

Vulnerable Sections of Society: Understanding their Issues

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5.1.0 Objectives

The objectives of this chapter are

- To create awareness about vulnerable children
- To understand the types of vulnerability that exists in society
- To make students conscious about the vulnerable sections of the society

5.1.1 Introduction

Today's child is tomorrow's future. The child's growth process, mental development and social development can only be possible if the child is nurtured in a healthy environment. So, a great concern arises for the vulnerable sections of the society. The stakeholders of the society should be well aware of the vulnerability of the children who are exposed to abuse and neglect, requiring protection. Before understanding their issues, one has to gain knowledge about who is a vulnerable child, types of vulnerability that occurs in the society and issues related to vulnerable children.

5.1.2 Definition and Concept of Vulnerable Child

The concept of vulnerability and the vulnerable child can be well understood by the following definition. Vulnerability is defined by World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) as: "Vulnerability is the state or condition of being weak or poorly defended." The concept of vulnerability with regard to young people implies the ones who are more exposed to risks than their peers. They can be vulnerable in terms of deprivation (food, education and parental care), exploitation, abuse, neglect, violence and infection with HIV. There are various factors which make the Indian children vulnerable and exposed to risk factors like illness, lack of education and lack of identity. Extreme poverty is another major factor for vulnerability. According to UNICEF estimates, 33% of India's population lives below the international poverty line and 28% of rural and 26% of urban population of India lives below the national poverty line. The alarming concept is that young girls are vulnerable to anaemia, malnutrition and domestic violence.

In a nutshell, the concept of vulnerability refers to the group of people who are exposed to more risks than their peers and are separated from their parents. They are the real vulnerable group. According to World Bank's "Orphan and Vulnerable Children (OVE)" toolkit: "Vulnerable are the group of children who experience negative outcomes, such as the loss of their education, morbidity and mal-nutrition at higher rates than their peers. The main categories of vulnerable children are:

- Street children
- Children in the worst forms of child labour
- Children affected by armed conflict
- Children affected by HIV/AIDS
- Children living with disability
- Local orphan and vulnerable children

The meaning and concept of vulnerability needs to be understood by the stakeholders of the society. This chapter will enable the students to understand who is a vulnerable child and their issues in brief.

5.1.3 Types of Vulnerability

- Concept of social/ individual vulnerability
- Concept of physical vulnerability
- Concept of economic vulnerability
- Concept of environmental vulnerability
- Concept of attitudinal vulnerability

According to the International Federation of Red Cross and Red Crescent Societies (2019), vulnerability in this context can be defined as the “diminished anticipate, cope with, resist and recover from the impact of a natural or man-made hazard.” Vulnerability in fact describes the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard. There are many aspects of vulnerability that arise out of physical, social, economic and environmental factors.

5.1.3.1 Concept of Social Vulnerability

Human being is a social animal and society plays an important role in social development, so the positive and negative impact of the society affects the human being’s holistic growth. Social vulnerability concept and how the vulnerable stressors affects the human life must be understood. One of the dimensions of vulnerability is related to multiple stressors including abuse, social exclusion and natural hazards and the inability of people, organisations and societies to withstand the adverse impact of these stress creators.

It includes aspects related to levels of literacy and education, the existence of peace and security, access to basic human rights, systems of good governance, social equity, traditional values, customs and ideological beliefs and overall collective organisational systems (UNISDR). So, social vulnerability is created through the interaction of social forces and multiple stressors and also resolved through social conditions.

For example:

When flooding occurs, some citizens such as children, elderly and differently abled may be evacuated. It requires involvement of local communities and strengthening the people’s ability to help themselves.

5.1.3.2 Concept of Physical Vulnerability

Physical vulnerability refers to the degree of susceptibility within the physical environment and the negative impact of hazards. It is the ability of built environment, i.e., homes, roads, bridges, hospitals, schools and government buildings to protect the individual from natural disasters. Physical vulnerability generally refers to the monetary value of physical assets in the hazardous zones. Physical vulnerability includes:

- 1) Structural damage or collapse to buildings
- 2) Non-structural damage and damage to contents
- 3) Structural damage to infrastructure

These are direct losses to the assets of the society. The indirect losses due to physical vulnerability is the progressive deterioration of damaged buildings and infrastructure which are not repaired. So, there is a need of accessing the physical vulnerability of urban areas, communities and the buildings of nearby slum areas. The physical vulnerability of an area also

depends on its geographic proximity to the source and origin of the disasters, i.e., if area lies near to the coast lines, fault lines and unstable hills etc. It also makes the area more vulnerable to disasters as compared to an area that is far away from the origin of the disasters. Physical vulnerability includes the difficulty in access to water resources, means of communications, hospitals, police stations, fire brigades, roads, buildings in an area in case of disasters. All these inaccessibility also arises out of lack of planning and implementation. At times, problematic construction of residential and commercial buildings results in the land being vulnerable to earthquake, floods, landslides and then hazards. How can the society expect a healthy body and healthy mind of a child who has experienced these difficulties throughout his life? The challenges of these aspects of physical vulnerability have to be realised by all and it needs to be reduced at all levels.

5.1.3.3 Concept of Economic Vulnerability

Income and expenditure are like two sides of a coin. The sources of income determine the expenditure pattern. The economic condition of the family and individual in particular determines the lifestyle and adjustment in life. The concept of economic vulnerability of a community can be assessed by determining how varied its sources of income, means of production (e.g. farm and livestock, irrigation, etc.) and the economic transactions are and the availability of natural resources in the area. To understand economic vulnerability, one has to understand about the economic vulnerability index. Economic vulnerability index is a composition of the following eight indicators:

- 1) Population size
- 2) Remoteness
- 3) Merchandised export concentration
- 4) Share of agriculture, forestry and fisheries in gross domestic product
- 5) Homelessness due to natural disasters
- 6) Instability of agricultural production

In simple terms, economic vulnerability refers to the condition that creates hazards on economic assets and processes such as business interruption, secondary effects such as increased poverty and job loss in society. It has a direct impact over the economic status of individuals, communities and nation. The lowest rung are prone to disasters because they lack to resources, low income and negatively affected by natural disasters. So, the economic vulnerable groups who are staying under small sheds need more care and attention from all levels.

5.1.3.4 Concept of Environment Vulnerability

Environmental vulnerability refers to the tendency of the environment to respond either positively or negatively to changes in human and climatic conditions. For example: the wetlands such as Caroni Swamp, tsunami and pollution from storm water containing agricultural chemicals, eroded soils and acid rain, etc. It has direct impact over agriculture, housing and economy and increases the health risks for vulnerable populations, in particular women and children. In fact, the world population will reach nine billion (nine hundred crores) by 2050. Climate change can affect human health through the direct hazards of nature such as heatwave, floods and storms disrupted eco-system. So the environment has a direct impact over the vulnerable populations. In order to sustain the planet and the population living on it, we need to expand our knowledge of energy consumption, sustainability, water and food security and its impact on human health. Hence, the case of environment and preservation of natural resources for the future generation is a real concern for today's generation.

5.1.3.5 Concept of Attitudinal Vulnerability

‘Attitude’ means the behavioural reactions towards a particular thing. There is attitudinal vulnerability among the people who never try to accept any change. In simple terms, attitudinal vulnerability refers to “a community which has the negative attitude towards change and lacks initiative in life leading to more and more dependence on external support”. They cannot act independently. Their sources of livelihood do not have variety and lack entrepreneurship. These group of people become the victims of conflicts, hopelessness and pessimism that reduces their capacity of coping with disasters.

5.1.4 Factors associated with the Vulnerable Child

5.1.4.1 Physical Factors

Health of a child is the real factor for overall growth and development. The wellness of health depends on the complete functions of all parts of the body. The continuous unhealthy condition leads to a child’s vulnerability. The child’s vulnerable condition arises out of many physical factors such as physical capabilities or personal circumstances, age, disability, cognitive or mental health difficulties. Children with physical disabilities are a very broad group. They are varying capabilities with limited physical, intellectual, speech defects, sensory impairments and various chronic conditions. The case for the specially-abled children improved considerably over the last few decades but still they are neglected in comparison to non-disabled peers. So, these group of children require more attention and care. Disability is not the only factor which is responsible for child’s vulnerable condition. Mental health difficulties are more common, particularly among children from low socio-economic backgrounds. They are likely to develop more mental challenges than those from high socio-economic backgrounds. Physical factors are highly responsible for creating the vulnerable group.

5.1.4.2 Economic Factors

Economic condition of a family plays an important role in building confidence and development of overall personality. Factors like parents with lower educational attainment and few economic resources in the households can affect their ability to succeed in school. Children with these backgrounds are a large and growing group. A child’s nurturing requires housing, proper food for growth and development, cloth and other facilities for overall personality development. Proper household and good food will directly promote better health, education and also economic growth of the family. So, a good human being can be created if the economic support and condition of the family is good.

5.1.4.3 Environmental Factors

Environment and health of an individual have a direct relationship. The environmental pollution, land degradation, bio-diversity loss, ocean acidification have direct impact on human health. Climate change such as heatwaves, floods and storms have also direct impact on health. Climate changes are the key determinants for agriculture and clean water, and ultimately it might lead to a society with poverty, low-socio-economic condition and hunger-prone society. It also directly affects generation creation as well as makes the vulnerable child prone to diseases.

5.1.4.4 Social Factors

Society is one of the best platforms for overall growth of a child. A child is the most innocent being and deserves the best chances in life, irrespective of their identity. Therefore, they are the most vulnerable because of their age and are always at risk of exploitation, getting abused, facing violence and suffering from neglect. There are many social factors - lack of identity, lack of education, orphans, physical disabilities and lack of capabilities to defend themselves. There is a huge gap between the rich family children and those living in poverty. Children from economically-backward families, those living in the streets and abandoned children at all stages of life are more prone to health problems like pneumonia, mal-nutrition and childhood health problems. These children are the neglected part of the society who can never achieve their dreams.

5.1.5 Major Issues

5.1.5.1 Nutrition

We all know today's child is tomorrow's future. A healthy child means the child with healthy mind and body without disease. The healthy growth of a child starts from the mother's womb. Which means, the child's healthy growth and development depends on the mother's diet. Negligence of diet during pregnancy leads to a child's related growth, death and defective formation of organs. Hence, a child's health depends on good nutrition. A good nutritional status can be achieved by providing a balanced diet. This is essential for proper functioning of brain, development of brain and also helps in proper use of hand, leg and body parts. If the body is deficient of one or more nutrients then it suffers from malnutrition. So, the early stage of child's growth and development requires proper selection of nutrients. There is a deep relationship of health and nutrition.

An understanding of health is the basis of all health care and health-related problems. Health means absence of disease. A healthy body and mind can be maintained through good nutrition and healthy life. According to World Health Organisation, health is a state of complete physical, mental and social well-being not merely the absence of disease and infinity. In a nutshell, health means:

- Absence of disease
- A complete physical, mental, social well-being
- Healthy body and mind
- Physical capacities of the body
- Harmonious function of organs
- Proper use of five senses -taste, smell, sight, touch and hearing
- Proper co-ordination of eye, hand and mind
- A stress-free mind with a happy life

The physical well-being and a healthy life can be achieved through physical fitness, muscular strength and absence of disease. The relationship of nutrition and health can be maintained through:

- Proper balanced diet.
- Low-fat diet.
- Nutrient-rich diet.
- Cholesterol-free diet

Indication of Adequate Nutrition

A child's health and nutritional status can be understood from many things associated with the body. A child's nutritional status can be understood by assessing the health condition of the child, i.e., whether the child is having adequate nutrition or suffering from mal-nutrition or under-nutrition. It can be understood from different indicators such as height, weight, strength, working capacity and volume of blood. In the absence of adequate nutrition, normal growth and development will be hampered. If an infant won't get necessary nutrients from food, then it leads to mal-nourished condition of health.

Nutritional problem arises when there is imbalance in diet. It leads to deficiency in nutrition, under nutrition and over nutrition. These three conditions of nutrition creates health problem. Let us have an idea about these three conditions which create major health issues of children.

- Deficiency of nutrition:

Deficiency of nutrition leads to malnutrition. It occurs when the body doesn't get appropriate quantity of nutrients as per the body's requirement.

- Under nutrition:

Under nutrition arises when there is insufficient intake of energy-providing food, body building food, protective and regulatory food to maintain good health.

- Over nutrition:

Over nutrition is also a form of malnutrition (imbalanced nutrition) over nutrition leads to overweight or obesity condition of health.

Nutritional issues of child

A child's growth and development depends on adequate nutrient-rich food in tune with the age and body conditions. Lack of nutrition or deficiency of nutrients like carbohydrates, proteins, vitamins, minerals and fats leads to the following health issues:

- Poor physical development
- Poor mental growth
- Poor intellectual ability
- Poor school performances
- Weak immune system (low ability to fight with disease)
- Easily infected by virus
- Ill health
- Reduced appetite
- Lack of interest in food and drinks
- Retarded growth
- Not putting on weight and not having a height as per age
- Change in behaviour
- Poor concentration
- Getting ill and taking a long time for recovery

Malnourished condition leads to the following childhood health problems:

1- Childhood obesity and weight problems

It is caused by eating too much and lack of exercise. This results in weight gain and it also leads to high blood pressure, high cholesterol and cardio-vascular diseases. One should be particular about the food stuff selected for the child's diet.

2- Raising emotional intelligence

Emotional intelligence means a flexible set of skills that can be acquired and improved with practice. A child with a healthy body and mind has good emotional intelligence. If a child will be given diet rich in nutrients, then the child's intelligence will be developed. Inadequate diet may lead to a weak brain. During the early period of childhood, the child needs to be supplemented with adequate nutrient-rich food.

3- Fussy eaters

The child's eating habit generally creates problem. Sometimes children are not interested to take food. It's a challenge for mothers how to feed their babies. Fussy eating is characterised by an unwillingness to eat familiar foods or try new foods as well as only one type of food preferences. The child's food habit depends on his mood and choice of food. This also leads to malnourished condition of health.

5.1.5.2 Child Labour

Child labour is one of the major issues of child vulnerability. Children who are deprived of schooling, potential and childhood became the major group of vulnerable children. According to International Labour Organisation (ILO), the term "Child Labour" is defined as work that deprives children of their childhood, their potential and their dignity and that is harmful to their physical and mental development. It refers to work that is:

- Mentally, physically, socially or morally dangerous and harmful to children.
- Interferes with their schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely or requiring them to attempt to combine school attendance with excessively long and heavy work.

Particular forms of work can be called child labour depending on the child's age, the type of work, hours of work performed and the conditions under which it is performed. The worst forms of child labour is defined by *Article 3 of ILO convention No 182*:

- All forms of slavery or practices similar to slavery such as the sale and trafficking of children, debt bondage, serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict.
- The use, procuring or offering of a child for prostitution for production of pornography or for pornographic performances.
- The use, procuring or offering of a child for illicit activities, in particular for production and trafficking of drugs as defined in the international treaties.
- Work which by its nature or the circumstances in which it is carried out is likely to harm the health, safety or morals of children.

The future of children who are victims of these activities is bleak. In most cases, life of such children engaged in hazardous work becomes risky and prone to many health problems. In simple terms, hazardous child labour means engagement of a child in hazardous work which is likely to harm the health, safety or morals of children. According to the Article 3 of ILO recommendation No 190, child labour is one in which the

- Work exposes children to physical, psychological or sexual abuse.
- Work involves underground, under water, at dangerous heights or in confined spaces.
- Work with dangerous machinery, equipment and tools which involves manual handling or transport of heavy loads.

- Work in an unhealthy environment which may expose children to hazardous substances, agent or processes or to temperatures, noise levels or vibrations, causing damaging to their health.
- Work under particularly difficult conditions such as work for long hours or during the night or work where the child is unreasonably confined to the premises of the employer. Going by global statistics, out of 160 million children 63 million girls and 97 million boys are in child labour. In other words, out of 10 children one is engaged as child labour. (Child Labour: Global Estimates 2020). This report also indicates that 72% of all child labour and 83% child labour among children aged 5 to 11 years occurs within families. Family-based child labour can be hazardous and is also likely to harm their health, safety or morals. Whatever be the condition, child labour becomes a major section of vulnerable group who are a part of social inequality, discrimination and deprived from schooling and childhood. Especially for girls it's a triple burden because she has to perform household works also.

UNICEF estimates that India has the highest number of labourers in the world aged under 14 years. One has to learn how to eradicate or stop engaging children in different works. UNICEF reported that cities provide more opportunity for work in comparison to rural areas. A Campaign Against Child Labour study says approximately 12,66,6377 child labourers are working in India. Children who are deprived of their livelihood and their rights and education need to be protected by all stakeholders of the society. The reasons behind creation of child labour force are low socio-economic status, poverty, unemployment and illiteracy. Children are the future human resources of the country; so the schools need to create an environment to control child labour through increased awareness.

Categories of child labour

Children are engaged in different categories of work. They are specifically a separate vulnerable group to be identified and given attention. The most difficult form of child labour are:

- Slavery on similar types of work.
- Child trafficking.
- Forced recruitment into armed conflict.
- Prostitution and pornography
- Drug production and trafficking or other illegal acts.
- Debt bondage.
- Hazardous work that can cause injury or moral corruption.

Issues of child labourers

A child never wants to be a labourer. A child has become a child labourer due to poverty, lack of education, illiteracy, financial condition of the family members, unemployment and over population. When a child is engaged in work to earn money, it hampers the child physically and mentally and might even lead to death. The child is deprived of health care, schooling and restriction of fundamental rights.

Unethical issues related to child labour

Child labour is one of major issues and challenges of our society. Engaging children in factories for long hours, bad treatment and poor payment have become a part of unethical practices. Early childhood spent in dreadful working environment becomes the reason for severe physical and emotional damage. They are deprived of education and health care. According to National Institute of Health, child labourers generally suffer from the following outcomes:

- Behavioural disorders.
- Malnutrition.
- Poor mental and physical growth.
- Infectious diseases.

Long working hours and forced work pressure leads to poor mental as well as the physical health. Hence, business leaders, industrialists and other stakeholders of the society have to be more careful while engaging children.

5.1.5.3 Child Abuse

Child abuse is defined as a variety of harmful behaviours directed against children. It causes psychological problems. It is not just physical violence but any form of maltreatment by an adult. When the child is maltreated by anyone, then the child feels depressed, neglected and also afraid to tell anyone about it. It may be in the form of physical, emotional or sexual abuse. If a child is a victim of any form of abuse, then it can be identified by many signs or symptoms such as unexplained facial injuries, injuries on forearms, burn mark on the skin, oral or dental injuries, internal damage, vomiting, breathing difficulties, difficulty in walking or sitting, brushing around genitals, discharge around the genitals and painful urination, defecation. The maltreated child has faces health issues as well as behavioural issues.

The neglected child's behaviour can easily be identified by observation. Poor hygiene, improper clothing, lack of access to medical care, worsening medical conditions, poorly tended wounds, hair loss, malnutrition and low weight, excessive crying, bedwetting, poor concentration, development of phobias or fears, eating issues, speech difficulties and discomfort are some of the signs of a neglected child who is either sexually abused, maltreated, neglected or facing any form of physical abuse. Therefore, one has to be aware of the types of abuse children generally face. Those are:

- **Physical Abuse** - Physical harm of a child by parents, caretakers and outsiders.
- **Emotional Abuse** - child is degraded, isolated, exploited, and rejected by the family members, at schools and by the society.
- **Sexual Abuse**- Forceful participation of children in sexual acts, sexual assaults, rape and fondling, etc.
- **Neglect** - Child is lacking with adequate food, clothing, shelter, clean living conditions, affection, supervision, education or medical care.

Statistical Facts

- India reported over 24 lakh instances of online child sexual abuse during three-year period between 2017 and 2020 with 80% of the victims being girls below the age of 14 years according to Interpol data.
www.newindianexpress.com
- A total of 1,28,531 crimes against children were recorded in India last year (which year?) according to National Crime Records Bureau in 2019.
www.firstpost.com

A state-wise analysis shows that Madhya Pradesh (13.2%), Uttar Pradesh (11.8%), Maharashtra (11.1%), West Bengal (7.9%), and Bihar (5.1%) account for child crimes.

Child Abuse and Ethical Issues

The ethical aspect of dealing with a child who is a victim is really a challenging task. It involves four stages: recognition of the problem, evaluation of the condition of the child, immediate protection if child is at risk then immediate preventive steps need to be taken and in all circumstances parental consent has to be obtained. Creation of awareness and education in the society regarding child abuse cases will help curb the problem.

5.1.5.4 Child Trafficking

Child trafficking is a major social as well as ethical issue related to children. It is a form of human trafficking. United Nations defines it as the “recruitment, transportation, transfer, harbouring and receipt” kidnapping of a child for the purpose of slavery, forced labour and exploitation. International Labour Organisation (ILO) estimates that 10,000 children are trafficked every year. Trafficking of children has been internationally recognised as a serious crime. It happens in the form of forced labour, sexual exploitation, children in armed forces, children in drug trade, child begging and adoption. There is need for intervention strategy to combat the problem and stop these unethical practices from the society. Education institutions, parents, teachers and administration and the society in general should take steps to eradicate such issues. There are different types of child trafficking in society such as sexual exploitation, benefit, fraud, forced marriage, domestic slavery like cleaning, cooking and childcare, forced labour in factories or agriculture, committing crimes, like begging, theft, working on cannabis farms or moving drugs, involuntary domestic servitude, illegal activities, child soldiers and children exploited for commercial sex. In fact, child trafficking generally happens due to several factors such as mass displacement, conflict, extreme poverty, lack of access to education and job opportunities, violence and harmful social norms like child marriage.

Effects of Human Trafficking

- **Physical and psychological abuse:** People who are being trafficked are subjected to all forms of physical abuse such as rape, beating and torture. Children used as house help are often beaten and females are raped and sometimes forced to starve and deprived of other basic needs of life. This affects the psychological growth of such children.
- **Abuse of Fundamental Human Rights:** Human trafficking leads to abuse of fundamental human rights because they are often denied their right to free thought, conscience and decision.
- **Delay In Their Education and Human Capacity Development:** Children who are trafficked and forced into child labour are usually denied their right to education in order to become useful to themselves in the future.
- **Vulnerability To Sexually Transmitted Disease:** Girls engaged in prostitution are prone to sexually transmitted diseases such as syphilis, gonorrhoea and HIV/AIDS. These diseases are capable of cutting their lives short and can reduce their productive contribution to society and increase medical expenses.
- **Unwanted pregnancy:** Victims of human trafficking are mostly faced with unprotected sex which could result in unwanted pregnancies. Some of these girls when they give birth will throw the child away or abandon the child with their parents without adequate care.
- **Death:** Some children who are used as house helps are violently beaten to death while some die of ill health because they are not properly taken care of.

5.1.6 Legal Aspects of Vulnerable Children

Children have the right to be protected from all exploitative and vulnerable situations. The United Nations Organisation in its General Assembly on 20th November 1989 adopted the Convention on the Rights of Child. This is a landmark convention. Accordingly, Rights of Child includes freedom from all forms of exploitation, abuse and inhuman or degrading treatment. This includes right to special protection in situations of emergency and armed conflict.

- Legal protection for vulnerable child
- It includes right to freedom from torture
- Right to life
- Freedom from inhuman treatment
- Freedom from slavery
- Freedom from forced labour
- Right to liberty and security
- Freedom of movement
- Right to fair trial
- Right to privacy
- Freedom of thought, conscience, religion
- Freedom of opinion and expression

Land marks for Human Rights

1. The United General Assembly adopted the Convention on the Rights of the Child which is a landmark of human rights.
2. The first international treaty that recognises the civil, political, economic, social and cultural rights of children.
3. The convention on the rights of the child has 54 articles and these articles list different rights that children have and the responsibilities that governments and others including parents have.

List of Rights for Children

1. Right to equality (Article 2),
2. Children's interests (Article 3),
3. Having your opinions heard (Article 12),
4. Freedom of expression and getting information (Article 17),
5. Freedom of thought and religion (Article 14),
6. Freedom to gather together and join organisations (Article 15),
7. Right to privacy (Article 16),
8. Protection from violence, exploitation, abuse, neglect and maltreatment (Article 19),
9. Protection of child who is deprived (Article 20),
10. Adoption (Article 21),
11. Children with disabilities (Article 23),
12. Health (Article 24),
13. Children not living with their parents or have had to be removed from their parents (Article 25),
14. Right to get benefit (Article 26),
15. Standard of living (Article 27),
16. Right to education (Article 28),
17. Children from minority groups (Article 30),
18. Rest and leisure (Article 31),
19. Right to work (Article 32),
20. Protect from using drugs (Article 33),
21. Protection from sexual abuse (Article 34),
22. Abduction (Article 35),
23. Protection from harm (Article 36),
24. Protection against torture and detention (Article 37),
25. Joining the army (Article 38),
26. Recovery from abuse (Article 39),
27. Children who have broken the law (Article 40).

SOURCE - On November 20, 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child, a landmark for human rights. It is the first international treaty that recognizes the civil, political, economic, social and cultural rights of children. In December 1991, Canada ratified the Convention on the Rights of the Child and thus committed itself under international law to respect, protect, promote and fulfil the rights of children in Canada. India ratified the Convention in 1992. The Convention on the Rights of the Child is the most widely accepted human rights treaty – of all the United Nations member states, only the United States and Somalia have not ratified it. The Convention on the Rights of the Child has 54 articles (sections), and most of these articles list different rights that children have, and different responsibilities that Governments and others, including parents, have to make sure that children have these rights.

5.1.7 Let Us Sum Up

- The objectives of this chapter are:
 - To create awareness about vulnerable children
 - To understand the types of vulnerability that exists in the society
 - To make students conscious about the vulnerable sections of the society
- The introduction of this chapter covers the definition and concept of vulnerability and vulnerable child who are exposed to child abuse and neglected and also needs protection. Before understanding their issues, one has to gain knowledge about who is a vulnerable child, types of vulnerability existing in the society and issues related to vulnerable children.
- The term vulnerability is defined as “the state or condition of being weak or poorly defended.” One can be considered as vulnerable in terms of deprivation of food, education and parental care, exploitation, abuse, neglect, violence and infection with HIV.
- The main categories of vulnerable children are:
 - Street children
 - Children in the worst forms of child labour
 - Children affected by armed conflict
 - Children affected by HIV/AIDs
 - Children living with disability
 - Local orphans and vulnerable children
- There are different types of vulnerability such as social vulnerability, physical and economic vulnerability, environmental vulnerability and attitudinal vulnerability. Social vulnerability includes abuse, social exclusion and natural hazards and inability of the people, organisations and societies to withstand the adverse impact of stress creators. Physical vulnerability refers to the degree of susceptibility within the physical environment and the negative impact of hazards. The physical vulnerability includes structural damages or collapse of buildings, non-structural damage and damage to contents and structural damage to infrastructure. Economic vulnerability index is a composition of the different eight indicators – population size, remoteness, merchandised export concentration, share of agriculture, forestry and fisheries in gross domestic product, homelessness due to natural disasters and instability of agricultural production or negatively to changes. Environmental vulnerability refers to the tendency of the environment to respond either positively or negatively to changes in human and climate conditions. Attitudinal vulnerability means behavioural reactions towards a particular thing.
- There are different factors associated with vulnerable child. The factors include physical, economic, environmental and social which are responsible for a child’s overall growth and development. These factors are the key determinants for a child’s vulnerable condition.
- The vulnerability condition of a child generally happens due to major issues related to child. The major issues are discussed such as nutrition, child labour, child abuse and child trafficking.
- The legal aspects include different laws and provisions for child rights, fundamental rights and rights by international conventions.

