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**Research Article**

# Exclusion of Disabled Persons and Inclusion of Them through Social Security System of Economic Reform

**Jayashree Ambewadikar**

Assistant Professor, Central University of Gujarat, Sector-29, Gandhinagar-382030, Gujarat
Email id: jayashreejnu@yahoo.co.in

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## ABSTRACT

The Constitution of India has provided uniform rights to its citizens irrespective of their race, religion, caste, creed, gender, place of birth or whether the person is healthy, normal or disabled is of no consequence. The urgent need to include the disabled person in the Constitution was recognised. It has only been in the last few decades that some work has been done for them. The person with disability had to depend on the charity of society since disability was viewed as a curse of God. In the past, the joint family used to provide care and emotional support to the disabled member of the family but in today's lifestyle, families are often unable to bear the burden of the person with disability. So the number of innovative programmes are directed for fulfilling decided objectives for the welfare of the disabled people. For this, the new economic policy had enhanced the budget for the disabled person to be integral part of the society. This attempt of government is for placing disabled person in the family with some self-respect. But the social security provided to disabled along with the family benefit is unknown to most of them. So, the facility of early detection of disability should be made available in the developing countries. The empowerment of person with disability through education, including training and employment, securing their rights and special care is needed to be introduced. The appropriate actions will be encouraging the disabled persons to fully contribute in all spheres of social life like socio-cultural, economic, political and also sports activities like that of the normal persons, should be implemented.

**Keywords:** Exclusion, Inclusion, Disability, Social security, Economic reform

## INTRODUCTION

The instances of disabilities like blindness, mental retardation, speech and hearing impairment and orthopedically handicapped continues to be very high, in spite of major

advancements in the field of medicine, expansion of health infrastructure and community awareness. The government during 1992-1993 established a separate Directorate for Rehabilitation of the Disabled Persons to safeguard their rights so that they are assimilated and integrated in the society to fully contribute in the social life. In the pre-reform period, there were 620 million persons with disability of one type or the other, of which 100 million are in India (Government of India, 2005). The state of Uttar Pradesh was having largest number of disabled and the state of Manipur and union territory of Lakshadweep was having least number in different types of disability in 1981 (Census of India, 1981).

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So the number of innovative programmes are directed for fulfilling decided objectives for the welfare of the disabled people. The Government of India was forced by the international conference of the Asia-Pacific region held at Beijing in December 1992 as well as the *Universal Declaration of Human Rights to pass the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act* in 1995. The Act recognised the person with disability and provides legal definitions of different types of disability. This act not only helps persons with disability but also members of their families.

The government had established a National Trust for the Welfare of Persons with Mental Retardation and passed Cerebral Palsy Bill, 1995 in Lok Sabha on 6 February 1995. The bill extends support to the institutions or organisations of persons with disability or their parents, and voluntary organisations working for their services that are needed in the duration of family crisis and after the death of their parents or guardians. The Cabinet approved bill for setting up National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability.

## DISABILITY BUDGET IN ECONOMIC REFORM

Since long and especially after 1990s, the policy for disabled was imagined for a mutual responsibility of the Governmental organisations, Entrepreneurial unit, Philanthropists inputs, Non Government Organisations and the entire community. It is said that the

State plan on Persons with Disabilities gave emphasis on the prevention and assistance of disabilities in time for persons with disabilities to have a normal life to maximum extend in the family, community and society (National Sample Survey, 1991). The inclusive plan is directed toward early detection and prevention of disabilities through plan of wide-ranging services in medical help, vocational education, employment generation, economic and social spheres so that the disabled person becomes self-sufficient citizens and integral component of the society (Mander, 1999).

