

BARRIERS IN THE LIVES OF DISABLED: A SOCIO-LEGAL STUDY OF STUDENTS WITH DISABILITIES STUDYING IN EDUCATIONAL INSTITUTION

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ABSTRACT

Each case of differently abled is unique and an in-depth study is required to study the uniqueness of each case. Unarguably, those who are staying at home are provided a close knit environment of the family, care and the requisite facilities by their family members, a few step out to utilize the opportunity and take the challenge to study in educational institutions. In the present paper an attempt has been made to study one of the Departments of the Panjab University, Chandigarh to know the various infrastructural facilities existing in the department. The study found that infrastructural barriers are existing in institution of high repute and students have silently accepted these hindrances as a part of their life and never demanded anything from the authorities.

Key Words: Differently abled, impairment, medical model, social model, rights, barriers

“Disability only becomes a tragedy for me when society fails to provide the things we need to lead our lives-job opportunities or barrier free buildings, for example. It is not a tragedy to me that I am living on a wheel chair”.

Judy Henumann¹

Disability, handicap or to start with the more neutral term ‘impairment’ has always demanded a response from the society. But the ways in which societies have reacted to impairment have differed over time and between one society and another.² Impairment is both constant as well as culturally and socially shaped. This means that social and cultural dimensions shape how impairment is perceived and how it is responded to. In the light of this, disability is a socially constructed category like gender. Men and women can be seen as biologically different but gender is socially constructed. Likewise, disability is the relationship between disabled and society. It is a relationship of physically and socially

¹ Disability right Activist, quoted in A.K.Sikri, Human Rights of the Disabled: World in Slow Motion’ 38 Journal of Constitutional and Parliamentary Studies, 2004.

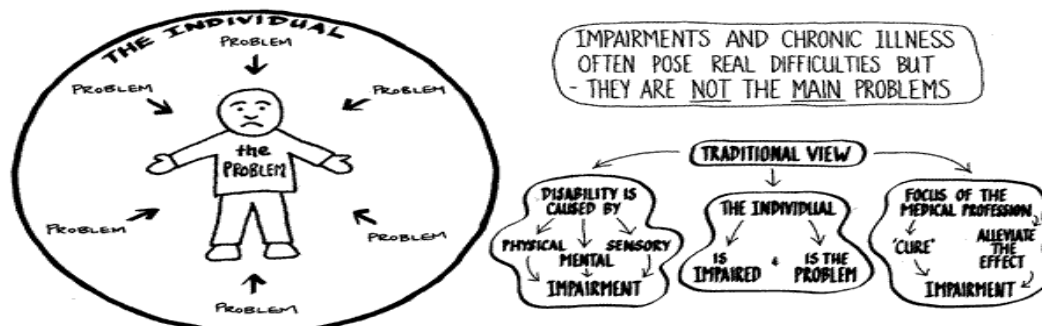
² M. Winnace & P. Devlieger, Introduction in Renu Addlakha (ed.), *Disability and Society, A Reader* (Orient blackswan, London,2009)

disabled person with the abled ones and also how physically disabled are made socially disabled too with the insensitive attitude of the society. Disability studies have become a specialized branch of knowledge which underlies the relationship between non-disabled and disabled. There is also a reference of the expression 'children with special needs', 'handicap', or 'differently able children' but if we look at the international and national academic writings and various pieces of legislation, it has been observed that the word 'disability' is widely and uniformly accepted as compared to other expressions.

There are different ways of conceptualizing disability. During the last 30 years, two models of social understanding of disability have been hotly debated. The first model which dates back to Enlightenment ideals is usually called individual or medical model. This model was embodied in the classification of impairments, disabilities and handicaps developed by WHO in 1980. It has been criticized for reducing disability to a particular individual's problem and as leading only to medical action (treatment and rehabilitation). It explains that disability is caused by a disease or bodily disorder. On the other hand, activists developed another model of disability known as 'social model' which emphasised that disability is caused by social, cultural, architectural and economic barriers.