5.1.8 Keywords:

- **Vulnerability**-Vulnerability is the state or condition of being weak or poorly defended. It is the group of children that experience negative outcomes such as loss of their education, morbidity and malnutrition at higher rates than their peers.
- **Social Vulnerability**- It is the inability of people, organisations and societies to withstand the adverse impact of the stress creators.
- **Physical vulnerability**- Physical vulnerability refers to the degree of susceptibility within the physical environment and negative impact of hazards.
- **Economic Vulnerability**- It is the condition that creates hazards on economic assets and processes such as business interruption, secondary poverty and jobless society.
- **Environmental vulnerability**- It refers to the tendency of the environment to respond either positively or negatively to changes in human and climatic conditions.
- **Attitudinal Vulnerability** - A community that has negative attitude towards change and lacks initiative in life, leads to more and more dependence on external support.
- **Under Nutrition**- Under nutrition arises when there is insufficient intake of energy providing food, body building food and protective and regulatory food to maintain good health.
- **Over Nutrition**- It is also a form of malnutrition.
- **Fussy eaters**- It refers to an unwillingness to eat familiar or try new foods as well as eat only one type of food preferences.
- **Child labour**- According to international Labour Organisation, the term ‘child labour’ is defined as work that deprives children of their childhood, their potential and their dignity and is harmful to physical and mental development.
- **Child abuse**- It is defined as a variety of harmful behaviours directed against children.
- **Child trafficking**- United Nations defined it as the “recruitment, transportation, transfer, harbouring and receipt, kidnapping of a child for the purpose of slavery, forced labour and exploitation”.

5.1.9- Check your progress

Q1- Explain in two or three sentences

- a) Definition of vulnerable child.
- b) Social vulnerability
- c) Physical vulnerability
- d) Economic vulnerability
- e) Attitudinal vulnerability
- f) Over nutrition
- g) Malnutrition
- h) Child trafficking
- i) Child abuse
- j) Child labour
- k) Child rights

- l) Causes of child vulnerability
- m) Physical factors of child vulnerability
- n) Social factors of child vulnerability
- o) Economic factors of child vulnerability
- p) Fussy eaters

Q-2- Answer within 50 words

- a- What is child vulnerability?
- b- Who can be called a vulnerable child?
- c- Differentiate between social vulnerability and economic vulnerability.
- d- What are the physical factors of child vulnerability?
- e- What are the unethical issues of child labour?
- f- Mention the types of vulnerable child.
- g- Differentiate between attitudinal vulnerability and physical vulnerability.
- h- What are the impacts of human trafficking?
- i- What are legal provisions for a vulnerable child?
- j- How many categories of child labourers are exists in society.
- k- What are the nutritional issues of the children?

Q-3 – Answer within 250 words

- a- Define vulnerability and discuss the types of vulnerability existing in our society.
- b- What are the factors associated with vulnerable child?
- c- Explain the different issues related to vulnerable child.
- d- Define trafficking and describe different types of child trafficking.
- e- Explain the causes of child vulnerability.
- f- Define child labour and discuss the types of child labour and their issues.
- g- What is child abuse? Discuss the different types of child abuse.
- h- What are nutritional issues of a child?
- i- Mention the legal aspects of a vulnerable child.
- j- What are the unethical aspects connected with child labour?

5.1.10 Suggested Reading

1- B.K. Panda and Sukanta Sarkar ,Vulnerable Children Human Rights Perspectives, by Kalpaz Publications; First Edition (1 January 2015).

2- Deborah J. Johnson (Editor), DeBrennaLaFaAgbényiga (Editor), Robert K. Hitchcock (Vulnerable Children: Global Challenges in Education, Health, Well-Being, and Child Rights, Springer; 2013th edition (15 May 2013).

Unit-V

Vulnerable Sections of Society: Understanding their issues

5.2 Issues Relating to Elderly Persons

5.2.0 Objective

5.2.1 Introduction

5.2.2 The Silver Line – Understanding the Demography

5.2.3 Issues and Needs of Elderly in India

5.2.3.1 Abuse of Elders

5.2.3.2 Physical Insecurity

5.2.3.3 Loneliness and Social Insecurity

5.2.3.4 Financial Insecurity

5.2.3.5 Health Care Issues

5.2.3.6 Needs for a Happy and Dignified Ageing

5.2.4 The Legal Framework

5.2.5 Need of the hour: How can we make a difference?

5.2.6 The Main Takeaway

5.2.7 Let us Sum Up

5.2.8 Key Words

5.2.9. Check Your Progress

5.2.10 Suggested Reading

5.2.0 Objectives

- Students will have an understanding of the overall demographic parameters related to the elderly in India.
- Students will be sensitized on various issues and problems that senior citizens undergo in Indian society.
- Students will develop knowledge about the legal framework and the institutional system available to address issues of the elderly in India.
- Students will be sensitized to the role of the youth and the family members in addressing issues of the elderly in India.

5.2.1 Introduction

Growing and ageing is a natural process that every individual experiences. Today, the world houses 727 million persons aged 65 years or over (World Population Aging Report, 2020). They are known as the elderly population or the greying population. A more dignified word, senior citizens, is also used to describe them. As all of us know when individuals grow in age, there is a progressive decline in their physical and cognitive abilities. This makes older adults frail and they lose more and more control over their own daily activities and their dependence on others increases. This losing ability and agility on the one hand and the need for others' support on the other makes the people surrounding them, neglect them, ignore them, isolate them, and exploit them. This brings them myriad disadvantages like getting adequate nutrition, housing, health care, and physical and economic security. All these together make them a vulnerable section of the society. We often forget that these are the people who contributed largely throughout their life in building our family, society and the nation in their own way, but after arriving at "old age" they are mostly left alone to themselves.

A Realization We Need to Have

We must love and respect our old people. Our parents and grandparents need your love and care. In old age, people don't have much capacity to do, so they begin to feel lonely. They need our company. Old people become physically weak and inactive. Old age affects their mental health also. They become irritable and demanding like children. They seek our attention as a child does. Young people often do not understand this change in behavior of elderly people.

Old age is the most difficult part of life's journey. If we keep our old people well and cheerful, they will always feel young and happy even in their old years. So, Jimmy Buffet commented: "Wrinkles will only go where the smiles have been created."

Besides physical care, old people need our company. We just need to sit with them and give them our company. We have to make old people feel they are not an unnecessary burden, but are most wanted and loved. Let us give the old a feeling that we look forward to them for their advice and guidance in life. We need to make them feel wanted, respected, loved and cared for. Let us keep our elders well and cheerful if we want their guidance and earn their blessing in life.

In order to have this realization, this section aims to give you an insight into the various issues and vulnerabilities that the elderly face in our society. This would also focus on your role and responsibility as a society and nation to help our elderly lead a happy and dignified life in their later years. In this section, we shall be using the word “aged”, “elderly” and “senior citizens” interchangeably to refer to people who are 60 years old or above.

5.2.2 The Silver Line- Understanding the Demography

When we think of the term “silver line”, generally something glittering, shining comes to mind. Yes, we are going to talk about the “silver line” that must shine bright in the population graph of our country, about people who attained age of 60 years and above. Here, we are going to discuss about the ageing and greying population in our society – our elderly.

Before getting into the various aspects of old age challenges and issues, let us understand who is a “senior citizen” or “elderly” or “aged” as we commonly refer to. In general, people who have retired are known as senior citizens. This is presumably because currently the most common official age of retirement in India is 60 years (barring few exceptional professions or state-specific announcements). Previously the common age of official retirement was 58 years. Now, there are recommendations from various schools of thought to increase the official age of retirement keeping in mind factors like growing elderly population and the burden on economy to manage their social security and other needs, the active physical and mental condition of elderly in addition to the skill set, and the knowledge and experience they possess, which can contribute to overall development of the country and knowledge base of the society etc.

Do you know?

- **The UN defines a country as an “ageing” or “greying nation” where the proportion of people over 60 reaches 7 per cent of the total population (World Population Ageing Highlights, 2017).**
- **As per the latest estimate at a global level, by 2050 there will be 2 billion people aged over 60 years contributing to 22 per cent of the world population. (International Silver Economy portal, 2020).**
- **A report prepared by World Health Organization in 2021 suggests that within a span of 35 years, i.e., between 2015 and 2050 the world’s 60-plus population will have a hike of 10 per cent, i.e., from 12 per cent to 22 per cent.**
- **The 80-year plus population is expected to triple between 2020 and 2050 and will touch a figure close to 426 million.**
- **Low and middle-income countries are expected to become the hub of 80 per cent of the world’s elderly population.**

However, from all the above discussions, one thing is clear that age of official retirement is not the threshold to legally define one person as senior citizen. Traditionally, the United Nations and most researchers have used measures and indicators of population ageing that are mostly or entirely based on people's chronological age, defining older persons as those aged **60 or 65 years or over**¹. Various countries have framed different age criteria to legally define “senior citizens” in their countries. For example, in many countries, including Japan, the elderly are defined as having a chronological age of **65 years or older**. The only reference that we have in India related to legal definition of ‘**senior citizen**’ is in the Maintenance and Welfare of Parents and Senior Citizens’ Act 2007 (MWPSCA, 2007). This Act defines a “**senior citizen**” as ‘**any person who is a citizen of India and has attained the age of 60 years and above**’. Currently, this age is being referred to devise various policies, schemes and systems for senior citizens in India and is the common notion of referring a person as a senior citizen in India.

The growth in elderly population may be due to the longevity of life achieved because of economic well-being, better healthcare and medical facilities and reduction in fertility rates. The general population has grown by 12.4% during 2011-2021 in comparison to around 18% in earlier decade while the elderly population grew by 36% each in the last two decades (2001-2011 and 2011-2021). High growth rate in elderly population vis-à-vis the general population was observed earlier also in the two decades between 1961 and 1981.

Life expectancy gives us a good idea about the general health status of the people. At a particular age, life expectancy is the number of years a person is expected to live, on an average, after attaining that particular age. It takes into account the expected mortality experiences during the whole life cycle of an individual, which depends on the availability of health facilities, nutritional level of the people, etc. With the rapid advancement in medical science and technology it has now become easier to control various dreaded diseases which were the cause of high mortality earlier. This has resulted in a continuous increase in the life expectation.

Life expectancy at birth in the country has increased in rural as well as urban areas. In rural areas, it has increased from 48 years in 1970-75 to 68 years in 2014-18, while in urban areas it has increased from 58.9 years to 72.6 years. At the age of 60 years, during the same period, it has increased from 13.5 to 17.6 years in rural areas and from 15.7 to 19.4 years in urban areas.

According to Population Census 2011², there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. According to the Report of the Technical Group on Population Projections for India and States 2011-2036, there are **nearly 138 million elderly persons** in India in 2021 (67 million males and 71 million females) and is further expected to increase by around 56 million elderly persons in 2031. Both the share and size of elderly population is increasing over time. A report released by the United Nations Population Fund and HelpAge India suggests that the number of elderly persons is expected to grow to 173 million by 2026.

1 [https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019- Highlights.pdf](https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf)

The Trend in Elderly Demography in India

- From 5.6% in 1961, the proportion of elderly to total population has increased to 8.6% in 2011. The proportion has increased to 10.1% in 2021 and is further likely to increase to 13.1% in 2031. As per 2011 census, 71% of elderly population resides in rural areas while 29 % stays in urban areas.
- The per cent of literates among elderly persons has increased from 27% in 1991 to 44% in 2011. The literacy rates among elderly females (28%) is less than half of the literacy rate among elderly males (59%). This clearly informs us that above 50% of all elderly in India today are not literate.
- The life expectancy at birth during 2014-18 was 70.7 for females as against 68.2 years for males. At the age of 60 years, average remaining length of life was found to be about 18.2 years (17.4 for males and 18.9 for females) and that at age 70 was 11.6 years (11.1 for males and 12.1 for females). With rise in life expectancy at birth, people are expected to live longer in our country.
- The *most prevalent disability* among elderly persons is locomotor disability followed by hearing disability and visual disability.
- If we observe the *marital status* among elderly, in the age - group of 60 - 64 years, 76% persons were married while 22% were widowed. Remaining 2% were either never married or divorced.
- *Ageing and women*: Women issues are also of paramount importance in considering social policies for elderly population. Due to better life expectancy, women live longer than men. Exacerbated risks for women across their life course make them more vulnerable in old age. Appropriate care and support for them is a priority area.
- The percentage of female elderly persons (60 years and above) staying in other's houses is more than double vis-à-vis male elderly persons. Also, the percentage of female elderly persons living alone not as an inmate of old age home is also much higher as compared to male elderly persons.

The table below shows the Trend in Sex Ratio in the General Population and Elderly Population which clearly establishes the higher number of women elderly living alone, who need care and support.

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<https://www.mospi.gov.in/documents/213904/301563/Elderly%20in%20India%2020211627985144626.pdf/a4647f03-bca1-1ae2-6c0f-9fc459dad64c> (Elderly in India, 2021 by Ministry of Statistics, Govt. of India)

Trend in Sex Ratio (Number of Females per 1000 males) for the general and elderly population

Population Census	General Population	Elderly population
1951	946	1028
1961	941	1000
1971	930	938
1981	934	960
1991	927	930
2001	933	972
2011	943	1033
2021(Projections)	948	1065
2031(Projections)	955	1085

Source: Population Censuses and Report of the Technical Group on Population Projections November 2019, Population.

While the above statistics give glimpses about the status of elderly in our country, there is a lot more to think beyond these numbers. Moreover, the challenges and needs of Young Olds (60-to-70-year age), Old Olds (70-to-80-year age) and the Oldest Olds (beyond 80 year of age) are also quite different and needs age-specific attention and intervention. Here, we are going to discuss the issues, challenges and sufferings in the life of above 10% of our population, who are above the age of 60 years.

5.2.3 Issues and Needs of Elderly in India

Traditionally, India has largely been an agrarian economy-based society. The joint family system prevailed in these societies, where the older persons in the family had control over family's financial transactions, social interactions and day-to-day affairs. They were respected the most in the family. Care and respect for elders in the family was part of the social value system in Indian culture and tradition. The decision-making power was held by the family's eldest, who was often referred to as '*the head of the family*'. Similarly, in the village community, elders of the community enjoyed the position of head of the village, known as '*panch*' – the decision-making and dispute-resolution body of the village. They were part of all kinds of social and political decision-making process of the village community/ society.

Slowly, with the advent of industrialization, globalization and technological revolution, the joint family system is declining in most parts of India. The agriculture-based economy is fast moving towards technology and industry-based economy. Parents are now more willing to educate their children so that they are better placed in their life, both financially and socially. Children are opting to go for higher studies and job opportunities in far-off places, both inside the country and outside.

While urban migration for education and career/ jobs is on the rise, there are also stories of distress migration for meeting the daily needs of poor families, which again pushes them to migrate to far-off places from their homeland. In this process, the left behind are the elderly in the family with a growing "*empty nest*" syndrome in our society. This remaining population of senior citizens, both in rural and urban settings, has its own set of issues and challenges, most prevalent being 'feeling lonely' 'alone' and 'abandoned'. Older people who are lucky enough to stay with their children and other family members too face '*loneliness*' and many other issues in their daily life.

In this section, we will try to understand the various issues and needs of elderly who are very much there around us but mostly left behind, unheard and invisible to us. As we understand from the demography of senior citizens in India, that population of elderly is on the rise in India and they form the fastest growing segment in India's population curve as well as the whole world. Technological advancements and progress in fields of medicine and healthcare has definitely contributed to increasing the longevity of human life on earth in the 20th century, but it has also brought miseries in the lives of the elderly who are often considered unproductive and a burden on the economy. This concept ranges from individual and family to the nation state, which further deprives older persons to lead a life with dignity. Let us try to understand this through the various

insecurities and challenges being faced by the elderly in our country. While these issues are mostly inter-related, they form a vicious cycle.

5.2.3.1 Abuse of Elders

The various forms of abuse faced by our elderly include emotional abuse, financial abuse/economic exploitation, physical abuse, verbal abuse and sexual abuse/violence. Let us try to understand these forms in detail. For our understanding, they can be broadly categorized into the following forms of insecurity that the senior citizens face in their daily lives:

- A. Physical Insecurity
- B. Financial Insecurity
- C. Social Insecurity
- D. Health Care Issues

Let's discuss and understand these aspects of the elderly issues in detail:

5.2.3.2 Physical Insecurity

Physical insecurity that the elderly face in today's world should include physical health as part of it, but we will discuss 'health issues' in a separate section. Our focus here will be on the various physical barriers and challenges that elderly come across in day-to-day life. These include:

- a. physical abuse and neglect of senior citizens,
- b. crime against senior citizens,
- c. barriers in accessing services and institutions by senior citizens,
- d. lack of proper elder-friendly transportation services,
- e. digital divide being faced by senior citizens.

In today's globalized world, we come across many elderly who either stay alone or stay only with their spouse now-a-days, both in urban and rural settings. There are elderly, who we come across every now and then in social media, mainstream media or in our locality, who are abandoned by their children and other family members. There are senior citizens who are left to themselves in hospitals, temples, gurudwaras or places like that and no one cares what happens to them. While in some cases the children are staying at far-off places and the elderly are staying alone, in other cases, the children are not willing to take care and hence abuse and abandon them. Is this an ideal situation for the elderly to live a life with dignity and respect?

There is elderly in our neighborhood, who though living with family are facing some or other kind of abuse and neglect on a regular basis. According to a study titled "Status of Elderly in Odisha-2011", conducted by United Nations Populations Fund-India, one out of ten people above 60 years of age experience abuse in Odisha. This has a multiplying effect in further deteriorating the quality of life of senior citizens who are physically confined and socially isolated.

Few surveys carried out by HelpAge India give us startling statistics on various forms of Elder Abuse and the perception of different people about the causes/reasons of elder abuse, over the past few years:

- **National Survey – A youth perspective on elder abuse (2015)** by HelpAge India
 - 73% of India’s youth accept that elder abuse exists in our society.
 - 72.4 % of the youth feel that the topmost form of abuse in their experience is ‘using abusive language and talking rudely to an elder’ followed by 43.1%, who feel ‘elder abuse’ is giving the elder ‘the silent treatment, isolation and emotional abuse.’
 - ‘Property and inheritance disputes’ emerge as the main reason for abuse at 53.2%. But what is interesting to note, is that 35.7% feel that ‘attitudinal and relationship issues’ is also an important reason.
 - 67.5% of the respondents at an all-city level said that ‘elders should stay social and active’ and 31.5% said they should ‘keep their finances organized’ as measures to prevent abuse.
 - 83% perceive that identifying elder abuse in the neighborhood is not difficult.

- National Survey on **“How India treats its Elderly” 2017- a HelpAge India report conducted in 19 cities in India** revealed:
 - 44% elders have been abused in the public space at some time or the other, which is nearly 1 out of 2 elders.
 - 53% elders feel Indian society discriminates against them.
 - 64% elders say it’s easy to get away, despite being rude to elders.
 - 61% elders feel people get impatient with them since they are slow.
 - 52% elders feel people are ruder to them if they are not well-dressed.

- **Elder Abuse in India – Changing Cultural Ethos & Impact of Technology, 2018 - A HelpAge India report** found:
 - Nearly one-fourth (25%) elders experienced abuse personally.
 - Nationally, the main abusers were son (52%) and daughter-in-law (34%).
 - More than 50% of the abusers were skilled workers and working professionals.
 - The most common form of abuse elders experienced was disrespect (56%), verbal abuse (49%) and neglect (33%).
 - Economic exploitation was 22% and beating and slapping was a disturbing 12%. They had been facing this since the past 5 years.
 - 82% of those abused, did not report the matter. The key reasons for not reporting - were to “maintain confidentiality (52%) of family matter” or “did not know how to deal with problem (34%)” suggesting lack of awareness.

- **The Silent Tormentor – COVID-19 and the Elderly - A HelpAge India Survey report 2021.**
 - 43.1% elders said elder abuse is prevalent in society. 15.6% said they were victims of elder abuse.
 - Disrespect (45.6%) and beating /slapping (23.1%) were the main forms of abuse.
 - Main abusers were son (43.8%) and daughter-in-law (27.8%). Surprisingly, 14.2% said their abusers were their daughter.
 - 62.1% felt during Covid19 the risk of getting abused has increased.

- On a ranking basis - ‘emotional abuse’ (60%), ‘financial abuse’ (40%), ‘physical abuse’ (31%), ‘psychological abuse’ (18.6%) and ‘verbal abuse’ (17.9%).

The slow degeneration of physical health and vulnerability of staying without family support puts them in a difficult position to meet their day-to-day needs. It also puts them at great threat to their life and property. The fear of occurrence of any crime against them prevails in their mind all the time and there are many instances where elderly living alone has been attacked and killed for robbing their valuables.

Besides these reports, there are many stories in the media of various forms of elder abuse which ranges from higher to lower – all economic groups. The National Crime Records Bureau’s Annual Reports capture a glimpse of it. Elder abuse is a major concern for today’s society which demands immediate address through family care, political commitment and institutional support by the state.

According to 2020 report of National Crime Records Bureau, the number of crimes against senior citizens that got registered was 24,349 (in 2018), 27,804 (in 2019) and 24,794 (in 2020). It is interesting to note that, even though 2020 experienced the Covid pandemic and series of lockdowns, the elderly was not spared. Murder, robbery, theft, abduction and even rape of senior citizens have been recorded as forms of crimes committed against them. These are officially recorded cases, whereas we understand that there are many vulnerable senior citizens who feel intimidated to go to police and register a case against the abuse or crime they face.

Barriers to access schemes, rights, entitlements and services, referred to as “systemic barriers”, are also a great cause of physical challenge for senior citizens and come in the way of their access to various schemes and services and deprives them of their basic entitlements. Be it access to healthcare institutions, banks, post-offices, other public services, public transport system or the government offices for applying for any services or schemes, elderly face challenges in approaching all these places and services. Physical barriers such as lack of ramps in public buildings, no lifts in multi-story buildings, long queues at counters, no place to sit, no drinking water facility, no wheelchair facility, no toilet facility etc. pose a serious hindrance in senior citizens accessing the services by themselves. Barriers in infrastructure and transport services add to their misery.

While the literacy level is as such low among the elderly, private and public offices, institutions, banks and other services going digital pose major challenge to include elderly in access to services. Digital literacy among elderly is a major lacking area. Cybercrime against senior citizens is on the rise and it’s in news on a daily basis. Lack of knowledge about digital medium and lack of support system is making them more vulnerable and, in many cases, they are losing the savings of their whole life.

When the whole world was connected through digital platform during Covid, the digital divide put the elderly at bay and made them more isolated and lonelier.

It’s pertinent here to mention “Elder Abuse in India – Changing Cultural Ethos & Impact of Technology” - A HelpAge India report 2018 which found that:

- 65% elderly stated that extreme attention given to phones/ computers is disrespectful.
- 73% elders felt that ‘their adult children are too busy on the phone even when at home with them.’
- More than 60% elderly agreed that quality time spent by their adult children as well grandchildren with them has decreased with increase in usage of phones/computers.
- 78% elders agreed that social media had decreased their families’ personal time spent with them.
- Only 4% elders themselves used the internet.

Physical insecurity for senior citizens, thus, ranges from risk to life and property, isolation and neglect, abandonment, beating and slapping, disrespect, unwelcome or forcible sexual contact as well as verbal abuse.

“We must give a serious thought to elder abuse and act against it NOW!”

5.2.3.2 Loneliness and Social Insecurity

Loneliness and/or isolation added with ill health, family intolerance, urbanization and globalization-induced migration have increased the social insecurity of elderly manifolds. This social insecurity is coupled with physical, mental and emotional well-being of the elderly.

With the advent of age and physiological changes in the body leading to ill health such as arthritis, paralysis or old age weakness, senior citizens mostly remain indoors and they slowly get isolated from the outer social life, family and friends. Within the family also they face isolation and are mostly confined to a corner in the house owing to many factors such as intolerance of family members, busy life schedule and over engaging digital life of family members, physical immobility and emotional dependence of elderly on their family members. Urbanization and globalization-induced migration have also left the elderly alone at home as their children and other family members stay out of the city or out of the country. All these lead to isolation, boredom and lack of social life and trigger loneliness of the elderly, which affects their overall mental and physical well-being adversely.

Loneliness may lead to serious health-related consequences. It is one of the three main factors leading to depression (Green *et al.*, 1992), and an important cause of suicide and suicide attempts. A study carried out by Hansson *et al.* (1987) revealed that loneliness was related to poor psychological adjustment, dissatisfaction with family and social relationships.

Many people experience loneliness either as a result of living alone, lack of close family ties, reduced connections with their culture of origin or an inability to actively participate in local community activities. When this occurs in combination with physical disablement, demoralization and depression are common accompaniments.

The negative effect of loneliness on health in old age has been reported by researchers (Heikkinen *et al.*, 1995). The death of spouse and friends and social disengagement after leaving work or a familiar neighborhood are some of the ubiquitous life-changing events contributing to loneliness in older people. Those in the oldest age cohort are most likely to report the highest rates of loneliness, reflecting their increased probability of such losses.

A study by Max *et al.* (2005) revealed that the presence of perceived loneliness contributed strongly to the effect of depression on mortality. Thus, in the oldest old, depression is associated with mortality only when feelings of loneliness are present. Depression is a problem that often accompanies loneliness. In many cases, depressive symptoms such as withdrawal, anxiety, lack of motivation and sadness etc. mimic and mask the symptoms of loneliness.

It is established that life expectancy of women is more than that of men. The number of widows in the higher age group is always more than the number of widowers. As they age, women become more and more vulnerable to isolation and neglect. They are expected to take care of the family, do household chores, take care of the young ones/ children in the family but they themselves are the most uncared for when it comes to love, respect and care. In the event of death of spouse in Indian context, where marriage and family is sacrosanct, the left alone person becomes weak psychologically. They miss the long-lived conjugal life, love and care of the spouse. Death of any one of the couples is devastating for the other and more so in case of the woman. Usually, old women on becoming widow feel more insecure and vulnerable in the family and in the society. Loss of life partner coupled with dependence on other family members leaves her with no choice of her own.

