



# Social Inclusion of Divyangjan: Role of various Stakeholders

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People with disabilities are vulnerable because of the many barriers we face: attitudinal, physical, and financial. Addressing these barriers is within our reach and we have a moral duty to do so..... But most important, addressing these barriers will unlock the potential of so many people with so much to contribute to the world. Governments everywhere can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education, and employment and never get the chance to shine.

-Stephen Hawking

## Introduction

Divyangjan remains at the periphery within the process of development across the world. There is almost no difference in developing or developed countries even in this direction. However in developed countries the social security system is little bit better which makes them economic security to some extent. But even in these societies divyangjan are subject to social apathy due to various reasons. In developing countries like India the 'divyangjan' community confronted with basically two problems of social and economic deprivation and thus remained far away from the mainstreaming process of the development.

As per the census 2011, in India, out of the 121 crore population, about 2.68 crore persons are 'divyang' which is 2.21% of the total population. Majority (69%) of the divyang population resided in rural areas who are not getting adequate facilities which are provided by the government. Employment as well as educational status is not up to the mark not only in rural areas but also in urban areas. Their contribution to the society is almost null which shows that they have not been considered equal by practical sense by the country and society.

Globally the number of divyangjan is about 1/10<sup>th</sup> of the overall population of the world which is a huge number in itself and it is well known that no society can achieve the notion of sustainable development without their incorporation into the mainstreaming process of development.

Despite of various welfare acts, policies, services the societal condition is not well for divyangjan as they face social apathy in very steps. Our society is equipped for those without divyangta. Maximum of the services are not applicable for them. There are various reasons for their social exclusion, if we go through the social practices of ancient days we see that people's stereotype behaviours, false beliefs, superstitions are being practised throughout the decades which has made their life lifeless.

Social inclusion is very much important for them without inclusion they will feel loneliness, full of stress, poor self-esteem, lack of confidence etc. Social inclusion will provide proper opportunities to them, their quality of life will improve and subsequently they can also become fruitful member of the society.

Our government and various non-government organisations are imparting services to the welfare of the divyangjan in every aspects. To impart these services so many stakeholders are doing their job. There are various stakeholders such as policy makers, rehab professionals, NGOs, special teachers, educationists, psychologists, social workers are providing services.

India could not ensure sustainable development without incorporating divyangjan into the mainstream of the society. In this aspect process has begun but momentum should be maintained. Some had done but many has to be done.

### **Divyangta**

Definition of divyang changes time to time, during the past 40 years, in the 1970s, the concept of disability referred to an underlying physical or mental condition. A person with leg paralysis would have been considered disabled based solely on their physical condition.

In Persons With Disability Act (PWD Act) 1995, "person with disability" means a person suffering from not less than forty per cent of any disability as certified by a medical authority. There were seven disabilities under this act namely- blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation, mental illness.

The International Classification of Functioning, Disability, and Health (ICF) views disability as an umbrella term for impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficult 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.

In the year 2015, the prime minister of India Narendra Modi suggested that the term 'divyang' (divine body) instead of 'viklang' to be used for persons with disability in his show 'Mann Ki Batt'

Today definition of disability according to Rights of Persons with Disability Act (RPWD Act) 2016 is "person with disability" means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others. There are basically 21 groups of divyang in India as the RPWD Act 2016 which are namely

## 1. Physical disability.—

A. Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including—

(a) "leprosy cured person" means a 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) 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/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;

(b) "cerebral palsy" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

(c) "dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres) or less;

(d) "muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

(e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

## B. Visual impairment—

(a) "blindness" means a condition where a person has any of the following conditions, after best correction— (i) total absence of sight; or (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or (iii) limitation of the field of vision subtending an angle of less than 10 degree.

(b) "low-vision" means a condition where a person has any of the following conditions, namely:— (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

## C. Hearing impairment—

(a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;

(b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D. "speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2. Intellectual disability, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including—

(a) "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

(b) "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

3. Mental behaviour,— "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

4. Disability caused due to—

(a) Chronic neurological conditions, such as—

(i) "Multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;

(ii) "Parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder—

(i) "Haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor would may result in fatal bleeding;

(ii) "Thalassemia" means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.

