
THE RIGHTS OF PERSONS WITH DISABILITIES AND ACCESS TO HEALTHCARE: ANALYSING HEALTHCARE ACCESSIBILITY FOR DISABLED INDIVIDUALS ACROSS NATIONS

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ABSTRACT

From time immemorial, the disabled people have undergone discrimination, prejudice, neglect, and exclusion in every step of their lives. The disabled people were eradicated by killing programmes and sterilisation and were deemed to be non-persons or referred to as second-class citizens. The connotation that disability, health, and healthcare access being related is complex. While the incidence of a health condition is the primary cause of an impairment, People with disabilities undergo greater vulnerability as they might develop further secondary health issues. The health of people with disabilities is somewhat a deserted and overlooked area of study. Socio-economic reasons of poor health must be identified and the interface between such factors is to be comprehended. This paper attempts to gauge the association between people with disability and health care accessibility. Persons with disabilities encounter obstacles in accessing health care services. This paper addresses the obstacles, despite their elevated need the process becomes tedious due to opaque environments and discriminatory belief systems. Such circumstances make them more susceptible to other comorbidities in their health, compelling them to accommodate such compromises regarding quality of life. Consequently, people with disabilities have a necessity of special healthcare. This paper emphasizes that people with disabilities and their problems need more visibility, and the governments need to introduce discourse on all levels. Further, the paper delves into a comparative study on healthcare accessibility for disabled individuals across nations as people with disabilities are considered as the largest minority in the world with an extensive population of which the majority belong to developing countries.

Keywords: Accessibility, Aid, Healthcare, Persons with Disabilities

INTRODUCTION:

Disability causes social stigma because the condition is regarded as unnecessary difference from the socially defined norm of the status quo. The core aspect of stigma occurs when dominant social norms regard disability as universally derogatory. The society and its institutions are designed for normal people rather than people with stigmatized characteristics. The subordination of disabled people is based on animus and prejudice. Disability discrimination is the result of society's collective thoughtlessness and indifference. People with disabilities frequently experience a "spread effect,"¹ in which it is assumed that a disability that affects specific life functions also indicates universal disability. Persons with disabilities have repeatedly experienced injustices due to the absence of able-bodiedism in healthcare, and as the pervasiveness and effects of disability continue to grow, there is an immediate necessity for more disability-focused and disability-aware practices to be applied in healthcare. They are often deprived of their right to be included in the public, to be educated or employed. These social issues have adversely affected the health of disabled people. Time and again, individuals with disabilities continue to be invisible and sidelined in society; therefore, they are inept in exercising the full capacity of their rights. Enabling access is about helping people to mandate appropriate healthcare resources to improve their health or preserve it.

The obtainability of services, and obstacles to access, must be contemplated in the framework of the differing perceptions, health needs and material and cultural sets of diverse groups in society. Equity of access is measured in terms of the availability, utilisation, or outcomes of services. Persons with disabilities encounter inequalities in healthcare and are challenged with reduced access to care and lower quality of care received. The disparities disproportionately have affected disabled people but the disparate outcomes themselves are not caused solely by disability and are principally avoidable. The International Classification of Functioning, Disability and Health (ICF)² the international norm on a conceptual model of function and disability epitomises disability as a multidimensional phenomenon profoundly entangled with a person's health and with the barriers and facilitators in their environments.

A significant shift in future international disability policy was evident at the conclusion of the United Nations Decade of Disabled Persons in 1992. The General Assembly's 37th session

¹ Samuel R. Bagenston, "Subordination, Stigma and Disability" val Rev 397 (2000)

² The International Classification of Functioning, Disability and Health (ICF), World Health Organization, <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health> (last visited Aug. 21, 2024).

adopted the World Programme of Action Concerning Disabled Persons, which calls for disabled people to participate in decision-making. The Sub-Commission on the Prevention of Discrimination and the Protection of Disability's appointment of a special rapporteur on human rights and disability in 1984 was a significant development. The General Assembly adopted the UNSR (United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities) on December 20, 1993, with the goal of achieving full and positive inclusion of people with disabilities in all facets of society.