The budget provision for disabled person empowerment during 1995-1996 was of Rs 13.00 crores and grant-in-aid of Rs 10.60 crores was given to 77 implementing agencies. Similarly, during 1996-1997, the budget provision was Rs 12.85 crores and grant-in-aid of Rs 6.86 crores was given to 141 implementing agencies. The lower expenditure was due to the limit fixed on the quantum of grant-in-aid of Rs 6-10 lakhs to an agency, even though the number of agencies assisted in 1996-1997 increased appreciably. There was a budget provision of Rs 8.00 crores (RE) for 1997-1998 against which a total expenditure of Rs 8.94 crores was sanctioned to 124 agencies. During 1998-1999, Rs 25.00 crores (plan) was allocated, against, which a total of Rs 8.35 crores was given out to 94 agencies up to December 1998. Plan outlay of Rs 26.00 crores had been proposed for the year 1999-2000. The expenditure registration of psychiatric rehabilitation centres for Mentally ill persons was reduced since the rules of 2002 was notified to regulate the Psychiatric Rehabilitation Centres for the mentally ill persons for the first time in India. This shows that mid of 1990s has positive reform for the disabled to integrate in the mainstreaming and use their contribution for nation (Mander, 1999).

## SPECIAL EDUCATION FOR THE DISABLED

The primary schools are spread all over the country with trained manpower similarly primary school teachers should be trained to look after educational needs of the disabled students. This will help the training of students with disability through the medical and therapeutic intervention. Therefore, a person with disability cannot be equated with any normal person for providing education and training. In recognition of the people's demand of care and expenditure, the Government was compelled to assist and develop programmes and make policies for education, training, care and rehabilitation of the disabled (Baquer and Sharma, 1997).

National Institutes were set up for developing training modules, conducting research and all other essential systems for providing the necessary training for the people with disability. Special education is provided to the blind, speech and hearing impaired, mentally challenged, the severely locomotive disabled and for the leprosy-cured disabled through some schools which raised to High School since the academic year of 2005-2006, and

free facilities for special education, like boarding and uniform, every year for government school. In each year, funds are fixed to each rehabilitation home (school) to spend on the supply of notebooks and text books for the disabled children from I to XII Standards (ibid).

When the universal and compulsory primary education being ineffective and actually neglected for all including the total disabled persons, then one is afraid whether the decision of covering 6–14 years for free education will make up inclusion of disabled group as beneficiaries. This is primarily because of non-consistency and no regular aid to train sufficient number of personnel. This means that reform period has really not reformed education for the disabled. Though information technology with the support of government would have come in a big way as a boon for the gain of Persons with Disabilities in the educational and vocational development, which did not do so. This can be done through collaboration of special and general schools to develop linkages for proper inclusion (Pandey and Advani, 1995).

But education of the children with disability is still a distant dream since more than 200 districts do not have any facility for education of children with disability. The rehabilitation council of India has taken a lead and has come out with a Draft National Policy on Special Education (Singh, 2001) to promote all mode of education through a single window system.

## VOCATIONAL TRAINING AND EMPLOYMENT

The disabled population has the abilities and disposition to acquire various types of skills so their programmes of vocationalisation have to be modernised and expanded. The training programmes should be linked with the availability of locally available raw materials so that they could be trained to work in their home environment. More focus should be given on the training of disabled people living in rural areas. About 70% of the population living in the rural areas have 45 million adult disabled. They can become the human capital if suitable employment opportunities are provided by imparting necessary knowledge and skill along with necessary finance. Integration of persons with disabilities should be the aim of all rehabilitation programmes (Singh, 2001).

The Department for Rehabilitation of the Disabled is executing courses of Diploma in "Medical Laboratory Technology, Computer Training Course, Fitter-cum-Basic Machine Operator, Book-Binder, Cutting and Tailoring Training (Women only) and etc"(ibid).This is possible with the coverage of "free tuition fees, training cost, as well as free boarding and lodging along with two sets of uniforms" (ibid). The Modern Training cum Production Workshop, sheltered workshop for the women and other workshops or training programmes can give training to produce items to be sold in schools and hospitals.

But these types of training programme are not transparent so only few can avail these facilities. Training for self-employment in vocational training institutes through NGOs often have qualified workers focusing on training in viable technical skills to ensure them income generating projects. It would be desirable if the elements of finance, management and marketing were also taught, especially in rural areas (ibid).

