

**DISABILITY: CAUSES, CONSEQUENCES AND
REHABILITATIVE MEASURES IN KASHMIR: A STUDY
OF SRINAGAR DISTRICT**

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ABSTRACT

Disability is a state of impairments, activity limitations, and participation restrictions. The study is an endeavor to discuss the cause, consequences and rehabilitative measures of disable persons with special reference to Srinagar district of Kashmir. Disability is the outcome of a mutilation that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or take place during a person's life span. Person of disability feels loneliness: boundless into four walls, economically dependent and medically not treated, unable to work. They consider themselves alienated from the main stream of society, socially, their contact becomes limited and psychologically the depression occurs among them. Finally, rehabilitative measures should provide in the name of disabled persons of all sections of society especially weaker sections, destitute and needy people. The present study also makes an attempt to provide some suggestive measures to overcome or surmount the problem of disability and also focuses on the rehabilitative measures of disable persons.

Key words : Disability, mutilation, society, causes, consequences, rehabilitative, depression, destitute, alienated.

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An introduction

Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities. Every epoch has faced the moral and political issue of how best to include and support people with disabilities. This issue will become more acute as the demographics of societies change and more people live to an old age.¹

The United Nations Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006, aims to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”. It reflects the major shift in global understanding and responses towards disability.

Disability: A Global Concern

More than a billion people are estimated to live with some form of disability, or about 15% of the world's population (based on 2010 global population estimates). This is higher than previous World Health Organization estimates, which date from the 1970s and suggested a figure of around 10%. According to the World Health Survey around 785 million (15.6%) persons 15 years and older live with a disability, while the Global Burden of Disease estimates a figure of around 975 million (19.4%) persons. Of these, the World Health Survey estimates that 110 million people (2.2%) have very significant difficulties in functioning, while the Global Burden of Disease estimates that 190 million (3.8%) have “severe disability” – the equivalent of disability inferred for conditions such as quadriplegia, severe depression, or blindness. Only the Global Burden of Disease measures childhood disability (0–14 years) which is estimated to be 95 million (5.1%) children of which 13 million (0.7%) have “severe disability”.

Growing numbers

The number of people with disabilities is growing. There is a higher risk of disability at older ages, and national populations are growing older at unprecedented rates. There is also a global increase in chronic health conditions, such as diabetes, cardiovascular diseases, and mental disorders, which will influence the nature and prevalence of disability. Patterns of disability in a

particular country are influenced by trends in health conditions and trends in environmental and other factors – such as road traffic crashes, natural disasters, conflict, diet, and substance abuse.

The disability experience resulting from the interaction of health conditions, personal factors, and environmental factors varies greatly. While disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. Women with disabilities experience gender discrimination as well as disabling barriers. School enrolment rates also differ among impairments, with children with physical impairment generally faring better than those with intellectual or sensory impairments. Those most excluded from the labour market are often those with mental health difficulties or intellectual impairments. People with more severe impairments often experience greater disadvantage.

Disability disproportionately affects vulnerable populations. There is a higher disability prevalence in lower-income countries than in higher income countries. People from the poorest wealth quintile, women, and older people have a higher prevalence of disability. People who have a low income, are out of work, or have low educational qualifications are at an increased risk of disability. Data from selected countries show that children from poorer households and those in ethnic minority groups are at significantly higher risk of disability than other children.²

Disability in India

According to estimate made by the “United Nations” that there are 500 million disabled in the world and 400 million disabled in the developing countries. According to the world Health organisation’s expert committee on disability prevention, estimate about 10 percent of the world population is disabled which impeded or rendered their participation in social, cultural, economic and political life impossible. In India complete statistics of the disabled are not available however, it is estimated that India has 100 million disabled people. The national sample survey of India 1991 estimated that there are 16.15 million persons having at least one or another type of disability, which constituted 1.9 percent at the total population. 74.3 percent persons with disabilities live in rural areas and 1.6 in urban areas. The persons with locomotor disability are largest in number (7.6 million) followed by those with speech and hearing impairment (4.5 million) are then those with visual impairment (4 million).³

As a developing third world, India accounts for 75 percent of the total disabled persons of the globe. Among the causes of disabilities malnutrition, communicable disease, infection in early childhood is the major causes of disabilities. In addition, nutritional deficiency, inadequate

or inaccessible health care services, incompatible consanguineous marriage (swagotra marriages) are responsible for high rate of disabilities in different forms.