The domestic legislations addressing the rights of persons with disabilities must be assessed against the yardstick of the UNSR³ as the effects of disability are sensed unswervingly in the healthcare dimension and then circuitously in the domains of education, social and welfare schemes, housing, health services, leisure activities and social interaction and most importantly in the field of employment both at the global and municipal level. The shortcomings endured by the persons with disabilities are basically the product of prejudice and ignorance. Persons with disabilities need robust laws and formidable remedies to accomplish the goal of socially integrating them. The disability rights discourse is all about the concept of equality based on the needs of all members of society rather than those deemed "normal." The demand for equality is founded on the concept of human autonomy, which consists of personal capacities to access the opportunities that society provides to all people.

The issue is more prevalent in the structures than the people. Persons with disabilities would be entitled to a wide range of social and economic rights under the idea of substantive equality, including housing, health, education, employment, and some "market-participation rights" like the right to work, the right to fair working conditions, the right to fair pay, the right to organize, and the right to social security. Market tends to benefit those who are already privileged while escalating socioeconomic inequality between individuals. By removing the structural injustices and barriers that prevent disabled people from equally enjoying their rights and freedoms, these disparities must be immediately eliminated. To effectively establish the rights of persons with disabilities there must be harmony of the international approach in application of reforms at

³ United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities, Office of the United Nations High Commissioner for Human Rights, <https://www.ohchr.org/en/instruments-mechanisms/instruments/standard-rules-equalization-opportunities-persons-disabilities> (last visited Aug. 21, 2024).

the municipal levels, countries must come together in formulating a working structure of principles and methods to provide healthcare to persons with disabilities.

LITERATURE REVIEW –

1. **Parmanand Singh** in “Disability, Discrimination and Equality of Opportunities: A Comparative Analysis of the Legal Framework”, has written that the disability rights discourse emphasizes a sense of equality based on the needs of all members of society rather than those deemed normal. The desire for equality is founded on the concept of individual autonomy, which consists of the personal capacity to participate in the chances that society provides to all people.
2. **Carrie L. Shandra** in “Disability as Inequality: Social Disparities, Health Disparities and Participation in daily Activities” wrote that Individuals with disabilities have lower levels of schooling, lower rates of employment, fewer household resources, and poorer health than persons without disabilities. Persons with disabilities are rarely included in studies of inequality.
3. **James N. Amanze and Fidelis Nkomazana** in “Disability is not Inability: A Quest for Inclusion and Participation of People with Disability in Society” in their book have stated that World Religions have had a generally unfavourable view regarding PDWs. This is seen in their morals, ethics, and guiding principles. This serves as a catalyst for the stigmatization, exclusion, and discrimination of people with disabilities. PDWs are unable to fully engage in the social, economic, and political dimensions.
4. **Gregor Wolbring** in “People with Disabilities and Social Determinants of Health Discourses” in his paper had stated that SDH (Social Determinant of Health) is a broad concept that encompasses nearly all aspects of life, including the distribution of power, income, goods and services, and the circumstances people live in, such as their access to health care, schools, and education; their working and leisure conditions; their homes, communities, and rural or urban settings; and their chances of leading a flourishing life. The UN Convention on the Rights of Persons with Disabilities attests to the systematic challenges that individuals with disabilities experience in realizing their potential to live a meaningful life.