As per Report of the Technical Group on Population Projections for India and States 2011-2036, *Marital status* among elderly:

In the age - group of 60 - 64 years, 76% persons were married while 22% were widowed. Remaining 2% were

It is also important to note that the general notion of “you are old” also discriminates elderly from being engaged in various activities of their choice such as watching movies, dancing and singing, going on destination tours, painting, cycling and other such things that they wish to and are capable of doing. This is termed as “ageism” which in simple terms means discrimination of a person based on his/her age. Let us remind ourselves that they are as human as we are and they possess the same human desires as we young people do. Confining them to prayers and spiritual activities alone is also a discrimination that we do out of our ignorance. In the second innings of their life, they should be encouraged and helped to pursue their hobbies, dreams and to lead an active and engaging social life.

All the above factors lead to isolation, neglect of senior citizens at home and in the society, which pushes them to the dark corner of loneliness. Being alone is the greatest curse that any human being can think of. This loneliness leading to a sense of insecurity and withdrawal from the society adversely affects the physical and mental health of the elderly.

Thus, from above discussion we understand that being socially engaged and active is very important for the physical, mental and emotional wellbeing of the elderly. Spending quality time with family, relatives and friends adds life to their lives, which is actually lacking now-a-days due to ignorance of family members, lack of mobility of the elderly, dependence of senior citizens on their family members, emotionally and economically, and also due to the digital divide that is keeping elderly afar in a non-digital world.

5.2.3.4 Financial Insecurity

When we are in dire need of money for healthcare or any other emergency but we have no source to avail it from, we end up with compromising our health, our little wishes and withdrawal from society. In this situation, we are left with a feeling of insecurity and dependence on others. This feeling of insecurity due to lack of access to financial resources is common in senior citizens of India. The financial insecurity of senior citizens has various facets to it, ranging from economic dependence, property transfer, wills and legacies, lack of preparedness for old age, meagre pension and the vast unorganized sector to which most of them belong to.

Ageing is inevitable. Everyone will go through this phase of life. It is important that everyone should plan and prepare for their old age. But, unfortunately most of us ignore this important aspect of preparedness. In most of the cases there are no savings, no place to live, high dependency on children and relatives and, most importantly, property is transferred to children or relatives with an expectation that they will take care of the person in their old age.

Transfer of property to children has also been a major determinant in the treatment of elderly by their immediate family members in their later years. There are many instances where the elderly transfer the property to children and relatives in good faith but after the transfer, the elderly are left to fend for themselves.

According to Periodic Labour Force Survey (PLFS)³, 2018-19, about 65% of elderly men and 18% of elderly women in the age-group 60-64 years participated in economic activity. However, there is wider difference in rural and urban areas. In rural areas, 72% of elderly men and 21% of elderly women participated in economic activities whereas in urban areas, it was only 51% among elderly men and 10% among elderly women. Similarly, in the age group 65 years and above, participation in economic activity by the elderly male and female is seen to be at a much-reduced level.

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https://cse.azimpremjiuniversity.edu.in/wp-content/uploads/2019/06/Annual_Report_PLFS_2018_19_HL.pdf

With lower literacy rate among senior citizens, above 90% of them come from unorganized sector workforce with no pension, no provident fund and no economic security. They have to work till their last breath in order to live, mostly as daily laborers or unskilled workforce. We come across many of such cases in our daily life as vegetable vendors, tea sellers, sanitation workers etc.

In general, in Indian lower- and middle-income families, the burden of financial crisis is always first compromised with the needs of the elderly in the family, whether it is healthcare, nutrition or any other small need such as spectacles or a book. While family members mostly focus on the needs of the children and adults at first place, the elderly also volunteer to part with their own need in these situations.

The old-age dependency ratio climbed from 10.9% in 1961 to 14.2% in 2011 and further projected to increase to 15.7% and 20.1% in 2021 and 2031 respectively for India as a whole. For females and males, the value of the ratio was 14.9 % and 13.6% in 2011 and the projected dependency ratio for female and male is 14.8% and 16.7% respectively in 2021. The dependency

ratio of senior citizens carries higher implication to the economy of the family and the state and is also related to the abuse that the elders face.

Economic dependence plays a major role in the life of elderly. If the elderly has money and property in their own name and others are dependent on them, then there are cases of abuse and violence pressurizing them to transfer the property or pay the bills of the younger family members. On the other hand, where the elderly has no money or property with them and are economically dependent on their children or relatives, they are abused and insulted for their dependence and they enjoy no independence, not even to purchase a cup of tea for themselves! As per study by HelpAge India (Elder Abuse in India, 2014 report), economic dependence of the elderly on family members accounts for 46% of elderly abuse, economic dependence of family members (/abusers) on elderly accounts for 45% of elder abuse and emotional dependence of elderly on family members accounts for 46% of elder abuse.

Thus, whether it is economic dependence on the family or economic dependence of the family, in both the cases the elderly become victim of abuse and neglect. But well-planned financial security at old age is an ideal option for the elderly to meet their daily needs without being dependent on anyone and also to meet emergencies such as healthcare. Not all people are well placed to have a proper financial security at old age, for which care of family members as well as social assistance by welfare state are immensely important for ensuring a better life for the elderly. Economic dependence leading to financial insecurity in old age has detrimental effect on the mental, physical and social health of the elderly as it leads to neglect, abuse and social withdrawal.

5.2.3.5 Health Care Issues of Senior Citizens

Going by NSS 75th Round: Social consumption on health in India during 2017-18, about 70 per cent of the aged persons had to depend on others for their day-to-day maintenance. The situation of elderly females was not encouraging as only 10% and 11% were economically independent in rural and urban areas respectively whereas the elderly males were much better off as corresponding percentage for males were 48% and 57% in rural and urban areas respectively. This economic dependence of the elderly on their family is a major deterrent in their health care. Let's try to understand the various health care issues that senior citizens face with advancement of age.

With ageing comes the natural degeneration of physical health of a person. With growing age, older people experience various anatomical and physiological changes. These changes bring many psychological, behavioral and attitudinal changes in them.

Loss of physical strength and stamina become more acute as a person grows older and require systematic handling. Various diseases slowly begin to affect the body. Mostly the non-communicable diseases like high blood sugar, high blood pressure, arthritis, asthma, cancer, paralysis, hearing loss, cataract, loss of vision etc. are common in this age. The most prevalent disability among elderly persons is locomotor disability followed by hearing disability and visual disability.

The other aspect of health that senior citizens face is mental health. The major mental health conditions at old age being depression, Parkinson's disease, Alzheimer's diseases etc. which demands proper care and support of family members as well as proper healthcare infrastructure to extend support in terms of treatment and counseling support to the elderly and their care givers as well.

Comprehensive Geriatric Health Care becomes the need of the hour. But very few elderly in Indian context are economically sound to meet their healthcare needs and have family support to be taken care of. Lack of physical mobility, financial capacity to meet the healthcare cost, no

health insurance and support from family pushes the elderly to a corner and multiplies their vulnerability manifold.

The willingness for the care of elderly and economic condition of the family members also decides the physical and mental well-being of the family. There are many instances where the deteriorating health of elderly and the need of care and dependence on family members have led to abuse and abandonment of elderly.

The ignorance and neglect of elderly can be fatal, for e.g., if regular health check-up is not done, then non-communicable diseases such as high BP, diabetes remain undiagnosed for a longer period leading to paralysis and multiple-organ failure like situations. These conditions are preventable with timely diagnosis and regular medication.

Cancer and palliative care needs are also quite prevalent among elderly which needs both preventive and curative healthcare service. While these are expensive, they are also not accessible or commonly available to the needy.

One of the most neglected healthcare needs for elderly is cataract. This comes under preventable blindness category. About 1% of the population gets affected with cataract every year, most of them are above the age of 55 years. Cataract if not treated on time, can mature and make a person lose his/her eyesight forever. This is preventable with timely intervention. But either due to lack of information, knowledge, due to ignorance or due to lack of care for the elderly, many elderly suffer in their latter part of life due to cataract-induced blindness.

Moreover, our healthcare infrastructure needs major changes in terms of affordable homecare services for bedridden patients, palliative care services, geriatric care facilities at health centers with geriatric specialists, extensive training, study and research on geriatric healthcare etc. Preventive healthcare need to be promoted for the elderly with annual health-checkup at subsidized cost or no cost for the senior citizens, which will reduce the burden of healthcare expenses and healthcare need of the elderly in the country.

5.2.3.6 Needs for a Happy and Dignified Ageing

Mother Teresa once mentioned, *“Loneliness and the feeling of being unwanted is the most terrible poverty in the world.”*

As per an estimate more than 50 lakh elders live all alone with no one to care for them in India. 1 in every 8 persons among the older population feel that no one cares if they exist; they grossly feel unwanted or of any value to anybody. The elderly in today's society feel lonely, isolated and uncared for due to various reasons ranging from absence of family members to take care, busy life schedule of family members to abuse and abandonment of elderly by the family members.

There is a growing body of evidence that suggests that psychological and sociological factors have a significant influence on how well an individual is ageing. Ageing research has demonstrated a positive correlation of someone's religious beliefs, social relationships, perceived health, self-efficacy, socio-economic status and coping skills, among others, with their ability to age more successfully.

In the previous section, we discussed the various issues and challenges of old age that our elderly are facing in their day-to-day life in India. Central to all these issues and challenges was

the insecurity in the form of physical abuse and neglect, social insecurity, i.e., isolation, loneliness, financial insecurity and access to healthcare for the elderly. Ageism and people's perception about old age also adds to the misery of elderly. All these together lead to an uncared and undignified life and its needs to change. All that is needed is love, care and respect for the elderly to lead a happy and dignified life.

Let us discuss some examples from around the world in this context:

Here, it is very pertinent to mention about the Blue Zones⁴ in the world here. There are five such geographic locations in the world where most of the people are centenarians, i.e., aged above 100 years. Average life expectancy at birth for these locations is above the age of 100 years! Isn't it interesting! You may explore Google 'blue zones' to know more about them.

Dan Buettner, Blue Zones founder, is a National Geographic Fellow and multiple New York Times bestselling author. They have discovered five places in the world – dubbed blue zones – where people live the longest, and are healthiest. The concept of blue zones grew out of the demographic work done by Gianni Pes and Michel Poulain outlined in the Journal of Experimental Gerontology, identifying Sardinia as the region of the world with the highest concentration of male centenarians. Pes and Poulain drew concentric blue circles on the map highlighting these villages of extreme longevity and began to refer to this area inside the circle as the blue zone. Building on that demographic work, Dan pinpointed other longevity hotspots around the world and dubbed them blue zones.

Let Us Remember

The five designated blue zones in the world are:

- 1. Okinawa Island in Japan**
- 2. Sardinia in Italy**
- 3. Nicoya Peninsula in Costa Rica**
- 4. Ikaria in Greece and**
- 5. Loma Linda in California**

The blue zone regions are home to some of the oldest and healthiest people in the world. Although their lifestyles differ slightly, they mostly eat a plant-based diet, exercise regularly, drink moderate amounts of alcohol, get enough sleep and have good spiritual, family and social networks. If you look at four of the major dietary quality scoring systems, which have all been associated with extending lifespan and lowering heart disease and cancer mortality, they all share only four things in common: more fruit, more vegetables, more whole grains, and more nuts and beans.

⁴ <https://www.bluezones.com/exploration/okinawa-japan/>

Here we will try to understand the longevity of one of these blue zones, i.e., Okinawa Island of Japan.

Despite years of hardship, Okinawans⁵ have established a lifestyle and environment to live long, healthy lives. Follow these common centenarian practices to promote your own longevity.

1. ***Embrace an ikigai***: Older Okinawans can readily articulate the reason they get up in the morning. Their purpose-imbued lives give them clear roles of responsibility and feelings of being needed well into their 100s.
2. ***Rely on plant-based diet***: Older Okinawans have eaten a plant-based diet most of their lives. Their meals of stir-fried vegetables, sweet potatoes and tofu are high in nutrients and low in calories.
3. ***Get Gardening***: Almost all Okinawan centenarians grow or once grew a garden. It's a source of daily physical activity that exercises the body with a wide range of motion and helps reduce stress. It's also a near-constant source of fresh vegetables.
4. ***Eat more soy***: The Okinawan diet is rich in foods made with soy, like tofu and miso soup. Flavonoids in tofu may help protect the hearts and guard against breast cancer. Fermented soy foods contribute to a healthy intestinal ecology and offer even better nutritional benefits.
5. ***Maintain a moai – the social network***: The Okinawan tradition of forming a moai provides secure social networks. These safety nets lend financial and emotional support in times of need and give all of their members the stress-shedding security of knowing that there is always someone there for them.
6. ***Enjoy the sunshine***: Vitamin D, produced by the body when it's exposed on a regular basis to sunlight, promotes stronger bones and healthier bodies. Spending time outside each day allows even senior Okinawans to have optimal vitamin D levels year-round.
7. ***Stay active***: Older Okinawans are active walkers and gardeners. The Okinawan household has very little furniture; residents take meals and relax sitting on tatami mats on the floor. The fact that old people get up and down off the floor several dozen times daily builds lower body strength and balance, which help protect against dangerous falls.
8. ***Plant a medical garden***: Mugwort, ginger, and turmeric are all staples of an Okinawan garden, and all have proven medicinal qualities. By consuming these every day, Okinawans may be protecting themselves against illness.
9. ***Have an attitude***: A hardship-tempered attitude has endowed Okinawans with an affable smugness. They're able to let difficult early years remain in the past while they enjoy today's simple pleasures. They've learned to be likable and to keep younger people in their company well into their old age.

⁵ *Blue Zones: Lessons For Living Longer From The People Who 've Lived The Longest* by Dan Buettner, copyright 2008.

These nine mantras have been critical in helping the elderly in Okinawa and other blue zones active and helped them in leading a happy life and in healthy ageing and graceful ageing. It clearly demonstrates the role of being active personally and socially is very important in everyone's life. And it is always important to have a strong social security net for the elderly to lead a life with dignity and respect.

5.2.4 The Legal Framework

A. International Level

The United Nations adopted the 1st International Plan of Action on Ageing in Vienna in 1982, and it was in 1991 that the General Assembly adopted the UN Principles for Older Persons (Resolution 46/91) and its four main themes - independence, participation, care, self-fulfillment and dignity. The Committee on Economic, Social and Culture Rights adopted the general comment on the Economic and Social, and Cultural Rights of Older Persons. The year 1999 was declared as "the International Year of Older Persons" by United Nations.

In 1999, with the International Year of Older Persons, came the Conceptual Framework based on the Plan and Principles with four priority areas (i) the situation of older persons, (ii) individual life long development, (iii) the relationship between generations, (iv) the inter-relationship of population, ageing and development.

The 2nd World Assembly on Ageing (WAA) had adopted unanimously a Political Declaration and an International Strategic Plan of Action on Ageing in Madrid in 2002. The 2004 report of the Secretary-General to the General Assembly recommends "assigning full-time focal points on ageing and providing them with adequate resources to further implementation". The United Nation has declared October 1 every year to be observed as "International Day of Older Persons (IDOP)". The International day of older persons is celebrated every year on October 1.

United Nations Principles for Older Persons⁶, adopted by General Assembly resolution 46/91 of 16 December 1991, bearing in mind the standards already set by the International Plan of Action on Ageing and the conventions, recommendations and resolutions of the International Labour Organisation, the World Health Organization and other United Nations entities encourages governments to incorporate the following principles into their national programmes whenever possible:

1. Independence

- Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
- Older persons should have the opportunity to work or to have access to other income-generating opportunities.
- Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
- Older persons should have access to appropriate educational and training programmes.
- Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
- Older persons should be able to reside at home for as long as possible.

⁶<https://www.ohchr.org/en/professionalinterest/pages/olderpersons.aspx>

Participation

- Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
- Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
- Older persons should be able to form movements or associations of older persons.

Care

- Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
- Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
- Older persons should have access to social and legal services to enhance their autonomy, protection and care.
- Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation, social and mental stimulation in a humane and secure environment.
- Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfilment

- Older persons should be able to pursue opportunities for full development of their potential.
- Older persons should have access to educational, cultural, spiritual and recreational resources of society.

Dignity

- Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
- Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

B. National Level

B.1 Administrative Set-up: In India, the Ministry of Social Justice and Empowerment, as the name suggests, is set up to ensure equitable treatment to such sections of society which has suffered social inequalities, exploitation, discrimination and injustice. The Social Defense Division of the Ministry mainly caters to the requirements of senior citizens.

B.2 National Policy on Older Persons (NPOP), 1999

The existing National Policy on Older Persons (NPOP) was announced in January 1999 to reaffirm the commitment to ensure the well-being of the older persons. The policy envisaged state support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives. The primary objectives were to:

- I. Encourage individuals to make provision for their old age;
- II. Encourage families to take care of their older family members;
- III. Enable and support voluntary and non-governmental organisations to supplement the care provided by the family;
- IV. Provide care and protection to the vulnerable elderly people;
- V. Provide adequate healthcare facility to the elderly;

Promote research and training facilities to train geriatric care givers an organisation of services for the elderly; and create awareness regarding elderly persons to help them lead productive and independent life.

Keeping in view the changing demographic pattern, socio-economic needs of the senior citizens, social value system and advancement in the field of science and technology over the last decade, a new National Policy for Senior Citizens is under finalization.

B.3 Maintenance and Welfare of Parents and Senior Citizens Act, 2007:

The Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act was enacted in December 2007 to ensure need-based maintenance for parents and senior citizens and their welfare. The Act provides for:

- Maintenance of parents/ senior citizens by children/ relatives made obligatory and justiciable through tribunals;
- Revocation of transfer of property by senior citizens in case of neglect by relatives;
- Penal provision for abandonment of senior citizens;
- Establishment of old age homes for indigent senior citizens; and
- Adequate medical facilities and security for senior citizens.

The Act has been notified and brought into force by all state governments/ union territory UT administrations. Consequential steps like notification of rules (except Arunachal Pradesh and Nagaland), maintenance tribunals, appellate tribunals and maintenance officers have also been carried out by the states/UTs. The Act is not applicable to the state of Jammu & Kashmir and Himachal Pradesh has its own Act for senior citizens.

The Act has been under implementation for more than a decade now. Based on the experience of implementation of the Act including the feedback received from the stakeholders, it has been found expedient to suitably amend the provisions of the Act in order to make it more contemporary and effective. The Maintenance and Welfare of Parents and Senior Citizens (Amendment) Bill, 2019, has been introduced in the Lok Sabha on December 11, 2019. Major amendments introduced in the Bill are given below:

- Definition of ‘children’ expanded to include son-in-law, daughter-in-law, biological/ adoptive/step son and daughter, minors (through legal guardian).
- Definition of ‘parent’ expanded to include father-in-law, mother-in-law and grandparents, whether or not a senior citizen.
- Definition of ‘senior citizen’ expanded to include uniform adoption of age criteria for all benefits extended by the central/state government /semi-government/ private to senior citizens. (This shall not adversely affect the already existing benefits being extended by these agencies to those below the age of 60 years).
- Definition of ‘maintenance’ and ‘welfare’ expanded to include housing, safety and security to enable parents and senior citizens to lead a life of dignity.
- Removal of ceiling of Rs 10,000 as maximum maintenance amount to be awarded to senior citizens/parents (quantum of maintenance may be decided on the basis of earning and standard of living of senior citizens/parents and children/relative). Provision of appeal extended to children/ relatives also, provided that on appeal, the children or relative who is required to pay maintenance amount, as per orders of the maintenance tribunal, continue to pay to such parent or senior citizen.
- Role of maintenance officer expanded (to ensure compliance of the order of the tribunal; to act as point of contact for the senior citizens/parents).
- Provision for registration of Senior Citizens Care Home (erstwhile Old Age Home), Multi-Service Day Care Homes and agencies providing home care services to senior citizens.
- Central Government to prescribe minimum standards required for the establishment, running and maintenance of Senior Citizens Care Homes.
- Every police station shall have a nodal officer for senior citizens to deal with issues related to parents and senior citizens.

B.4 National Schemes: As envisaged in the National Policy for Older Persons (NPOP, 1999) and Maintenance and Welfare of Parents and Senior Citizens Act, (MWPSCA, 2007) some efforts have been made by central government in the form of centrally-sponsored schemes for elderly in India, such as:

- **Integrated Program for Older Persons (IPOP) now changed to National Action Plan for Senior Citizens (NAPSrC). National Action Plan for the Welfare of Senior Citizens (NAPSrC).**

The plan lays down in one document, the vision, mission and the plan of action of the Government of India for welfare and wellbeing of senior citizens of the country. It brings together articulation of each of the current schemes, future plans, strategies and targets and maps it with schemes/programmes, accountabilities, financials and clear outcomes. This plan takes care of the top four needs of the senior citizens, viz., financial security, food, health care and human interaction /life of dignity. It also includes the facets of safety/protection and general wellbeing of the elderly beginning from awareness generation and sensitization of the society.

- 1. The National Action Plan for the Welfare of Senior Citizens (NAPSrC)** is an umbrella scheme, effective since April 1, 2020, has four sub-schemes under it, namely:

Scheme of Integrated Programme for Senior Citizens (IPSrC): Under the scheme, assistance up to 100% of the project cost is given to the state governments/UT administrations through registered societies/ Panchayati raj institutions (PRIs)/local bodies agencies, non-governmental/voluntary organizations, institutions or organizations set up

by government as autonomous/subordinate bodies and government-recognized educational institutions, charitable hospitals/nursing homes and recognized youth organizations such as Nehru Yuva Kendra Sangathan subject to the terms and conditions laid down by this Ministry for running and maintenance of the following projects:

- (i) Senior Citizens' Homes for 25 destitute senior citizens to provide food, care and shelter.
- (ii) Senior Citizens' Homes for 50 elderly women including those under Sansad Adarsh Gram Yojana (SAGY) to provide food, care and shelter.
- (iii) Continuous Care Homes and Homes for senior citizens afflicted with Alzheimer's disease/ dementia for a minimum of 20 senior citizens who are seriously ill requiring continuous nursing care and respite or those who are afflicted with Alzheimer's disease/ dementia.
- (iv) Mobile Medicare Units to provide medical care to senior citizens living in rural, isolated and backward areas.
- (v) Physiotherapy Clinics for senior citizens for a minimum of 50 senior citizens per month.
- (vi) Regional Resource and Training Centres (RRTCs) monitors and provides technical support, advocacy, networking, training and capacity building for effective delivery of service by the centres for senior citizens, funded by the ministry.
- (vii) Other activities considered suitable to meet the objectives of the scheme, including implementation of the provisions of National Policy for Senior Citizens (NPSrC).

2. State Action Plan for Senior Citizens (SAPSrC):

The Government of India perceives a major and critical role of all state governments in partnering and implementing the Action Plan for welfare of senior citizens. Appreciating the critical and significant role of states/UTs, each state/UT is expected to plan and strategies taking into account their local considerations and frame their own state action plans for the welfare of their senior citizens. This state action plan may comprise a long-term strategy for five years as well as annual action plans. Department of Social Justice and Empowerment shall release funds to the states/UTs for formulation and implementation of their state action plans. Under the SAPSrC, the states are expected to put in their own funds to augment the resources available for the purpose.

While the states are free to include their own strategies and programmes as a part of their state action Plans, the design of the SAPSrC for which funding will be admissible under this sub scheme from 2020-21 onwards has been finalised which should be implemented on priority by all the States/UTs out of the funds released under NAPSrC.

3. Convergence with Initiatives of other ministries/departments in government of India in the field of senior citizens welfare (CWMSrC):

NAPSrC has identified initiatives to be taken by different Departments for the benefit of senior citizens. These initiatives would be collated, department-wise and communicated to them for proposing annual action plans in collaboration with this department.

4. Media, advocacy, capacity building, research and study, pilots and any other project aimed towards the welfare of the senior citizens and falling under the scope and coverage of the NAPSrC through NISD (NISDSrC): National Institute of Social Defence (NISD), an autonomous body of this department, is expected to be the resource centre on senior citizens in the country. It will be equipped to implement directly any project in furtherance of the objectives of the NAPSrC.

B.5 National Awards for Senior Citizens-Vayoshreshtha Samman:

In order to recognize the efforts made by eminent senior citizens and institutions involved in rendering distinguished services for the cause of elderly persons, especially indigent senior citizens, the Ministry of Social Justice and Empowerment (Department of Social Justice and Empowerment) has a scheme of National Awards for Senior Citizens to showcase the Government's concern for senior citizens and its commitment towards senior citizens with the aim of strengthening their legitimate place in the society. The scheme of National Awards for senior citizens was notified in the Gazette of India on January 22, 2013. The awards named "Vayoshreshtha Samman" are conferred on the October 1 every year on the occasion of International Day of Older Persons (IDOP).

Vayoshreshtha Sammans – National Award for Senior Citizens are conferred to eminent and outstanding institutions or organizations and individuals from different categories:

- **Institutional Category**

- i. Best institution for research in the field of ageing (citation, memento and cash award of rupees five lakh).
- ii. Best institution for providing services to senior citizens and awareness generation (citation, memento and cash award of rupees five lakh).
- iii. Best district panchayat in providing services and facilities to senior citizens. (citation, memento and cash award of rupees ten lakh).
- iv. Best urban local body in providing services and facilities to senior citizens. (citation, memento and cash award of rupees ten lakh).
- v. Best state in implementing the maintenance and welfare of parents and senior citizens Act, 2007 and providing services and facilities to senior citizens (citation and memento).
- vi. Best private sector organisation in promoting the well-being and welfare of senior citizens (citation and memento).
- vii. Best public sector organisation in promoting the well-being and welfare of senior citizens (citation and memento).

- **Individual Category**

- i. Centenarian (citation, memento and cash award of rupees two lakh and fifty thousand).
- ii. Iconic mother (citation, memento and cash award of rupees two lakh and fifty thousand).
- iii. Lifetime achievement (citation, memento and cash award of rupees two lakh and fifty thousand).
- iv. Creative art (citation, memento and cash award of rupees two lakh and fifty thousand).
- v. Sports and adventure (one each for male and female): (citation, memento and cash award of rupees two lakh and fifty thousand).

- vi. Courage and bravery (one each for male and female): (citation, memento and cash award of rupees two lakh and fifty thousand).

B.6 Rashtriya Vayoshri Yojana (RVY): Scheme for providing physical aids and assisted-living devices for senior citizens:

According to the announcement made in the Budget Speech 2015-16, the Rashtriya Vayoshri Yojana (RVY) has been formulated and launched on April 1, 2017, by Ministry of Social Justice and Empowerment. Under the scheme, aids and assistive living devices are provided free of cost to senior citizens, belonging to BPL category, who suffer from age-related disabilities/infirmities such as low vision, hearing impairment, loss of teeth and loco-motor disabilities. The aids and assistive devices, viz. walking sticks, elbow crutches, walkers/crutches, tripods/quad-pods, hearing aids, wheelchairs, artificial dentures and spectacles are provided to eligible beneficiaries. The scheme has been revised w.e.f. FY 2020-21. Under the revised schemes and programmes for the welfare of elderly persons scheme, the criteria of selection of beneficiaries have been extended to include not only those senior citizens belonging to BPL category but also senior citizens with monthly income not more than Rs 15,000 and who suffer from age-related disabilities/infirmities as mentioned above. In addition, the number of devices hitherto provided has also been increased.

