

Status of Disability in Rajasthan; A Geographical Analysis, 2011

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Abstract

This paper presents the disability in study area (Rajasthan), according to census of India, 2011. A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term refers to individual functioning, including Physical impairment, Sensory impairment, Cognitive impairment, Intellectual impairment, Mental illness, and various types of chronic disease. In India, the disable population is significant sections they constitute 2.21% of total population according to census of India, 2011. This paper shows the disability in total, male, female, rural, urban area of the Rajasthan. The 2001 Census revealed that in Rajasthan 2.5% of the population consisted of disabled persons. According to census of India, 2011, disabled person is 2.3% in Rajasthan. Rajasthan also has 6.45% of the total disabled population in India. Movement and seeing disabilities are highest in Rajasthan compare to others disabilities in Rajasthan area.

Keywords: Locomotors Disability, Multiple Disability, movement disability, mental retardation disability, hearing disability, seeing disability.

Introduction

A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term refers to individual functioning, including Physical impairment, Sensory impairment, Cognitive impairment, Intellectual impairment, Mental illness, and various types of chronic disease (State Institute of Health & Family Welfare, Rajasthan, December 2010).

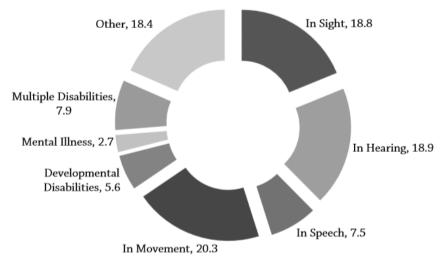
An estimated 10% of the world's population experiences some form of disability or impairment (WHO Action Plan 2006-2011). The term 'disability' has many different meanings; the Global Burden of Disease (GBD) however, uses the term disability to refer to loss of health, where health is conceptualized in terms of functioning capacity in a set of health domains such as mobility, cognition, hearing and vision (WHO 2004). The number of people with disabilities is increasing due to population growth, ageing, emergence of chronic diseases and medical advances that preserve and prolong life, creating overwhelming demands for health and rehabilitation services (Srivastava and Khan 2008). In South-east Asia, the prevalence of disability ranges from 1.5 – 21.3% of the total population, depending on definition and severity of disability (Mont 2007). Despite the increase in prevalence of disability worldwide, due to various reasons, not much attention has been paid to its evaluation, management and prevention (WHO 2002).

As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population. In the, 2011 Census of India, the following disabilities have been covered for enumeration:

(i) In seeing, (ii) In hearing (iii) In speech (iv)In movement (v) Mental Retardation (vi) Mental Illness, (vii) Multiple disabilities (viii) Any other.

Percent of persons with disability to total population, 2011			
Residence	Persons	Male	Female
Total	2.21	2.41	2.01
Rural	2.24	2.43	2.03
Urban	2.17	2.34	1.98

Proportion of Each Disability in Total Population of Persons with Disabilities



Source; Census of India, 2011

Disability

According to Guidelines & Explanations by Dr Ratnesh Kumar, [Disability (permanent physical impairment)]; 'Locomotors Disability' means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy; 'Cerebral Palsy' means a group of non-progressive conditions of a person characterised by abnormal motor control posture resulting from brain insult or injuries occurring in the prenatal, peri-natal or infant period of development; 'Leprosy cured person' means any person who has been cured of leprosy but is suffering from -

- I. loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
- II. ii. manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- III. extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly;
- IV. **'Blindness'** refers to a condition where a person suffers from any of the following conditions:
 - total absence of sight; or
 - visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses;
 - Limitation of the field of vision subtending an angle of 20 degree or worse;
- **'Person with low vision'** means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device;
- 'Hearing Impairment' means loss of sixty decibels or more in the better ear in the conversational range of frequencies;
- 'Mental Illness' means any mental disorder other than mental retardation;
- 'Mental Retardation' means a condition of arrested or incomplete development of mind of a person which is specially characterised by sub-normality of intelligence;
- 'Rehabilitation' refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels;

Multiple Disabilities : (In case of more than one disability)

Multiple disabilities means a combination of two or more disabilities as defined in Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, namely-