The unorganised sector has made no arrangement so far for the placement of persons with disabilities. It can be possible with technological assistance to place large number of disabled persons in schemes like Integrated Rural Development Programme (IRDP), Training of Rural Youth for Self Employment (TRYSEM), Jawahar Rozgar Yojna (JRY), Development of Women and Children in Rural Areas (DWCRA), and Swarn Jayanti Gramrojgar Yojana (SGRY). Further the government has already set up the National Handicapped Finance and Development Corporation and the rehabilitation council had submitted a scheme to the Ministry wherein NGOs can be made partner, directly to deal with micro finance scheme of the government (Singh, 2001). This will promote Self-help groups for Women with disabilities who have been historically oppressed group. Possibilities of allotting government land for the disabled population for raising plantations and floriculture should be explored. Review of the Land Acts to enable disabled population to have a stake in the tenancy rights of lands should be undertaken.

The designing of employment schemes for the disabled persons is the fundamental aim to enable them in fetching gainful employment. "The total number of disabled persons in the live register of these government Employment Exchanges was 3,23,220 in 1992, further 3,37,602 in 1993, latter 3,40,304 in 1994 and lastly 3,53,743 in 1995" (Singh, 2001). The placements in the same period have been 4306, 4451, 4485 and 3706, respectively. It is seen that reservation in public services and public sector undertakings helps only a small number of persons with disabilities. It is necessary to persuade private sector to employ skilled disabled persons to accelerate their employment (ibid).

## HEALTH SECURITY FOR DISABLED

The medical assistance is given to disabled to overcome the disability by identification, surgery and after care by government. The Disabled medical camps in all district has been "conducted for recognition of the spinal cord injury and polio affected persons for surgical correction through District Rehabilitation Centres" (Mander, 1999). This will help the persons with disability to make movement easily so that they can do their daily work of earning independently. The difficulties in procuring the medical certificate or even identity card for the disabled signed by Medical Officer and District Disabled Rehabilitation Officer are to be solved through a single window system. This identity card is used for getting facilities for the disabled people. The health security is provided

but it is only in urban areas and that too with limitations. The rural disabled who are larger in number are not treated but the care is needed for making them self-reliant (ibid).

## SCHEME OF ASSISTANCE FOR DISABILITY

The concession and allowance are given to disabled to get absorbed in the mainstream by financial help. "The unemployment allowance for 5 years or till the age40 years or 45 years for (SC/ST) or till they gets employment is given between Rs 200–300 as per their education" (Government of India, 2005). So parents of persons with disability who are Government employees are entitled to a pension even after their death for the entire life span of their ward. "The maintenance allowance of Rs 200 is given to the severely handicapped persons to residence itself through money order every month. The concession facilities are given to other disabled persons under some circumstances to get their education, visit to hospitals and training centres, undertaking employment etc." (ibid).

Both the escort as well as person with disability who is unable to travel independently is entitled to 75% concession in trains. Some government employees are given the option to work in certain places and have their transfer orders cancelled to enable their wards to continue their education, training and treatment. Only 1% of State Government flats and plots of land are reserved for persons with disability at concessional rates. The Aids and Appliances are provided free of cost or at concessional rates to persons with disability belonging to low-income groups. The legal guardian of a person with disability can apply for loans for self-employment on behalf of the ward. "The concessions are given to normal persons marrying disabled persons like visually handicapped, speech and hearing impaired and persons without one arm or one leg". They are given "cash assistance for marriage expenses of Rs 3000 along with National Saving Certificate of Rs7000/-. The Income ceiling of Rs 12,000/- per annum has been lifted" (ibid).

The Government established Rehabilitation Homes to give shelter, medical help and security to the disabled and beggars inflicted with leprosy and their rehabilitation. Inmates of the home are "granted with free boarding, lodging, clothing, medical facilities, training in various vocational trades and recreation facilities like games, screening of films, provision of colour TV, library etc." (Singh, 2001).