In the medical model of disability the impairment is focused on medical aspect, rather than the needs of the person. Other people's assessments of disabled, usually non-disabled professionals, are used to determine what support they get and what type of education they achieve, what type of work they can do etc. Similar control is exercised over them by the design of the built environment whereby they are obstructed by many barriers and hence making it difficult or impossible for their needs to be met and curtailing life chances. Whether it is in work, school, leisure, entertainment facilities, transport, training, higher education, housing or in personal, family, social life, practices and attitudes disable them. Powerful and pervasive views of disabled are reinforced in the media, books, films, comics, art and language. Many disabled people internalize negative views of themselves that create feelings of low self-esteem and achievement, further reinforcing non-disabled people's assessment of their worth. The 'medical model' view of disabled creates a cycle of dependency and exclusion, which is difficult to break. 'Medical model' thinking about disabled predominates in schools where special educational needs are thought of as resulting from the individual who is seen as different, faulty and needing to be assessed and made as normal as possible. According to the medical model the problem of disability is located within the individual, that a person is disabled due to their individual impairments and therefore requires medical interventions to provide the person with the skills to adapt to society. This model places individuals into medical categories for medical convenience. Doctors distribute categorical labels which carry social stigma.

THE MEDICAL MODEL OF DISABILITY



Source: image is taken from www.nickcrusade.org³

The overwhelming bulk of sociological writing on disability is rooted in the work of Parsons and his analysis of sickness related behaviour. This is because the Parsonian paradigm has been principally responsible for two distinct, but interdependent approaches which have implicitly or explicitly influenced all subsequent analyses. They are relevant with respect to 'sick role' in relation to disability and its association with social deviance and the notion of health as adaptation.⁴ Briefly, Parsons' model suggests that at the onset of illness 'sick' people should adopt the sick role. Rooted in the assumption that illness and disease impede both physiological and psychological abilities, 'sick' individuals are automatically relieved of all normal expectations and responsibilities. Generally considered unaccountable for their condition they are not expected to recover through their own volition. They are encouraged to view their present situation as 'abhorrent and undesirable'. Hence in order to regain their former status, they are expected to seek help from professional medical experts.⁵ Parsons' model assumes that regardless of the nature of the condition or the socio/economic factors involved everyone will behave in exactly the same way. It pays little heed to subjective interpretation and articulates only the views of the representatives of the society credited with the responsibility for recovery, as given in the medical profession.

SOCIAL MODEL OF DISABILITY

The social model of disability is not a traditional diagrammatic model like many psychological and sociological models, but a progressive political concept that opposes the medical model commonly used in the health professions. The social model of disability makes an important distinction between the terms impairment and disability.

- Impairment is lacking part or all of a limb or having a defective limb, organ or mechanism of the body (including psychological mechanisms).

³ Accessed on 10 February, 2016 at 12:20 p.m.

⁴ M.B. Bury, 'Chronic Illness as biological disruption', *Sociology of Health and Illness* 167-87(1982)

⁵ T. Parsons, *The Social System* (London: Routledge, 1951)

- Disability is a kind of restriction caused by the organization of society which does not take into account individuals with physical or psychological impairments⁶.

The core definition of the British social model comes in the UPIAS document, *Fundamental Principles of Disability*, an edited version of which is reprinted in Oliver⁷ and which we quote here at length:

“... In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called ‘disability’, of people with such impairment. Thus we define impairment as lacking all or part of a limb, or having a defective limb, organism or mechanism of the body and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them 4 from participation in the mainstream of social activities.” (Oliver, 1996).

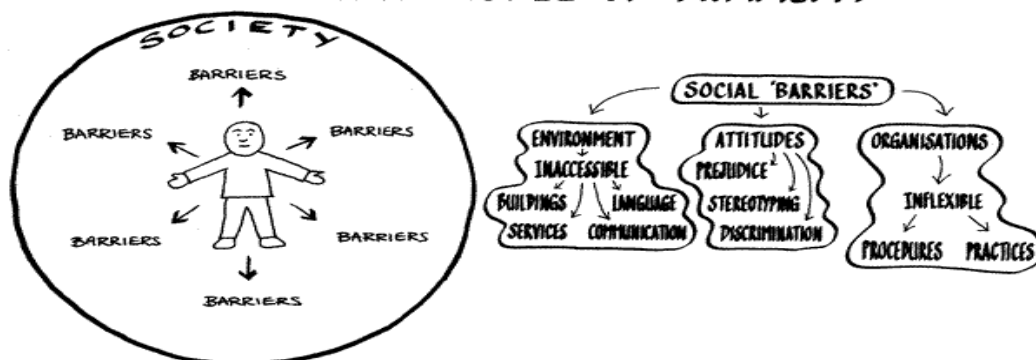
Thus, the social model is a concept which recognizes that some individuals have physical or psychological differences which can affect their ability to function in society. However the social model suggests it is society that causes the individual with these physical or psychological differences to be disabled. In other words individuals with impairments are not disabled by their impairments but by the barriers that exist in society which do not take into account their needs. These barriers can be divided into three categories: environmental, economical and cultural.