I. Loco motor disability including leprosy cured

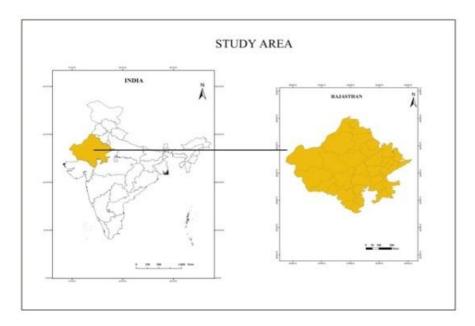
II. Blindness/Low vision

III. Speech & Hearing Impairment

IV. Mental RetardationV. Mental Illness.

Study Area

is known as "the land of king" and it is the largest state of the republic of India in terms of geographical spread. Geographical location of Rajasthan is between 23°03' to 30°12' north latitude and 69°30' to 78°17' east longitude. Rajasthan was formed on 30-march-1949. It is situated in the North-Western part of India having total area is around 3, 42,239 Sq. Km. which represents 10.41% of total area of the country and population of 6.86 Corers spread over in 44,672 villages, which is 5.67% of nations population but being just available 1% of the total water resources of the country (Bhalla and Bhalla, 2013; Yaday et al., 2010). Jaipur, the capital of Rajasthan, is one of the first planned cities of India, located in the semi-arid region of Rajasthan. It is situated at the foot hills of Arayali series, surrounded by hills in northern and eastern sides and plains in western and southern sides; have a good place in world heritage monuments. Once Jaipur had the honour of being the capital of royal Kachawaha dynasty, now it is the capital of Rajasthan state. It was founded by the ruler of Amber Maharaja Sawai Jai Singh II on 18th November, 1727. In 1876 Prince of Vales visited the city and parapets and the roadside buildings of city were painted in pink colour, after that it is universally known as 'Pink City of India' (Singh et al., 2012; Tyagi et al., 2011). The northern boundary of Rajasthan is linked to Haryana and Punjab, eastern boundary to Uttar Pradesh, south western boundary to Gujarat constituting 1070 Km. long international western boundary with Pakistan. On this tour districts situated are namely Sri Ganganagar, Bikaner, Jaisalmer and Barmer (Bhalla and Bhalla, 2013).



Objective

• To examine the difference of disable persons between Total (male, female), urban and rural in the study area (Rajasthan), 2011.

Research and Methodology

The present study is mainly based on secondary source of data, which are obtained from census of India (population finder, 2011). District wise spatial variation of disability of total (male, female), rural and urban area has been shown through maps. The Choropleth maps have been prepared with the help of Arc GIS 10. The data has been calculated following the formulas:-

Disability =
$$\frac{\text{Name of disability in no.}}{\text{No. of All Disabilities}} \times 100$$



Name of Disability = In Seeing, In Hearing, In Movement, In Speech, Mental Retardation, Mental Illness, Any Other, Multiple Disability.

Indicators:- Total Disabilities, Total Disabilities In Male, Total Disabilities In Female, Total Disabilities In Rural Area, Total Disabilities In Urban Area.

Results and Conclusions

Spatial Variation of all Disabilities in Rajasthan

Figure 1 show that the proportion of all disabilities in total disable person in Rajasthan, based on census of India, 2011. Highest disability in Pali (3.2%) district of Rajasthan and lowest in Sikar, Churu, Bikaner 1.6%. in movement and seeing disability are more comparing to all disabilities in Rajasthan area. Rajasthan population suffering from with seeing disability is lowest in Ajmer (14.2%) than Ganganagar 14.9%. beside it highest in Jodhpur and Jaipur (27.4%). Hearing disability is lowest in Rajasmand (10.5%) and highest in Kota (18.7%). Kota district seeing and hearing disability is same in 2011. Hearing disability state average is 14%. Speech disable person is lowest in Pratapgarh 2.8% and highest in Jodhpur 6.4%. Movement disability is highest in Rajasmand (34.7%) and lowest in Sikar 26%. Movement disability is more compare to all disabilities in Rajasthan. Second highest disability in seeing. Mental illness disability is very low compare to all disabilities. After that speech disability is more that mental retardation is more. Any other and multiple disability is same in all area of Rajasthan.

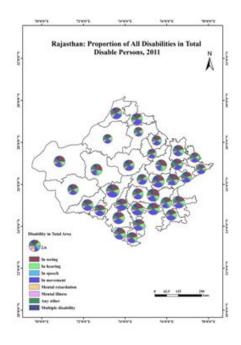


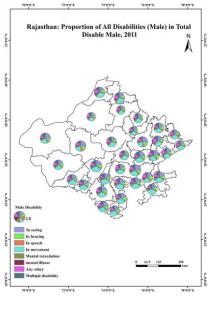
Figure 1

Spatial Variation of all Disabilities in Male and Female Population in Rajasthan

Figure 2 represent that the proportion of all disability in male population in Rajasthan based on census of India, 2011. Rajasthan person suffering from movement disability is more compare to in all disabilities in Rajasthan. The state average is highest of movement disability 27% and lowest state average of mental illness disability (2%). After that seeing disability is high in second no. (18% state average). Second lowest disability in speech which state average is 4%. Multiple Disabilities and any other disability are same in male persons of Rajasthan. Mental retardation is 3rd lowest disability in Rajasthan. Which state average is 5%. Multiple Disabilities and hearing disability state average are same 13%. Total disable male is highest in Pali 3.17%. Sikar district of Rajasthan total male disability is low 1.73% and second lowest is Bikaner. Seeing disability is lowest in Ajmer, Ganganagar, and highest in Jaipur and Jodhpur. Total