(iii) "Sickle cell disease" means a haemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage; "haemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of haemoglobin.

5. Multiple Disabilities (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

As public perception of divyang has changed over time, so have the goals of programs supporting divyangjan. Divyangjan are among the most marginalized groups in the world so as in our country. They have poor health outcomes, lower education, less economic participation, socially excluded and higher rates of poverty.

### **Inclusion**

Inclusion is a belief. It is not a project or a programme but a philosophy. Inclusion means respect for you, for me and everyone despite of any discrepancy based on caste, creed, gender, and divyangta. Inclusion sees every one of us as a person; sees that we exist. It permits to establish their identity and express their feelings without any discrimination. It assures that one's opinions and experiences are honoured like anyone else's.

Inclusion is a term used by divyangjan and other divyangta rights advocates for the idea that all people should take action to freely accommodate people with a physical, mental, cognitive, and or developmental divyang.

Including divyangjan in everyday activities and encouraging them to have roles similar to their peers who do not have a divyangta is inclusion of divyangjan. To provide them equal opportunities, full participation and protection of their rights will leads to inclusion.

### **Social Inclusion**

Social inclusion is the act of making all groups of people despite of their differences, within a society feel valued and important along with this they live their life with dignity. It is a human right for everyone, including people with divyangjan.

We can say that it is a practical term which means working within the society to deal and nullified the circumstances and problems that lead to **social exclusion**, such as, unemployment or low income, poverty, housing problems and becoming homebound and isolated due to divyangta and illness. However the term social inclusion is unclear due to multiple and conflicting definitions in various research and related studies.

Social inclusion has great importance for any society, it is a backbone for the harmonious development of society. It enhances the quality of life of every single person, all people live their life with full enthusiasm without any biasness. Without inclusion, people are more likely to have poor health condition, may have mental health issue, loneliness, depression, isolation, stress, under confident and lack of self-esteem. People get opportunities to have close friends to whom they can share their feelings.

Social inclusion for divyangjan has much more important as their physical, sensorial and mental sufferings are very painful. Most of them are isolated from the main streaming of the society. There can be various reasons for their loneliness, isolation, poor self-esteem, unemployment, low socio economic strata and illiteracy. These things can be minimized or nullified if they got proper inclusion in their society without any kind of discriminations.

## Social Exclusion

Concepts do not arrive from nowhere, descending from the sky of abstract thought and translated through empirical investigation into the development of policy. There always have a history behind it both in its specific form and generalised form. So as in the case of social exclusion. 'Social exclusion' is not simply a term in social politics. It is also a concern of social science.

Social exclusion is defined as a multi-dimensional process, in which various forms of exclusion are combined: participation in decision making and political processes, access to employment and material resources, and integration into common cultural processes. Social exclusion may, therefore, be seen as the denial or non-realisation of the civil, political and social rights of citizenship.

## Social condition of divyangjan in India

Few groups experience discrimination in their society. Among these groups is a group of divyangjan who suffers social biasness, prejudices and needless barriers which prevent them from participating fully in society. The group deeply affected is not small. Approximately 10% of the total population are live with some kind of divyangta worldwide. In India 2.21% (census 2011) of total population are having divyangta of various forms. This figure will increase as in RPWD (Rights of Person with Disabilities) Act 2016 22 divyangta has been included further it was only seven categories of divyangta in PWD (Person with Disabilities) Act 1995.

India is the country where we can see the description of divyangjan in Vedas and in great epics like Mahabharata and Ramayana. Condition of divyangjan were in various forms: somewhere they treated as a great soul or saint or somewhere as a curse also. There are various types of beliefs, prejudices and superstitions in our society regarding them.

Society has great influence on anyone's personality. It plays major role when someone has any kind of divyangta because if society accept their condition with positive attitude then they can accelerate in their life but if it is not so then they will be one of the most suffering person who cannot stand properly in their life.