As for as caste's is concerned it is quite high in rural areas rather than in urban areas. According to survey conducted by National Sample Survey organizations indicates that 5 percent and 8 percent of the total number of visually handicapped in rural and urban areas. In case of hearing, 30 percent in the rural areas 28 percent in the urban areas. As regards speech disability, it is 77 % and 67% in the rural and urban areas. The number of persons having loco motor disability (for one lack population) is estimated to be 828 for the rural areas and 679 for the urban areas. According to a rough estimate, about 3 million persons are added to this section of society every year. Following table shows total number of disabled in India at 21907669 which constitutes more than 2 % of total population.⁴

Table 1.1 Disabled population in India, Age wise, Gender wise and Type of disability

Age Group	Total Disabled Population			In Seeing		
	Persons	Males	Females	Persons	Males	Females
Total	21907669	12605635	9301134	10634881	5732338	4902543
0-14	5669233	3188672	2480561	2813975	1493141	1320834
15-59	12391360	7410464	4980896	5814403	3243767	2570636
60+	3773612	1962489	1811123	1957274	966079	991195
Age not stated	72564	44010	28554	49229	29351	19878

Age Group	In Speech			In Hearing		
	Persons	Males	Females	Persons	Males	Females
Total	1640868	942095	698773	1261722	673797	587925
0-14	563763	325364	238399	210804	118632	92172
15-59	950715	549292	401423	573781	320236	253545

60+	122195	64978	57217	473942	232897	241045
Age not stated	4195	2461	1734	3195	2032	1163

Age Group	In Movement			Mental		
	Persons	Males	Females	Persons	Males	Females
Total	6105477	3902752	2202725	2263821	1354653	909168
0-14	1545873	938627	607246	534818	312908	221910
15-59	3510620	2353580	1157040	1541841	943589	598252
60+	1038510	603747	434763	181691	94788	86903
Age not stated	10474	6798	3676	5471	3368	2103

Source: Census of India (2001)

Disability in Kashmir

Disabled persons are present in all the societies. It not only affects the families of disables but also the dependents. There is hardly any society where persons with disability are not present this is the fact also in the case of Kashmiri society. The term “Disabled” persons was defined in the declaration as “any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and social life”. According to the Jammu and Kashmir persons with Disability Act 1998, Persons with Disability, means a person suffering from not less than forty % of any disabilities.⁵

The society of Kashmir faces acute disability related problem. The entire population of Jammu and Kashmir has been exposed to the man -made disability on account of prevailing conflict situation in Kashmir. There is no confirmed statistics about the total number of disabled in Kashmir. Therefore one has to largely depend on estimates given by different agencies and individual based organisations. According to 2001 census, only 1.38% of the total disabled of India are in Jammu and Kashmir. Around 1.96 % suffer from disability in seeing, 1.03% has impairment related to speech, 1.12 and 0.62 of the total population with mental disabilities

resides in the state of Jammu and Kashmir .According to a research study conducted by a Kashmiri sociologist, Dr.Bashir Dabla, there are more than six hundred thousand disabled persons in Kashmir with almost 50% of them having permanent disability.3,43,632 males and 2,61,708 females with one or other type of disabilities while 4,59,436 among them lived in rural areas and 1,45,904 in urban areas.3,02,670 persons have total disability while 2,08,713 had disability in seeing followed by 37,965 having disability in movement. There are 24,879 people with mental disabilities followed by 16,956 with disability in speech and 14,157 in hearing the study said. On mental health and movement disabilities, the research said that the figures about movement and mental disability witnessed alarming increase during the decade ending 2001 because of prevalence of violence in the conflict region and its physical and psychological implications.⁶

According to one estimate there are about four lakh (0.4 million) disabled within the state of Jammu and Kashmir .According to a survey of Jammu and Kashmir Handicapped Associations (JKHA) of the 4.18 lakh disabled in Jammu and Kashmir, more than one lakh are conflict victims. According to report for the policy project of the disability knowledge and research (KAR) program, funded by United Kingdom Department for International Developed (DFID), Neither the states social welfare Department nor the council of for rehabilitation of widows , orphans, handicapped and old persons, whom the central and state government created in 1996, can enumerate the total number of children the conflict has crippled so far. The plight of the disabled in Kashmir cannot be expressed in words.⁷

Though a lot requires to be done to meet the challenges posed in the face of ever increasing number of disabled in the state on account of conflict, the impact of which are manifold on the population of Kashmir. Not only disabled but there are orphans, women and children with behavioural disorders, irritability, depression and other forms of psychological disorder. There is not only physical disability ,which is the cause of suffering but also mental disability which need to be rehabilitated. The government should form rehabilitation council with a mission to rehabilitate these disabled people. So there arises a dire need to rehabilitate these disabled persons in Kashmir.

Table 1.2 District wise Profile of Disabled in Jammu and Kashmir

S.No.	District	Total	Rural	Urban
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1	Srinagar	34844	7255	27589
2	Budgam	15316	13574	1742
3	Anantnag	30781	26813	3968
4	Pulwama	16003	14375	1628
5	Baramulla	45152	37013	8139
6	Kupwara	20809	19821	988
7	Leh	2717	2228	489
8	Kargil	2892	2577	315
9	Jammu	47514	26969	20545
10	Udhampur	22183	19137	3046
11	Rajouri	15119	14409	710
12	Ponch	14130	13118	1012
13	Kathua	12467	10902	1565
14	Doda	22743	21527	1216
Total		302670	229718	72952

Source: Jammu and Kashmir census report 2001.

