities as a whole with the rural and urban settings also. Census 2011 shows that the prevalence of disability is higher in rural areas in comparison to urban areas. All types of disabilities and their percentages has mentioned in table 1.

Mode of measuring the Disability: Different organization adopt different tools to measure the disability. NSSO follow the stratified sampling procedure where census enumerates the entire population to collect the prevalence of disability in India. Even every organization have their own way of interpretation to define different types of disability.

Population	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
% of total Population									
Total Disability	2.21	2.40	2.01	2.24	2.43	2.03	2.17	2.34	1.98
Seeing	18.77	17.61	20.25	18.80	17.50	20.45	18.71	17.86	19.78
Hearing	18.92	17.87	20.25	18.21	17.14	19.56	20.53	19.53	21.80
Speech	7.45	7.49	7.40	7.00	7.06	6.92	8.49	8.48	8.52
Movement	20.28	22.49	17.47	21.66	24.05	18.63	17.13	18.94	14.83
Mental Retardation	5.62	5.81	5.37	5.50	5.68	5.28	5.87	6.10	5.58
Mental Illness	2.70	2.77	2.60	2.66	2.72	2.58	2.78	2.89	2.63
Any Other	18.38	18.20	18.60	17.67	17.56	17.81	19.98	19.66	20.39
Multiple	7.89	7.76	8.07	8.50	8.29	8.77	6.51	6.54	6.46

Now the author discuss these criteria's to define disability which has been adopted by Census 2011. Census 2011 has classified the disability into eight categories i.e. in seeing, in hearing, in speech, in movement, mental retardation, mental illness, any other and multiple disabilities. Different types of disabilities with their criteria as stated in Census 2011 described below:

1. **In Seeing** - A person will be considered as having disability 'In Seeing' if s/he :

- Cannot see at all; or
- Has no perception of light even with the help of spectacles; or
- Has perception of light but has blurred vision even after using spectacles, contact lenses etc.
- A simple test is whether the person can count the fingers of hand from a distance of 10 feet in good daylight. Such persons can however, move independently with the help of remaining sight; or
- Can see light but cannot see properly to move about independently; or
- Has blurred vision but had no occasion to test if her/his eyesight would improve after taking corrective measures.

A person will not be considered as having disability 'In Seeing' if:

- Persons with no vision in one eye but full vision in the other eye (one eyed persons) will not be considered as disabled in seeing.
- Persons having night blindness alone will not be considered as disabled in seeing.
- Persons having colour blindness alone will not be considered as disabled in seeing.

2. **In Hearing** -A person will be considered as having disability 'In Seeing' if s/he :

- Cannot hear at all; or
- Has difficulty in hearing day-to-day conversational speech (hard of hearing); or
- If she/he is using a hearing aid.

3. **In Speech** - A person will be considered having disability 'In Speech', if s/he is above the age of 3 years and:

- Cannot speak at all or she/he is unable to speak normally on account of certain difficulties linked to speech disorder; or
- Able to speak in single words only and is not able to speak in sentences; or
- Stammers to such an extent that the speech is not comprehensible.

N.B.: persons who stammer but whose speech is comprehensible will not be treated as disabled in speech.

4. **In Movement** - A person will be considered as having disability 'In Movement' if s/he has a disability of bones, joints or muscles of the limbs leading to substantial restriction of movement. This would cover persons who :

- Do not have both arms; or
- Do not have both legs; or
- Are paralysed and are unable to move; or
- Are unable to walk but crawl to move from one place to the other; or
- Are able to move only with the help of caliper/s, wheelchair, tricycle, walking frame, crutches etc.; or
- Have acute and permanent problems of joints/muscles that have resulted in limited movement; or
- Have lost all the fingers or toes or a thumb; or
- Are not able to move or pick up any small thing placed nearby; or
- Have stiffness or tightness in movement, or have loose, involuntary movements or tremors of the body or have fragile bones; or
- Have difficulty in balancing and coordinating body movements; or
- Have loss of sensation in the body due to paralysis or leprosy or any other reason; or
- Have any deformity of the body part/s like having a hunch back; or
- Are very short statured (dwarf)

5. **Mental Retardation** - Mental Retardation means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence. The onset of mental retardation is usually from birth or in some cases before the age of 18 years.