Under the prevention of beggary act, "the Beggars convicted by courts are provided facilities of rehabilitation home with training in various trades like weaving, carpentry, pottery and tailoring" (ibid).

Financial assistance is also given to Non-Government Organisation for projects such as vocational training centres, training centres for the personnel, placement services, special

schools, counselling centres and hostels. It appears that the programme of Grant-in-aid for the Disability division is merely continuing still under the idea of charity (Singh, 2001).

On 3rd December every year, awards are given for appreciating the concerns for disability so as to encourage the disabled to showcase their different skills and abilities in the field of Arts and Sports. Till 1995, World Day of the Disabled was observed on the third Sunday of March every year. On this day, President of India gives National Awards to the achievers like Best Employer of the People With Disabilities; Best Disabled Employee and Self-Employed; Best Individual working in different areas and institutions for the welfare of people with Disabilities. From 1998, more categories of awards have been introduced such as "Outstanding Creative Individual with Disabilities; outstanding work in the creation of barrier-free environment for people with Disabilities; New Technological Innovations useful for the disabled, Best Role Model, etc." (Government of India, 2005).

## ROLE OF MASS MEDIA AND DISABILITY

The passing of the Act alone is not sufficient unless society takes it upon itself to help the process. Publicity for mass awareness, dissemination of information through various channels of communication has to be attempted in an organised and scientific manner, particularly, in rural areas. Electronic and print media should be used for dealing with disability issues through messages, short films, documentaries, advertisements and other means to cover their stories of struggle and success. The media of entertainment especially cinema and television, even today portrays disabilities in stereotypical roles such as an evil character or a super human being. These further reinforce society's prejudices. The normality with disability is not shown when we think of their dreams, aspirations, desires and needs as a human being.

The child abuse ranges from child rape, child prostitution, child labour, disabled child begging, child marriage, drug addiction, and so on. Child abuse is a more terrorising experience for mental and physical disabilities children unlike normal child. The parents of disabled children are scared to leave them in anyone's custody. Today it has become a social problem that requires immediate attention from all. Media also has a role in educating parents and child caretakers about healthy child-rearing practices (National Institute of Public Cooperation and Child Development, 1998).

## STATUS OF THE DISABLED PEOPLE

It is seen that in spite of law against sex determination enacted in 1994, there is a huge prevalence of female foeticide. This is evidence from the fact that "while 21 million girls are born in India every year, almost 50,000 female foetuses are aborted annually after sex determination" (Joshi, 1997).

The consequence of these practices is "the adverse sex-ratio for females and its decline from 972 to 927 females per 1000 males in 1981-1991" (Subberwal, 1997). "The incidence rate, as is the case with the prevalence rate, was higher in the case of males than females" (Baquer and Sharma, 1997). Post-birth, the situation of the girl child with disability becomes even more acute.

A child with disability born into an upper class family may be deemed to be fortunate because of easy access to economic support, education and technology. Among the large middle class, the problem is compounded. The poor family would depend on the dynamics of the family and the desire to empower the disable child for normal life. The child with disability is perceived as an economic and social burden, a liability to the future well-being of the siblings and a wasteful investment. There are a few instances where dynamic parents as primary care-givers have provided the best facilities available to them. With increasing awareness, at least in the urban areas, more children are seen to avail of specialised services that are available. A combination of caste, class, social status, peripheral family, community along with lack of awareness, superstition, economic constraints and needs of 'normal' siblings leads to a marginalisation of the child with disability (Subberwal, 1997).

A girl child is always, therefore, marginalised to be taken care of by the extended joint family as an object rather than a human being. The various factors impinge upon the girl child with disability at various stages of her life like combination of poverty condemned by a vicious class and caste system, obscured by illiteracy traps and superstition. "In every sphere of life, women with disabilities experience a triple discrimination because of they being women, disabled and poor" (Subberwal, 1997).