male movement disability is highest in Jodhpur after that Jaipur. Total mental illness disability in male is lowest in the state; it s lowest in dausa (2.2%) and highest in Ganganagar (4.2%).



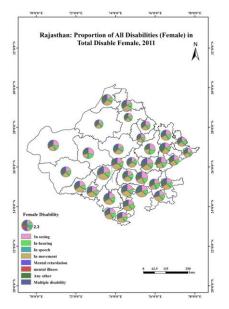


Figure 3 Figure 4

Figure 3 represents that the proportion of all disabilities in total disable female in Rajasthan accordingly census of India, 2011. Highest disabilities in female are Pali (3.3%) and lowest in Churu, Sikar (1.42%). Movement disability and seeing disability in female are more compare to all disabilities in Rajasthan. Mental illness disability is lowest in female compare to all disability in all area of Rajasthan. After that speech disability is low in female. Hearing (16.5%) and other disability (16.9%) is almost same in all districts of Rajasthan. mental retardation, mental illness, speech disability in female are low compare to all disabilities. Female seeing disable is lowest is lowest in Ajmer, Ganganagar, Nagaur, hanumangarh, Bikaner below 18.5% and highest in Jodhpur, Jaipur, Bundi, Jaisalmer and Sawai Madhopur above 26.5%. Total female hear disable are highest in Kota, Jaipur, Jodhpur and Churu above 16.5% and lowest in Rajsamand, Jalor, dausa, Bundi below 12%. Thus speech disability is highest in Jaipur, Jodhpur, Kota, Sikar, above 5.08% and lowest in Pali, Jhalawar, Chittaurgarh, dausa below 2.5. Movement disable is highest in Rajsamand, Pali, Jhalawar, and Sirohi districts of Rajasthan above 32.4% and lowest in Jodhpur, Jaipur, Kota, Churu below 22.2%.

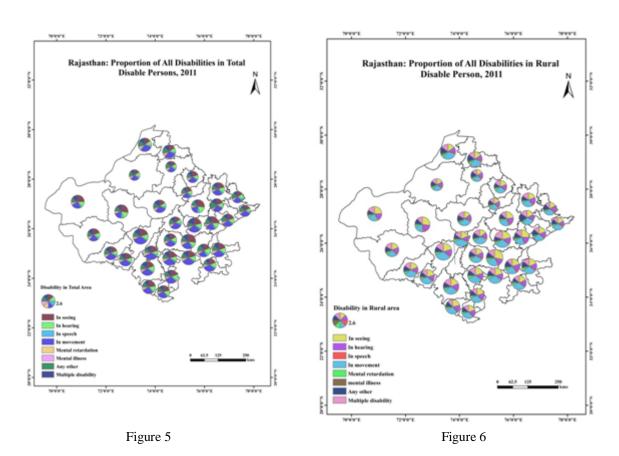
Spatial Variation of all Disabilities in Urban and Rural Population in Rajasthan

Figure 4 shows that the proportion of all disabilities in urban area of Rajasthan, based on census of India 2011. Highest urban disabilities are in banswara, Pali, Pratapgarh, Dungarpur above 2.6%, and lowest in Bikaner, Churu, Dhaulpur, Ajmer below 1.5%. Total urban population surfing from seeing disabilities is lowest Sirohi, Jalor, Rajsamand below 11.3% and highest in banswara, Kota, Jaipur above 20.5%. Like this, a speech disability in urban population is highest in Ajmer, Jaipur, and Jodhpur above 7.5% and lowest in Pali, Chittargarh and Jalor below 3.3%. Hearing disable population is lowest Sirohi, Jalor, Rajsamand below 11.3% and highest in Jaipur, Kota, banswara above 20.5% in urban area of Rajasthan. Movement disabilities are highest in Dhaulpur, Jhalawar, and Sirohi 33.9% and lowest in Jaipur, Jodhpur, and banswara below 15.6% in urban area of Rajasthan. Any other disabilities lowest in Rajsamand, Jhalawar, Bundi and Pali below 10.7% and highest in Bharatpur, Jalor, Kota, dausa above 18.3%. Normally seeing and movement disabilities are high compare to all disabilities. Mental illness, speech disabilities and mental retardation disabilities are low in urban area's population compare to other disabilities.