A person will be considered as having the disability of 'Mental Retardation' if s/he :

- Lacks understanding/comprehension as compared to her/his own age group; or
 - Is unable to communicate her/his needs when compared to other persons of her/his age group; or
 - Has difficulty in doing daily activities like looking after toilet needs, cleaning teeth, bathing, wearing clothes, taking care of personal hygiene and nutrition and general household tasks; or
 - Has difficulty in understanding routine instructions; or
 - Has extreme difficulty in making decisions, remembering things or solving problems.
6. **Mental Illness** - A person will be considered as having Mental Illness if she/he has a psychological or behavioural pattern associated with distress or disability that is not a part of normal development. The affected person is generally not able to cope with the problem. In general a person will be considered as having the disability of 'Mental Illness' if she/he:
- Is taking medicines or other treatment for mental illness; Or
 - Exhibits unnecessary and excessive worry and anxiety, unexplained withdrawal or problems in sleep, loss of appetite and/or depression, thought of dying, unattended personal hygiene; or
 - Exhibits repetitive (obsessive-compulsive) behaviour/thoughts; or
 - Exhibits sustained changes of mood or mood swings (joy and sadness) leading to having many days or weeks of not being able to function and behave normally; or
 - Has unusual experiences - such as hearing voices, seeing visions, experience of strange smells or sensations or strange taste; or
 - Exhibits unusual behaviours like talking/laughing to self, staring in space, excessive fear and suspicion without reason; or
 - Has difficulty in social interactions and adapting at home, at school, at workplace or generally in society.
7. **Any Other** - If the respondent/person reports that she/he or any member of her/his household has a disability other than those listed in the question then it come under in this category.
8. **Multiple Disability** - Multiple Disabilities means a combination of two or more disabilities. Persons suffering from any of the two or more disabilities bearing code nos. 1 to 7 listed in the question will be treated as having Multiple Disabilities.

DISABILITY IN DEVELOPMENTAL CONTEXT

The concept of disability has already discussed in the prior section of this chapter. In this subsection the authors' tries to examine the question of disability in relation to developmental value context. In developmental context, discussing disability

lies in the heart of social science discipline engaging with the body, subjectivity culture and society.²² Our endeavor in this section is to discuss disability in the developmental context. Development is a value loaded term. It is a process of qualitative change. Disability is particular a socio-cultural term covers a wide range of issue that deal with the normality, equality, inclusion, exclusion, empowerment, welfare, and discrimination. Disability is a socio-cultural term, but it also has a root in physical state which is mainly defined by culture. Development is a process of qualitative change, but disability as a lived experience, does not promote change. It only endures the status quo. In this subsection of the paper, the authors are not going to discuss development as a discourse or disability from discourse analysis. In this section our endeavor is to focus on medical model and social model in the developmental context. Development is mainly related to inclusion, rehabilitation and empowerment, equality but disability is considered as an obstacle in this ways. So the discussion of disability is only funneled around the rancorous circle of society. Development empowered people with disability. It also lessens the negative social attitude towards disability. It also promotes the self-esteem and image of an individual but developed society or developing society like ours, by means, do not allow people with disability to join mainstream. Culture and power do the various categorization of the term "disability". In the developmental issue, disability is term as defectiveness and the person with disability is termed as defective.²³ Medicalization and the medical model has the preposition that refers disability as defectiveness. The medical model of disability maintains that disable people must try to overcome their dysfunction and disability. Development as a policy and discourse talks about the inclusion of the disable people. Inclusion of disable people into mainstream shows the cultural politics of labelling. Labelling mean that the people with disability has less ability than the normal human. Labelling is socially and culturally produced. It can be observed how disability is socially constructed. The Weberian or Foucauldian approaches noted disability as a category of social policy. It is epitomized by the work of Stone²⁴ whereas Disability is also defined as a cultural group and it is based on the notion of cultural representation. In this vein, the work of Sontag²⁵ mainly deal with discursive formations.

Unlike the medical model, the social model proposes that disability cannot be addressed. Society should come to help and accept them what they are. In discussing the model especially the medical and social model in the developmental context, it can be said that both has its advantages and limitations. Both models is not in enough position to elaborate the term disability. The preposition and interpretation of the model is being fail to do justice to people with disability. The problem of the individual with disability is due to the constructed social and surrounding cultural attitudes. After the discussion of the concept and model of the disability, the succeeding session deal with magnitude and measurement of the disability in Indian context.

DISABILITY FROM MICRO AND MACRO PERSPECTIVE

Theorizing and reappraising the term disability is going through a commodious period, and it built on the growing recognition of disability studies as a discipline. The recognition of disability as subject is instructed from the micro and macro perspective. The micro and macro are the two epistemological position of sociology. In this section, the aim is to deliberate disability from micro and macro perspective.