The loss or impairment of a limb or deformity in one's physical or mental capability is the worst that can happen to a person, whether it is because of nature's foul play or as a result of an unexpected unfortunate accident. Welfare of the disabled and the handicapped is an extremely challenging task and it can be fulfilled only when all the citizen's, voluntary organizations and government realize their responsibilities in this respect collectively.⁸ Disability is a cultural construct based on "Ideal or Social Norm" that has been constructed from assumptions of authority in society. This authority is derived from the fact that each person believes others to be comparable to his own self-identity, in this regard there should be a common mould that all types of people precisely fit. These expectations, however, have failed to take into account the fact that every human being perceives the world from a different view-both physically, through their retinas, and socially through their expectations, beliefs and behaviours. The declaration on the rights of Disabled persons stated that the term, "Disabled persons" means "any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and or social life, as a result of deficiency, either congenital or not in his or her physical or mental capabilities". Therefore it becomes necessary to focus upon each individual as a self-defining entity, whose abilities derive from examining their own self-worth without any outside judgment.⁹

Causes of Disability

The causes of disability fall broadly into three groups such as biological factors, genetic or hereditary factor and accidents. These three causes of disability are responsible for disability world wide .Social and physical causes are also responsible to increasing disability. As for as present scenario is concerned these causes are responsible for the increasing rate of disability. Biological factor's includes immature birth's and general weakness. Malnutrition is also comes in the biological factor as a cause of disability' 'Genetic' or hereditary factor,' is another cause of disability. It includes, hereditary passing genes from one 'disable' person to another. It is actually a genetic disease Genes are responsible for disability. No doubt, it is a biological problem but it should overcome socially with the help of social workers .The remaining factor is accident's. Though accident's in machinery, and road accident's many lost their lives and many becomes disable. Though the efforts of governmental and non-governmental organization(NGO's)it can be overcome and treated effectively.

In some parts of the world, there are social causes of disability, which includes conflict situation. For example, conflict in I and Afghanistan, Iraq ,Kashmir and Palestine's, Somalia, internal conflict in different parts of India ,Pakistan, now in Arabian countries and African countries. Social conflict proves most devastating cause of disability. Child labor and child abuse, disintegration of family, unemployment etc also come under the category of social causes. The child labor is in peak in different parts of the world especially least developed nation's of Asia and Africa, and third world countries. It should be ended at all cast with the help of social workers, Govt, N.G.O's and other voluntarily organization to provide them better rehabilitation and economic help can improve their social status.¹⁰

Consequences of Disability

There has been a significant consequences of disability on individual, family and society. The person of disability feel's loneliness; boundless into four wall's ,economically dependent and medically not treated, unable to work if him/her arm or leg is to be amputated. Socially, their contact with other's becomes limited and psychologically the depression occurs in them. Such people feel cut off from society and they become victim of their own disability. Social workers and other governmental organization's can come forward to eradicate and overcome the impact of disability on the individual. Society should treat them as challenge of their responsibility to help them to overcome from trauma.¹¹

If people are affected with any one of a number of disabilities they know how hard it makes their life. People need to learn about a couple of basic disabilities and ways to help live with them. Being blind affects the life of many people throughout the world. This disability is when people cannot see people, will not be able to see or do many of the things they love. Being deaf is a very awful disability. However, this kind of disability has fewer consequences than some of the others. People may not be able to hear they can still with other people via sign language or some speech if they can learn to read lips. The next big disability is being mute, this is where people cannot talk and cannot make speaking sounds. Disabilities can also include genetic disorders, amputated or lack of limbs, and many other things which cause a person not to be able to lead a normal life. Social security disability or (SSD) I is a division of the Federal Social Security Act .SSD encompasses several programmes that provide monthly disability payments and other benefits to disabled workers and their families.SSD benefits may consist of medical coverage of cash payments. The person who is applying for SSD benefits must have a medically determinable impairment This means that the applicant must have a mental or physical impairment or disability that can be medically diagnosed and established by evidence consisting of signs, symptoms and laboratory investigations. Additionally, this disability must have lasted, or be expected to last, at least one year or be expected to result in death. Finally, the disability must result in the inability to work.¹²

Disability has also impact on the family. If any person in a family has one or more than one type of disability, the whole family will be affected. The savings of the family gone for the treatment of this person. The symptoms of poverty are comes in the family slowly. Consequently, one member for the watch ,movement and treatment will be attached to the family. Socially, the family affected by disability would not be prosperous and economically sound.¹³

Society can be also affected by the physically challenged families and individuals. Adequate funds should be given and reserved for these disabled peoples and families. The funds which can be utilized for developmental purposes, diverted to rehabilitation of these disabled people's. The government has to improve the medical facilities in health centre's. Government has to revive their policies for the benefits of the disables. Consequently, society is affected by the disable families and and individuals. Keeping the above in view, disability has impact on

individuals family and society and Govt. must taken the steps to stop the mentally, physically, Locomotors, hearing and other types of disability.