Rashtriya Vayoshri Yojana is Rashtriya Vayoshri Yojana is a central sector scheme funded from Senior Citizens Welfare Fund (SCWF) and is being implemented by Artificial Limbs Manufacturing Corporation of India (ALIMCO), which is a public sector undertaking under the Ministry of Social Justice and Empowerment. The scheme is under implementation in 373 districts.

B.7 Senior Citizens Welfare Fund

A Senior Citizen Welfare Fund (SCWF) was established on March 18, 2016, as per Rule 3 of the Senior Citizens Welfare Funds Rules, 2016, published in the Gazette of India (Extra Ordinary) dated March 18, 2016. The fund shall be utilised for such schemes for the promotion of welfare of senior citizens, which are in line with the National Policy on Older Persons, including schemes for promoting financial security of senior citizens, healthcare and nutrition of senior citizens, welfare of elderly widows and other innovative schemes directed towards welfare of senior citizens. The fund comprises of the amounts available under saving schemes of the Central Government that remain unclaimed for a period of seven years from the date of the account being declared as inoperative account. The fund is administered by an Inter-Ministerial Committee (IMC) with the Ministry of Social Justice and Empowerment as the nodal ministry for administration of the fund. The committee is headed by Secretary, Ministry of Social Justice and Empowerment with the members from representatives of Department of Financial Services, Ministries of Health and Family Welfare, Rural Development, Housing & Urban Affairs, and Labour and Employment.

Schemes such as Rashtriya Vayoshri Yojana (RVY), being implemented by this ministry, is funded from this scheme. Part funding has been also received by Ministry of Health and Family Welfare, under SCWF, towards Longitudinal Ageing Study in India (LASI) and Senior Citizens' Health Insurance Scheme (SCHIS). Ministry of Civil Aviation's provision for electric golf carts at airports has been also funded under SCWF.

B.8 National Council of Senior Citizens

In pursuance of the National Policy for Older Persons (NPOP), a National Council for Older Persons (NCOP) was constituted in 1999 under the chairpersonship of the Minister for

Social Justice and Empowerment to oversee implementation of the policy and advise the government in the formulation and implementation of policy and programmes for the aged. In 2012, the NCOP was reconstituted in order to encourage more participation from every region and renamed as National Council of Senior Citizens (NCSrC).

The NCSrC advises central and state governments on the entire gamut of issues related to welfare of senior citizens and enhancement of their quality of life. It has representatives from central ministries, state social welfare departments, senior citizen associations, pensioners' associations, non-governmental organisations, experts in the field of ageing and related matters. The members of the council have tenure of three years and a meeting is held every year.

B.9 Schemes from other central ministries for the welfare of senior citizens:

The Ministry of Health and Family Welfare (MoHFW) had launched National Programme for Health Care of the Elderly (NPHCE) during 2010-11 to address various health-related problems of elderly people. The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the international and national commitments of the government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 and Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of senior citizen. The programme is state-oriented and basic thrust of the programme is to provide dedicated health care facilities to the senior citizens (>60 year of age) at various level of primary, secondary and tertiary health care.

The objectives of the programme are:

- To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community-based primary healthcare approach.
- To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support.
- To build capacity of the medical and paramedical professionals as well as the care-takers within the family for providing health care to the elderly.
- To provide referral services to the elderly patients through district hospitals, regional medical institutions.
- Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment.

Under the National Health Mission (NHM) component, primary and secondary care service are delivered through district hospitals (DH), community health centers (CHC), primary health centers (PHC), sub-centre/health and wellness centers while tertiary care services are supported by MoHFW under the tertiary component of the programme namely 'Rashtriya Varishth Jan Swasthya Yojana(RVJSY)'. These services are being provided through Regional Geriatric Centers (RGCs) located at 19 medical colleges in 18 states of India and two national centers of ageing (NCAs) one in AIIMS, Ansari Nagar, New Delhi and another in Madras Medical College, Chennai. Further, an interactive and dynamic website cum MIS of the NPHCE program me has

been initiated through Centre for Health Informatics (CHI) to provide comprehensive information along with data regarding geriatric facilities and services available through-out the country.

Pradhan Mantri Jan Arogya Yojana (PM-JAY) under the Ayushman Bharat, launched by Ministry of Health and Family Welfare in 2018, is the largest health assurance scheme in the world which aims at providing a health cover of Rs 5 lakh per family per year for secondary and tertiary care hospitalization across public and private empaneled hospitals in India to poor and vulnerable families (approximately 50 crore beneficiaries). The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC-2011) for rural and urban areas respectively. The coverage mentioned under PM-JAY also includes families that were covered in RSBY but are not present in the SECC-2011 database. PM-JAY is fully funded by the government and cost of implementation is shared between the central and state governments. PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital. It covers up to 3 days of pre-hospitalization and 15 days' post-hospitalization expenses such as diagnostics and medicines. There is no restriction on the family size, age or gender.

The Ministry of Rural Development is implementing the Indira Gandhi National Old Age Pension Scheme (IGNOAPS) since 2007. This scheme is specially intended for senior citizens, who are aged above 60 years and fall below the line of poverty as per the guidelines stated by the Government of India (GOI). Under this scheme, the beneficiary will be entitled to a monthly pension, and as this scheme is a non-contributing scheme, henceforth, the beneficiary is not required to contribute any sum in order to get the pension. The sum of pension will be given based upon the age of the beneficiary, if they are aged between 60 to 79 years, then a monthly sum of Rs 200 is offered and for people above 80 years, a sum of Rs 500 is credited.

The Pradhan Mantri Vaya Vandana Yojana (PNVVY) is a pension scheme launched by government of India in May 2017 to provide social security exclusively for the senior citizens aged 60 years and above. The scheme was available from May 4, 2017, to March 31, 2020. The scheme is now extended up to March 31, 2023, for a further period of three years beyond March 31, 2020. This is a simplified version of the VPBY and will be implemented by the Life Insurance Corporation (LIC) of India. Under the scheme, on payment of an initial lump sum amount ranging from Rs 1, 62,162 for a minimum pension of Rs 1000 per month to a maximum of Rs 15, 00,000 for a maximum pension of Rs 9,250 per month, subscribers will get an assured pension based on a guaranteed rate of return of 8% per annum payable monthly/quarterly/half-yearly/annually. The duration of the scheme will be for a period of ten years and the scheme is opened for subscription.

B. 10 Ministry of Finance provides the following facilities for senior citizens for the assessment year 2020-21.

- **Senior citizen (Age 60 years or more but less than 80 years):** A senior citizen is granted a higher exemption limit compared to non-senior citizens. The exemption limit for the financial year 2020-21 available to a resident senior citizen is Rs 3 lakhs. The exemption limit for non-senior citizen is Rs 2.5 lakhs.
- **Very senior citizen (of age above 80 years):** A very senior citizen is granted a higher exemption limit compared to others. The exemption limit for the financial year 2020-21 available to a resident very senior citizen is Rs 5 lakhs. The exemption limit for non-senior citizen is Rs 2.5 lakhs.
- Section 80TTB of the Income Tax law gives provisions relating to tax benefits available on account of interest income from deposits with banks or post office or co-operative banks of an amount up to Rs 50,000 earned by the senior citizen (i.e., an individual of the age of

60 years or above). Interest earned on saving deposits and fixed deposit, both shall be eligible for deduction under this provision.

- Section 194A of the Income Tax law gives corresponding provisions that no tax shall be deducted at source from payment of interest to a senior citizen up to Rs 50,000.
- Income tax rebates for Medical Treatment for Specified Diseases for Senior Citizens (U/S 80 DDB) and also rebate for Medical Insurance Premium for Senior Citizens. (U/S 80 D)
- Senior citizen pensioners who are of 75 years of age or above, Union Budget 2021-22 proposed to exempt them from the requirement of filing an income tax return (ITR) if the full amount of tax payable has been deducted by the paying bank.
- 0.5% high interest rate on fixed deposits by senior citizens.

B. 11 Ministry of Road Transport and Highways provides the facilities of reservation of two seats for senior citizens in front row of the buses of the State Road Transport undertakings. Some state governments are giving fare concession to senior citizens in the state road transport undertaking buses.

B.12 Ministry of Railways provides the following facilities to senior citizens:

- Fare concession in all mail / express including Rajdhani / Shatabadi / Jan Shatabadi trains for senior citizens aged female - 58 years and male 60 years and above. The element of concession is 40 % for male and 50 % for female.
- Indian Railways also have the facility of separate counters for senior citizens for purchase/ booking / cancellation of tickets.
- Wheel chairs for use of older persons are available at all junctions, district headquarters and other important stations for the convenience of needy persons including the older persons.
- Ramps for wheel chairs movement are available at the entry to important stations.

The National Carrier, Air India under the Ministry of Civil Aviation provides air fare concession in up to 50% of basic fare of normal economy class for senior citizens who have completed 60 years of age on the date of commencement of journey and on production of proof of age (photo-ID) and nationality.

B. 13 Ministry of Consumer Affairs, Food and Public Distribution provide the following facilities for senior citizens.

- Under the Antyodaya Scheme, the below poverty line (BPL) families which also include older persons are provided food grains at the rate of 35 kgs per family per month. The food grains are issued @ Rs 3 per kg for rice and Rs 2 per kg. for wheat. The persons aged 60 years above from the BPL category were given priority for identification.
- Under the Annapoorna Scheme being implemented by the States/UT administration, 10 kgs of food grains per beneficiary per month are provided free of cost to those senior citizens who remain uncovered under the old age pension scheme.

B. 14 The Chapter V of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, provides for “Protection of Life and Property of Senior Citizens”. State governments are required to prescribe a comprehensive action plan for providing protection of life and property of senior citizens. Ministry of Home Affairs, Government of India, has also issued detailed advisories dated March 27, 2008, and 15 schemes and programmes for the Welfare of Elderly Persons August 30, 2013, to all the state government /UTs, who are primarily responsible for prevention, detection, registration, investigation and prosecution of crime

including crime against senior citizens as 'police' and 'public order' are state subjects. The Ministry of Home Affairs in its advisories has advised the states/UTs to take immediate measures to ensure safety and security and for elimination of all forms of neglect, abuse and violence against old persons through initiatives such as identification of senior citizens; sensitisation of police personnel regarding safety, security of older persons; regular visit of the beat staff; setting up of toll-free senior citizens' helpline; setting up of senior citizens' security cell; verification of domestic helps, drivers, etc.

C. State Level:

- **Administrative Set-up:** Department of Social Security and Empowerment of Persons with Disabilities, Government of Odisha, is the nodal administrative department for issues related to senior citizens whereas department of health, department of home etc. are the line departments for healthcare and protection of life and property of senior citizens.

Every district has District Social Security Officer (DSSO) and every block has Block Social Security Officer (BSSO) and the nodal officers for matters related to senior citizens in the state.

Every police station has a nodal officer and is supposed to register all senior citizens of its jurisdiction to ensure their care and protection. Every SP office at district level in Odisha has a senior citizen cell.

Going by MWPSA, 2007, every district in Odisha has a District Committee for Senior Citizens with district collector as its chairperson and DSSO as the convener. This committee is supposed to sit every quarter to discuss issues of senior citizens in the district and extend support to government machinery in reaching out to the poor and needy senior citizens. There is also provision of State Council of Senior Citizens in every state as per MWPSA, 2007.

- **Maintenance and Welfare of Parents and Senior Citizens, Odisha State Rules 2009:** Odisha adopted MWPSA, 2007, and formed State Rules in 2009. Since then the National Act is application in the state.
- **Odisha State Policy for Senior Citizens, 2016:** For the first time in year 2016, Odisha brought its vision for elder care in the state through launching Odisha State Policy for Senior Citizens.
- **Madhubabu Pension Yojana:** As discussed above, in Odisha, through Madhubabu Pension Yojana, Old Age Social Security pension of Rs 500 and Rs 700 is being provided every month to poor senior citizens of age 60 to 79 years and 80+ years respectively.
- **State Awards for organizations and individuals working in the field of Age Care:** Department of Social Security and Empowerment of Persons with Disabilities, Government of Odisha, confers state awards for exemplary work in

the field of care and support to senior citizens every year since 2016 for individuals and organisations working in this field.

- **State Action Plan for Senior Citizens (SAPSrC):** Under SAPSrC, various programmes for senior citizens are planned to be taken up by state government such as provision of physiotherapy centres, provision of mobile healthcare units, and provision of geriatric care giver training centres etc.

Thus, in this section, we got to know about various efforts starting from international level to state level that have been taken and being taken to ensure a legal and administrative system to ensure rights and entitlements of senior citizens in the country and in Odisha. Establishing systems and procedures demands much more than this for all senior citizens to have access to services, facilities, rights and entitlements.

5.2.5 Need of the hour: How can we make a difference?

Sustainable Development Goals (SDGs) 2030 focuses on the theme “Leaving No One Behind” and this puts a clear agenda for all the countries, including India, to think and act for above 10% of its population and *not leave them behind* in the run to achieve the development goals. Both state and its people have strong roles to play in ensuring a life with happiness and dignity for its elderly.

The theme for IDOP -2021 by UN was “Digital Equity for All Ages” – which reiterated and emphasized on the need of elderly inclusion in the digital space, creating opportunities, devising special programmes and implementing them. It also calls for individuals to help the elderly in their family and community to access the digital way of life.

Role of the State:

In order to mitigate the ill effects of ageing population, appropriate social and economic policies need to be made. For society to adapt to ageing as well as for older population to adapt to a changing society, social policies for the elderly needs to be critically examined and suitable redesigning are required. New priorities must be added to the scarce resources for social programs for elderly, while still having to deal with the problems of the younger populations.

- Appropriate Policy Framework and Implementation:

- Geriatric Healthcare Infrastructure and Access to Healthcare (Preventive and Curative).
- Academic Focus: Studies and Research on Geriatric Issues and Challenges.
- Social Security Net for the elderly in the country.
- Age-appropriate skill building and livelihood opportunities for the elderly.
- Leisure and recreation for the elderly.

- Appropriate Legal Framework and Implementation:

- Protection from abuse and neglect
- Protection of life and property
- Provision of social security
- Provision of healthcare and access to it
- Maintenance and care

5.2.6 The Main Takeaway

It is an established fact that elders are like the roots of the tree. They are the cementing force to hold the family firmly at all times and make them strong. They are the ideal mentors for the next generations like you and can serve as crisis managers. Their very presence creates a positive environment which helps to socialize the young children.

A Story to Be Remembered and Reflected Upon

Once the people of Romania thought that the old people are unnecessary burdens on families and society. They are weak and old and are unable to do any work. So, no need to keep such people. They have already lived their lives. So, there was a collective decision to kill all the old people in the country. Accordingly, all the old people above the age of fifty were ordered to be killed. In the process, a good number of old people were killed and a storehouse of wisdom, knowledge, and experience was smashed. However, a young man who had great love and respect for his father did not want to kill him. He hid him in a cellar and took good care of him. He always took his father's advice in times of difficulty and trouble. It was kept as a secret. In the subsequent years, the country was hit by a terrible drought leading to famine in its wake. This brought lots of suffering, troubles and sickness. The stores of food grains got fully exhausted. They did not have a single grain of seed to sow on the land. They were rendered helpless and became hopeless.

The old man was observing his perturbed son from his cellar. He asked his son the cause of his worry. The son told him about the problem the country was facing. The old man thought for a while and then advised his son not to worry, and asked him to take his plough and plough up the lane in front of his house. The son did just as per his father's advice. The rains came and wheat, barley, oats, and beans began to sprout out of the ground at some places. Soon the news spread about this unheard thing. The people were surprised to see a man reaping when he had not sown anything. The old man had advised his son to do so because he knew from his experience that when the people bring their crops home many seeds drop on the ground in the way. He was sure that some seeds may be lying unnoticed in the lane in front of his house. He was proved right.

The elderly are the greatest treasure of the family, society, and nation. They have an immense ocean of knowledge, experience, and wisdom which serves as a guidepost for the younger generation like you. So, do not think of them as a burden. They are our rescuers, resources, and riches. The only gift we can make to them is to render our goodwill, respect and love and affection which will put an end to all the vulnerabilities they face.

5.2.7 Let us Sum Up:

- The objective of this chapter was:
 - To help students to understand the demographic transitions and need of focusing on elder issues.
 - To help students build a clarity on various issues and problems of elderly population and how it affects their life.
 - To help students understand the legal framework and institutional mechanisms available for Senior Citizens.
 - To sensitize students on their role in the family and society to extend supporting hand to senior citizens.

- Growing and ageing is a natural process. In India people above 60 years of age are termed as senior citizens. This refers to the definition provided in the MWPS Act 2007.
- The United Nations defines any country as “Greying Nation” where the proportion of people above 60 reaches 7 percent of its total population.
- Elderly in India face various kinds of abuse and discriminations, which can be broadly categorised into
 - Physical Insecurity
 - Financial Insecurity
 - Social Insecurity
 - Access to Healthcare
- There are five ‘Blue Zones’ in the world. The Blue Zones are five such geographic locations in the world, where most of the people are centenarians. The five blue zones are:
 - Okinawa Island in Japan
 - Sardinia in Italy
 - Nicoya Peninsula in Costa Rica
 - Ikaria in Greece
 - Loma linda in Carlifornia
- The common good lifestyle practices in Blue Zones are:
 - Embrace an Ikigai
 - Rely on plant-based diet
 - Get gardening
 - Eat more soy
 - Maintain a moai
 - Enjoy the sunshine
 - Stay active
 - Place a medical garden
 - Have an attitude
- United Nations have declared 1st October as “International Day of Older Persons” to be observed every year, worldwide.
- United Nations adopted 18 Principles for Older Persons which are to be incorporated into national programme of all nations and they are under the following four themes:
 - Independence
 - Participation
 - Self-fulfilment
 - Dignity
- The National Policy on Older Persons was announced in January 1999 to reaffirm the commitment to ensure well-being of the older persons in India. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enacted in December 2007 to ensure need-based maintenance for parents and senior citizens and their welfare.
- Govt. of India introduced National Action Plan for Senior Citizens (NAPSrC) in 2020 as an umbrella scheme to ensure financial, food, healthcare and social security of senior citizens in the country.
- There is one Senior Citizen Welfare Fund established in 2016 in India which shall be utilized for such schemes for the promotion of the welfare of senior citizens.

- National Programme for Healthcare of Elderly is an umbrella scheme for health care of elderly in India.
- PM-JAY, IGNOAPS, PM-VVY are some of the social security schemes for senior citizens in India. 5

5.2.8 Key Words

- **IDOP:** International Day of Older Persons observed on 1st October every year.
- **NAPSrC:** National Action Plan for Senior Citizens
- **SAPSrC:** State Action Plan for Senior Citizens
- **MWPSCA:** Maintenance and Welfare of Parents and Senior Citizens Act, 2007
- **IPOP:** Integrated Program for Senior Citizens
- **NPOP:** National Policy for Older People, 1999
- **Greying Nation:** A country where more than 7% of its population reached 60 years of age.
- **Blue Zones:** The geographical locations around the world, where the maximum percentage of population are centenarians.
- **Ageism:** Social, Physical and Mental discrimination on the basis of “age” of a person.
- **Ikigai:** Aim/ Objective of life
- **Moai:** the social network of a person.
- **IPSrC:** Integrated Program for Senior Citizens
- **SCWF:** Senior Citizen’s Welfare Fund
- **ALIMCO:** Artificial Limbs Manufacturing Corporation of India
- **WEAAD:** World Elder Abuse Awareness Day, observed on 15th June every year.
- **NCSrC:** National Council for Senior Citizens
- **PNVVY:** Pradhan Mantri Vaya Vandana Yojana
- **PM-JAY:** Pradhan Mantri Jan Arogya Yojana
- **SSEPD:** Social Security and Empowerment of Persons with Disability
- **DSSO:** District Social Security Officer under Govt. of Odisha, SSEPD Dept.

5.2.9 Check Your Progress

A. One-mark Questions

1. Who is a senior citizen in India?
2. Which legislation defines the age of senior citizen in India?
3. Can we consider the age of retirement to define the age of senior citizen in India? Why?
4. What do you mean by Life Expectancy at any age?
5. Which are the most prevalent disability among elderly persons?
6. Between male and female, whose life expectancy at birth is more?
7. Name the various forms of abuse faced by senior citizens in today’s society?
8. Name the various insecurities that the senior citizens face?
9. What is meant by Systemic barrier?
10. What is meant by Physical barrier?
11. Who said, “loneliness and the feeling of being unwanted is the most terrible poverty in the world”?
12. What is Ageism?

13. Mention one of the major preventable blindness category existing in India?
14. What is palliative care and why is it important?
15. What is a Blue Zone?
16. How many designated Blue Zones are there in the world? Give their names.
17. What is ikigai?
18. What is meant by the term moai?
19. What is the full form of IDOP?
20. When is International Day of Older Persons celebrated?
21. Who declared IDOP?
22. Which year was designated as “Year of Older Persons” by United Nations?
23. When was the Maintenance and Welfare of Parents and Senior Citizens Act enacted?
24. What are the major provisions under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007?
25. When were the Rules under the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 formed in Odisha?
26. What is NAPSrC?
27. What is SAPSrC?
28. What is NCOP?
29. What is Vayoshrestha Samman?
30. Name the National umbrella scheme/program for senior citizens in India?
31. Which program has been revised to be termed as National Action Plan for the welfare of Senior Citizens (NAPSrC)?
32. Who bears the total cost of implementation of IPSrC?
33. What is the role of NISD?
34. Give the full form of NISD?
35. Which scheme provides for Physical Aids and Assisted Living Devices for Senior Citizens?
36. What is Rashtriya Vayoshree Yojana?
37. Who is the nodal department to deal with matters related to Senior Citizens at State Level in Odisha?
38. Who is the nodal officer at district level to deal with matters related to Senior Citizens in Odisha?
39. When was State Policy for Senior Citizens adopted in Odisha?
40. Which scheme in the State of Odisha provides for social security pension for senior citizens?

B. Two Marks Questions

1. Why joint family system is on a decline in India?
2. What is Empty Nest syndrome?
3. Name the various forms of abuse faced by senior citizens in today’s society?
4. Name the various insecurities that the senior citizens face?
5. What is meant by Systemic barrier?
6. What is meant by Physical barrier?
7. What are the main attributes that support growth in number of elderly population in the world?
8. Who was a Panch? What was his/her role in a village society?
9. What is Ageism?
10. Mention one of the major preventable blindness category existing in India?
11. What is palliative care and why is it important?
12. What is a Blue Zone?
13. How many designated Blue Zones are there in the world? Give their names.

14. What is ikigai?
15. What is meant by the term moai?
16. How many main themes are there in UN Principles of Older Persons?
17. What are the five main themes of UN Principles of Older Persons?
18. How many principles are covered under UN Principles of Older Persons?
19. What is the role of NISD in augmenting the welfare of Senior Citizens?
20. What do you mean by “Adopt a grand Parent”?
21. What is Antodaya Scheme?
22. What is Annapoorna Scheme?
23. Why joint family system is on a decline in India?
24. What is Empty Nest syndrome?
25. What do we understand by the term ‘burden on economy’ with respect to senior citizens?
26. How will you define Ageism? Give an example from your day-to-day life.
27. Give an account of Senior Citizens Welfare Fund?
28. What is the role of National Council for Senior Citizens?
29. What are the major objectives of National Programme for Healthcare of Elder (NPHCE)?
30. How Pradhan Mantri Jan Arogya Yojana (PM-JAY) will be beneficial to senior citizens?
31. What is meant by the theme “Independence” as per the UN Principles for Older Persons?
32. What is meant by the theme “Participation” as per the UN Principles for Older Persons?
33. What is meant by the theme “Care” as per the UN Principles for Older Persons?
34. What is meant by the theme “Self-Fulfillment” as per the UN Principles for Older Persons?
35. What is meant by the theme “Dignity” as per the UN Principles for Older Persons?
36. Do you think the elderly women are doubly vulnerable than men? If yes, why?
37. What is the reason of growth in longevity of elderly population today?
38. Give an account of status of elderly women in India?
39. Why is it important to focus on issues of elderly women in India?
40. Not being ‘head of the family’ affects the quality of life of an elderly person. Discuss.

C. Five Marks Questions

1. In rural and urban India, among male and female, who is more active in income generation activities and who is more active in unpaid domestic labor? Why is it so – give your own thoughts?
2. Why joint family system is on a decline in India?
3. What is Empty Nest syndrome?
4. Why is it said that the senior citizens in our society are unheard and invisible though they share a sizable number in the demography of the country?
5. What do we understand by the term ‘burden on economy’ with respect to senior citizens?
6. Describe the Physical Insecurity being faced by senior citizens.
7. Does Elder Abuse exist in today’s Indian society? Give your thoughts on it.
8. How digital divide is considered as elder abuse?
9. Give your thoughts on Crime against senior citizens in our society.
10. Have you ever heard about Cyber Crime against senior citizens? How can it be mitigated?
11. Is there a risk to life and property of senior citizens in today’s society?
12. How will you relate loneliness and social insecurity among senior citizens?
13. What is the impact of loneliness on physical and mental health of elderly?
14. How will you define Ageism? Give an example from your day-to-day life.
15. How is economic dependence a major cause of elder abuse in India? Explain.
16. Is there a co-relation between financial security and life with dignity for senior citizens? Share your thoughts on it.