The environment disables impaired people by not being accessible enough for them to move, function and communicate as effectively as people without impairments. A great deal of the environment is designed by non-impaired people, for non-impaired living. For example, a person in a wheel chair is only ‘disabled’ if the environment is not designed for people with wheel chairs. A wheel chair friendly building would probably include ramps, lifts, wide doorways and corridors and accessible fittings such as light switches and motorised doors etc. Whilst these modifications benefit people who use wheel chairs they can also benefit non-impaired people.

⁶ UPIAS, *Fundamental Principles of Disability*. Union of the Physically Impaired Against Segregation, 1976

⁷ J. Campbell, and M. Oliver. *Disability Politics: Understanding our past, changing our future*, (Routledge, London, 1996)

THE SOCIAL MODEL OF DISABILITY



Source: image is taken from www.nickcrusade.org⁸

Economically, society does not provide the same opportunities to people with impairments. This starts at school and continues throughout one's career. Disabled people are more than twice as likely as non-disabled people to have no qualifications and only about half of impaired people of working age who can work are in work, compared with 80% of non disabled people of working age.⁹ At school, lessons are designed for non-impaired people, using environments and teaching methods that are not suitable for some individuals with impairments. For example a person with dyslexia has a learning disability only in a lesson structured for non-dyslexic students. If the lesson is taught in a way that suits people with dyslexia then they will not have a disability. The workplace and traditional job roles often do not suit people with impairments. Places of work are often unnecessarily inaccessible and people with impairments are often paid less than people without impairments.

Culturally, society lets impaired people down because of the prejudiced views and negative shared attitudes of the non-impaired community towards people with physical and psychological impairments. Prejudice is associated with the recognition of difference, and "disabled" people are not seen as normal in the eyes of "non-disabled" people.¹⁰ Prejudices are evident in language and the terminology used to describe people with impairments, much of which is derived from medical labels. People are more than just a label describing a negative attribute and the stigma attached to those labels means that people with impairments are held back from achieving what they want to achieve. The mass media is also responsible for many of the shared negative meanings and discourses which create stereotypes and prejudices. Impairment and chronic illness exist and they sometimes pose real difficulties for disabled. This model suggests that the position of disabled people and the discrimination against disabled are socially created. This has little to do with their impairments. As a disabled person one is often made to feel it's one's own fault that of being different. The difference is that some part or parts, of your body or mind are limited in their functioning.

⁸ Accessed on 10 February, 2016 at 12:20 p.m.

⁹ Shaw Trust :Ability at work, Disability and employment statistics,(2005) available at <http://www.shaw-trust.org.uk/page/6/89/>

¹⁰ J. Swain, V. Finklestien, S. French, & M. Oliver, *Disabling Barriers: Enabling Environments*(Sage: London,1993)

This is impairment. But most people have not been brought up to accept them as they are. Through fear, ignorance and prejudice barriers and discriminatory practices develop which disable the disable. The understanding of this process of disablement allows disabled people to feel good about them and empowers disabled to fight for our human rights.

Goffman¹¹ developed the idea further with his use of the concept 'stigma' a term, he claimed, used traditionally to refer to a mark or blemish denoting 'moral inferiority' necessitating avoidance by the rest of society. He suggested that the 'stigmatised' such as 'the dwarf, the blind man, the disfigured. ... and the ex-mental patient' are generally viewed as not quite human. For Goffman, the application of stigma is the outcome of situational considerations and social interactions between the 'normal' and the 'abnormal'.