Figure 5 represents that the proportion of all disabilities of Rajasthan according to census of India. Disabilities to rural area are highest in Pali, Bundi, Tonk, and Udaipur above 2.8% and lowest in Sikar, Churu, Bikaner, and Dhaulpur below 1.8%. Seeing disable population is highest in Bundi, Jodhpur, and Sawai Madhopur above 25.7% and lowest in Ganganagar, Ajmer, and Nagaur below 15.3%. In same way hearing disable persons is highest in Jodhpur, Kota, Pratapgarh above 19.6% and lowest in Rajsamand, Ajmer, Dausa below 11.7%. Speech, mental, illness mental retardation is very low compare to other disabilities. Highest disabilities in movement is seeing and multiple disabilities in rural area of Rajasthan. movement disabilities is highest in pali, Ajmer, Jhalawar and Rajsamand district of Rajasthan above 33.1% and lowest in jodhpur, Sawai Madhopur, Barmer, Jaisalmer below 24.2% in rural area of Rajasthan.



Multiple disabilities are lowest in Dhaulpur, Jodhpur, Bharatpur, kota districts of rural area below 12.5% and highest in Tonk, Barmer, Nagaur above 16.9%. Mental illness disabilities are very low compare to all disabilities in rural area. highest population suffering from mental illness disabilities in Ganganagar, bikaner, hanumangarh above 3.3% and lowest in Sawai Madhopur, Dausa, Alwar below 1.94% in rural area of Rajasthan.



Conclusion

India has ratified the United Nations Convention on the Rights of persons with disability (UNCRPD) in 2007. Article 27 of UNCRPD "recognizes the right of persons with disability to work, on an equal basis with others; this includes the opportunity to gain a living by work freely chosen or accepted in the labour market and work environment that is open, inclusive and accessible to persons with disability". Decent work is the ILO's primary goal for everyone, including people with disabilities. Putting decent work into practice means promoting employment opportunities for persons with disabilities based on the principles of equal opportunity, equal treatment, and mainstreaming and community involvement. The ILO works to achieve its goals of decent work for all through promoting labour standards, advocacy, knowledge building and technical cooperation services. Though the estimates of Rajasthan's disability population vary, an estimated 2.3% population are disable to total population and 2.4% male population are disable to total male population. Female are 2.2% disable into total female population. 2.2% rural area population are disabled and 2% urban area population is disabled. All over female population and total rural area population are equally disabled. Mental illness, mental retardation, and in speech disabilities are very low compare to another disabilities. Movement, seeing and multiple disabilities are high compare to others disabilities in all area of Rajasthan.

References

- [1]. Walia, Gagandeep Kaur, Disability, South Asia Network for Chronic Disease.
- [2]. World Bank Report. People with disabilities in India: from commitments to outcomes. Washington DC: Human Development Unit, South Asia Region, World Bank, 2007.
- [3]. World Health Organization. International Classification Functioning, Disability and Health (ICF). Geneva: World Health Organization, 2002.
- [4]. Ritika Gulyani. 2014. A Comparative Study of Disability Policy in India and China.
- [5]. Pooja Singh. 2013. Disability in Development Policy and Practices in India.



- [6]. Nilika Mehrotra, A Resource Book on Disability Studies In India, Centre For The Study Of Social Systems, School Of Social Sciences, Jawaharlal Nehru University, New Delhi, August 2016.
- [7]. Anu Prasannan. 2012. Implementation of the United Nations Conventions on Disability: a case study of India.
- [8]. Guidelines & Explanations by Dr Ratnesh Kumar, Director, Nioh, Kolkata, Disability, Permanent Physical Impairment.
- [9]. Meera Shenoy, December 2011, Persons With Disability & The India Labour Market: Challenges And Opportunities, Ilo Dwt For South Asia & Country Office For India.
- [10]. Two Years of The Rights of Persons with Disabilities (RPWD) Act 2016 Status of implementation in the States and UTs of India and National Committee on the Rights of Persons with Disabilities (NCRPD) Supported by Titan Company Limited 3rd December 2018.
- [11]. Philip O' 'Keefe Keefe Lead Social Protection Specialist Lead Social Protection Specialist World Bank, November 2007, People with Disabilities in India: From Commitments to India: From Commitments to Outcomes.
- [12]. Jessica O'Dowd1, Hasheem Mannan, Joanne McVeigh, India's Disability Policy Analysis of Core Concepts of Human Rights.
- [13]. World Health Organisation, World Bank (2011). World report on disability. Geneva, Switzerland.