17. Is old-age dependency ratio related to abuse of elderly? How?
18. What are the major physical health issues among senior citizens?
19. What are the major mental health issues among senior citizens?
20. What may happen if we neglect the health issues of an elderly? Give your views.
21. What are the major changes needed in healthcare infrastructure for the senior citizens?
22. How can cataract impact the life of a person negatively, if not given treatment on time?
23. Give an account of the common centenarian practices of people residing in Okinawa Island of Japan.
24. Why active social life is important, especially for senior citizens?
25. Give an account of the various themes and principles mentioned in the UN Principles for Older Persons?
26. What is meant by the theme "Independence" as per the UN Principles for Older Persons?
27. What is meant by the theme "Participation" as per the UN Principles for Older Persons?
28. What is meant by the theme "Care" as per the UN Principles for Older Persons?
29. What is meant by the theme "Self-Fulfillment" as per the UN Principles for Older Persons?
30. What is meant by the theme "Dignity" as per the UN Principles for Older Persons?
31. Describe the core objectives of National Policy on Older Persons, 1999?
32. Give an account of the four sub-schemes under National Action Plan for Senior Citizens (NAPSrC)?
33. Give an account of IPSrC (Integrated Program for Senior Citizens).
34. Give an account of Senior Citizens Welfare Fund?
35. What is the role of National Council for Senior Citizens?
36. What are the major objectives of National Programme for Healthcare of Elder (NPHCE)?
37. How Pradhan Mantri Jan Arogya Yojana (PM-JAY) will be beneficial to senior citizens?
38. What are the major facilities provided by Ministry of Finance for Senior Citizens?
39. Give an account of Odisha state initiatives in terms of policies and schemes for senior citizens in the state?
40. What do you mean by "Digital Equity for all Ages"?
41. What should be the role of the state in ensuring a life with dignity for senior citizens?
42. How can a person play significant role in ensuring a life with dignity for senior citizens in their own sphere?
43. Adequate Budgetary provision is essential for the implementation of schemes and policies related to senior citizens rights and entitlements. Comment.
44. How do you think you can bring positive change in the life of a senior citizen of your neighborhood who has no one to look after?
45. What role do you see as a citizen of the country that you can play to help the indigent senior citizens of the country?
46. How the provisions under The Maintenance and Welfare of Parents and Senior Citizens, Act, 2007 beneficial for senior citizens, explain.
47. How the youth in India can play a role in helping senior citizens in the country lead a life with dignity and respect?
48. Write a short note on importance of Active Ageing?
49. Why you should prepare for your Old Age from an early age? Give reasons?
50. Should there be more Old Age homes to accommodate Senior Citizens in our country? Give your views.
51. Institution should be last resort for any senior citizen. Explain.
52. What do you mean by "Adopt a grand Parent"?

5.2.10 Suggested Reading

1. <https://www.financialexpress.com/money/why-should-india-consider-increasing-the-retirement-age/2129403/>
2. <https://www.mospi.gov.in/documents/213904/301563/Elderly%20in%20India%2020211627985144626.pdf/a4647f03-bca1-1ae2-6c0f-9fc459dad64c>

Unit-V

Vulnerable Sections of Society: Understanding their Issues

5.3 Issues Relating to Persons with Disability

5.3.0 Objectives

5.3.1 Introduction

5.3.2 What is Disability?

5.3.2.1 Definition and Terminology

5.3.2.2 Who is a Disabled Person?

5.3.3 Types of Disability

5.3.3.1 Physical Disability

5.3.3.2 Sensory Disability

5.3.3.3 Somatosensory Impairment

5.3.3.4 Balance Disorder

5.3.3.5 Intellectual Disability

5.3.3.6 Mental Health and Emotional Disability

5.3.3.7 Developmental Disability

5.3.3.8 Invisible Disability

5.3.3.9 Multiple Disability

5.3.3.10 Specific Learning Disability

5.3.4 Factors Responsible for Disability

5.3.5 Issues Relating to Persons with Disability

5.3.5.1 Rights of PWD

5.3.5.2 Affirmative Action

5.3.5.3 Prevention of Discrimination

5.3.5.4 Providing Equal Opportunity

5.3.5.5 Various Schemes for Empowering PWD

5.3.5.6 Social Justice for PWD

5.3.5.7 Ethics in Vocabulary

5.3.6 Let us Sum-up

5.3.7 Keywords

5.3.8 Check your Progress

5.3.9 Suggested Reading

5.3.0 Objectives

- To create an idea about the concept of disability, its types, and the situation of its occurrences.
- To provide basic knowledge on the rights of disabled persons and the responses of the state through policies, programmes, schemes and institutional support systems.
- To enable the students to strive to create an ethically sound and responsible society for the disabled population.

5.3.1 Introduction

The issue of disability is one of the most important concerns of all time. It is a part of human life. At some stage or other, every human being experience disability either temporarily or permanently. Some are born disabled and some acquire disability in the society at a later stage. They are also said to be differently-abled and specially-abled possessing a unique set of abilities and perspectives. The disabled or specially-abled individuals are one among us. So, they need to be educated, motivated, supported and cared to enable them to have access to the basic needs of lives and opportunities in society. A person with any type of disability must be provided adequate opportunity to acquire skills.

Disabilities take different forms. It may take the form of intellectual disability, learning disability, or physical disability that happens due to the dysfunctioning, non-functioning or malfunctioning of certain body properties. Due to disabilities, the movement of a person is curtailed. Disability affects the person's movements, senses and limits his/ her activities. So, disabled people face a lot of constraints and challenges of life.

It is noted that persons with disabilities are one of the most marginalized and vulnerable groups in the society. Along with their physical and mental challenges, they face social discrimination and stigmas. They are deprived from many life opportunities. According to studies, PWDs often have lower education accomplishments, poorer health conditions, higher poverty rates, and less economic engagement than people with good health conditions. Now the time has come to change the existing disability culture by changing the popular perception and to create a consciousness for attitudinal reforms towards them, to educate the society that persons with disability are no less in terms of their capability. They need to enjoy their child rights and human rights. They are also very capable of productive work.

“Disability is a matter of perception. If you can do just one thing well, you're needed by someone.” Martina Navratilova

The said problems of disabled persons can be avoided and prevented from the very early stages by creating societal awareness among the people and generating confidence and positive attitude among them. In the following pages of this unit, we are going to discuss what we mean by disability, what are its types or forms, what contributes to creating disability, what are the challenges faced by disabled persons, what are the supportive provisions laid down for them, what will be our ethical concerns for them and what will be our responsibility to create a disabled-friendly ecosystem.

Do you know?

- The recent (2023) report of WHO suggests that 1.3 billion people of the world experience significant disability.
- At least 1 in every 6 experience disability in some form or the other.
- They represent 16% of the world's population.
- In India, 2.21% of Indian population amounting to 2.68 crore (26.8 million) people are disabled.
- Odisha is a home to 12,44,402 to disabled persons.

Disabled Heroes from Global to Local

- Ludwig van Beethoven a successful music composer was suffering from hearing impairment.
- Helen Keller was the first deaf and blind person to earn a Bachelor's degree in Arts.
- Alexander Graham Bell, a person with dyslexia, was the inventor of the telephone.
- Prof. Stephen Hawking, eminent theoretical physicist with motor neuron disease, discovered new ideas relating to the functioning of the universe.
- The great Greek poet Homer was blind.
- The Dutch tennis player in a wheelchair Esther Vergeer has won 48 Grand Slam tournaments.
- Bhima Bhoi, a blind poet of Odisha, founded a religious system Mahima dharma.

5.3.2 What is Disability?

5.3.2.1 Definition and Terminology

The term 'disability' refers to a physical or mental condition that limits a person's movement, senses or activities. In other words, disability is an impairment of the body and mind. The individual is unable to do certain activities. There is a limitation of activity for the disabled person. They do not fit into the normal. The individual having physical problem, mental problem, intellectual problem on sensory impairments, creates difficulty to do any work. These impairments or defects may be present from birth. They are also designated as PWD (person with disability). The abbreviation of PWD - 'person with disability' - is used for all official purposes. The "Department of Empowerment of Persons with Disabilities" under Ministry of Social Justice and Empowerment, Government of Odisha is facilitating the unique Disability Identity card to disabled persons. The persons having any kind of disability can obtain a PWD certificate or come under PWD categories for official purposes on availing any schemes or facilities provided by the government. The other term used as a substitute is differently-abled. The term differently-abled refers to "lack of normal functioning of physical, mental or psychological processes". It is also defined as learning difficulties or difficulties in adjusting socially that creates an obstacle in a person's normal growth and development. Terms like crippled and handicapped are also used for these people.

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities and interact with the world around them (participation restrictions).

The term disability is no longer an accepted term. It is progressively being associated with many positive terms to increase the level of the self-efficacy of this group and to change the attitude of their surrounding people about them. The basic motto being “do not look at the disability, but look at their ability”.

The positive terms that can identify the disables are:

- **Specially-abled** – The term specially-abled is used in broader sense. It means “someone has different capabilities than the average person”. All human beings have some qualities and capabilities special within them and some weaknesses too, and so do specially-abled people. In our environment, it becomes our responsibility to focus on their strengths, instead of their weaknesses so that they can enjoy their life like us. We need to accept them as equal and not as someone who need to be pitied.
- **Para ability** - On the eve of the 2016 Paralympics, people with disabilities demanded the term disability to be replaced by para-ability meaning supplementary ability though not full ability. The term was devised by Jan Cocks, who was permanently paralyzed on her right side.
- **Divyanga** - Prime Minister Narendra Modi gave a clarion call to name persons with disability “divyang”, who are possessed with divinity. The literal meaning of the term is divine organ.

5.3.2.2 Who is a Disabled Person?

The United Nation Convention on the rights of the persons with disabilities defines the term disability as long-term physical, mental, intellectual or sensory impairment that in interaction with various barriers may hinder full and effective participation of the individual in society or an equal basis with others. In simple terms, if any physiological or psychological problem is found in a person, then s/he is called as a disabled person. The term disability includes impairment, activity limitations and participation restrictions.

- Impairment is a problem in body function or structure.
- An activity limitation is a difficulty encountered by an individual in executing a task or action.
- A participation restriction is a problem experienced by an individual involvement in life situations.

In fact, the disability condition of the human body is a natural phenomenon. One cannot have control over it. The mother who even conceives the child does not have control over it. The healthy child’s birth depends on many factors like - mother’s health condition, food habits, food choice during pregnancy, blood group of father and mother, mother’s mental health etc. The disability condition of the body can be identified from the following characteristics:

- Inability to do a task
- Easily distracted
- Poor time management skills

- Difficulty in preparing class assignments
- Difficulty in understanding the subjects
- Difficulty in accessing in a physical environment

So, disability is a part of being human. Everyone will temporarily or permanently experience disability at some point in their life. According World Health Organization, around 15% of the global population is currently experiencing disability. So, disability is a health condition which requires be understood, accepted as a common aspect of life and supported with treatment.

5.3.3 Types of Disability

5.3.3.1 Physical Disability

Physical disability refers to the disability of a physiological condition of the person, limitation on a person's physical functioning, mobility, stamina, impairments of the body organs, respiratory disorder, blindness, dwarfism and autism etc. These physical disabilities are found in many aspects of body conditions. Any type of disability found in the body system is known as physical disability. This physical disability is categorized into various types:

- **Mobility impairment:** Disability in mobility. It happens due to loss of upper or lower limb, damage to multiple organs of the body. It also happens due to broken skeletal structure. It is sometimes natural and sometimes it is an acquired problem - consequence of a disease.
- **Visual impairment:** This includes various injuries of the eyes which affects the vision.
- **Hearing loss:** It is the total inability to hear. In this condition one cannot hear any sound. Physical disability is generally found in three aspects, i.e., mobility impairment, visual impairment and hearing loss.

5.3.3.2 Sensory Disability

Sensory disability refers to the disability related to five senses of the body. It generally refers to neurological disorder which affects the human brain to process sensory information, i.e., sight, hearing, taste, touch and smell. The sensory disorders lead to sensory disability in the following forms such as:

1. Autism Spectrum Disorder (ASD)
2. Blindness and low vision
3. Sensory processing disorder (SPD)
4. Deafness or loss of hearing

The above disabilities are the most difficult health condition which requires a doctor's consultation and continuous treatment. Let us understand how these above disability conditions affect the human body system.

1. Autism Spectrum Disorder (ASD)

It is one of the developmental disabilities which hampers social, behavioral and communication functions. The individual who suffers from this problem has the following symptoms:

- Not showing interest towards an object.
- Not looking at an object when another person points at them.
- Having trouble while relating to others.

- Avoiding eye contact and wanting to be alone.
- Having trouble understanding other people's feelings and sometimes talking about their own feelings.
- Repeating the words again and again.

2. **Blindness and low vision**

Blindness and low vision include all the aspects of visual impairment. Blindness refers to complete visual impairment whereas low vision refers to a visual condition of the eye which affects the daily activity or performances during reading, writing, driving and recognizing an individual from a distance. A person with low vision may not recognize images at a distance and also not able to differentiate colours from a distance place. There are many causes of this disability such as:

- Cataract
- Age-related muscular degeneration
- Glaucoma
- Trachoma
- Refractive errors

3. **Deafness / loss of hearing**

The deafness or loss of hearing is one of the common disability conditions. In this type of sensory defect, the individual faces a lot of problems in daily life. It is of four types:

- Conductive hearing loss
- Sensori-neural hearing loss
- Mixed hearing loss
- Auditory Neuropathy Spectrum disorder.

Let us understand how these disabilities affect the life.

- **Conductive hearing loss**

Hearing loss is caused by something that stops sounds from getting through the outer or middle ear. This type of hearing loss can often be treated with medicine or surgery.

- **Sensori-neural hearing loss**

This type of hearing loss occurs when there is a problem in the way the inner ear or hearing nerve works.

- **Mixed hearing loss**

This type of hearing loss includes both the conductive and a sensori-neural hearing loss.

- **Auditory Neuropathy Spectrum disorders**

In this type of hearing loss when the sound enters the ear normally because of damage to the inner ear or the hearing nerve so the sound cannot reach the brain in an organized way.

These hearing disabilities are generally caused due to following reasons:

- Maternal rubella, syphilis or certain other infection during pregnancy
- Low birth weight
- Birth asphyxia (lack of oxygen at the time of birth)
- Inappropriate use of drugs during pregnancy

4. Sensory processing disorder

This type of sensory disability is otherwise known as sensory integration function. It is a neurological disorder which affects the body's ability to interpret sensory messages from brain and convert those messages into appropriate motor and behavioral responses. Sensory processing disorder makes the patients difficulties in filtering the right message from environment. These types of disabilities also have the following symptoms:

- Unable to tolerate bright lights and loud noises
- Sometimes refuse to wear clothing because it feels scratchy
- Be distracted by background noises
- Fearful of surprise touches - avoid hug and cuddling
- Having trouble in understanding family relations

5.3.3.3 Somatosensory Impairment

'Somatosensory Impairment' means one's ability to effectively process sensory information received by the skin's sensory receptors is affected. In other words, it affects the individual's ability to feel pain, light, touch and also determines the temperature. It can be caused by many health conditions such as stroke, cerebral palsy and brain injury. This impairment makes a person unable to feel the position of limb on the space, pain and numbers over the body. The somato-sensory system is an important system of the body that is concerned with the conscious perception of touch, pressure, pain, temperature, position, movement and vibration that generally happens from the muscles, joints and skin.

This somato sensation is of five types:

- **Mechanoreceptors** – Perfects the deformation of tissues.
- **Thermoreceptors** - Detects changes in temperature.
- **Proprioceptors** – Detects changes to limb position and movement detection.
- **Pain receptors (nociceptors)** - Neural processing of injurious stimuli in response to tissue damage.
- **Chemoreceptors** – Detects changes and is responsive to chemical stimuli.

The somato-sensory impairment leads to disability of the individual in movement, in sensing, imbalancing the body temperature and no sensation over the skin. It has the following symptoms:

- Disrupted movement coordination
- Deceased sense of movement
- Numbers to affected areas
- Pain (affecting daily activities such as walking)
- Reduced sensation in one or more areas of the body

The somato-sensory impairment makes the individual completely disabled but it can be treated with the consultation of doctor.

5.3.3.4 Balance Disorder

Balance disorder is also a kind of disability of the human body. In this condition, one will not have control over the body. If you are standing, sitting or lying down, you might feel

as if you are moving, spinning or floating. In this problem, if you are walking then, you might suddenly feel as if you are at the end point on extreme point (for ex – the peaks of the mountains were tipped with snow). This is a type of dizziness of the body. There are many symptoms of this balance disorder:

- Dizziness or vertigo (a spinning sensation)
 - Falling on feeling as if you are going to fall
 - Staggering when you try to walk
 - Light headedness, fairness of floating sensation
 - Blurred vision
 - Confusion or disorientation
 - Nausea and vomiting
 - Changes in heart rate
-
- Blood pressure
 - Fear, anxiety or depression and panic

The balance is an acute disorder for the human body. It arises due to the following causes:

- Continuous medications
- Ear infection
- A head injury
- Low blood pressure
- Eye muscle imbalance

This type of disorder is also leads to disability of the human body but can be treated with proper consultation with specialists and medicines.

5.3.3.5 Intellectual Disability

The term ‘intellectual disability’ refers to a term when there are limits to a person’s ability to learn at an expected level. Intellectual disability can be caused by a problem which may persist at any point of time before child turns 18 years. In this type of problem, the child may face learning disorder. S/he may not be able to capture or understand learning concepts. This type of problem starts before birth. There are certain common causes identified for intellectual disability. They are also follows:

- Caused by some injury
- Caused by some disease
- A problem in the brain
- Down syndrome
- Fetal alcohol syndrome
- Fragile X syndrome
- Genetic Condition
- Birth defects
- Infections happen before birth
- Serious head injury
- Stroke
- Any infections over the body

Intellectual disability not only makes a person disabled but also makes one a poor learner. Symptoms can be noticed only when a person has severe intellectual disability. The said symptoms are:

- Sit up, crawl or walk later than other children
- Learn to talk later or have trouble speaking
- Find it hard to remember things
- Have trouble in understanding
- Have trouble in solving problems
- Have trouble in understanding any logical concepts

The disability is directly connected with brain so it should be identified early and consulted for treatment.

5.3.3.6 Mental Health and Emotional Disability

Mental health means the 'condition of the mind of an individual' while emotional disability refers to 'a disability that impacts a person's ability to effectively recognize, interpret, control and express fundamental emotions. Emotional disability and mental health of an individual must be balanced so that behavioural problem does not arise. There are certain characteristics of emotional disturbances are identified by "The Individuals with Disabilities Education Act of 2004". The disabilities are identified from the following characteristics such as:

- Internal behaviours are observed in students who are depressed, withdrawn and anxious.
- External behaviours are aggressive.
- Low incidence behaviours is triggered by particular environment

It is a type of behavioural disability because the emotions often influence our actions. If it can be rectified, then mental well-being/health can be maintained. Our body and mind are regulated by emotion. Emotions control our behaviour. So, emotions need to be controlled for disciplining our life and behaviour.

5.3.3.7. Developmental Disability

Developmental disabilities are varied in nature. There are many factors responsible for developmental disabilities. It can also be treated through proper consultation with doctor or specialist.

The term 'developmental disability' consists of three disabilities of the individual: cognitive, emotional or physical impairment. It is the impairment of sensory and motor development. These health problems lead to delay in progressing through the normal developmental stages of childhood. It is generally a chronic condition that causes many difficulties in certain aspects of life. The most common developmental disabilities are:

- Motor disorders
- Learning difficulties such as dyslexia, Tourette's Syndrome, dysgraphia, Iren Syndrome and dyscalculia.
- Autism and Asperger Syndrome (difficulties in communication) .

- **Down Syndrome** – It is a genetic condition in which people are born with extra copy of chromosome 21.
- **Fragile X Syndrome** – Causes autism and intellectual disability.
- **Pervasive development disorder**- Causes difficulty in social communication and behavioural problem.
- **Fatal Alcohol Spectrum Disorders** — Caused due to alcoholic mother.
- **Cerebral Palsy** –Affects a person’s ability to move and maintain balance and posture.
- **Intellectual Disability** – Known as mental retardation (IQ is below 70).
- **Attention Deficit Hyperactivity Disorder** - It is known as ADHD that affects the attention span, cognition, self-control and emotional regulation.

5.3.3.8 Invisible Disability (NVD)

Invisible disability means hidden disability on non-visible disabilities. These disabilities are not identified immediately. They are chronic illnesses that affect the daily activities of individuals. Many a times some people have visual or auditory disability but are not aware of it. Sitting disability is a condition that leads to joint pain, backache and leads to chronic pains. These hidden disabilities cause a lot of problems like difficulty in going to school, workplace and many other works in day-to-day life. These disabilities create a lot of problem for the individual but people around cannot understand it properly. It is very difficult to identify these disabilities. This disability may lead to losing of social contact, making friends, and makes you lazy, inefficient and a weak personality. It would be better to identify the problem early and take appropriate treatment for health.

5.3.3.9 Multiple Disability

The term ‘Multiple Disability’ refers to disability in many aspects of health. If someone is having several different disabilities like difficulties in learning, difficulties in hearing, autism and difficulty in motor movements then that the individual is suffering from multiple disability. Multiple disability has characteristics such as impaired physical mobility, hearing loss, vision loss, autism, abnormal curvature of spine and hydrocephalus (an increased amount of fluid within the brain causing pressure). There are many causes leading to multiple disability, i.e., chromosomal abnormalities, viral infections, drug and alcohol use during pregnancy, mother’s malnutrition and physical trauma of the mother. This disability leads to mobility problem, behavioural problem and emotional problem. According to Crow (2008), these disabilities are divided into 4 categories – visual, auditory, mobility and cognitive. Multiple disability is severe disability condition of an individual. It’s very difficult to accommodate in day-to-day life. It requires proper treatment and social support.

5.3.3.10 Specific Learning Disability (SLD)

‘Specific Learning Disability’ is a neuro-developmental disorder that affects an individual’s abilities. A person having such disability problem cannot listen, speak, read, write or make calculations. This type of disorder usually begins at an early age and it is easy to identify the learning difficulties in childhood. The learning defects include dyslexia, dysgraphia and dyscalculia. There are symptoms of specific learning disability by which one can detect it early:

- Persistent difficulties in reading, writing, arithmetic or mathematical reasoning

- Inaccurate or slow reading and writing
- Poor written expression that lacks clarity
- Difficulties in remembering number facts
- Inaccurate mathematical reasoning
- Forgetfulness

The specific learning disabilities can be treated with proper practice, exercise and medical treatment.

5.3.4 Factors Responsible for Disability

A disabled person, specially-abled person or person with disability (PWD) is identified with symptoms like blindness, low vision, speech disability, hearing disability, disability in movement, physical deformities, mental disability and sensory disability etc. These disability conditions of the human body are sometimes due to natural processes or sometimes acquired due to severe health problem or chronic diseases. As a student, we must be aware of the facts why this disability generally occurs over the body and affects the body functionality and paralyses the body systems. There are many factors responsible for causing this disability. Those are as follows:

1. **Communicable diseases** – Communicable diseases or infectious diseases like – HIV/AIDS, tuberculosis, neurological diseases like encephalitis, meningitis, measles, mumps and poliomyelitis generally contribute to disability condition of the body. One can get treated and cured at an early stage.
2. **Non-communicable diseases (NCDS)** - There are many types of non-communicable diseases that affect the general growth and development of the child. Chronic diseases like cancer, diabetics, cardio-vascular diseases lead to long term disability of the body system. Besides, one's personal lifestyle issues such as obesity, consumption of tobacco, alcohol consumption, illicit drugs, occupational stress and malnutrition also causes different disease condition that leads to physical problem and disability.
3. **Injuries** - Injuries sometimes lead to disability condition of the body. Injuries due to accident, occupational injuries due to violence and conflicts, injury due to any natural phenomena leads to disability. In some cases, a child can also get injured during Caesarean section birth. A child can also get injured if the mother suffers from deadly diseases during pregnancy. There are major factors leading to disability of the child. Most importantly, brain injury during the birth process leads to death of the child or complete disability.
4. **Mental health problem** – Mental health problem is one of the major causes for disability condition. If the child suffers from mental retardation or mental illness then this condition also leads to mental disability. Mental retardation is caused due to wrong mediation during pregnancy, repeated x-rays before birth, drug consumption and also due to poor diet pattern and maternal health condition. Mental illness arises due to emotional instability, indiscipline lifestyle and ageing disorder. So, these two are factors which also lead to disability condition of the body.
5. **Lack of knowledge** — Parents are the real doctor for a child. They help the child to grow in a healthy manner. It requires knowledge about food habit, hygiene, sanitation, nutritional content of the food stuff, immunization schedules, health check-up, proper

6. medication during ill health and especially mother's diet during pregnancy and care during pregnancy. One should consciously learn about it. Any negligence during these aspects will lead to disability condition; for example – Vitamin A deficiency leads to night blindness and it leads to chronic condition that may lead to blindness at an early age. So, parents' lack of knowledge leads to disability condition of the child.

5.3.5 Issues relating to persons with Disability

5.3.5.1 Rights of PWDs

It needs to be kept in mind that specially-abled persons need to enjoy their rights as human beings. Disability in any form does not bring a break in their desirability. It is the society that stigmatizes them, prevents them and declares them as disadvantaged one. This makes them shy and withdrawn. Progressively, it is noted that persons having some disability are able to do wonders, which makes them recognized, and their special ability makes them different.

Disability counts nothing before desirability: Story of Sailesh Ramakrishnan

Sailesh Ramakrishnan, a professional structural engineer and entrepreneur by passion, was born and brought up in Bangalore. At the age of 5 months, he was diagnosed with spina bifida. And from then on, he was not able to use his legs. Until the age of 16, he could only travel with crutches. He got his first two-wheeler when he was 17 years old, which made him discover the traveler in him. This led him to discover his passion for travelling which he claimed as his life. Today with the steering of a car in his hands, he achieved a sense of liberation that is unfamiliar to a man with a disability. We live in a society where a person with a disability has to live with lots of restraints, but driving has made me feel the freedom that I have never felt before. He drives a car which has been customized so that he can handle both the brakes and accelerator with his hands. These modifications have helped him build an inclusive vehicle for self. Today, Sailesh owns a couple of cars that are modified for him and he has accumulated driving experience of more than two lakh kilometers from Kashmir to Kanyakumari. This shows how strong desirability and positive attitude towards physically-challenged persons can infuse them with new spirit and challenges can be converted into opportunities for them.

Do you know?

Kamala Kanta Nayak, a 28-year-old who suffers from paralysis from the waist down below, is a para-athlete from Odisha's Puri district who created a new Guinness World Record for the maximum distance covered on a wheelchair. He covered a distance of 215 kilometers in 24 hours using 'NeoFly', created by the Indian Institute of Technology (IIT), Madras. He broke the record of Mario Trinidad of Portugal who covered 182 kilometers in 24 hours at Vila Real Stadium in Vila Real in Portugal in 2007..

Awareness regarding the 'rights of PwDs' must be created among young students. PwDs are members of the society and need to be treated as equal stakeholders of opportunities and resources available in the society. So, one should know what facilities are there for people having any kind of physical, mental or sensory problems. The society must give support to our dearest and nearest ones who are having such problem. Article 19 of United Nations

Convention on the Rights of Persons with Disabilities (CRPD) is important because “it is a tool for ensuring that people with disability have access to the same rights and opportunities as everybody else”. Persons with disabilities suffer from discrimination and are also denied chances to work, attend school and participate in society affairs. The convention tries to cover many areas of difficulty for the disability like physical access to buildings, roads and transportations and access to information through written and electronics communication and the Article 19 of the CRPD requires countries to take appropriate steps to ensure that people with disability have the same rights as others to live, take part and be included in the community. Disability is a condition of the body or sometimes a deterioration of the mind. Let us accept it as a part of our life and extend support to our friends, brothers and sisters who are the real sufferers. It’s our responsibility to hand hold and equip them to lead a happy and capable life.