LEGAL FRAMEWORK:

Various legislative measures in our country have been adopted to promote equality of people with disabilities by granting them basic social, political, economic and cultural rights taking affirmative and special measures but the corresponding improvements in the lives of the differently abled students are not yet noticeable. The message of equality has been clearly given in Chapter III of the Constitution of India whereby Article 14 of Indian Constitution enjoins duty on the state to bring about a situation where the fundamental rights can be exercised on the basis of equality. Hence, a disabled person is entitled to be placed at an equal level as that of non-disabled persons.

In spite of the constitutional provisions in favour of physically challenged persons the state apparatus remains unmoved to accommodate them. In 1990¹² there was a cluster of legislations by the parliament. These were Rehabilitation Council of India Act 1992, Persons with Disabilities (Equal opportunities, protection of Rights and Full participation) Act, 1995 and National Trust for welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple disabilities Act, 1999. Earlier, the Indian Lunacy Act, 1912 had been replaced by Mental Health Act of 1987 and it came into effect in 1993.

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act¹², 1995 is a comprehensive law on the issue of differently abled persons and according to chapter V of this law, children with disabilities should be provided free education by the appropriate government.

In the Draft Rights of Person with Disabilities Bill, 2012 section 47 deals with the issue of accessibility and mandates that there should be an equal basis with

respect to accessibility to the physical environment, transportation, buildings, educational

¹¹ E. Goffman, *Stigma: Notes on the Management of a Spoiled Identity* (Harmondsworth: Penguin, 1963)

¹² Herein after referred as 'PWDA'

institutions etc. Further Section 48 of the said Bill deals with the standards of Accessibility.¹³ The Rights of Persons with Disabilities, Bill 2014 has also incorporated the provision related to the duty of the educational institutions funded by the appropriate government and local authorities to provide inclusive education to the children with disabilities without discrimination, to make building campus and other facilities accessible, to provide reasonable accommodation to the children according to their requirements. The law says no new buildings plan can be passed unless it meets accessibility norms. The existing government building will have to become accessible in three years of the law's enforcement and other public buildings will get five years. Non-compliance will result in suspension of water, electricity supply to buildings, cancellation or suspension of builder's license or fine up to 5 percent of building's market value or a combination of all.

Anima Sen 14 viewed that the handicapped are an integral part of the society. They have the right to maximize the potential, so that they can function as useful and productive members of the society. She further clarified that this goal can be achieved through a gamut of effective endeavors such as community awareness and early identification. Similarly, Ved Prakash Verma¹⁵ suggested that the integration of the handicapped presupposes the fulfillment of the two conditions. They have not to be regarded as a separate class inferior to or different from non-handicapped persons. They have to be treated as normal human beings having physical disability and yet capable of functioning as responsible and contributing members of the community. Then and only then we can say that they are fully integrated into the society. Social integration of the handicapped implies their free and full participation in mainstream of community affairs and sharing as equal partners, the rights and responsibilities with their non-handicapped fellow countrymen. The complete integration of the handicapped into the society is the ultimate goal of all rehabilitation

¹³ Section 47. Accessibility

(1) Appropriate governments and establishments shall ensure that the all persons with disabilities have the right on an equal basis with others to the physical environment, transportation, information and communications, including appropriate technologies and systems, and other facilities and services open or provided to the public, both in urban and in rural areas.

(2) rights of persons with disabilities to accessibility as outlined in sub section (1) of this section are fully protected.

48. Accessibility Standards

(1) The National Commission shall formulate regulations which lay down the standards of accessibility for the physical environment, transportation, information and communications, including appropriate technologies and systems, and other facilities and services open or provided to the public, both in urban and in rural areas.

(2) The National Commission shall formulate the regulations, in consultation with experts, by adopting or adapting prevailing international standards on physical environment and information and communication technologies and systems to local conditions. It shall ensure that the regulations are age and gender appropriate and are applicable to:

a. All buildings and facilities used by the public;
b. Permanent, temporary or emergency conditions;
c. Pedestrian infrastructure;
d. Ports;

e. Road based transport; Aviation; Railways; Maritime transport; Rural Public Transport System; and all other modes of transport so as to ensure that persons with disabilities travel in safety and comfort.