Even the primary caregivers are themselves surrounded in a milieu of superstition, caste and illiteracy which leads to self-condemnation at the birth of a girl child with disability. At best they blame each other, but most frequently the blame falls on the mother (ibid). Girls with disabilities are regarded as inferior "who are deprived of nutrition and health services at birth and during infancy; education services during childhood and love throughout their lives as compared to men who enjoys all privileges" (Subberwal, 1997).

The effect is to place the girl child at the very margin of parental focus with ignore and abuse (ibid).The acceptance of physically disabled women in society is virtually nil. In a survey conducted in Orissa, "it was found that women in wheelchairs are practically social pariahs. Most of these women stay with their parents, others in destitute women's homes and charitable missions" (Mohapatra, 1998).

Men with disabilities faces disadvantage of non-status and women faces the historical entrenchment of gender bias and the discrimination. There are few educational

opportunities for disable girls as compared with boys. When there are opportunities for education in special schools, boys usually receive them. Though there is free and compulsory education for the girl child, a high level of dropouts and low literacy rates shows huge disappointment for equal access to education for girl children.

Women are discouraged to learn proficiency required for higher productivity and income. "Lack of opportunities and access to education and training for self-improvement and independence destroys self-confidence, image and esteem due to concept of physical body image dominating the socio-cultural pattern" (Baquer and Sharma, 1997).

The unemployment rate for disabled men was still better but for women it was virtually 100%, they often beg but now women with disabilities are engaged in their own self-help groups. Their status creates deliberate neglect, marginalisation, verbal abuse, physical assault, psychological abuse and sexual harassment violence, confining them, not feeding them, drugging them with tranquillisers, using strait jackets, leaving them naked and unclean, etc. (ibid). Economic abuse is common, like depriving of their land or property right, disabled girls are forced into prostitution, poverty, etc. Sometimes the people who abuse them are their parents or legal guardians (Mansuri, 1997). "The dependence of the disabled on families inside the home and exposure to blatant discrimination outside the home deprive them of their dignity and self-confidence" (Subberwal, 1997).

Their education, health and well-being are part of institutionalised neglect and non-support. It is only through education that one can expect to target the twin evils of prejudice and discrimination. This non-status of disabled should be dealt with policy and care otherwise it will be worse. So the policies and practices should be shaped for having certain needs fulfilled of the disabilities (Mudrick, 1998).

## REHABILITATION AND INCLUSION

The economic reforms are unstoppable forces, so at the policy level there has to be a social security to protect and invest in disabled children and adult. Without this, economic reforms cannot really work. There is a need to develop resource materials for disabled children in the rural areas since the government has a very large infrastructure in rural areas covering the most backward, hilly and tribal areas.

With a view to bring down the cases of disabilities through preventive programmes and early identification of disabilities, the grassroots level workers, the village level health attendants, the para-medical staff of the health network, anganwadi workers, primary school teachers, parents associations under the guidance of health network should be oriented that, disability is the result of a chance rather than result of past sin and it is to be taken up as a challenge rather than an exceptional situation. Many people have to work together to make convergence work of the orientation (Mudrick, 1998).

The panchayati raj institutions, Police, the Civil Staff and other officials in Government departments should be sensitised on disability besides, large cooperative sector, Non-Government Organisations, Mahila Mandals, Self-help Groups, engaged in various income generation activities in the country, particularly in the rural areas. The college National Cadet Corps and scout should be involved in the programmes of creating awareness on a wider scale. Moreover policy making and resource allocations for the programme of training to them could be involved. Community participation in the planning and delivery of services is needed.

These sensitisation programmes involve national and collaborative efforts between governmental agencies and the Non-Government Organisations, as they are running a large number of training institutions with competent staff to undertake assessment and diagnostic work, particularly, in the Health and Welfare areas. They should be fully equipped with technologies and methodologies for diagnosis and prognosis by the government, like that for the polio eradication campaign which has been spectacular (Government of India, 2005), and also knowing the infant mortality figures which is worrying requiring removal of architectural barriers in all buildings for easy access and successful adjustment of the disabled persons.