Let us know about legal provision for persons with disabilities:

Fundamental Rights for disabled under the constitutional provision:

1. The Constitution secures to the citizens including the disabled, right of justice, liberty of thought, expression, belief, faith and worship, equality of status and of opportunity and for the promotion of fraternity.
2. Article 15(1) enjoins on the government not to discriminate against any citizen of India (including disabled) on the ground of religion, race, caste, sex or place of birth.
3. Article 15(2) states that no citizen (including the disabled) shall be subjected to any disability, liability, restriction or condition on any of the above grounds in the matter of their access to shops, public restaurants, hotels and places of public entertainment or the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of government funds or dedicated to use of the general public. Women and children and those belonging to any socially and educationally backward classes or the scheduled castes and tribes can be given the benefit of special laws or special provisions made by the state.
4. There shall be equality of opportunity for all citizens (including the disabled) in matters relating to employment or appointment to any office under the state.
5. No person including the disabled can be treated as an untouchable. It would be an offence punishable in accordance with law as provided by Article 17 of the Constitution.
6. Every person including the disabled has his/her life and liberty guaranteed under Article 21 of the Constitution.
7. There can be no traffic in human beings (including the disabled) and beggar and other forms of forced labour are prohibited and same is made punishable in accordance with law (Article 23).
8. Article 24 prohibits employment of children (including the disabled) below the age of 14 years to work in a factory or mine or to be engaged in any other hazardous employment. Even a private contractor working for the government cannot engage children below 14 years of age in such employment.
9. Article 25 guarantees to every citizen (including disabled) the right to freedom of religion. Every disabled person (like the non-disabled) has the freedom of conscience to practice and propagate his/her religion subject to proper under , morality and health.

10. No disabled person can be compelled to pay any taxes for promotion and maintenance of any particular religion or religious group.
11. No disabled person will be deprived of the right to the language, script or culture which he has or to which he belongs.
12. Every disabled person can move the Supreme Court of India to enforce his/her fundamental rights and the right to move the Supreme Court is guaranteed under *Article 32*.
13. No disabled person owning property (like the non-disabled) can be deprived of his/her property except by authority of law though right to property is not a fundamental right. Any unauthorized deprivation of property can be challenged by suit and for relief by way of damages.
14. Every disabled person (like the non-disabled) on attainment of 18 years of age becomes eligible for inclusion of his/her name in the general electoral roll for the territorial constituency to which s/he belongs.

Constitutional Framework for disabled in India

Article 41 of the Directive Principles of State Policy (DPSP) states that the state shall make effective provision for securing right to work, to education and to public assistance in cases of unemployment, within the limits of its economic capacity and development.

Legislations for Disabled

Right of Persons with Disabilities Act, 2016

- The Act replaces the Persons with Disabilities (equal opportunities, protection of rights and full participation) Act 1995.
- Persons with disabilities means a person with long term physical, mental, intellectual or sensory impairments which in interaction with barriers, hinder his full and effective participation in society equally with others.
- Person with benchmark disability means a person with not less than 40% of a specified disability.
- Measurable parameters have been developed by certifying authorities
- Disability has been defined based on an evolving and dynamic concept.
- Principles stated to be implemented for empowerment of persons with disabilities (PwDs) are respect for the internal dignity, individual autonomy including the freedom to make one's own choices and independence of persons. The principles reflect a paradigm shift in thinking about disability from a social welfare concern to human rights issue.
- The types of disabilities have been increased from 7 to 21. The Act added mental illness, autism spectrum disorder, cerebral palsy, muscular dystrophy, chronic neurological conditions, speech and language disability, thalassemia, haemophilia, sickle cell disease, multiple disabilities including deaf blindness, acid attack victims and Parkinson's disease which were largely ignored in earlier Act. In addition, the government has been authorized to notify any other category of specified disability.

Salient Features

The Rights of Persons with Disabilities Bill 2016

Types of disabilities have been increased from existing 7 to 21

- Blindness
- Low-vision
- Leprosy Cured persons
- Dwarfism
- Intellectual disability
- Mental illness
- Cerebral palsy
- Specific learning disabilities
- Speech and language disability
- Hearing impairment (deaf and hard of hearing)
- Muscular dystrophy
- Acid attack victim
- Parkinson's disease
- Multiple sclerosis
- Thalassemia
- Haemophilia
- Sickle cell disease
- Autism spectrum disorder
- Chronic Neurological conditions
- Multiple disabilities including deaf blindness

5.3.5.2 Affirmative Action

The steps by the appropriate government for disabled persons are notified from time to time. Many schemes and provisions are framed for disabled persons. The following are affirmative actions adopted to support disabled persons:

1. Preferential allotment of land at concessional rates for building houses, settling up business, setting up recreation centers, establishment of special schools, establishment of research centers and establishment of factories, etc.
2. Non-discriminatory actions are taken in the following areas:
 - Adapt rail compartments, buses and aircrafts in such a way as to ensure easy access to such persons.
 - Adapt toilets in rail compartments, aircraft and waiting rooms in such a way as to permit wheel chair users to use them conveniently.
 - Install auditory signals at red lights in public roads.
 - Ensure curb cuts and slopes in apartments for easy access of wheel shape
 - Engraving on the surface of the zebra crossing for the blind or persons with low vision.
 - Devising appropriate symbols of disability
 - Warning Signals at appropriate places
 - Ramps in public building
 - Braille symbols and auditory signals in elevators on lifts

- Ramps in hospital, primary health centers and rehabilitation unit
- In services promotion shall not be denied to a person merely on the ground of disability
- Reservations to PWD candidates at schools, colleges and service section are facilitated
- The persons with disabilities as (Equal opportunities, protection of Rights and Full Participation) Act, 1995 had come in enforcement in February 7, 1996. It is a significant step which ensures equal opportunities for people with disabilities and their full participation in the nation building

The affirmative actions are initiated time to time to provide support.

5.3.5.3 Prevention of Discrimination

Disability discrimination refers to being treated less well, ill treatment or debarred from any right. Treating a disabled on equal term in different platforms is a responsibility. The Equality Act, 2010, says that you must not be discriminated against because:

- ✓ You have a disability.
- ✓ Someone thinks you have a disability (discrimination by perception).
- ✓ You are connected to someone with disability (discrimination by association).

It is not unlawful discrimination to treat a disabled person more favorably than a non-disabled person. The Equality Act always focuses to provide equal treatment to a disabled person. Generally, there are six types of disability discrimination found in society:

- Direct discrimination
- Indirect discrimination
- Failure to make reasonable adjustments
- Discrimination arising from disability
- Harassment
- Victimization

Let us understand the different ways people discriminate the disabled that is not at all acceptable by law. It's an offence. The society should be more conscious of the vulnerable sections with all sensitivity, care, love, affection and co-operation. The types of discriminations are explained as:

1. **Direct discrimination** – This happens when someone treats you worse than another person in a similar situation because of disability.
2. **Indirect discrimination** – It happens when an organization has a particular policy or way of working which has an adverse impact on disabled person in comparison to a healthy person.
3. **Failure to make reasonable adjustments** -- The disabled people can experience discrimination if the employer of an organization doesn't make a reasonable adjustment. This is known as a 'failure to make reasonable adjustments. For example - if an employee is having any mobility impairment and needs a parking space close to the office but the employer only provides parking place to the senior managers and refuses to provide parking place near to the office. The employers, services providers and the organizations must make arrangements for the persons with disability that can be easily accessible.

4. **Discrimination arising from disability** - This type of disability discrimination is a common attitude found among people. The Equality Act also protects people from discrimination arising from disability. Discrimination arising from disability is unlawful unless the organization or its creator has sufficient reasons for such treatment. It's an offence if someone does not make any arrangement at workplace for a disabled person.
5. **Harassment** — It is a type of bad behaviour. It occurs when someone treats you in a way that makes you feel humiliated, offended or degraded. These are many forms of harassment such as physical and mental. If a disabled person is harassed by anyone, then s/he is be punishable by law.
6. **Victimization** — This is a condition when someone complains of discrimination under Equality Act. It can also occur if you are supporting someone who has made a complaint of discrimination. It is always lawful to treat a disabled person more particularly with all support than a non-disabled person.

So, the discrimination or discriminating the individual or not supporting in any way or showing very bad behaviour, harassing and making someone victimized amounts to unlawful activity. One can be penalized under law. The crime lies with the person's attitude, behaviour and understanding. As conscious and sensitive citizens, let us avoid such behaviour and join hands to support persons having any kind of disability.

5.3.5.4 Providing Equal Opportunity

It is one of the important responsibilities for all the stakeholders of society. The objective of the 'Equal opportunity policy for persons with disabilities' is to ensure that persons with disabilities enjoy the right to equality, life with dignity and respect and equality with others. Facilitating equal opportunity is a policy and practice which provides genuine equality of opportunity to all employees, regardless of gender, age, ethnic origin, marriage, religion and disability. This equal opportunity policy is implemented to provide transparency and accountability, provide fair treatment and justice in all respects. So, a disabled person will not be affected by any unlawful or discriminatory attitude of his/her employer or organization as a whole. Providing equal opportunity is a policy guideline which helps in decision making, career progression, training, facilities and also providing a conducive environment to work for all categories of people or employees.

5.3.5.5 Various Schemes for Empowering PwDs

There are various schemes launched by government for empowering persons with disabilities. A list of various schemes is given below for helping persons who come under the umbrella of disability.

- **SAMARTH** — A scheme to provide respite home for orphans, families in crisis, persons with disabilities (PwD) from below poverty line (BPL), low-income group (LIG) families with at least one of the four disabilities concerned under the national Act.

- **GHARAUNDA** — (Group home for adults) — This scheme provides housing and care services throughout the life of a person with autism, cerebral palsy, mental retardation and multiple disabilities.
- **NIRAMAYA** — This scheme aims to provide affordable health insurance to persons with autism, cerebral palsy, mental retardation and multiple disabilities.
- **SAHYOGI** -- This is a scheme to set up caregiver cells (CGCS) for training and creating skilled workforce of caregivers to care for persons with disabilities (PwD) and their families.
- **VIKAASH** — In this day care scheme, PwDs will get an opportunity to enhance their inter-personal and vocational skills as they grow in age. There are seven VIKASH centers functioning in Odisha.
- **GYAN PRABHA** – The scheme is to encourage people with autism, cerebral palsy, mental retardation and multiple disabilities for pursuing educational/vocational courses.
- **PRERNA** — A marketing scheme to create viable and widespread channels for sale of products and services produced by persons with autism, cerebral palsy, mental retardation and multiple disabilities.
- **SAMBHAAV** — This is a scheme to set up additional resource centers in each city, to collate and collect the aids, software and other form of adjective devices.
- **BADHTEKADAM** — This scheme supports registered organizations (RO) of the National Trust to carry out activities for increasing the awareness of the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

Besides the above schemes, there are specific schemes for persons with disabilities by Ministry of Social Justice and Empowerment, Government of India.

Bhima Bhoi Empowerment of Persons (Bhinnakhayama Samarthya Abhiyan) — An integrated initiative for persons with disabilities.

- ✓ PwD ID card.
- ✓ Pension schemes by Social Security and Empowerment of Persons with Disabilities (SSEPD) department.
- ✓ Laptop for visually-impaired students.
- ✓ Marriage incentives.

Schemes for persons of disability

- ✓ Deendayal Disabled Rehabilitation Scheme (DDRS).
- ✓ Assistance to disabled persons for purchase/fitting of aids /appliances (ADIP).
- ✓ Scheme for implementation of Persons with Disabilities Act, 1995 (SIPDA).
- ✓ District Disability Rehabilitation Centers (DDRCs).
- ✓ Scholarship Schemes.
- ✓ Accessible Indic Campaign.
- ✓ Awareness generation and publicity scheme.
- ✓ National fund for persons with disabilities.
- ✓ Swavlamban Group Mediclaim Policy for Persons with Disabilities of Trust Fund for empowerment of persons with disabilities.
- ✓ Central sector scheme of support for establishment/ modernization/ capacity argumentation of Braille presses.

- ✓ Central sector scheme in ‘research on disability-related technology products and issues’
- ✓ Indian Spinal Injuries Centre, New Delhi.
- ✓ New initiatives and schemes in progress.

Outline about schemes under SSEPD

- **Bhima Bhoi Bhinnakshyma Samarthya Abhiyan (BBSA):**
Empower persons with disabilities by removing the constraints they face in accessing public services. It also provides multi-sectoral services to PwDs on a campaign mode through a single window system.
- **Bhima Bhoi Samarthya Sibiras:**
Under this scheme camps are organised to empower disabled persons.
- **Scholarship for children of PwDs pursuing higher education -**
Children of PwDs with annual income below Rs 50,000 (fifty thousand) pursuing higher education (above class 10) are assisted with scholarship of Rs 350 per month for a maximum period of ten months in an academic year.
- **Grant-in-aid to special and compulsory:**
To provide free and compulsory elementary education to children with disabilities as mandated in section (3) 1 of the Right to Education Act, 2009, the department of SSEPD assessed 50 special schools and recommended them for grant-in-aid to government of India.
- **Scholarships:**
Scholarships are given to physical disabled persons under different scholarship schemes.
- **Banishree Scholarship —**
The government of Odisha encourages persons with disabilities to continue their education and provides for scholarship, fee exemptions, allowances and concessions in students with disabilities from primary level to higher education including technical and vocational education.
- **Exemption of tuition fee and other related fees –**
The government of Odisha has exempted tuition fees and other related fees for higher studies and technical studies for students with visual impairment who use Braille, hearing and speech impairment and orthopedic disability.
- **Pre-matric, post-matric and top-class scholarship —**
Pre-matric scholarship comprises a monthly maintenance allowance of Rs 350 per month for day scholars and Rs 600 for hostel boarders along with a book grant and travel and reader allowances. Post-matric scholarship ranges from Rs 230 to Rs 500 for day scholars and Rs 380 to Rs 1200 for hostel boarders. Top class scholarship for post-graduate students includes a monthly allowance of Rs 1500 for day scholars and Rs 3000 for hostel boarders along with a book grant of Rs 5000 per annum and tuition fee up to Rs 2 lakh.
- **Differential Rate of Interest (DRI) scheme —**
Under this scheme, financial assistance at concessional rates of interest are available to select low-income groups including persons with disabilities who have the necessary skills, but lack of finance to set-up their own business.

- **Chief Minister's Relief Fund (CMRF) —**
Assistance for relief and rehabilitation of the aged, PwDs and those incapable of earning their livelihood are eligible for CMRF.
- **Autism Assessment and Certification —**
The government has framed guidelines for evaluation and assessments of autism and procedure for certification have been issued.
- **Therapeutic and rehabilitation services to children and persons with intellectual disabilities —**
The state government has extended financial support that covers managerial costs to 46 NGOs working for children and adults with intellectual disabilities.
- **Care and Protection of Spastic Children —**
The state government has a scheme for creating awareness on children with cerebral palsy among the general population and the parents of the children with cerebral palsy. Under this scheme, day boarding facilities and door-to-door attendance of spastic children are recorded.
- **Free laptop and voice recorder to persons with visual impairment —**
This scheme provides support to persons with visual disabilities to access. The standard resources and communicate better laptops loaded with JAWS software free of cost. The students who were pursuing higher education courses, having visual impairment can be benefited by it. They are also given free digital voice recorders.
- **Transport Concession—**
This concession is given to facilitate PwDs to travel for employment, education and for accessing public services.
- **Assistance to disabled persons for purchase /fitting of aids /appliances (ADIP Schemes) —**
The scheme assists needy disabled persons by increasing the availability of suitable, durable, scientifically-manufactured, modern, standard aids and appliances that promotes their physical, social and psychological rehabilitation.
- **Award of incentive for marriage to person with disability —**
Through this scheme persons with disabilities are encouraged for their greater social inclusion and to enable them to lead normal lives with dignity. Cash incentives are awarded to either of the spouses.
- **Awareness, generation and publicity (AGP) scheme —**
A number of events and awareness campaigns were organized by department of SSEPD.
- **Grants to PwD-led organization —**
This facility is initiated to encourage organizations formed for PwDs and led by PwD. The department of SSEPD financially supports the Odisha Association for the Blind, Odisha Association for the Deaf and the All Odisha Orthopedically Handicapped Welfare Association.
- **State Awards for the empowerment of PwDs —**
State awards for the empowerment of PwDs were instituted on the International Day of Persons with Disabilities, i.e., December 3, 2016. The students must realize the needs of the needy, socially neglected and those who require support from the society. The

schemes, provisions, facilities try to fulfil the requirements and real change can be brought through students.

5.3.5.6 Social Justice for PwD

Social justice refers to justice in terms of distribution of wealth, opportunities and privileges within a society. In other words, everyone deserves equal economic, political and social rights and opportunities. Social justice can be classified into:

- Distributive Justice (determining who gets what)
- Procedural (determining how fairly people are treated)
- Retributive (based on punishment for wrongdoing)
- Restorative (which tries to restore relationships to rightness)

These aspects of justice must be available to persons with disabilities. If due to any decision, physically-challenged individuals are disadvantaged as regards distribution of wealth, legal provisions, facilities, schemes and et al, then they are deprived of social justice. So, to ensure social justice to physically disabled persons one has to do the following:

- Educate oneself about social justice issues.
- Identify social organizations working for social justice.
- Initiate positive action in our own locality.
- Promote volunteerism for this cause.
- Donate for this social cause.

The society always looks forward to the real stakeholders (students) who can fulfil the real vision of social justice. Social justice can be fulfilled through a safe and secured society. So, extend your vision and cooperate with the society to give justice to socially, physically and mentally challenged people.

5.3.5.7 Ethics in Vocabulary

There are certain terms that we use in our day-to-day conversations. They undermine the ability of persons with disabilities in some form or the other. They further exclude them from the mainstream. These words need to be consciously erased from our vocabulary. This vocabulary sanitization can increase our respect towards this group of individuals. Few examples of these words are given below:

- **Falling on 'deaf ears.**
- **Making a 'dumb' choice.**
- **Turning a 'blind eye'.**
- **Acting 'crazy'.**
- **Becoming 'psychopathic'.**
- **Having a 'bipolar' day.**
- **'Crippled' by something.**

5.3.6 Let us Sum-up

- ❖ Objective –
 - ✓ To make students conscious about their responsibility towards disabled parents.
 - ✓ To aware students about the disability condition of human beings.
 - ✓ To create a society that is ethically conscious about disability condition.
- ❖ The issues concerning disability are one of the important concerns for all times. The disability issues include introduction to disability condition, conceptual meaning of disability, who is a disabled person, types of disability, factors responsible for disability condition, the legal provisions for disability condition and different government schemes to support the disability condition of an individual.
- ❖ The term ‘disability’ refers to physical and mental conditions that limit a person’s movement, senses and activities. There are different terminologies used for this disability, i.e., handicap, specially-abled, person with disability, differently-abled, crippled and retarded.
- ❖ Disability condition of the human body is a natural phenomenon and one cannot have control over it. Disability condition can be identified from the following characteristics:
 - ✓ Inability to do a task.
 - ✓ Easily distracted.
 - ✓ Poor time management skills.
 - ✓ Difficulty in preparing class assignments.
 - ✓ Difficulty in understanding the subjects.
 - ✓ Difficulty to access in a physical environment.
- ❖ There are different types of disability that occur in a human body. Those are: physical disability which includes mobility impairment, visual impairment, and hearing loss.
 - ✓ Sensory disability which includes autism spectrum disorder (ASD), blindness and low vision, loss of hearing and sensory processing disorder.
 - ✓ Somato-sensory impairment affects one’s ability to effectively process sensory information received by the skin’s sensory receptors.
 - ✓ Balance disorder is also a kind of disability of the human body in which one will lose control over body movement.
 - ✓ Intellectual disability refers to the condition in which there are limits to a person’s ability to learn at an expected level.
 - ✓ Invisible and multiple disability refer to the disability condition affecting neuro system while specific learning disability is a neuro developmental disorder.
 - ✓ Mental and emotional disability is a condition in which it impacts a person’s ability to effectively recognize, interpret, control and express fundamental emotions.
 - ✓ Developmental disability refers to disability in cognitive, emotional and physical impairment.
- ❖ Disability condition of the human body is caused due to several factors such as communicable diseases, non-communicable diseases, injuries, mental health problems, lack of knowledge regarding immunization, food habits, imbalanced diet and nutrient-less diets, etc.

- ❖ The rights of persons with disabilities are explained under the fundamental rights for disabled under the constitutional provision, i.e., Article 15(1), 15(2), 17, 21, 23, 24, 25. The legislations for disabled are explained under Right of Persons with Disabilities Act, 2016, and the salient features of the Rights of Persons with Disabilities Bill, 2016.
- ❖ Affirmative actions like preferential allotment of land at concessional rates for setting of houses, business, reception centers, non-discriminatory actions and equal opportunities in various services and Social justice for persons with disabilities are discussed.
- ❖ The government has adopted various schemes for empowering persons with disabilities, particularly schemes like Samarth, Gharaunda, Niramaya, Sahyogi, Vikash, Gyanprabha, Prerna, Sambhav, Baditeekadam, Bhima Bhoi Bhinnakhyama Samarthya Abhiyan, PwD identity card, laptop for visually challenged, marriage incentives provide real support to persons with disabilities.

5.3.7 Keywords

1. **Disability** – The term ‘disability’ refers to a physical, mental condition that limits a person’s movements, senses or activities.
2. **PwD** — Person with disability
3. **Physical disability** – It refers to disability in the physical condition of a person, limitations on a person’s physical functioning, mobility and stamina.
4. **Sensory disability** – It refers to disability of fine sensors of the body.
5. **Somato-sensory impairment** — It affects one’s ability to effectively process sensory information received by the skin’s sensory receptors.
6. **Balance disorder** – Balance disorder is also a kind of disability in which one cannot have control over body movements.
7. **Specific-learning disability (SLD)** — It is neuro-development disorder which affects an individual’s listening ability, speaking ability, reading ability, writing ability and in making calculations.
8. **Non-communicable diseases (NCDs)** — Chronic diseases like blood pressure, cancer, diabetics, cardio-vascular diseases come under non-communicable diseases category and are not communicable in nature.
9. **Affirmative action**— Appropriate steps taken by the government are notified from time to time to provide support to PwDs in different aspects of life.
10. **Disability discrimination** — It refers to ill treatment, less well treatment, and deprivation from any right to a disabled person.
11. **Social justice** — It refers to justice in terms of distribution of wealth, opportunities and privileges within a society. In other words, everyone deserves equal economic, political and social rights and opportunities.

5.3.8 Check your Check your Progress

Q.-1- Explain in two or three sentences:

- a) Physical disability
- b) Sensory disability
- c) Somato-sensory impairment
- d) Invisible disability
- e) Development disability
- f) Specific-learning disability
- g) Social justice
- h) Autism
- i) Balance disorder
- j) Distributive justice
- k) Equal opportunity policy
- l) Direct discrimination
- m) Affirmative action
- n) Bhima Bhoi Bhinnakshyma Samarthya Abhiyan
- o) Niramaya
- p) PwD Id Card
- q) Discrimination arising from disability

Q-2- Answer in 50 words.

- a) Define disability.
- b) Outline the different types of disability.
- c) What are the types of physical disability?
- d) Differentiate between sensory disability and somato-sensory impairment.
- e) Define balance disorder and discuss the disability symptoms.
- f) Differentiate between multiple disabilities with invisible disability.
- g) What is specific-learning disability?
- h) Outline the factors responsible for disability.
- i) Outline the articles of laws that deal with rights of PwDs.
- j) Explain discrimination of disability.
- k) What are the different scholarship schemes available for persons with disabilities?
- l) Define social justice.
- m) Outline affirmative actions for the disabled.

Q-3 — Answer in 250 words.

- a) Define disability and discuss about the different terminology associated with disability.
- b) Describe the types of physical disability in detail.
- c) Differentiate between sensory disability and somato-sensory impairment.
- d) What are the factors responsible for disability and discuss those briefly?
- e) Explain the salient features of Rights of Persons with Disabilities Act, 2016.
- f) What are the five fundamental rights for disabled under the constitutional provisions?
- g) Briefly discuss the schemes for disabled persons under social security and empowerment of persons with disabilities department.
- h) What is discrimination arising from disability? Discuss with example.
- i) Explain the provisions under equal opportunity policy for PwDs.

5.3.9 Suggested Readings

- ✓ *Milika Mehrotra, “A Resource Book On Disability Studies In India”, www.jnu.ac.in .*
- ✓ *Schemes and services for the PwD, Social Security and Empowerment of Persons with Disabilities department.*
- ✓ *Compendium of schemes for the Welfare of Persons with Disabilities, 2018, government of India, Ministry of Social Justice and Empowerment, www.disabilityaffairsgov.in.*
- ✓ *Ruchi Ramesh and Sudhir Kumar Singh, “Disability Towards Inclusive India”, published by Pentagon Press.*

Unit-5

Vulnerable Sections of Society: Understanding their Issues

5.4 Issues relating to Third Gender

5.4.1 Understanding the Third Gender

5.4.1.1 Objective

5.4.1.2 Introduction

5.4.1.3 Definition and Important Concepts

Who is a Third Gender?

5.4.1.4 Physiological Characteristics of the third gender

5.4.1.5 From Inclusion to Exclusion: The Case of the Third Gender

5.4.2 Social Justice from Third Gender

5.4.2.1 Problem faced by the Third Gender

5.4.2.2 Behavioral Challenge

5.4.2.3 Discrimination in Family

5.4.2.4 Discrimination in Society

5.4.2.5 Discrimination at the Workplace

5.4.2.6 Low Literacy

5.4.2.7 Rootlessness and Rooflessness

5.4.2.8 Violation of Fundamental Rights

5.4.3 Removal of Discrimination

5.4.3.1 Movement among the Third Gender

5.4.3.2 Laws in India for Justice Third Gender and Acceptance of Gender

Diversity

5.4.4. Affirmative Actions for Third Gender

5.4.5 Let us Sum up

5.4.6 Keywords

5.4.7 Check Your Progress

5.4.8 Suggested Reading

5.4.1 Understanding the Third Gender

5.4.1.1 Objectives

- To enable the students to understand the concept of the Third gender
- To inculcate the value of respecting each gender in society
- To educate the students to understand the identity of the third gender, their issues in society, and social justice for them
- To orient the students about a gender-inclusive society to establish gender equality for better social harmony

5.4.1.2 Introduction

Gender is a social construct that defines a set of prescribed roles for a particular sex. Gender refers to the characteristics of women, men, girls and boys. These are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. Thus, the identity of an individual is often shaped by the moral dictates and judgments of society. The conventional distinction of human gender into male and female is exclusively based on the biological design of their genitalia. However, there are some individuals who seek to challenge their given gender identity with non-stereotypical sexual orientations and inclinations. In reality, these are the people who do not fit into this custom and defy the biological binary identification. These are the ‘transgender’ people. As they do not belong to the gender binary, they are also called the third gender. But it needs to be remembered that the term “Third Gender” is a broad term which includes a host of people having some different sexual orientations.