(3) The National Commission shall, within a period of one year, develop and notify the aforesaid accessibility standards regulations for both urban and rural areas. It shall review these regulations every five years and revise them if required in order to ensure universal coverage of all transport and built environment.

¹⁴ Anima Sen, *Psycho-social integration of the Handicapped: A Challenge to the society*, 366 (Mittal Publications, Delhi, 1988)

¹⁵ Ved Prakash Verma, "Social integration of the Handicapped", 25 Social Welfare (1978)

services undertaken by government and voluntary organizations all over the world. In addition Rao,¹⁶ opined that studying the social integration of various categories of physically handicapped, namely the deaf, the blind etc. comments that the fundamental problem is social integration in the attitude of the society. As long as people remain unaware of the nature of disabilities and the problems of the disabled, the handicapped can't be socially integrated. The author has found that when normal persons meet the handicapped, they are either excessively solicitous about their welfare or react with discomfiture, at times even teasing or ridiculing them. In short, the handicapped are in fact considered as a group apart who can have any social life only in the company of those who are similarly afflicted.

George Mathew¹⁷ considered social integration and participation of the handicapped in activities of their families, schools, working places and in other social activities as a very necessary attribute and the objective of every institution for the handicapped should be to further it. He observed that under the circumstances the idea of social integration cannot be said to have been accepted to any great extent in the society. If we consider integration as a necessary attribute to social life, special emphasis has to be laid on the fact that a handicapped person should not be looked at as a disabled human being but as a human being who has some disability. R.N.Saxena¹⁸ has also pointed out that due to inability to use their physical organs these persons fail to adjust themselves in the available socio-economic pattern of the society and satisfy their basic needs. The members of the family and the people in the neighborhood don't find themselves competent to take their entire burden on themselves and as a result such persons are neglected by the primary groups and in certain extreme cases they are rejected.

Justice Krishna Iyer in an article¹⁹ pointed out "the worth of the human person is hollow concept, so long as non-integration of the retardates into the mainstream of the community is an ugly reality, alienation and untouchability are stark social facts of the handicapped's life. Do remember, the mentally retarded, the morally stunted, the culturally cretinoid and physically crippled, by and large belong to the poor, the coloured and the third world." In another article Justice Krishna Iyer,²⁰ specified that the need of legislation for the disabled on priority basis. He said "Speaking of priorities, the most chronic distress and neglect from the handicaps, congenital and other are endured by the millions in the rural vastness of developing countries. If we mean legislative business in bringing home social justice, it is obvious that law must show deep concern in dredging up these unfortunates and show benign care for them, not by executive grace or chance charity but by profound well planned, technologically efficient, logistically competent, legislative action." He further stated, "Constitutional perspective and projections are not by themselves, self-acting. Legislative

¹⁶ M.Narsing Rao, "Integrating the disabled-A reality"⁴¹ Indian Journal of Social Work,149-56(1990)

¹⁷ George Mathew, "Social integration of the handicapped,33 Yojana (1989)

¹⁸ R.N.Saxena "The physically Handicapped in Kanpur ,Research project report, Ministry of Education, Government of India(1984)

¹⁹ Iyer,Justice VR Krishna, "A Bill of Rights for the disabled" , 24 Social Welfare,1-3(1978)

²⁰ Iyer,Justice VR Krishna, "Justice for the disabled" , 25 Social Welfare,(1978)

implementation in fulfillment of those directions asks for affirmative action.”

These were some of the studies which dealt with the broad spectrum of issues related to the problems and rights of the disabled in different perspectives. As has been discussed in literature that there is no easy access to education, health care, transportation, communication, housing, employment, religious institutions, marriage, they feel alienated. Undoubtedly, the focus of the law and various policies and programmes is to provide barrier free environment so much so that an established environment is constructed not only for those who can walk and but also for those who use wheelchairs.

Operationalising ‘Disability’ for the Present Study: For the present paper, the term disability meant any of the disabilities which the respondents were suffering mentioned in the the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. Our respondents for the present study are students studying in educational institution of Chandigarh i.e. Panjab University and have taken admission under the ‘physically handicap’ category.