The social model of disability specifies that individuals do not have disability-it lies in society. The experience of disability occurs when people with impairments are excluded from places and activities most of us take for granted. It happens when our infrastructure and systems do not accommodate the diverse abilities and needs of all citizens.

In India disability sector is the most neglected one. Although we are having various acts, laws and services for their welfare but still condition is not much more appreciable. The wider spectrum of divyangta movement in our country has been successful to aware the top brass of the system but the real issue at bottom has not been addressed yet. We need to understand the problems of divyangjan in different-different context.

Educational condition of divyangjan is not up to the mark. Figure is just okay type at primary level and it is worst at higher level. According to Census 2011, the educational status of divyangjan in our country is about 55% of the total divyangjan population i.e. 1.46 Crore are literates and rest 45% are illiterates. 13% of the divyangjan has matric/ secondary education but are not graduates and 5% are graduates and above. It is just only about 8.5% among the divyang literates are graduates. There are number of factors of low level of

education among them. Physical as well as institutional barriers are one of the main cause for this scenario. Very few government and non-government organisations are working in the area of Early Identification and Intervention of divyang children due to which they wander here and there for proper schooling. Although our government are focussing on Inclusive education but still divyang children are addressing difficulties in admission etc. Figure is very pathetic at higher education.

For the empowerment of anyone employment is essential so as in the case of divyangjan. Employment status among the divyangjan is very poor, most of them are dependent or burden to their families and respective society. According to census 2011, only 36% of the total population of divyang are working in India. Most of the jobs are beyond the reach of divyangjan due to essential qualification, job work profile, job work place etc. Many of these difficulties could be dramatically reduced if work place environment is made according to facilitate the maximum participation of them.

Marital status of divyangjan as per census 2011 is that only about 47% of total divyangjan are married at present. Rate of married female divyang is much lower than male.

Poverty among divyangjan is at its extreme position. As it is quite clear that most of them are unemployed and dependent on their families. The poor are more likely to have or develop a divyangta due to greater exposure to risks such as insufficient nutrition, poor living condition, inadequate living environment and other inadequacies. Divyangjan who born in poor families are less likely to be able to earn their way out of poverty because of the work and education related barriers they face. If not already living in poverty, divyangjan are more likely to fall into it because of less or no earning potential and greater expenditures are required to meet their health, education and other needs. These combined effects leads to poverty among them.

All these phenomena leads to them socially excluded. Result of this they feel aloofness in their society and started withdrawing themselves from all social activities.

### **Stakeholders of social inclusion of divyangjan**

Perception of disability creates barrier to inclusion. Real inclusion will be possible only when individuality of each person is accepted by the society at each level and at every aspect despite of his divyangta.

‘Rome was not built in a day’, similarly social inclusion of divyangjan is not possible in a single day, it will take few years. Process of social inclusion has been started to some extent in our country. We can have the dream of best inclusive society, if all the stakeholders will do their best in their respective areas.

Following are the various stakeholders of social inclusion of divyang, their responsibilities in their respective areas are discussed below:

#### **Families of divyangjan**

We all came from families. Families can be big, small, extended, and multigenerational. We all live under a single roof. Each families has their beliefs, strengths and qualities. Family plays crucial role in inclusion of divyang. It is place where they can be accepted or neglected. Acceptance of their divyangta will leads for further positive starts, means he/she will go for proper education, can participate in social –cultural programs

in their society, which will help them to stand properly in their society. Whereas neglecting can cause serious issue to the divyang which will make him/her deprived and lack of self-esteem. He/she will totally dependent and feel aloof from society. Therefore family should play positive role towards their divyang child so that he/she feels socially included.