MICRO PERSPECTIVE

In this vein, firstly, how micro perspective deal with disability has discussed. To define the 'disability' from the micro level, one should examine it from the micro discipline of social sciences like symbolic interaction and phenomenology. Symbolic interaction theory is a micro-sociological perspective on how human come to define and redefine themselves and their situations over the time.²⁶ This level of analysis suggests that meaning, action related to disability is situational derived and contextually specified. Symbolic interactionism has a long history within social sciences. Generally, symbolic in theory is the interpretive processes by which events, agents and situations are invested with significance.²⁷ Its roots are in pragmatism and phenomenology, and it grew from the work of a group of sociologists known as the Chicago School in the early part of the twentieth century.²⁸ From the beginning, it has been interested in both the dynamics of social encounters and the creation of categories of 'deviant' populations through their encounters. It presupposed that every individual's ability is different to others. The work on stigma by Goffman, which aptly maintain that how disability as a mark of difference sets people out as 'other' to the 'normal'.²⁹ On the other hand disability as sticky encounter also framed as a form of deviancy.³⁰ This perspective argues that disability as identity or term is changeable, and it depends upon the ways people perform the roles. Role and status are the primary theme of this perspective. People don't have one identity and purpose but people have a role of set, and it depend upon the situation and the demand of the role in a particular context. Disability is a fluid term. It involves in all societal situation and vary from each case to others. Micro analysis of disability mainly talk about the role, status, interaction, action and performance of the individual and argue that ability and normality changes over the time and the particular state of the environment is clearly relating to fluidity of disability. Symbolic interactionist has largely restricted their observations and theorizing to cognitively functional individuals in the interactional contexts of everyday life.²⁶ The school demonstrate that disability is a subjective, phenomenological concept, and it cannot be measured against the objective standard. The phenomenological subjectivity is needed to examine an individual ability and disability.²²

MACRO PERSPECTIVE

The macro level of analysis includes the societal structure and culture role to determine disability. The macro school

recognized health from organic and social sphere. In this sphere, culture plays a very significant part to understand disability. Culture denotes from where people come and what are their medical history. Even culture categorize all individual with different connotation i.e. deaf, blind, impairment etc. Albrecht has mentioned that societal structure and economy are deeply related to understanding the construction of disability.³¹ Positivists, functionalist school theorist came under this school. The culture of the society produces the grammar, metaphor, and script which talks about role and impairment (physical disability). Culture indicates whether the functional limitation, sick role, deviance, or the particular action can be term as the disability or not. Parson was one of the pioneers in the field of medical sociology to conceptualize disability as role sickness³² and whereas Merton also define disability through societal norms and rituals.³³ For Parsons, illness constitutes a threat to social equilibrium and social cohesion. Therefore, Parson equates person with mental illness is incapable to functions efficiently role in a social structure. For Parson Illness is conceptualizing as incapacity to perform the role. It is motivational withdrawal from the expected role and the responsibilities. Parson also termed it as 'sick role'. Parsons framed sick role within the context of the sociological discipline and introduced to analyze it from the pattern variable of ability disability and health and illness. It is a normative analysis observing disability as notion of normality and order.³⁴ The basic theoretical foundations of Parsons also known as capacity model. But there are several critique of the Parsons model. Parsons's analysis of the sick role is not appropriately justify the concept of disability. It is inappropriate because many disable people are not ill. This is the point of critique levelled by the social model theorist in sociology.³⁴ Disability is a lack of the capacity of an individual that prevent the satisfactory role performance.³⁵ Here, the authors are giving an example to clarify the disability connection to the role performance. A professor missing an eye has not any functional restriction to perform the role that is assigned to his or her. The other theorist, Merton conceives anomie as 'the state of confusion' which leads to disorder in the value system of the society.³³ The disequilibrium role expectation and actual achievement that has an adversely affect an individual's mental health that can lead disability.³⁶ So the macro perspective help us to understand that does disability lead functional limitation and restriction.

CONCLUSION

In this paper, the author argue that disability seems to a bodily state or condition, and it is modified, redefined over time to time that is based on the socio- cultural and political factors. Disability as a term, concept or status is fluid, have so many parameters. It is needed of the time to pay attention in using the term disability. The social ontology of the disability is different in a social constructionist perspective. Hence, the authors argues that there is a need to theorizing the term disability as parallel to other socio-developmental issues like gender, race. It is also suggested that the right and need of the people with disability

should be seen as common people. In India, the issue of disability has been ignored from the time immemorial. Earlier it was a matter of solitude but now it is reported rampantly. In this paper the authors has tried to show the density and magnitude of the disability in statistical form. The statistical part of our study have covers all the major types of disabilities including number of male, female along with the rural and urban distinction of India. In the state of art of this chapter, one of the part deal with the model of disability. It can be argued that none of the models can explain disability in a holistic ways. Social model fails to acknowledge biophysical causation and minority and gap model have different lines of interpretation. Gap model seems to be a utopian kind when it assumes the difference between ability and expectation and medical model cannot be fit into an explanatory model. So one should be careful to employ the model as a frame of interpretation. It is because model related to disability is only an optics having different interpretative purposes and application hence, disability as a subject and an object is a kind of epistemological objects. The epistemological position of the term disability is should be reframed. It is because at the time of analyzing the position of disability from micro and macro level, there is need to re-conceptualize disability with reference to sick role, deviance or functional limitation.

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