The dictionary meaning of the prefix "trans" indicates "beyond," "across," or "over." “Transgender” mean a gender that crosses the borderline. Transgender means in between male and female gender, neither full male nor full female. Transexual and transvestite are alternate words for transgender. Transgender is a psychological and sociological construction. It may have a biological foundation or may be only sociological or psycho- sociological construction. Transgender also cross dress i.e., transgenders may wear female dress or male dress. Often, this term is not properly understood by us. It is a broad term to include all individuals who live a major portion of their lives manifesting an innate sense of gender which deviates from suppositions of their birth sex.

Third gender, or third sex, is a concept in which individuals are categorized, either by themselves or by their society, or by outsiders to their society, as not fitting into the ideas of binary gender and heterosexual roles. These categories of gender deviate from the normal binary gender format of male and female and can be put in the bracket of third gender. They are often called intersex or trans gender people. Like non-intersex people, some intersex individuals may not identify themselves as either exclusively female or exclusively male, but most appear to be men or women. The term third is usually understood to mean "others".

This “Third Gender” group is often shunned, and abandoned by their families, peer groups, communities and the larger society. They are often found to be disadvantaged, ridiculed and neglected by the society. They suffer from harassments, apathy and frowns by the people surrounding them. Abandoned by families and ridiculed by negative stigmas, they are usually left with no other option, than resorting to begging or singing in weddings, to make a living. Parents of such gender deviants as they are labeled, try to hide their identities. So, for long they were a hidden population of the society.

Thus, the “Third gender” population suffer the highest forms of gender discrimination and gender-based exclusion. But it is something natural. This needs to be realized. Thus, in this unit an attempt is made to make our young students aware of this third gender group, their identities, their issues, the interventions made for them.

5.4.1.3 Definition and Important Concepts

Who is a Third Gender?

The group of persons who identify as having a different gender gave rise to the modern word "transgender" in the middle of the 1990s. In modern usage, the term "transgender" has taken on the role of an "umbrella" that encompasses a wide range of identities and experiences, including but not limited to transsexuals, male and female cross-dressers, intersexed people, and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived as gender atypical. In its broadest definition, the term "transgender" refers to someone whose identity or behaviour deviates from conventional gender roles. That includes persons who do not self-identify as transgender, but who are nonetheless considered to be transgender by others and who as a result endure the same forms of physical and verbal abuse as those who do. The Transgender Persons (Protection of Rights) Bill, 2016 defines a transgender as a person who is:

- Neither wholly female nor wholly male;
- A combination of female or male;
- Neither female nor male; and whose sense of gender does not match with the gender assigned to that person at the time of birth.

It includes trans-men and trans-women, persons with intersex variations, and gender queers. Eunuchs/ Hijras/ Transgender/ Third Gender is briefly described as an umbrella term for persons whose gender identity does not conform to their biological sex. Since the late 20th century, some Hijra activists and Western Non-Government Organizations (NGOs) have been lobbying for official recognition of the Hijras as a kind of "Third Sex" or "Third Gender," as neither man nor woman. In other words, Third Gender is an umbrella term to describe those people whose gender identity or gender expression is different from the sex at birth. For example, the person born with male genitalia may develop a gender identity of female after puberty. Now it is understood that, assigned gender at birth may or may not match the person's idea of their own gender as they grow up. This changing identity sometimes creates identity crisis when the person himself or the society does not accept the changing behavioural pattern. Previously there were only two legal genders, male and female. With creating this third gender, androgynous individuals having both male and female characteristics, are

being able to live a life without ridicule from men and women who are different from them. Androgynous individuals have dealt with bullying, scolding, and ridicule and are not accepted because of what has been taught through one's life.

Mostly the term transgender refers to a person who feels in a different manner than what the biological structure of a body is supposed to feel. Many a times, especially this term is used as an umbrella term for all these people. One such gender is intersex, it is a biological condition under which a person is born with different types of sexual variations and therefore, they do not fall in the category of male or female.

Some people believe that their gender identity or the gender they feel within doesn't match the sex they were given at birth. Transgender is a common label for these individuals. The term "transgender" encompasses how a person's gender identity can change from the sex to which they were born. Transgender persons use a wide variety of labels to identify themselves.

For illustration, the term "transgender" may occasionally be abbreviated to "trans," or "trans male/trans female." It's always preferable to utilize the terminology and language the person chooses. Gender identities are expressed in a variety of ways by transgender people. Some people choose to live as the gender that seems most comfortable for them by dressing, acting, and emulating that gender. Some people modify their bodies to fit their gender identity via hormones and/or surgery.

Some transgender persons disagree with the conventional gender binary that divides people into only two categories—male and female—and instead identify as transgender, genderqueer, gender fluid, or anything else. Gender identities, or how you feel on the inside, gender expressions, or sexual orientations, or the people you find attractive, are all different for transgender people. People are said to be born as male or female on sex and gender identity are normally considered as same.

Do you know?

In India, some of the regional terms are used to represent the community. To give some examples: Kothi, Hijras, Kinnaras, Aravani, Jog tas/Jogappas, and Shiv-shaktis, Sakhis and Aradhis.

- **Most parts of North India- *Hijras and Kinnars***
- **In Tamil Nadu- *Aravanis or Thirunangai***
- **Karnataka- *Yellamma***
- **Andhra Pradesh - *Shiv-Shakthi***
- **Maharashtra- *Jogappa***

Indian Mythology and Transgenders

- **The ancient Indian texts like the “Kamasutra” and the “Arthasastra” acknowledge the existence of diverse gender groups in Indian society including the Hijras.**
- **Ardhanarishvara- Composite male female figure of the Hindu God Shiva together with his consort Parvati.**
- **Shikhandi from Mahabharata.**
- **Aravan or Iravan, son of Arjuna.**
- **Arjuna during exile assumed the identity of Brihannala, a transgender.**

There is a religious-philosophical foundation for Third Gender in India. God alone is considered to be a Man and all the devotees are considered to be Women, say Krishna is the God and even his male devotees, bhaktas, considered themselves as Gopis or Female Concerts. This is not biological but philosophical. The static energy is considered to be *Siva* and Kinetic energy is considered to be *Shakti* and *Siva & Shakati* are Unity and not necessarily binary.

The third gender is also known as 'non-binary,' or "alternative gender". The third gender population is heterogeneous and thus, forms a unique gender group with diverse gender identities. However, they are the sexual minorities of the society.

Transgender Demography in India

- **Population experts estimate that approximately two percent of the global population are identified as transgender, gender-fluid, or non-binary.**
- **As per the Census 2011 their population was estimated at around 0.49 million.**
- **The 2011 census also reported 55,000 children as transgender identified by their parents.**
- **But the transgender activists estimate the numbers to be six to seven times higher than the aforesaid figure.**
- **In Odisha their number has been estimated to be 20,332 according to the 2011 Census.**

Sometimes confusion arises about whether the term LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual and more) is included in the Third gender group. The LGBTQIA+ community is not wholly included in the third gender.

In a landmark ruling in 2014, the Supreme Court had ordered the government to recognize transgenders, or hijras, as the third gender and grant them the status of a socially and economically backward class (SEBC) to allow them to avail of quotas in admissions and jobs. However, Lesbians, gays, and bisexuals had not been included in the category of "transgenders."

The term "Third Gender" refers to them since they identify as neither a man nor a woman. While there are many distinct third-gender groupings, the two most common in India are Hijras/ Kinnars and Kothis. While there are many distinct third-gender groupings, the two most common in India are Hijras/ Kinnars and Kothis. An individual who abandons his tribe in search of his inner self is referred to as a "Hijra" in Urdu. One of the world's oldest ethnic communities of transgender people is the hijra. Hijras are either individual who identify as having the traits, roles, and behavior typically associated with women **PAGMB** (People Assigned Gender Male at Birth) or, less frequently, those who have intersex variants. They behave like women in every way, including how they dress. They are typically spotted begging on the streets in ill-fitting sarees and heavy makeup, or gatecrashing weddings and deliveries to perform songs and demand payment. On the other hand, the word "Kothis" is applied to PAGMBs who enjoy cross-dressing and identify as women but refuse to join the Hijra society and live alone. Simply put, PAGMBs are Kothis until they become members of the Hijra community.

What do we need to understand?

- **The third gender is not a gender deviance, but a natural expression of gender identity.**
- **We need not show our hatred towards them.**
- **They were a part of the society since its inception, they are a part of the society and continue to be a component of the society in the future.**
- **We need to honour their dignity and give them due regard in society.**
- **We should not alienate them. If you have a sibling or a peer in this group, try to understand his internal struggle and accept him/ her as he/she is.**

In India, the terms "Hijras" and "Transgender" are frequently used interchangeably; however, Transgender is an umbrella term that includes Hijras, Kinnars, Kothis, etc., whereas "Hijras" is a community that PAGMB joins by leaving their home and going to gharanas or deras (specific homes for Hijra community), where they join the community and live in groups led by their Gurus. The disciples who join the Gharanas are required to abide by the community's special laws and regulations; they are only permitted to perform certain tasks and to interact with their groups; furthermore, the disciples, known as chelas, are not permitted to attend any events without their guru.

But we need to have a clear-cut idea of what LGBTQIA implies. The box below can bring clarification on what LGBTQIA implies. All these groups of people can be treated as the Third gender group.

LGBTQIA is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. These terms are used to describe a person's sexual orientation or gender identity.

- **Lesbian**- A woman whose enduring physical, romantic, and/or emotional attraction is towards other women. Some lesbians may prefer to identify themselves as gay or as gay women.
- **Gay**- The adjective describes people whose enduring physical, romantic, and/or emotional attractions are to people of the same sex. Sometimes lesbian is the preferred term for women.
- **Bi sexual**- A person who can form enduring physical, romantic, and/or emotional attractions to those of the same gender or more than one gender
- **Transgender**- An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms— including transgender or nonbinary.
- **Queer**- An adjective used by some people whose sexual orientation is not exclusively heterosexual or straight. This umbrella term includes people who have nonbinary, gender-fluid, or gender-nonconforming identities.
- **Questioning**- Sometimes, when the Q is seen at the end of LGBT, it can also mean questioning. This term describes someone who is questioning their sexual orientation or gender identity.
- **Inter sex**-An adjective used to describe a person with one or more innate sex characteristics, including genitals, internal reproductive organs, and chromosomes, that fall outside of traditional conceptions of male or female bodies.
- **Asexual**-The adjective describes a person who does not experience sexual attraction. Sometimes shortened to “ace,” it is an umbrella term that can also include people who are demisexual, meaning they do experience some sexual attraction; graysexual, meaning those who may not fit the strictest definition of the word asexual; and aromantic, meaning they experience little to no romantic attraction and/or has little to no desire to form romantic relationships.
- **Non-binary**- The adjective describes a person whose gender is not male or female and uses many different terms to describe themselves. Other terms include genderqueer, agender, bigender, genderfluid, and more.
and words cannot yet fully describe.
- **+ Plus**- The ‘plus’ is used to signify all the gender identities and sexual orientations that letters

5.4.1.4 Physiological Characteristics of The Third Gender

Physiological characteristics refer to the physical functions of a human. The sex of an individual is decided by the chromosomes from parents during fertilization. Fertilization is a process that occurs in the uterus of a woman after coitus, where a male sex cell called sperm fuses with the female sex cell called an ovum, forming a zygote. In a zygote there are 23 pairs of chromosomes. The 23rd pair is called the sex chromosomal pair which decides the sex of the individual. If the Chromosome pair is XX i.e. X from the mother and X from the father, the child is a girl. When the chromosome pair is XY, i.e., X from the mother and Y from the father, the child is a boy. We can understand that the mother can always provide an X chromosome whereas the father can provide either X or Y chromosome which is the determinant of the sex of the individual. When any abnormality occurs in the 23rd sex chromosomal pair then the sex of the child becomes ambiguous. This ambiguity is noticed only when the child enters the puberty growth period. Sometimes, the person having all the genetic and physiological characteristics of any normal binary gender male or female, may prefer a third gender identity. That means the genotype (genetic make-up) and the phenotype (Expression of genetic make-up, i.e., observable traits) of an individual may be in line but the individual may assign himself the identity of third gender. Any abnormality in sexual behavior in the individuals, noticed by self or others make the gender identity of the individual at risk. The intersex people of the third gender category have both male and female reproductive organs. The third gender people having normal male or female reproductive organs but behaving differently can perform the reproductive role of child birth. But those transgender people having anomalies of internal reproductive organs and endocrine functions corresponding to their external sex organs cannot perform the reproductive role. But they can have a normal life like the other two genders. In some cases, the reproductive organ system is normal as that of a male or female, but the endocrine system releasing sex hormones may be mal functioned. The girl may behave like a boy due to excessive male hormones; androgen and the boy may behave differently due to excess secretion of the hormone, estrogen.

5.4.1.5 From Inclusion to Exclusion: The Case of The Third Gender

In ancient times the third gender population were accepted in India. Their acceptance was culturally reinforced. In Indian culture, the third gender used to be well accepted and even revered. They were thought to have exceptional fertility qualities and bring good fortune. There is mention of eunuchs with both male and female traits in early Hindu writings like the Vedas. Eunuchs had a special status and were crucial to the court's administration during the Mughal era as royal guardians. They have performed for ages at important events like weddings and births, singing songs called Badhai or Blessings for the unborn child or newlywed pair.

Over the course of British colonial rule, their accepted position in Indian culture witnessed a shift. During British rule, legislation was enacted to supervise the deeds of Hijras/ TG community, called the Criminal Tribes Act, 1871, which deemed the entire community of Hijras persons as innately 'criminal' and 'addicted to the systematic commission of non-bailable offenses. Section 377 of the Indian Penal Code, which was first adopted in 1860 and remained unaltered until 2009,

forbade "bodily intercourse against the order of nature." They were revered by the Mughals but viewed as criminals by British colonizers.

Since British period, the third gender community are kept segregated from mainstream society. This community is one of the most vulnerable and impoverished sections of the society. Third gender persons, often have few rights as human beings or citizens. They are marginalized in social, political, and economic life and they are stigmatized in society.

5.4.2 Social Justice from Third Gender

5.4.2.1 Problem faced by the Third Gender

Transgender or the third gender people have always experienced societal stigma and discriminatory attitudes that have left them on the outer edges of society. Transgender persons are marginalized because of their gender identities, and this social discrimination has a negative influence on their health, including severe depression and physical health issues. Along with proper participation in society, transgender people require access to healthcare treatments. Due to societal stigma and the expectations of healthcare in heterosexual society, transgender people often struggle to receive high-quality medical care. They often experience sexual and physical abuse, a sense of humiliation, which lead to anxiety and melancholy. There are many difficulties faced by transgender individuals in India. These communities believe that they have thus far been denied the opportunity to actively engage in social and cultural life, the economy, politics, and decision-making processes. The lack of acknowledgement of the gender status of hijras and other transgender people is thought to be a major cause (and effect) of their exclusion.

Gender-diverse and trans people around the world are subjected to levels of violence and discrimination that offend the proclamations made in the human rights charter. They are caught in a spiral of exclusion and marginalization: often bullied at school, rejected by their family, pushed out onto the streets, and denied access to employment. Many times, they live with HIV, and are particularly at risk of violence, including killing, beatings, mutilation, rape and other forms of abuse and maltreatment. Gender-diverse and trans persons are often victims of violence in healthcare settings such as forced psychiatric evaluations, unwanted surgeries, sterilization or other coercive medical procedures, often justified by discriminatory medical classifications.

Trans persons are particularly vulnerable to human rights violations when their name and sex details in official documents do not match their gender identity or expression. Today, however, the vast majority of trans and gender-diverse persons in the world do not have access to gender recognition by the State. That scenario creates a legal vacuum and a climate that tacitly fosters stigma and prejudice against them.

At the root of the acts of violence and discrimination lies the intent to punish based on preconceived notions of what the victim's gender identity should be, with a binary understanding of what constitutes a male and a female, or the masculine and the feminine. These acts are invariably the manifestation of deeply entrenched stigma and prejudice, irrational hatred and a form of gender-based violence, driven by an intention to punish those seen as defying gender norms.

Thus, the third gender category people have several issues and challenges like behavioral challenges, social exclusion, economic exclusion and political exclusion.

5.4.2.2 Behavioral challenge

In their daily lives, Third Gender persons experience high levels of stigmatization, discrimination, and harassment. The majority of transgender persons are able to deal with this, especially when they have the support of friends and are active in social networks and organizations that work for their community. However, a sizable proportion of transgender persons at their early adolescent period deal with stigmatization, discrimination, and harassment on their own. Numerous people also experienced additional stress as a result of incidents like the extremely high rates of homophobic bullying in schools and physical and verbal assaults.

The transgender population or people belonging to the third gender group witness the following types of situations in their everyday lives.

- Childhood sexual abuse
- Verbal harassment, increased fear of physical violence, and discrimination.
- Hostility from or rejection by loved ones or religious groups.
- Bullying at school, harassment by neighbours, and the danger of violence in public places by the public and police.
- Casual homophobic and transphobic comments on a daily basis.
- Prejudice/embarrassed response from professionals.
- No protection against discrimination at work, housing, pensions, etc.

All this psychological distress sometimes brings them extreme anxiety leading to self-harm and suicidality. They also face challenges related to the need to affirm gender identity and the social and physical changes this may require.

5.4.2.3 Discrimination in the Family

Discrimination for the third gender category starts from the family. The family who welcomed the male child at birth, may not accept the child's changing sexual orientation. The child also gets confused about his identity. This identity crisis may affect adversely the mental health of the child. Some families also drive out such children and make them prone and vulnerable to the emotional and physical hazards that may occur in society. The family plays an important role in inculcating a sense of self-respect and acceptance of self through counseling and unconditional love.

Instead of social resistance, they must provide the child with education which will strengthen his life and living in the future.

Trans people who express their gender identity from an early age are often rejected by their families. They are often shunned within households resulting in a lack of opportunities for education and with no attempts to ensure attention to their mental and physical well beings. Those who express their gender identities later in life often face rejection by mainstream society and social service institutions, as they go about undoing

gender socialization. Hostile environments that fail to understand trans people's needs threaten their safety and are ill-equipped to offer sensitive health and social services.

A study launched by the National Institute of Epidemiology across seventeen states among 60,000 transgender people noted that withdrawal of support from the biological family is a common deprivation among the transgender population.

5.4.2.4 Discrimination in Society

Society has prescribed a set of gender-based roles and responsibilities for everyone. The third gender is not fitting to those sets of roles as prescribed by society. Though there is a law to safeguard the interest of the third gender, but society has not fully accepted the third gender people as members of the society in the true sense. Today also there is social stigma if by choice anyone is interested to change his gender identity. Society is changing. People are also changing in their mindsets and actions. A gender-neutral society can bring inclusive growth and all-around development to an individual.

5.4.2.5 Discrimination at Workplace

Discrimination of an individual based on gender still prevails in society. Though third genders are given recognition in society, equality in job opportunities and placement is not at par with the other prevailing genders. Today also we can find in some recruitment application form, the options of only female and male genders. These inequalities are to be addressed. Their self-esteem and preferences must be taken care of. This is only possible when the attitude of the people in the society will be changed.

A study launched by the National Institute of Epidemiology across seventeen states among 60,000 transgender people noted that withdrawal of support from the biological family is a common deprivation among the transgender population.

5.4.2.6 Low Literacy

According to the 2011 Census, just 46% of transgender people are literate, compared to 74% of the overall population. High dropout rates take place among the children of this community as a result of exclusion from family and society, poverty, insensitive instructors and staff, violence, and sexual abuse.

5.4.2.7 Rootlessness and Rooflessness

Transgender adults are often shunned by their families and driven out of their communities. This makes them rootless and roofless. They make a move to the cities where they live on the streets to escape an abusive situation. Family housing in the shelter system across the country is not available for homeless same-sex couples. Transgender people are not allowed to choose with which gender they are more

comfortable living in the shelter system. Abuse and harassment of Transgender homeless people is rampant in the shelter system. Most domestic violence shelters do not accept gay men or transgender people. Housing services that cater to their particular requirements are lacking. They are homeless because their families abandoned them because they were gay or because they fled an awful situation at home. The shelter system still tolerates widespread abuse and harassment as well as a lack of housing for same-sex couples, transgender people, etc. Additionally, the majority of domestic abuse shelters do not accept transgender or gay men. There has been also a lack of any comprehensive plan for long-term housing for people with AIDS. In modern-day India, eunuchs often live a ghetto-like existence, in their own communities. Homeless Transgender youth are without economic support, often engage in drug use and risky sexual behaviors, often develop mental health disorders and more than half of homeless Transgender youth report experiencing discrimination from peers.

5.4.2.8 Violation of Fundamental Rights

People in third gender category has not been given the equal status as given to the male and female genders. Though Honourable Supreme court has given them the identity of the third gender, society has not accepted them in true sense. Law and order can only be implemented well when there is attitudinal change among the mass. The fundamental rights bestowed upon the citizens of our country must be enjoyed by all, irrespective of gender.

1. **Limited Employment Opportunities:** Third gender community has very limited employment opportunities as most of the jobs are confined to the male and female sexes. According to 2018 research by the National Human Rights Commission (NHRC), 96% of transgender people are refused employment opportunities and are compelled to accept menial or inhumane occupations in order to survive.
2. **Social and Cultural Exclusion:** The third gender community has to face social and cultural exclusion. They are shunned by family and society and have restricted rights that are available to other citizens such as right to marry or adopt children.
3. **Restricted Access to Educational Institutions:** They have restricted access to educational institutions as there exists no special provision for inclusion of third gender community in the mainstream education system.
4. **Problems in accessing the basic amenities:** Third-gender community have no access to bathrooms/toilets and public spaces. The lack of access to bathrooms and public spaces clearly depicts the acute discrimination faced by third gender community in availing even the basic amenities. They face similar problems in prisons, hospitals, and schools.
5. **Under-representation in the decision-making process:** Due to the discrimination and social stigma the third gender group experience, their participation in politics has remained dismal. In the assembly, the parliament, and urban local authorities, they continue to be underrepresented. Only 1% of transgender people have actually used their voting rights as of 2019, and only about 8% of trans people have registered as 'Other' voters. Only 14.6% of registered third genders cast ballots in the 2019 elections, despite a 73 per cent rise in the number of "Others" voters.

6. Health Issues of the Transgender:

The third gender or the transgender population encounters a number of health issues. Their struggle for identity assertion is often taken as an instance of mental disorder. But, in the year 2018, World Health Organization (WHO) declared that being transgender is not a mental disorder. Added to all these this group of the population suffers from a host of health hazards which are described below.

The third-gender community becomes susceptible to depression and suicidal thoughts, which are the result of social stigma, a lack of social support, HIV status, and stress due to violence. In the medical setting, discrimination against trans people exists. Healthcare professionals frequently lack

the ability to comprehend sexual diversity and are inadequately informed about the health problems that sexual minorities face. As a result, transgender people encounter special challenges when trying to receive either public or private healthcare. There are obstacles to getting HIV testing, antiretroviral therapy, and sexual health services.

The deliberate use of male pronouns to refer to transgender people, registering them as "males," and admitting them to male wards; the embarrassment of having to wait in the male line; verbal abuse by hospital staff and other patients; the lack of healthcare professionals who are sensitive to and trained in treating and caring for transgender people; and even denial of medical care are the common health care issues faced by this sexual minority group. Discrimination also stems from a person's HIV status, sex job status, transgender status, or any combination of these.

7. HIV Victimization

Sex work is frequently the most feasible source of income accessible to transgender persons due to social discrimination, economic vulnerability, and a lack of employment opportunities, and a large percentage of transgender people engage in sex work. Comparing transgender people to the general population, HIV infection risk is 49 times higher. The estimated HIV prevalence among transgender individuals in India was 3.1% in 2017, which was the second-highest prevalence of any significant community in the nation. Transgender people face hurdles to receiving HIV testing and treatment because of HIV-related stigma and transphobia.

How to Treat the Third Gender Population

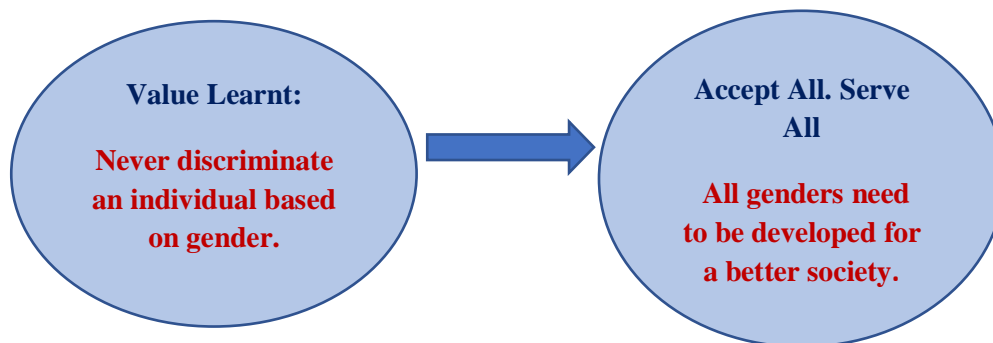
- We must not deny dignity respect for a person of third gender just because he/she doesn't confirm to our concept of male or female.
- Imagine how you would feel if you fail to reveal your authentic self because others reject, ostracize, or ignore you for that.
- When we look into our emotional well-being, we need to honour and have a concern for others' emotional well-being.
- A time has come to acquire knowledge about what the third gender implies and how natural it is. It is nothing abnormal.
- They are also the creature of nature and discriminatory behaviour in general hurts them as it hurts us.
- Allow the person of the third gender group in your surroundings to express their personal decisions to come out of the designated gender group and disclose their identity as per their wish. This will make their gender transition process easy.
- Behave informally with respect and reverence with them as you do it for your opposite gender.

What we can do and not do?

- Parental and peer acceptance of a third-gender individual is a need to accord dignity to the person as a human being.
- Socialization within the family and larger society to accept a third-gender person and to get accepted as a gender group is to be emphasized.
- Withdrawal of love and care, shunning, throwing away, and not hiring or firing persons from the third gender group needs to be avoided.
- The building of negative self-image, hopelessness, and social isolation leading to dysfunctional coping behaviours in this sexual minority group needs to be avoided.
- Rumours need not be spread about them rather, the misconceptions, prejudices need to be removed.
- Increase the social valuation for this group of people. The social valuation includes praise, affection, or admission to into the mainstream.
- "Misgendering" of trans needs to be avoided. Pay serious attention to their correct names and pronouns. They need to be called by their changed names and accordingly, the pronoun for that is to be used.