### Rehabilitation Professionals

Rehabilitation professionals are those who works for the rehabilitation of divyang. There are various types of rehabilitation professionals such as- special educator, speech therapist, audiologist, physiotherapist, occupational therapist, psychologist, counsellor, mobility trainer, prosthetists and orthotists etc. all these professionals play crucial role for the proper upbringing of divyang. Special educator teaches divyang child according to their needs, provide special training in sensory integration, daily living activities, braille, use of special assistive devices etc. as per the condition of divyangta. Speech therapist provides services to those who has speech problem. Audiologist deals with the hearing issue, they assess the hearing capacity and suggest further services accordingly. Physiotherapist deals with those divyang who has gross motor functioning issue, they provide exercise, massage, manual therapy, they help to manage pain and prevent disease. Occupational therapist deals with fine motor coordination which is essential for doing daily living activities, they help divyangjan to maintain the skills needed for activities of daily living like- eating, writing, colouring, brushing etc. Psychologist assess the cognitive level, intelligence quotient level, behaviour, emotional level, personality of the divyangjan which help for further treatment or other remedial services. Whereas counsellor counsel them and suggest what kind of schooling or job will be suitable for them, provide counselling services to their parents and siblings also regarding how to deal with divyang child. Mobility trainer helps them especially drishti divyangjan to walk independently and safely in their environment. Prosthetists and orthotists makes artificial limbs for orthopedically divyang. All these rehabilitation professionals helps the divyang to live their life independently with full dignity and pride. Hence all these services make them or prepare them for social inclusion directly or indirectly.

### Social Workers

The social workers are committed to maximising the wellbeing of individuals, families, groups, communities and society. There are various types of social field in which social workers do their task, among those fields divyangta is a sector where they perform numerous kinds of services. Social workers understand that divyangjan are a diverse group and they also have wide range of abilities and potential for their development as well as for society. They focus on maintaining and enhancing the quality life for divyangjan. Their work includes all level of management and program design, counselling, individual planning, case management, research, advocacy, capacity building and policy development.

All such services provided by social workers make them accessible to their society firmly.



## Community Based Rehabilitation (CBR)

CBR was initiated by World Health Organisation in 1978 to enhance the quality of life of divyangjan and their families; meet their basic needs: and ensure their inclusion and participation. It is a multisectoral approach working to maximise the equal opportunities, fully participation, and social inclusion of divyangjan. It also helps and gives support to stakeholders working in the field of divyangjan. They usually provides services in rural and remote areas within their community. Services provided by members of CBR prepare them for mainstreaming.

### Educationists

Education is a backbone of a developed society. A society is called civilized where each person literate. In our country literacy rate among divyangjan is not in appreciable condition. It is the task of all the educationists to educate them at any cost. Our education system should work on inclusiveness. At present in our country inclusive education where all types of students' learn together in a regular class is running. But still many divyang children are far away from the education. If they get proper education at right time in right manner then they can also become an effective member of the society where his/her presence will be acceptable as vidwan sarvatra pujiyate (विद्वान सर्वत्र पूज्यते).

### Psychologist

Psychologist are usually been associated with social, emotional, cognitive, behavioural factors of divyangjan. They assess the child's behaviour, intelligence level, emotional level, personality, achievement etc. and accordingly provide services and refer for further remedial services to concern person. They also provide counselling session to needy one. They help them to boost up confidence level, enhance self- esteem, helps in self- identification and self-image of divyangjan. All the services provided by the psychologist helps them to establish themselves in their society directly or indirectly.

### Government

There are various ministries/departments/personnel are providing services to the divyangjan directly or indirectly viz. Chief medical officers (CMO) and their team, Department of empowerment of divyangjan, Ministry of Human Resource Development and Ministry of Social Justice & Empowerment etc.

CMO and their team make certificate for divyangjan, after getting certificate they can avail all those services which are running for them by government of India. They get reservation in employment, free education up to the age of 18(i.e. upto 12<sup>th</sup> class), concession in travelling (train, aeroplane, bus), entitle for scholarship of divyangjan, and many other benefits. In this way CMO indirectly helping them for social inclusion.

Department of empowerment of divyangjan are for the overall development, benefit and smooth functioning of schemes made for inclusive growth and welfare of the divyangjan. Its major role are- implementation of national policies of divyang; to ensure social, economic, educational development of divyangjan; interdepartmental coordination for their welfare; arrangement of special assistive devices; arrangement of

vocational and other special training; plans budget estimates for them; support to NGOs for their welfare; in-service training; training to families, NGOs, government personnel regarding divyangta.