The diagnostic and assessment centres for early intervention should be linked up co-ordinately with Primary Health Centres (PHCs), Integrated Child Development Scheme through Anganwadi, corporate sectors, recognised NGOs, panchayati raj institutions and governmental organisations as fully equipped referral centres. These centres should be financed with governmental support, community contributions and user charges to make them replicable and sustainable. Financial support from various sources should be obtained for health insurance to cover the medical cost. The philosophy that people do not have capability to pay for services has to be changed. Since health surveys point that people are spending much more than government on private health care for their needs. The appropriate positions and scales of pay to the medical college and hospitals professionals like Speech Therapist and Audiologist, Rehabilitation psychologist, Physical Therapist, Orthopaedists along with Social Worker should be given.

The focus on crucial issues like immunisation and health and nutrition is needed to make sure disabled children get a good start in life along with education access (including special and inclusive education) and to eliminate dropout rates. There is a need to target adolescents and enhance their life skills. Though there has been some improvement in literacy, access to special schools but the quality of education including special education is not up to the mark. Since disabled children are denied under National Education paradigm, a lot needs to be done (India International Centre, 2001). It is also vital to empower the rural community by aligning with other agencies for implementing disabled persons rights.

They have to create enough special schools, inclusive education centres or distance education units within easy reach of disabled children. The suitable basic education of disabled people should be innovative, interesting and joyful. The curriculum for all India services and State services, degree of medical and engineering, degree of education and social work, and teachers training programmes and anganwadi workers training programmes should incorporate concerns of the disability sector. Medical Council of India, Central Council of Indigenous Medicines and Homoeopathy, National Institutions and NGOs should be requested to have a look at the curriculum concerning the area of disability.

As women have disabilities of some different types also. There are recommendations for action to be taken on behalf of disabled women. The women with disability have to be given knowledge about their civil and human rights so that she takes her own decisions. "The adaptation and implementation of appropriate legislation for the full exercise of rights of women to decide on sexuality, pregnancy, new reproductive technology, adoption, motherhood and any other relevant issue should be given" (India International Centre, 2001).

Special measures should be adopted to protect women with mental or learning disabilities. Information should be provided in a manner that they could easily understand and an advocate should be provided to facilitate the decision making of such women when appropriate.

The potential of disabled children should never be undermine to make the solutions are appropriate and sustainable. The disability friendly environment should be created to realise that disabled person is human capital. The operational enforcement of policies at all levels by the Ministry should practice utter transparency and a maximum degree of cooperation. "It is important to encourage efficient and relevant networking with bright infrastructure, exchanges between various strategic partners in order to build bridges between and among diverse interest groups and content area containing immediate opportunities" (United Nation Development Programme, 1996).

If the society is not responding to their issues, they will have to incur big losses of human resources and potential. In contrary, it will be accepting unnecessary human suffering and discrimination. It is the responsibility of the civilised society to treat Disabled Persons as human capital and not alms receivers.

## CONCLUSION

The new economic policy has enhanced the budget for the disabled people to be the integral part of the society. This attempt of government is for placing disabled in the

family with some self-respect. But the social security provided to the disabled along with the family benefit is unknown to most of them. There should be awareness about it. The possibility of employment should be decided before giving vocational training to create self-employment. This can also be carried out through fulfilling reservation in jobs for them. The security is not making any specific reduction in the abuse of disabled persons, it is quite common. The need of the day is to provide disabled people with property rights. It should be coupled with the rights to guardianship for the disabled and their children. The right to property will help the disabled to live with respect and justice. The main issue to control the disability should be well planned. The right to medical check-up of the foetus potentially with disability should be the priority and if the case is so then the parents should have the right to abortion. This will reduce the burden on the family. The early detection of disability facilities should be available in the developing countries. Thus for the empowerment of person with disability, education with training and employment, and special care is needed to be introduced. There has to be appropriate implementing plans to make possible the participation of them in all spheres of social life like socio-cultural, economic, political and sports activities also like that of the normal persons.

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