Barriers: Barriers for the present study meant institutional barriers which constituted an obstacle in the path of equal access of disabled persons.

Assumption of the study: It is assured that insensitive attitude of the society and educational institutions in particular are creating social barriers in the lives of the Disabled. If the insensitivity persists, it is further assumed that it will have serious implications for the society on the whole as well as on the development of the disabled.

Objectives: However, the specific objectives of the present study were

- To gauge the criterion of admission of selected department of Panjab University.
- To examine the infrastructural facilities available at the selected department of Panjab University.
- To explore the problems faced by disabled children from their teachers, peer group, etc., to find out the coping mechanisms used by the disabled to deal with their experience of disability in their daily lives.
- To highlight the existing legal provisions for the disabled children studying in educational Institutions.

For the abovesaid objectives, the data was collected from one of the departments of Panjab University, University Institute of Legal Studies, Chandigarh. This department was chosen for two reasons. Firstly, because it has a new building (infrastructure) and the number of students enrolled in the department are more as compared to the other departments of Panjab University. The students take admission in this department after the completion of their 10+2 examination. Secondly, it provides professional courses like B.A.L.L.B and B.COM.LLB to young students and teache them that legal provisions are to be followed in letter and spirit. Hence, young children have joined the higher educational institute of high repute to learn the theory and practice of law.

The data with regard to number of total students was taken from the office of University Institute of legal Studies (hereinafter UILS).

Criterion of Admission for the Disabled Students: In order to take admission in UILS, the students have to clear the eligibility test and their merit is prepared according to the provisions mentioned in the prospectus. Some students take admission in general category while others fall in various reserve categories. One such reserve category is “physically handicap” category and 3 per cent of seats are reserved in each of the courses i.e. B.A.LLB and B.COM.LLB. Any student who produces the Disability Certificate, countersigned by the Chief Medical Officer of Panjab University, highlighting the percentage of disability is considered eligible for applying for admission in the abovementioned category. The final merit list is prepared keeping the basic conditions duly intact i.e. marks of entrance test and marks of 10+2.

Following table provides the number of enrolled students in each semester under ‘physically handicap’ category in the year 2015-16.

Table 1: Number of Disabled Students Studying in University Institute of Legal Studies in 2015-16

Session	Boys	Girls	Kinds of Disability
2015-2016 B.AL.L.B, B.A.Com LL.B.	12	7	Locomoter, Hearing, low vision, Dyslexia

Data in Table 1 shows that 19 students in all were studying in University Institute of Legal Studies. Out of total 19 students, 12 were boys and 7 were girls. Majority of the students were suffering from locomotor disabilities. A few students of this department have severe problems in walking and climbing the stairs. For the present paper three cases have been discussed below. These cases were all hostel students and willingly gave interviews to researchers.

Table 2 presents the data on kinds of disabilities our respondents had. A look at the kind of disabilities, it is evident that disabilities are physical in nature and are permanent with the student. Some students have disabilities by birth and some students have become disabled due to some unavoidable accidents.

Table 2: Kind of disability

Name	Semester	Gender	Kind of Disability	% of disability
Rishinand	2 nd	Male	Locomoter	90%
Sippy	3 rd	Female	Locomoter	70%
Vimpy	3 rd	Female	Locomoter	50%

Let us have a look at the following case studies. This will give us a picture of the kind of problems faced by them at institution level.

Case 1: Rishinand (name changed), 19 year old boy, resident of Nahan met with an accident in 2010. It was a landslide accident that happened in his own hometown and he was badly hit and injured. He is suffering from severe locomotor disability. He narrated the incident of landslide in his native town in which he suffered severe multiple leg injuries and his leg was amputated. His grandfather expired in the same incident. He is a hosteller and has got a room on the second floor of Hostel No.7 of the Panjab University. According to him, he does not remove his crutches in the hostel in front of his roommate because he feels embarrassed. His main requirement is to use western toilet but it is not available on the second floor and he had to come to the first floor every time he needs to use the toilet. The mess and the kitchen of the hostel are at the ground floor. Therefore he has to move up and down the stairs several times for his meals and using bathroom.