Ministry of Human Resource Development is one of the largest ministry which leads many important departments. Main focus is on education. It deals with educational scholarship, educational policies, various training program's planning and implementation, mission on teachers and teaching etc. It makes plan for the education of divyangjan also and ensure zero rejection at the time of admission of any child.

Ministry of Social Justice & Empowerment is entrusted with the welfare, social Justice and empowerment of disadvantaged and marginalized section of the society viz. Scheduled Caste, Backward Classes, Persons with Disabilities, Senior Citizens, and Victims of Drug Abuse etc. There are two departments viz. Department of Social Justice and Empowerment and Department of Empowerment of Persons with Disabilities under the Ministry of Social Justice and Empowerment. Basic objective of the policies, programmes, law and institution of the Indian welfare system is to bring the target groups into the mainstream of development by making them self-reliant.

### Non-Government Organisations

NGOs play crucial role in social inclusion of divyangjan. They deal with the case, their parents, their families, policy makers, social reformers and many pore. Their range of work for divyangjan is very wide and vivid. They work at grass root also. They provide services to divyangjan viz. education, training, vocational training, various therapies, research, data collection of divyangjan, awareness program, special assistive devices distribution etc. They act as a bridge between divyangjan and government. All these various services given by the NGOs are appreciable, their dedication to this divyang sector is priceless as these services matters for them which helps them to become a fruitful member of the society.

### Challenges

Our society is equipped for are abled one. Each and every structure either it is physical or attitudinal are according to the needs of without divyangta. It is quite clear that inclusion is not a soft process and it requires commitment to overcome all types of barriers. There are some basic barriers faced by the divyangjan namely: physical barrier, attitudinal barrier, social barrier, educational barrier, and economic barrier etc.

Physical barriers include: (a) structure of buildings (b) structure of public places-hospital, educational institutions, railway stations, markets (c) lack of signage, braille instruction in public places (d) lack of hand rails (e) no ramps (f) lack of lightning (g) lack of tactile instructions (h) no escalators/lift

Attitudinal barriers include: (a) lack of acceptance of divyangjan (b) lack of faith on their abilities (c) wrong believes, prejudices and superstitions

Social barriers include: (a) lack of participation in cultural activities (b) gender issues (c) lack of opportunities (d) poor health services

Educational barriers include: (a) lack of basic and appropriate support materials/supportive services (b) lack of assistive devices (c) lack barrier free environment (d) lack of remedial services (e) late enrolment (f) lack of early identification and early intervention programme (g) rigid curriculum (h) lack of special teachers (i) inappropriate evaluation services

Economic barriers include: (a) lack of employment (b) inaccessible work place (c) lack of opportunities at work place (d) shortage of amenities (e) shortage of investment on universal design (f) poverty

All these barriers creates hurdle in social inclusion of divyangjan. It can be overcome if all the stakeholders come together and work effectively in their area.

## **Recommendations**

The ideas and concepts of equality and full participation for divyangjan have been developed very far on paper, but not in reality. In our country, in all types of living conditions the consequences of disability interfere in the lives of divyangjan to degree which is not acceptable. Discrimination in each area viz. education, employment, transport, housing, and building should be nullified. There should be proper facility to avail education at every level, door of employment should be open without any discrimination, transport facility should be easily accessible to them, housing and buildings should be totally barrier free.

Awareness programme should be organised by government and non-government organisations, programme should be from grass root level to top level of society structure. All these programs should be spread properly in each social strata. These programs should based on- attitude modification towards divyang, prevention from divyangta, education for divyang, health services for divyang, employment opportunities for divyang, government plan/policies/services/facilities for divyang, NGOs working for divyang etc.

Early identification and early intervention program is key factor of inclusion of divyang because as early as a case is identified related services can be easily provided to them. And it will open the path for inclusion in their society.