5. **Richard Jenkins** in “Disability and Social Stratification” had stated that Disabled workers are likely to be marginalized in the workforce, and their disability will be one aspect of their class disadvantage within the stratification system. Additionally, many disabled workers who have never entered the workforce may not be economically active today due to their disability.
6. **Mike Oliver and Colin Barnes**, in “Disability studies, disabled people and the struggle for inclusion” have stated in their paper that the social model disrupts the causal relationship between impairment and disability. The ‘reality’ of disability is not ignored, but it is not the source of handicapped people's economic and social disadvantage. Instead, the focus is on how far and in what ways society limits their ability to participate in mainstream economic and social activities, making them reliant.
7. **Colin Barens and Geof Mercer**, in “Disability, work, and Welfare: Challenging the social exclusion of disabled people” wrote that there is a need to develop theoretical perspectives that express the viewpoint of disabled people, whose interests are not always served by the viewpoints of other social groups, dominant or oppressed, of which disabled people are also members.
8. **Russell L. Johnson** in “Introduction: Health and Disability” had written that the distinction between impairment, which is a functional limitation of the body or mind, and disability, which is the result of interaction between people with impairments and their social, cultural, and physical environments. Whereas the misalignments between individuals' functional abilities and their environment here; the environment, not the individual, must change.
9. **Michael Ashley Stein** in “Disability Human Rights” wrote that instead of valuing people according to their measured functional ability to contribute to society, this disability human rights paradigm forces societies to recognize the value of every person based on inherent human worth.
10. **Frederic Megret** in “The Disabilities Convention: Human Rights of Persons with Disabilities or Disability Rights?” had written that People with disabilities were rarely considered human, and as a result, they were denied basic rights. Persons with disabilities have always been theoretically entitled to human rights, but they are

frequently denied in both law and practice. Persons with disabilities have been victims of genocide, and eugenism and have faced widespread discrimination because of the denial of their basic rights.

11. Pooja Singh in “Persons with Disabilities and Economic Inequalities in India. Indian Anthropologist” in her paper stated that according to the anthropological and sociological writings, disability is largely understood in Indian society through the concept of karma. Cultural norms, values, and beliefs have dominated and shaped our understanding of disability. The disabled community has a hierarchical structure, with persons with mental disabilities being the most disadvantaged group when compared to the visually challenged and locomotor disabled. Caste, class, and gender all have an impact on this structure.

12. Nilika Mehrotra in “Disability Rights Movements in India: Politics and Practice” has written that the disability rights movement in India is still attempting to establish itself in the public sphere. More than 70% of the disabled live in rural areas where their rights are virtually unknown. The medical, charity and religious models clearly influenced the Indian state's attitude toward people with disabilities, who were viewed as dependents and beneficiaries of state benefits. They were viewed as unfit for formal employment, and responsibility for them was placed with families and communities.

13. L. I. Iezzoni in “Targeting health care improvement for persons with disabilities” wrote that over the centuries, the forced isolation of many people with disabilities has eradicated their traces. Legal, economic, societal, and environmental barriers are falling, allowing people with disabilities to participate fully in daily life throughout communities, particularly in developed countries. Nonetheless, many obstacles persist, especially in access to health care.

RESEARCH QUESTION:

1. What are the obstacles that people with disabilities encounter in exercising their rights and getting access to healthcare?

RESEARCH OBJECTIVES:

- To Comprehend the challenges that people with disabilities face when exercising their

rights.

- To Analyse the relationship between Persons with Disabilities and Access to Healthcare.
- To Examine Policies and Legal Frameworks across the countries.

I. RIGHTS OF PERSONS WITH DISABILITIES AND INTERNATIONAL MOVEMENT TOWARDS DISABILITY EQUALITY:

Disability can be understood from multiple viewpoints such as social, anthropological, medical, and psychological, but disability is broadly defined by two perspectives: the medical paradigm perspective, which is based on bodily impairment and its treatment to achieve normalcy. Subsequently, as a critique of the medical paradigm, a social approach emerged, explaining that disability is created by society by preventing disabled people from accessing resources. Barriers are created by social causes such as culture, norms and values, caste and class, religion, and region. There has always been the need of an evolving understanding of disability and the need for a more comprehensive and rights-based approach.