In the academic block where he studies, his classes are on the third floor and again he has to go up and down multiple times to attend his classes and during break time, he comes on the ground floor as canteen is located on the ground floor. While going upstairs he has never asked for any help from his fellow students, as he has not shared his problem with his friends. At times he is not in a position to walk because of injuries caused by the 'socket' (socket is attached to his artificial leg and his body part) and it is extremely difficult for him to walk. He gets late for his classes and many a times he is not allowed by the teachers because as a rule 'latecomers' are not allowed in the class.

As he is staying in the hostel, none of the family members are there, he has kept 'scooty' a two wheeler for commuting from hostel to the institute. He also goes to market on scooty. Doctors have advised him not to use scooty but he is using it regularly.

He feels embarrassed to share his problems related to his physical discomfort and dependence. He never thought of requesting the authorities to shift his class on the ground floor.

Case 2: Sippy (name changed), 5th Semester student belongs to a village Tohana in the state of Haryana. She has gap in his backbone. She started walking at the age of 5 years. She has elder sister and brother who are able bodied persons. She is staying in Hostel no.1 of Panjab University. She commutes by University bus. Her classes are on the first floor and top floor of the Academic Block of UILS. It is very difficult for her to reach at the top floor as there is no provision of ramp in the institute for such students. In the hostel also she is facing problem in using washroom.

Sippy, a young girl was carried away by love and emotions and started talking to a boy of his age on phone. They became good friends and developed a liking for each other. Boy decided to meet Sippy but Sippy was hesitant in meeting as she knew that when boy will meet her in person and her physical disability will become a barrier in their friendship. She kept on postponing the meeting but boy convinced her to meet. The day they met was the last day of their friendship. Boy stepped back and stopped talking to her on phone. Sippy was completely shattered with this incident.

She was trying to forget this incident but destiny made a chance for her to meet another boy. Once again, while travelling by bus to his hometown, she met a boy of her age. They became friends and were regularly speaking to each other on phone. According to her, boy had accepted her as she was. This time she was satisfied that boy had seen her first and started the friendship. Their friendship developed to an extent that boy promised her to marry. She started enjoying her life but never shared about her love affair and meetings with the boy to anyone. Everything was going perfect “ptaa nahi kya, hua usne bhi mujhe bulaana chhod diya” (All of a sudden boy started ignoring her and stopped talking to her). She feels lost and in anger she threw her smart phone and damaged it.

She is shattered and has lost all hopes of being a friend to anyone. She feels it is her physical disability which is a hindrance in developing friendship with others. She is introvert and hardly talks to her classmates.

Case 3: Vimpy’s (name changed) backbone is not straight. She started walking at the age of five and only then it was confirmed that she has a problem in her backbone. She is a hosteller in Hostel No.3 of the Panjab University. Her elder brother is an employee of the District Court of Hisar. Vimpy is a bold, social and a cheerful girl. She has many friends. She does not feel that her disability is a barrier in her academic and social life.

The case studies presented above are unique. Rishinand is keeping all the problems to himself and motivated enough to drive the two wheeler. Being a boy, he is not showing his weaknesses. Sippy on the other hand is finding it difficult to control her emotions and looks for support which is only in boys. Vimpy is different from Rishinand and Sippy as she is a lively and a cheerful girl. The state of emotions is different in all three cases. All three respondents were hostellers and trying to live life with the same institutional settings as these are. All three do not participate in any of the co-curricular activities of the department.

After going through the case studies, researcher made an attempt to review the Infrastructure of UILS. The building of the institute is almost new with all the latest facility which any law institute can have like Moot Court Hall, Conference Room, Common Room for both Girls and Boys, spacious and rich library spreading on to two floors, computer laboratory etc. Initially, this institute i.e. University Institute of Legal Studies was established in 2004 on a temporary building. Thereafter it was shifted to the permanent building but surprisingly while constructing the new and permanent building, some of the important aspects of building norms or regulations in accordance with the disability laws in our country were ignored blatantly such as

1. Non-availability of the ramp
2. Non- availability of the lifts etc.
3. Non-friendly corridors for the disabled.
4. Availability of only two classrooms on the ground floor, etc.