Government should ensure that no any divyangjan feel neglected from society, they must get equal opportunities and can easily participate in social activities in almost every area. Any kind of legal & social barrier should not make hindrance in their path.

Internal legislations related to welfare of divyang should be implemented properly and periodically reviewed and constantly improved.

Services and facilities should be within the reach of divyangjan. And as per the need of divyangjan it should be constantly modified.

Cooperation and advisory assistance programmes should be stepped up between the various United Nations bodies and Government, and even national entities working in the field of divyang.

The establishment of an international body or mechanism to supervise respect for the human rights of divyangjan is one of the most important aims of the NGOs.

We should create inclusive society where each and every social body despite of any kind of differences could live in their society with full dignity and feel pride member of the society.

Exact figure should be recognised and presented by the various agencies. Definition of divyang should be clear cut and related expert should involve in data collection of divyang. It is very true that if data will be correct then implementation of related policies will function properly and can reach to every needy one.

Reasonable accommodation should be in job, in employment practice, the work environment, or the manner or circumstances under which a position is held or customarily performed, that makes it possible for a qualified individuals to apply for, perform the essentials functions of, and enjoy the equal benefits and privilege of employment.

Divyangjan have the right to fully participate in all aspects of society. They have also right for independent access, so it is the duty of government and also ours to make everything accessible for them.

Universal design promotes the development of divyangjan. In this availability and use of goods, services, equipments and facilities, including housing, which are designed to be used by all people to the greatest extent possible without adaptation. Universal design should be promoted to its every extent.

Many of the difficulties of divyangjan can be dramatically reduced if work and community environment were designed to facilitate maximum participation by all people. Among the greatest barriers faced by adult divyang is the lack of opportunities for fulfilling career trajectories consistent with their full capacity. Employment sector should be designed to take maximum calibre of divyangjan.

## Conclusion

Exclusion or inclusion of anybody in his/her society depends on the structure of the society and its attitude and work culture. As we know that every individual is unique in himself/herself so uniqueness of everyone should be praised and accepted by his/her society.

## References

- Ahuja, R. (2017). *Social Problems in India*. New Delhi: Rawat Publications.
- Byrne, D. (2015). *Social Exclusion*. New Delhi: Rawat Publications.
- Disabled Person in India A Statistical Profile 2016. (2017). *Social Statistics Division*. New Delhi, India: Ministry of Statistics and Program Implementation, Govt. of India.
- Empowerment of Persons With Disabilities Department*. (2019, November 11). Retrieved from uphwd.gov.in
- Heymann, J., Stein, M. A., & Moreno, G. (2014). *Disability and Equity at Work*. New York: Oxford University Press.
- Krishna, V., Dutt, B. V., & Rao, K. H. (2010). *Disabled Persons*. New Delhi: Discovery Publishing House.
- M.S.Gore. (2015). *Unity in Diversity*. New Delhi: Rawat Publications.
- Maitra, K., & Saxena, V. (2008). *Inclusion Issues and Perspectives*. New Delhi: Kanishka.
- Mallett, R., & Cole, K. R. (2014). *Approaching Disability Critical Issues and Perspectives*. New York: Routledge.
- Mukherjee, K., & Datta, S. S. (2018). Stakeholders Perspectives regarding promotion of Inclusive Education in Relation to Social Integration and Inclusive Society in West Bengal. *A multidisciplinary Online Journal of Netaji Subhas Open University, INDIA*.
- Ramesh, R., & Singh, S. K. (2011). *Disability towards Inclusive India*. New Delhi: PentagonnPress.
- Scope of Social Work Practice Social Work in Disability. (2016, March). Melbourne, Australia: Australian Association of Social Workers.
- Simplicon, S. C., Leader, G., John, K., & Leahy, M. (2015, October 2). Defining Social Inclusion of People with Intellectual and developmental Disabilities: An Ecological Model of Social Networks and Community Participation. *Research in Developmental Disabilities*, pp. 18-29.
- Singh, D. (2014). *Disability and Special Needs Dimensions and Perspectives*. New Delhi: Kanishka.