Socio-Economic Marginalization and Social Exclusion

The stigma associated with sexual orientations that deviate from the accepted social norm pushes persons who identify as third gender to the periphery of society and exposes them to many forms of discrimination, including racism, sexism, homophobia, and other forms of prejudice. Discrimination means treating some people differently from others. Society always discriminates between the stereotyped concept and the new concept. The binary system of the gender of male and female has been added with another category of gender i.e., third gender. As per the right of equality, irrespective of caste, creed, colour, gender, all must be treated equally without any discrimination.



5.4.3 Removal of Discrimination

The Third Gender still faces severe neglect and prejudice due to their gender, and is typically excluded from the mainstream gender debate. Due to this, it is much more oppressed and deprived than women. It's critical to comprehend the scope of the difficulties people encounter in this situation.

Transgender in India: Breaking the Barriers

- **Rose Venkatesan, India's first transgender TV show host in Chennai.**
- **Padmini Prakash, India's first transgender news anchor in Coimbatore, Tamil Nadu.**
- **Manabi Bandopadhyay, India's first transgender principal in West Bengal**
- **Madhu Bai Kinnar, India's first official Dalit transgender mayor of India in Raigarh, Chhattisgarh**
- **Laxmi Narayan Tripathi, first transgender person to represent Asia Pacific at the UN**
- **K Prithika Yashini, India's first transgender police officer in Tamil Nadu.**
- **Narthaki Nataraj, a renowned Bharatnatyam dancer from Tamil Nadu, was the first transgender person to be conferred with the prestigious Padma Shri Award in the year 2019.**
- **Dr. Aqsa is the only transgender specialist in community medicine and she is a senior faculty member at Hamdard Institute of Medical Science and Research, Delhi (HIMSAR)**
- **Vihaan Peethambar (Transman) was appointed as an expert committee member in India's first National Council for Transgender Persons in 2020.**

Irrespective of all these, people from third-gender communities are breaking the barriers and have proved themselves as role models for their community members and have been able to create a positive attitude of society towards the community.

5.4.3.1 Movement among the Third Gender

The transgender or the third gender group collectivized themselves to launch a protest for claiming their rights. The LGBT rights movement started in the US and Europe throughout the second part of the 20th century. The term "transgender" also has a strong connection to activist and trans pioneer Virginia Prince, who popularized it in the 1970s through her writing and lobbying. She coined the term "transgender

AI" in 1969. But one of the earliest recorded usages of the term "transgender" appeared in a medical manual written by Dr. John F. Oliven in 1965. Although transgender persons were an important element of the movement and pushed for equality for themselves as well, the movement's main goal was to promote acceptance of those attracted to the same sex as equal members of society. Advocacy organizations and publications were created by activists to discuss these problems. At the time, LGBTQ individuals were not permitted to work for the federal government and were subject to pervasive prejudice in society.

The Stonewall Riot was a pivotal event in the early LGBTQ rights movement. Police attacked the Stonewall Inn, a gay club in New York, in 1969. The raid brought the LGBTQ rights movement to the public's notice and set up a riot and many days of protest. Some claim that this marked the start of the modern LGBTQ rights movement. The LGBTQ rights movement expanded and experienced some modest triumphs in the 1970s. For instance, Renee Richards, a transsexual woman, was permitted to compete in the US Open as a woman in 1977 thanks to a decision by the New York Supreme Court.

Another significant turning point occurred in 1975 when civil rights legislation in U.S. city of Minneapolis included safeguards for transgender people for the first time. The city of Minneapolis enacted a non-discrimination law that forbade discrimination on the grounds of "having or projecting a self-image not associated with one's biological maleness or femaleness."

The issue of LGBTQ rights advanced significantly throughout the 1980s and 1990s. As two notable successes for the movement, same-sex domestic partnerships were made legal in Washington, DC, and California. In the meantime, transgender persons were appearing in more and more films and television shows. An Oscar was given to the 1999 movie *Boys Don't Cry*, which is about a hate crime committed against a transgender boy. Many states adopted constitutional amendments that expressly forbid same-sex unions. The Don't Ask, Don't Tell Act, which prohibits openly LGBTQ individuals from serving in the military, was enacted by President Bill Clinton in the interim. Clinton also signed the Defence of Marriage Act, which allowed states to reject the federal government's recognition of marriage as a union between a man and a woman.

India being a welfare state, also took up the issue of transgender rights issues. But before this in 1952 The All-India Hijra Conference was held in Delhi. This was the first ever Conference that witnessed the collective voice of this group in demand of their rights. The 1970s again witnessed a series of protests and advocacy campaigns by the Hijras for their identity recognition, and rights and to end discrimination of all forms.

- **NAZARIYA-** Nazariya, is a queer feminist organisation that supports lesbian, bisexual, and transgender people who are biologically allocated to females. It was established in 2014. They view gender as something that is more complex than a binary concept and work to support those who experience stigma due to their sexual orientation or the gender they were given at birth.
- **The Bi-Collective – The Bi- Collective Delhi** exists out of a need for individuals to have a safe space where they get to have discussions about their sexuality, attraction, confusion. This organisation works for bi-sexual people.
- **NAZ Foundation-** One of the top NGOs fighting for concerns like HIV/AIDS and stigma against members of the LGBTQAI+ community is Naz. They host lectures to educate individuals on these issues and teach them how to get along with the queer community. The appeal challenging the validity of Section 377, which criminalises gay intercourse, was also submitted by the NGO Naz.
- **The Humsafar Trust -**The trust began operating in 1994 and declares that "your identity is a reason for pride, not a reason to hide." They hold workshops to educate lawmakers, officials, and members of the media about issues affecting the queer community. In addition to this, they also run support groups, such as SANJEEVANI for HIV-positive individuals and YAARIYAN for young LGBTQ people, LBT individuals, and UMANG for LBT individuals.
- **Sappho for Equality -**This non-profit organisation, based in Kolkata was founded in 2003. It aims to bridge the gap between the queer and the non-queer sections of the society in India. Their mission is to aid transgender people and sexually oppressed women in obtaining equal rights and position in society. To raise awareness on these concerns, they host film festivals and debates.

5.4.3. Laws in India for Justice Third Gender and Acceptance of Gender Diversity

The very Preamble of the Indian Constitution thrives to achieve Justice, Liberty and Fraternity for all its citizens and ensures equality before the law implying that everyone is equal in the eyes of the law. Provisions of the Indian Constitution are transgender friendly which has been reiterated by the judiciary from time to time. According to Articles 14 and 21 of the Constitution, everyone has the right to equality before the law and equal protection of the law. Another issue that falls under the purview of Article 21 is the right to freely choose one's gender identification, which is a necessary component of living a life of dignity. The Court stated in its analysis of the right to personal freedom and self-determination that "the gender to which a person belongs is to be determined by the person concerned." The Indian people now have the freedom to identify as either male or female. Additionally, discrimination against them on the basis of their gender is prohibited by Articles 14, 15, 16, and 21.

By allowing transgender status on ration cards, Tamil Nadu became the first Indian state to recognise "Transgender" people on official documents in 2008. A transgender welfare board was subsequently established in Tamil Nadu, and education, health, job, and housing programmes for aravanis were implemented; however, it is thought that the board was completely dormant in Tamil Nadu for a considerable amount of time.

In the landmark decision of National Legal Services Authority of India Vs. Union of India, the honourable Supreme Court recognised people who did not belong to the binary norm of male/female gender, including people who identified as "third gender." It was held in the Suresh Kumar Koushal Vs. NAZ Foundation case-law that the term "sex" has to be given a broader perspective than the binary norm of biological sex. In a historic decision, the supreme court extensively addressed gender identity and for the first time, recognised the third gender officially. The supreme court acknowledged that those who identify as "third gender" are entitled to fundamental rights under both Indian law and international law.

Additionally, state governments were instructed to create procedures for recognising the rights of transgender persons. Following the Supreme Court's ruling, many policies and programmes for the transgender community were put into place. The Rights of Transgender Persons Bill, 2014 was introduced in 2014 as a Private Member's Bill by Dravida Munnetra Kazagham Rajya Sabha MP Tiruchi Siva. It was passed by Rajya Sabha with a unanimous vote, but it was never introduced in Lok Sabha. The Rights of Transgender Persons Bill, 2015 was published in draft form by the Ministry of Social Justice and Empowerment in December 2015, and the public was asked to submit comments by January 2016 in order to be considered.

The Transgender Persons (Protection of Rights) Bill 2016 was tabled in the Lok Sabha in August 2016 despite the recommendations being given by the trans-led groups; it is thought that no such recommendations were made. In July 2017, the report on the TG Bill 2016 was delivered by the standing committee on social justice and empowerment. The Transgender Persons (Protection of Rights) Bill, 2018, was tabled in the Lok Sabha in July and was approved by both chambers by November of that same year. The act was approved by the President, and on January 10th, 2020, it became operative. The Act's nine provisions address crucial concerns affecting transgender persons, including the elimination of discrimination, identity recognition, and access to health care, employment, and welfare. The major highlights of the act are:

- **Definition of a transgender person:** The Bill defines a transgender person as one whose gender does not match the gender assigned at birth. It includes trans-men and trans-women, persons with intersex variations, gender queers, and persons with socio-cultural identities, such as kinnar and hijra. Intersex variations are defined to mean a person who at birth shows variation in his or her primary sexual characteristics, external genitalia, chromosomes, or hormones from the normative standard of the male or female body.
- **Prohibition against discrimination:** The Bill prohibits discrimination against a transgender person, including denial of service or unfair treatment in relation to (i) education; (ii) employment; (iii) healthcare; (iv) access to, or enjoyment of goods, facilities, opportunities available to the public; (v) right to movement; (vi) right to reside, rent, or otherwise occupy property; (vii) opportunity to hold public or private office; and (viii) access to a government or private establishment in whose care or

custody a transgender person is.

- **Right of residence:** Every transgender person shall have a right to reside and be included in his household. If the immediate family is unable to care for the transgender person, the person may be placed in a rehabilitation centre, on the orders of a competent court.
- **Employment:** No government or private entity can discriminate against a transgender person in employment matters, including recruitment, and promotion. Every establishment is required to designate a person to be a complaint officer to deal with complaints in relation to the Act.
- **Education:** Educational institutions funded or recognised by the relevant government shall provide inclusive education, sports and recreational facilities for transgender persons, without discrimination.
- **Health care:** The government must take steps to provide health facilities to transgender persons including separate HIV surveillance centres, and sex reassignment surgeries. The government shall review medical curriculum to address health issues of transgender persons, and provide comprehensive medical insurance schemes for them.
- **Certificate of identity for a transgender person:** A transgender person may make an application to the District Magistrate for a certificate of identity, indicating the gender as 'transgender'. A revised certificate may be obtained only if the individual undergoes surgery to change their gender either as a male or a female.
- **Welfare measures by the government:** The Bill states that the relevant government will take measures to ensure the full inclusion and participation of transgender persons in society. It must also take steps for their rescue and rehabilitation, vocational training and self-employment, create schemes that are transgender sensitive, and promote their participation in cultural activities.
- **Offences and penalties:** The Bill recognize the following offences against transgender persons: (i) forced or bonded labour (excluding compulsory government service for public purposes), (ii) denial of use of public places, (iii) removal from household, and village, (iv) physical, sexual, verbal, emotional or economic abuse. Penalties for these offences vary between six months and two years, and a fine.
- **National Council for Transgender persons (NCT):** The NCT will consist of: (i) Union Minister for Social Justice (Chairperson); (ii) Minister of State for Social Justice (Vice- Chairperson); (iii) Secretary of the Ministry of Social Justice; (iv) one representative from ministries including Health, Home Affairs, and Human Resources Development. Other members include representatives of the NITI Aayog, and the National Human Rights Commission. State governments will also be represented. The Council will also consist of five members from the transgender community and five experts from non-governmental organisations.
- The Council will advise the central government as well as monitor the impact of policies, legislation and projects with respect to transgender persons. It will also redress the grievances of transgender persons.

The flow chart below gives a bird's eye view of the recognition and rights endowment of Transgender through legal intervention.

5.4.4. Affirmative Actions for Third Gender

Milestones in The Recognition Transgender Rights in India

In 2003, the Election Commission of India recognised them as the “other” category for voting purposes.

In 2014 The Supreme Court of India recognised transgender people as a “Third gender” and granted them legal recognition and rights. It also gave a verdict to give them equal access to education, health care, and employment. In 2016, the Transgender Persons (Protection of Rights) Bill was introduced in Parliament.

In 2019, the Transgender Persons (Protection of Rights) Act came into force aiming to give recognition to the “Third Gender” group and ending discrimination against them.

In 2019 , the Supreme Court of India gave a verdict to establish separate Transgender Welfare Boards in each state and union territory to look into the issues of violation of the rights of Third gender people and to address their specific community needs.

Transgender-Friendly Programmes in India:

- In 2016, the **Ministry of Railways** introduced a third gender column in its reservation form and included transgender as an option in railway ticket forms. Previously, the column had only male and female columns.
- The Ministry of Rural Development implements the National Social Assistance Programme (NSAP), a Centrally Sponsored Scheme that provides financial assistance to the elderly, widows and persons with disabilities in the form of social pensions. Under the same, 3,384 Transgender persons are being provided monthly pensions.
- In April 2020, the Ministry of Personnel asked all the central ministries and departments to modify relevant examination rules and application forms to include ‘transgender’ as a separate category for all the central government jobs.
- **During COVID-19**, the Ministry of Social Justice & Empowerment through the National Backward Class Finance and Development Corporation (NBCFDC) has given Rs.1,500 to each transgender person, through Direct Benefit Transfer (DBT).
- NBCFDC has additionally provided assistance for ration supplies to transgender persons on the recommendation of the respective district administration.
- Owing to the distressing pandemic situation, a free helpline number for transgender persons was made functional for the required psychological support and mental health care by the Ministry of Social Justice and Empowerment. Any transgender person could connect with experts on Helpline Number 8882133897.
- About 260 Third Gender callers have been provided psychological counselling through the free Helpline in 21 States/UTs. Safe Vaccination for Transgenders.
- The Ministry of Social Justice & Empowerment issued directions to all States/UTs for ensuring that existing COVID vaccination centres are transgender-friendly and that no discrimination is shown towards transgender persons who come for their vaccination.
- The Centres were also requested to conduct awareness drives especially for reaching out to the transgender community in different vernaculars to ensure that they are informed and aware of the vaccination process. A request had also been made to the states to organize separate mobile vaccination centres or booths for vaccination of Transgender persons such as those taken up in the states of Haryana & Assam.
- **NEP 2020:**
NEP,2020 identifies transgender children as children from Socio-Economically Disadvantaged Groups (SEDGs) and has provision for equitable quality education, inter-alia, for all such students. This includes provisions for assisting transgender children in gaining access to education, and support for community-based interventions that address local context-specific barriers to transgender children, thereby aiming to eliminate any remaining disparity in access to education (including vocational education) for children from any gender.

The Ministry of Social Justice and Empowerment launched an umbrella scheme “SMILE - Support for Marginalised Individuals for Livelihood and Enterprise” on February 12, 2022.

SMILE:

This umbrella scheme would cover several comprehensive measures including welfare measures for the transgender community and for persons who are engaged in the act of begging with a focus extensively on rehabilitation, provision of medical facilities, counselling, education, skill development, economic linkages etc. with the support of State Governments/UTs/Local Urban Bodies, Voluntary Organizations, Community Based Organizations (CBOs)/Institutions and others. The scheme includes various welfare measures for transgender persons such as financial assistance in the form of scholarships to transgender students studying in classes Ninth till post-graduation, skill development training & livelihood, composite medical health for availing gender reaffirmation surgeries, pre and post-operative procedures and other health care facilities, setting up of Garima Grehs in each state for providing shelter facility for abandoned and orphaned transgender persons, setting up of transgender protection cells in the entire country for providing quick redressal of offences & crimes against transgender persons etc. The Ministry has allocated Rs. 365 crores for the scheme from 2021-22 to 2025-26.

National Portal for Transgender Persons:

The Ministry of Social Justice and Empowerment launched National Portal for Transgender Persons on November 25, 2020. Any Transgender applicant can obtain a certificate of identity and identity card without any physical interface with the office of issue. The person who has been issued a certificate of identity is entitled to change the first name on the birth certificate and all other official documents relating to the identity of such person.

Scholarship Schemes under SMILE:

The Ministry of Social Justice & Empowerment is providing scholarship studies in India to Transgender students studying in classes IX and above.

Garima Grehs:

Shelter Homes for Transgender Persons Section 12(3) of the Transgender Act 2019 says that whether any parent or a member of his immediate family is unable to take care of a transgender, the competent court shall by an order direct such person to be placed in the rehabilitation center. In consonance with the same, the SMILE scheme provides for the setting up of Garima Grehs, to provide shelter to transgender persons in need with basic amenities like shelter, food, medical care, and recreational facilities. Besides that, it will provide support for the capacity building/skill development of transgender persons at the shelter home. Ministry has initiated 12 pilot 'Garima Grehs' and provided financial assistance to community-based organizations (CBOs) for setting up of these shelter homes. These pilot shelter homes are located in the states of Maharashtra, Gujarat, Delhi, West Bengal, Rajasthan, Bihar, Chhattisgarh, Tamil Nadu, and Odisha. An online monitoring system has been created on the National Portal for Transgender Persons for the Garima Grehs to log in, using the username and password provided to them.

Composite Medical Health under SMILE:

Composite Medical Health is a component under the SMILE scheme. The objective of the scheme is to provide health insurance coverage to all transgender persons living in India to improve their health

condition through proper treatment including sex re-assignment surgeries as well as medical support. The scheme covers all transgender persons not receiving such benefits from other center/state-sponsored schemes.

The scope of the scheme is as follows:

- Health insurance in the form of Ayushman Bharat TG Plus shall be available for transgender persons inclusive of gender reaffirmation surgery in the health benefits package under Ayushman Bharat Yojana. Each transgender person shall receive an insurance cover of Rs. 5 Lakh per year under the scheme.
- The Comprehensive Package would cover all aspects of transition-related healthcare for transgender persons. It shall also (not exhaustive) provide coverage for hormone therapy, sex reassignment surgery inclusive of post-operation formalities which can be redeemed at all private and government healthcare facilities.

Transgender friendly Initiatives in Odisha

Odisha has been a pioneering state in introducing and implementing various transgender-friendly policies.

- As early as in 2015, the state government of Odisha had chosen to put five sub-schemes introduced by the federal government into action in an effort to empower the transgender population there. The state's newly established Department of Social Security and Empowerment of Persons with Disabilities (SSEPD) was made the nodal agency to execute the sub-schemes. The department had created a proposal to recognise transgender people and then issue them certificates designating them as third gender. All transgender person's parents were promised to receive a monthly cash aid of Rs 1,000. Pre- matric students (Classes VIII through X) would receive Rs 150 for a day scholarship and Rs 350 for a hostel scholarship for 10 months each year. Similar to this, transgender students would receive a monthly post-matric scholarship (grades XI and above) of Rs 550 for day scholars and Rs 1,200 for hostelers for 10 months, as well as reimbursement for any mandatory expenses that must be paid throughout higher education that are refundable, according to an official. Each transgender learner would receive Rs 15,000 for the 200 hours of the course towards the development of their skills. One batch of trainees will consist of 30 people. The trainee would receive a monthly stipend of Rs 1,000. To become an entrepreneur, they would receive a subsidy linked to a loan of no more than Rs 5 lakh.
- In 2016, the state was first in the eastern region to give transgender people social welfare benefits - such as a pension, housing and food grains.
- To protect the rights of transgender people and guarantee proper treatment, the government of Odisha created the umbrella programme "Sweekruti." In 2017. The key strategies proposed to implement the scheme and make the services available to the transgender persons are:
 - **Survey and identify all transgender persons in the State, and issue certificates and multipurpose smart cards.**
 - **Assist the parents of transgender children and provide pre and post-matric scholarship.**
 - **Upgrade skills and entrepreneurship development training by strengthening self-help groups.**
 - **Provide support for critical health care and group insurance support for transgender persons.**
 - **Provide legal aid, counselling and guidance services for transgender persons.**

➤ **Organize awareness and sensitisation campaigns on rights of transgender persons and provide training to staff and volunteers.**

- The scheme's primary goals are to foster an environment that is supportive of transgender people, guarantee their participation and social integration, strengthen the implementation of various programmes and facilities, and advance policies for employment and socio-educational services for transgender people.
- One of the state's interventions in 2020 has been to enlist the support of transgender SHGs to manage its WASH (Water Sanitation and Hygiene) infrastructure facilities and services. The state's WASH efforts will be managed using a community-based approach, which is a big step towards giving underprivileged communities a high level of social respect.
- Further, during the vaccination drive being on, a specific immunisation campaign for the transgender community was launched by BMC at Kalyan Mandap in Bhubaneswar. The initial dose of COVID-19 was also given to a sizable number of trans individuals who lacked identifying documents like an Aadhar Card or other necessary paperwork.
- To implement the entitlement of social security for the marginalized community, the Odisha government has declared the Transgender community in Odisha to receive a pension under Madhu Babu Pension Yojana.
- The Odisha Police Recruitment Board sought online applications from men, women and transgender people for the appointment of 477 Sub-Inspectors and 244 Constables.
- The Department of Social Security and Empowerment of Persons with Disabilities has been earmarked as the nodal agency to coordinate all inter-departmental coordination and convergence regarding the policy objectives of the Odisha Transgender Policy 2021. Accordingly, State Level Transgender Welfare Board and a District Protection Cell are to be established by the Government of Odisha. The Welfare Board will be entrusted with the task of monitoring and evaluating the impact of policies and programmes designed for achieving equality and full participation of Transgender Persons.
- The Odisha State Legal Services Authority (OSLSA), along with NGO Solidarity and Action Against. The HIV Infection in India (SAATHII), launched a legal aid clinic for transgender people in 2022. All these interventions will no doubt give a boost to the transgender community to mainstream themselves.
But there are also a few transgender persons who can be treated as path finders for their own community members.

- **Salma Begum, earlier known as Mohammad Salim, is Odisha's first transgender lawyer.**
- **Aishwarya Rituparna Pradhan is India's first transgender civil servant serving as a commercial tax officer in the Odisha Financial Service (OFS).**
- **The president of All Odisha Kinnar Mahasangha, Meera Parida is the first transgender entrepreneur in India, to have been approved with loans by a bank. She has also been granted an amount of Rs. 10 lakhs by Odisha Khadi and Village Industries Board to start a Khadi product manufacturing unit venture.**
- **Sadhana, a master's degree holder in Social Work and working as a social development officer in the largest tribal development institution in India, KISS is the first transgender in the state to have been documented as a transgender in her passport in 2017.**
- **Meghana Sahoo, a Master of Business Administration (MBA) in Human Resources (HR) and Marketing became the first transgender cab driver in India.**

5.4.5 Let us Sum Up

We discussed in this unit about the third gender people. We came to know that; gender is a social construct which defines a set of prescribed roles for a particular sex. This includes norms, behaviour and roles associated with being a woman, man, girl or boy, as well as relationships with each other. Third gender is an umbrella term to describe those people whose gender identity or gender expression is different from the sex at birth. Any deviation in sexual behaviour in the individuals, noticed by self or others make the gender identity of the individual at risk. The third gender category people have several issues and challenges like behavioural challenges, social exclusion, economic exclusion and political exclusion. A society with a binary gender perspective has not accepted the third gender in a true sense. That is why to safeguard the interests of third gender people, some legislative measures have been taken in the country. As individuals the third gender people are to be treated equally and at par with other prevailing genders in the society. Some constitutional and legislative measures have been enunciated to safeguard their interest and respect in society. On April 15, 2014, a revolutionary decision of *National legal services authority of India*, has contributed significantly to the recognition of the identity and rights of the Third gender population. Thus, the binary system of gender of male and female have been added with another category of gender i.e., third gender. As per the right of equality, irrespective of caste, creed, colour, gender, all must be treated equally without any discrimination. The family plays an important role in inculcating a sense of self-respect and acceptance of self through counselling and unconditional love. A gender-neutral society can bring inclusive growth and all-round development to an individual. Upliftment of the Transgender community has to be a collective effort and empowering this community at the workplace would go a long way in reducing social stigmas and also uplift them economically. Society is beautiful for its diversity. This diversity is to be accepted by the self and the society for a better world to live in. Let the promising provisions do not hibernate on paper. They need to come into practice. It is hoped that after going through the entire unit you need to understand how they are an integral part of the society. They are neither deviants nor abnormal.

They are as natural as we are and we need to celebrate their strength, their capacity, and productivity and accept them as one among us. Your knowledge can make you a brand ambassador to launch campaigns, initiate steps to reduce their vulnerabilities and make them a resilient community.

5.4.6 Key Words

1. **Gender:** Gender is a social construct which defines a set of prescribed roles for a particular sex.
2. **Gender Identity:** Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth.
3. **Third Gender:** Third Gender is an umbrella term to describe those people whose gender identity or gender expression is different from the sex at birth.
4. **Fertilization:** Fertilization is a process which occurs in the uterus, where a male sex cell called sperm fuse with the female sex cell called ovum, forming a zygote.
5. **Genotype:** The genetic makeup of an individual is called genotype.
6. **Phenotype:** The expression of genetic make-up, i.e., observable traits of an individual is called phenotype.
7. **NALSA:** National Legal Services Authority of India
8. **Gender Equality:** The concept of treating the individuals with equal rights and opportunities irrespective of their gender is called gender equality.
9. **Discrimination:** Discrimination means treating some people differently from others.
Gender Diversity: The difference that prevails among the genders i.e., male, female and third gender is called gender diversity.

5.4.7 Check your Progress

Q.1. Definitional type

- a) Gender
- b) Gender equality
- c) Third gender
- d) Fertilization
- e) Gender discrimination
- f) Genotype
- g) Phenotype
- h) Gender identity
- i) Gender diversity

Q.2. Analytical Type

- a. NALSA Policy
- b. social justice for third gender
- c. Discuss the third gender rights
- d. Role of family to prevent discrimination against third gender

Q.3. Essay type

- a. Discuss the physiological characteristics of third gender individuals.
- b. Describe the challenges of third gender people.
- c. Discuss about third gender rights

- d. Discuss the various discriminations against third gender people.
- e. What affirmative actions can be taken to protect third gender rights.

5.4.8 Suggested Reading

1. India, Ministry of Social Justice and Empowerment, 2014. *Report of the Expert Committee on the Issues Relating to Transgender Community*. Retrieved from [http:// socialjustice.nic.in/write_readdata/Upload File/Binder2.pdf](http://socialjustice.nic.in/write_readdata/Upload File/Binder2.pdf)
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3. Lawyers Collective, (n.d.). Retrieved from <http://www.lawyerscollective.org/updates/supreme-court-recognises-the-right-to-determine-and-express-ones-gender-grants-legal-status-to-third-gender.html>
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