Persons with disabilities have the precise same civil, political, social, economic, and cultural rights as all other individuals under all international treaties. Persons with disabilities enrich all spheres of life, and this is an integral part of the overall health and progress for society with or without disabilities. The United Nations Charter states that “universal respect for and observance of human rights and fundamental freedoms for all without distinction”⁴ is fundamental. Persons with disabilities have rights that are grounded in a human rights framework based on the United Nations Charter, the Universal Declaration of Human Rights, International Human Rights Covenants, and other related Human Rights instruments.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD)⁵, that has been ratified by 185 countries, enshrines the rights of disabled people. The CRPD is the first comprehensive human rights treaty to address disabled people's rights. Disabled people have the same rights as everyone else, including the right to life, liberty, personal security, and equal protection under the law. Disabled people have the same right as everyone else to live in the

⁴ The United Nation Charter 1945, Article 55

⁵ Convention on the Rights of Persons with Disabilities (CRPD), Office of the United Nations High Commissioner for Human Rights, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> (last visited Aug. 22, 2024).

community and participate fully in all aspects of life. They have the right to an education, a job, health care, and a place to live. They have the right to be treated with respect and dignity. According to the 'Convention on the Rights of Persons with Disabilities', States Parties must ensure that people with disabilities have access to the same range, quality, and standard of free or low-cost health care as everyone else. The 'World Health Assembly Resolution WHA74.8'⁶ on the highest attainable standard of health for people with disabilities calls on Member States to ensure that people with disabilities have access to effective health services as part of universal health coverage, equal protection during emergencies, and equal access to cross-sectoral public health interventions.

People with disabilities experience constant inequalities in the social, economic, health, and political spheres; because of this, they are more likely than people without disabilities to be poor, to have risk factors for nontransmissible diseases, and to lack access to basic medical services, public health functions, medications, and treatment because of environmental, financial, legal, and social attitude barriers. They encounter multiple and intersecting forms of discrimination and are thus more likely to have unresolved medical issues. Health and rehabilitation interventions should take into account different needs and be age-sensitive and gender-responsive while promoting, protecting, and ensuring all persons with disabilities full and equal enjoyment of all human rights and fundamental freedoms, and promoting respect for their inherent dignity.

II. ISSUES THAT CONTRIBUTE TO HEALTH CARE DISPARITIES:

Persons with disabilities are regarded as less than human or incapable of caring for themselves. Discrimination and denial of healthcare services can result from these attitudes and beliefs. As people are unaware of people with disabilities' rights or the difficulties, they face in accessing healthcare services. This lack of awareness can make it difficult to identify and address healthcare service denial. Persons with disabilities lack the necessary support to fully participate in society. This could be due to isolation, a lack of resources, or a fear of retaliation. Many places are inaccessible to persons with disabilities due to physical barriers like stairs or narrow doorways, or it could be due to communication barriers like a lack of sign language interpreters.

⁶ Seventy-Fourth World Health Assembly, WHA74.8 Agenda item 26.4 (May 31, 2021), World Health Organization, https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R8-en.pdf (last visited Aug. 22, 2024).

Persons with disabilities are abused and violence is inflicted upon them, often at home or in institutional care. Abuse and violence against disabled people is a serious issue that appears as a pattern all over the world. Physical abuse, emotional abuse, sexual abuse, financial abuse, and neglect are all examples of abuse. People with disabilities are more vulnerable to abuse and violence because they are more isolated and reliant on others. They might also struggle to communicate about the abuse or defend themselves. The access to healthcare and medical services for persons with disabilities. Around the globe, there is a serious issue with people with disabilities being denied access to healthcare. It can take many different forms, such as being denied access to healthcare services, paying more for services, or receiving disrespectful or discriminatory treatment. There is lack of inclusive education and the development of curricula and teaching materials that cater to the needs of students with disabilities. Denying persons with disabilities the right to an education can have a devastating impact on their lives. It can result in social and economic isolation, making it difficult for persons with disabilities to reach their full potential. The issues surrounding the Persons with disabilities in exercising their rights could be deduced down to the following pointers:

- **Fundamental elements:** Discrimination, stigma, and ableism are all experienced by people with disabilities, and this has an impact on both their physical and mental health. In addition to allowing a variety of harmful practices in the healthcare industry, such as forced sterilization, involuntary admission, and treatment, and even institutionalization, laws and policies may restrict their ability to make their own decisions.
- **Social determinants of health:** Poverty, exclusion from education and employment, and poor living conditions all increase the risk of disability-related illness and unmet health-care needs. Due to gaps in formal social support mechanisms, people with disabilities must rely on family members for assistance in participating in health and community activities, which disadvantages not only them but also their caregivers (most of whom are women and girls).
 - **Elements of Risk:** Smoking, poor diet, alcohol consumption, and a lack of physical activity are all risk factors for noncommunicable diseases in people with disabilities. One major reason for this is that they are frequently excluded from public health interventions.
 - **Healthcare system:** All facets of the healthcare system present challenges for

people with disabilities. Health inequities faced by this group are caused, for instance, by a lack of information, unfavourable attitudes, discriminatory practices among healthcare professionals, inaccessible health facilities and information, and a lack of data collection and analysis on disabilities.

III. DEVELOPMENTS AT MUNICIPAL LEVELS ACROSS THE GLOBE:

There is sufficient evidence on the moderating health circumstances that Persons with Disabilities encounter. Internationally, notwithstanding the economic development of a country, a substantial proportion of the billion Persons⁷ with Disabilities have poorer health effects than those without disability⁸. People with disabilities in South Asia report poor health outcomes and significant barriers to receiving medical care. These concern both the prejudices and attitudes of healthcare professionals as well as the inadequate infrastructure and skill sets for providing care for those with disabilities. Locating locally affordable, contextually relevant interventions is urgently required to raise the level of health of those with disabilities in the area.

Most European Union nations consider social policy to be more important than social law when it comes to protecting the human rights of people with disabilities. Belgium's disability policy⁹ emphasizes education, social inclusion, employment, bettering living conditions, and increased independence for those with disabilities. On disabilities, no specific legislation exists. In Denmark, the UNSR¹⁰ is given top priority in the country's planning for people with disabilities. The principle underlying French policy is the significance of integration of the disabled persons into society. To "provide a clear and comprehensive mandate for the elimination of discrimination against individuals with disabilities," according to the Americans with Disabilities Act of 1990 (ADA)¹¹, is the regulation's main goal. The ADA also states that it is important to guarantee "equality of opportunity" for people with disabilities. The ADA further prohibits disability discrimination in employment, housing, public accommodations,

⁷World Health Organization, Disability and Health (2020), *World Health Organization*, <https://www.who.int/news-room/fact-sheets/detail/disability-and-health> (last visited Aug. 22, 2024).

⁸ World Health Organization, *World Report on Disability*. Who Press; Geneva, Switzerland: 2011.

⁹ European Commission, *Compendium on Member States Policies on Equality of Opportunity for People with Disabilities: Employment and Social Affairs* (1998), https://ec.europa.eu/employment_social/soc-prot/disable/publications_en.htm (last visited Aug. 23, 2024).

¹⁰ Supra Note 9

¹¹ Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq. (2018), <https://www.ada.gov/law-and-regs/ada/> (last visited Aug. 23, 2024).

education, transportation, communications, recreation, institutionalization, health services, voting, and other areas. It requires that all new public transportation be accessible to disabled people, and that existing public rail systems be made accessible over time. Existing architectural barriers must be removed, and new construction projects must be designed and built to be accessible to people with disabilities. The principles enshrined in this particular act makes it one of the well-made legislations on Persons with disabilities.