As narrated by our respondents, hostels too are not meeting their needs but they do not intend to demand anything. When we were interviewing them, they were surprised on our concern. Interestingly, no one ever asked them about their suggestions to improve the infrastructure. They will soon pass out from the department and such issues of concern will be over. But the matter does not end here. They will pass out but still others will enter in the

same department, they too will face the same and some new difficulties. This was a vicious cycle and will remain the same.

In today's world the greatest contemporary thought is the principle of equality and non-discrimination. The former principle embodies the concept that all human beings are equal and entitled to enjoy all the inherent, fundamental and universal human rights. The people whom we have labeled as 'disabled' or 'differently abled' or 'physically challenged'²¹ are also human beings and hence have every right to be treated equally with others. They are able to perform a broad range of activities but they need support, encouragement, special protection and special rights to enable them to use their abilities to the maximum.

The magnitude of disability is vast and its impact on the individual, family and community is severe. The most vulnerable groups among the persons with disabilities are students. They require special attention as they face discrimination in access to educational institutions. Various legislations have been enacted to promote the rights of these persons but still they are suffering from numerous problems. They are not able to get quality education due to discrimination by non-disabled persons. In certain case their economic position does not allow them to avail amenities like wheelchair etc.

Education plays significant role in people's lives. But in Panjab University many departments are not accessible to differently-abled persons. Mainly for practical reasons the classrooms are unsuited to wheelchair access and classroom lighting is not adapted to people with visual impairments. Moreover, transforming the education sector to meaningfully include children with disabilities is a significant challenge to inclusion of differently abled students in the mainstream.

Quite understandably, infrastructural barriers are the most troublesome barriers in the lives of differently abled students. The issue of accessibility in public buildings is widespread. The major concern is limited accessibility to the educational institutions whereby differently abled students have no access to social activities both inside and out of schools. These barriers to education and training deny students with disabilities and other vulnerable people the resources they need to escape a cycle of poverty. The need has been felt to bring more awareness and familiarization of disability issues among education providers and more support is needed at third level education.

Despite so much of debate in policy circles over empowerment of the physically challenged persons and their inclusion or integration in the society, the situation is quite alarming at the grassroots level and a miniscule part of the disabled population has so far been benefited by governmental schemes/programmes. Even the scheme benefits do not go to them without pinches because of rampant corruption involved in delivery of services.

The monitoring and watchdog mechanism put in place has so far failed to ensure delivery of services and justice to the genuine disabled beneficiaries in the educational institutions.²² We need a strong social mechanism to address this issue. We need to train the human mind to be humane and sensitive towards the needs of our fellows. In this particular

²¹ The terms 'differently abled', 'physically challenged' and 'disabled' are used interchangeably.

²² G.N.Karna "Enunciating a rights-based viewpoint" THE HINDU, September 29,2009 available at <http://www.hindu.com/edu/2009/09/29/stories/2009092950010100.htm>

situation we must not wait for them to play an active role rather the strong, solid and supportive should be the voice of the provisions of law and social structure.

“It is no doubt the case that activists who have worked tirelessly within the disability movement for many years have found it necessary to present disability in a straightforward, uncomplicated manner in order to convince a very skeptical world that disability can be reduced or eliminated by changing society, rather than by attempting to change disabled people themselves...” (French, 1993).²³

REFERENCES

1. Ghai, Anita, “(Dis) Embodied Form: Issues of Disabled Women”, (Haranand Publications, New Delhi, 2003).
2. Kaumundhi Challa, “Protection of Rights of Disabled Person: International and National Perspective”, 9 NHRC 25 (2006).
3. Sikri, A.K. , “Disability human rights paradigm, Human Rights Year Book”, NHRC (2007).
4. Sreenath Lalitha, “Enforcement of right of the disabled”, 38 ILI 535–43 (1996).
5. Sudesh, V, “National and International approaches to defining disability”, 50 ILI 220 (2008).
6. Yeo, R. & Moore K., “Including disabled people in poverty reduction work: Nothing about us, without us”, 31(3) World Development 571-590 (2003).
7. Mudgal, Mukul ,“Rights based approach to disability and development”, 7 Nyaya Deep 54 (2006).

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