People with disabilities have constitutional protection under Section 15¹² of the Canadian Charter of Rights and Freedoms. In the equality guarantee clause of section 15, disability is one of the prohibited grounds of discrimination. The goal of the Canadian Constitution is to achieve the right of people with disabilities to full inclusion and participation in a barrier-free society. Discrimination based on mental or physical disability is illegal. The right to full participation includes the right of a disabled person to have his or her needs met where necessary. In Australia, The Disability Discrimination Act of 1992 aims to eradicate disability-based discrimination¹³ in all aspects of life, including employment. The Act applies throughout Australia and to both public and private sector employment, and it recognizes the principle that people with disabilities have the same fundamental rights as everyone else.¹⁰³ The Act forbids both direct and indirect discrimination based on disability. Disability includes past, present, and even imputed disability, as well as disability that may exist in the future. The act also applies to HIV-positive individuals. In New Zealand, the Human Rights Act of 1993 aims to empower people with disabilities by providing legal protection against disability discrimination. Disability here¹⁴ includes physical illness, psychiatric illness, mental illness, intellectual disability, abnormalities of psychological, physiological, or anatomical structure or function, and the need for a wheelchair, guide dog, or other corrective devices, among other things. The developed countries have taken steps in curbing discrimination against Persons with disabilities and access to healthcare has been simplified, the developing countries though have formulated policies and legislations find it hard to implement the principles due to various factors such as shortage of Special purpose vehicles et cetera.

IV. THE LAW ON DISABILITY IN INDIA:

People with disabilities were often thought to be cursed or possessed by evil spirits in ancient

¹² The Canadian Charter of Rights and Freedoms 1982, Sec. 15

¹³ The Disability Discrimination Act 1992, Sec. 3 (b) & (c)

¹⁴ The Human Rights act 1993. Sec. 21

India. They were frequently excluded from society and forced to live on the periphery. The first comprehensive Disability census of India was carried out in 1872. India was a British colony at the time. Disability was then explained and understood from a medical perspective in the United Kingdom and other Western nations. The disability rights movement in India spans four decades. Persons with disabilities demanded rights for themselves in the early 1970s. Their movement, however, did not gain traction due to a lack of integration. Various organizations banded together in the 1980s with the same goal of representing the interests of incompetent people. During this decade, the Disability Rights Movement gained traction, and the government passed "The Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995" in response to numerous protests. Consequently, persons with disabilities had access to government services, educational institutions, and other opportunities. This act became known as the start of a new era for disabled people.

The 'Rights of Persons with Disabilities Act, 2016'¹⁵ includes disabilities such as chronic neurological disorders and blood disorders. The term mental retardation" has given way to "intellectual inefficiency", which is defined as "the basis of critical limitations in both intellectual functioning and adaptive behaviour, in which there is a series of social and practical skills each day, including specific learning disabilities and autism spectrum disorder". This act defines mental illness as a major disorder of "thinking, mood, perception, orientation, or memory that can identify reality or identify the ability to meet the normal demands of life, and reduces capacity," but it excludes retardation, which is the position of arrest or incomplete development of a person's brain. Preceding to the enactment of the PWD Act, 2016, the rights of persons with disabilities were scattered across various acts, the Constitution of India, the Persons with Disabilities (Equal Opportunities for Equality and Full Participation) Act, 1995, the Mental Health Act, 1987, the Rehabilitation Council of India Act, and the National Trust (for the Welfare of Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities) Act, 1999. Although the purpose of these laws is to protect the rights of people with disabilities, they do not provide equality of opportunity, particularly in the workplace. The present act of 2016 though has tried to bring forth more opportunities for persons with disabilities and eradicate discrimination against them. Among developing nations, India has one of the more advanced national policy frameworks for people with disabilities, but there is still room for improvement, especially at the sub-national level. As in many other areas of social policy,

¹⁵ The Rights of Persons with Disabilities Act, 2016, <https://disabilityaffairs.gov.in/content/page/acts.php> (last visited Aug. 23, 2024).

institutional capacity and coordination issues have led to implementation that frequently falls short of expectations. Recently, India has been crowned as the most populous nation in the world and as the nation still developing it does need a structured system of implementation of the aforementioned policies in an effective manner.

V. RECOMMENDATIONS:

- Individuals must be informed about disabilities and disability laws. There is a need of modification in their prejudiced mindset. It is to be understood that disability is not a burden; persons with disabilities are also human beings and if provided consideration, their abilities can be brought to the attention of society.
- To spread and broadcast awareness to villages and cities, it is vital that school/college students, news media, electronic media, print media, and coaching centres ought to actively participate.
- The government should encourage families with disabled members to come forward and support the disabled. Members of such a family should be specially trained, and necessary/helpful equipment should be provided to them. Family is its first school, whether it is normal or disabled. His family is the first step of the social ladder he learns to climb. Given that family is the most important source of support for any individual, it is vital that the families of disabled children support them in all possible ways.
- The Government must invite companies to participate through beneficial schemes and incentives so that the companies come forward to employ more persons with disabilities.
- Where the benefits of disability reservation in educational institutions have been established, the syllabus should be developed in accordance with them. Furthermore, emphasis should be placed on simple educational methods and educational language.

METHODOLOGY:

This research conducted by the authors for this paper is purely a secondary research work made after an analysis of various research papers, journals, agreements, conventions, statutes, articles, books, and other sources.

CONCLUSION:

All facets of society must accept and include persons with disabilities. They should be treated with respect and dignity because they have the same rights and privileges as everyone else. Regardless of a person's disability, they are all entitled to the same fundamental liberties and human rights. Discrimination and exclusion can result from treating disabled people differently. Additionally, it may make it more challenging for people with disabilities to lead full and fruitful lives. Numerous aspects of life can be impacted by having a disability. However, there are ways to increase the accessibility of our world for persons with disabilities. First and foremost, it's critical to inform the general public of the steps they can take to combat this problem. It is crucial to educate and raise awareness among others. Persons with disabilities are human beings who deserve respect and concern. The effects of disability are felt directly in the medical and health dimensions, and then indirectly in education, transportation, physical access and the built environment, social and welfare schemes, housing, health services, leisure activities and social interaction, and, most importantly, employment. Disadvantages faced by people with disabilities are largely the result of prejudice, ignorance, neglect, and sheer laziness. Disabled people require strong laws and strong remedies to achieve their social inclusion goals. Over the last few decades, the number of people with disabilities in India has steadily increased. People with disabilities' health is a relatively neglected and ignored area. Furthermore, the disabled have limited access to healthcare and are frequently subjected to discrimination or stigma. These circumstances make them more vulnerable to a variety of health comorbidities, resulting in significant reductions in their quality of life. All health-care providers must be sensitized in order to provide quality, affordable, and accessible health-care services to people with disabilities. To the greatest extent possible, the Ministry of Health, Government of India, should incorporate appropriate guidelines in various national health programs and collaborate with a relevant ministry.

Disability has been interpreted as a gift from God or a punishment for sin, or a medical condition. Despite increased services and policies to promote the well-being of people with disabilities, there are still significant issues with income, employment, housing, and quality of life for those with disabilities. The theory of social justice encourages individuals with disabilities to participate in decisions about their own care and ensures that social service systems have those with varying abilities in authoritative positions with decision-making power. Persons with disabilities are a diverse group with the same basic healthcare

requirements as everyone else. They require health care and health programs in order to remain healthy, active, and a part of the community. Access to mainstream healthcare services, assistive technology, safety, school, transitions, independent living, and support are also required. People with disabilities should be supported rather than others treating them as an object that needs to be fixed. Persons with Disabilities are a valuable human resource for the country, so it is of the utmost significance to create an environment in which they have equal opportunities, their rights are protected, and they can participate fully in society.

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