Rehabilitation of Disability:

Rehabilitation is a process by which disabled people no longer depends on others livelihood. As for as rehabilitation of people with disability is concerned, it looks a difficult job to cope with. Many developed and developing nation's are trying to meet the problems for physically, mentally and hearing disability. According to the international Webster's dictionary, or article (1) Establishes the right of self-determination and article(2) guarantees that the right, enunciated in the covenant will be exercised by all without discrimination of any kind, Article 6recognizes the right to work which includes the right of everyone to opportunity to gain his living by work, which he freely chooses and accept. Thus, if disabled person who is able to earn his living by working and is in a position to of inequality vis-à-vis others, this would represent a violation of that right. More than 500 Million people 10% of the world's total population suffers from some type of disability. In the majority of countries, at least one out of ten persons has physical, mental or sensory impairment and at least 25% of the entire population are adversely affected by disability which needs to rehabilitate.

The problem of disability is gaining more and more importance all over the world..The planners of India all very well understand the significance of the problem. The government of India and also the state government framed various policies for persons with physical hearing , and locomotors disabilities:

- (a)Scholarship.
- (b)Job reservation.
- (C)Concessional assistive devices.
- (d)Concession facilities in training.
- (E)Special training institutions.
- (F) Tax benefits .

An apex body of the council of rehabilitation must be opened in all parts of the world particularly in Indian sub –continent .Its aim is to prescribes the syllabi for the various programmes, recognizes the training institutions and maintains rehabilitation registers. To further ensure that the resource persons of the voluntary organizations get proper training in the national

institutes, organize refresher courses for the in- service personnel of the voluntary organizations in batches.

Research Methodology:

The exploratory research design was used by the researchers for the present study. The study revolves around in analyzing the difficulties faced by the disable persons in the region of Kashmir with special reference to Srinagar district. For the primary data the researchers have embrace interview schedule to get insight of the problem and the secondary data was collected through books, research journals, census, official statistics and various research reports, etc.

Table 1.3

Gender	Number of Respondents	Percentage
Male	120	50
Female	120	50
Total	240	100

The above table shows that fifty percent of respondents the number is 120 were male and fifty percent of respondents the number is 120 were female.

Table 1.4

Age –Group of Disabled Respondents

S. No	Age –Group	No .of Respondents	Percentage
1	4-9	5	2.08
2	10-11	49	20.41

3	16-20	26	10.83
4	21-30	65	27.08
5	31-35	22	9.16
6	36-40	33	13.75
7	Above 40	40	16.6
Total		240	100.00

The above table 1.4 showed that 2.08 percent of respondents belonged to 4-9 age group ; 20.4 percent belongs to 10-15 age group ; 10.8 percent to 16-20 age group ; 27.07 percent to 21 – 30 age group ; 9.16 percent to 31-35 age group ; 13.75 percent to 36-40 age group ; and 16.16 percent to above 40 age group.

Table 1.5
Family income of the respondents

S. No	Family Income	No .of Respondents	Percentage
1	Below- 1000	7	2.91
2	1000-4000	79	32.91
3	4001-8000	62	25.83
4	8001-10000	39	16.25

5	10000 & Above	53	22.08
Total		240	100.00

The data given in table 1.5 shows the percentage of respondents of different monthly family income. The majority of respondents belongs to 1000-4000 per month (32.91 percent) 79 respondents; Where as (25.83 percent) 62 respondents belongs to 4001-8000 per month income holder ; (22.8 percent) 53 respondents belongs belongs to 1000 and above category ; (16.2 percent) 39 respondents belongs to 8001- 10000 per month income holder ; and another 7 respondents that is (2.91 percent) were from below 1000 monthly income holder .

Table 1.6
Type of disability suffered by respondents

S. No	Disability Suffered	No. of Respondents	Percentage
1	Dumb	4	1.66
2	Deaf	20	8.33
3	Blind	15	6.25
4	Orthopedics	68	28.33
5	Multiple Disabilities	26	10.83
6	Mentally Retarded	61	25.41
7	Polio	35	14.58

8	Any other, heart stroke, brain hemorrhage, sarcoma, cancer, down syndrome etc .	11	4.58
Total		240	100

The above table 1.6 reflected that 4 respondents (1.66 percent) were dumb ; 20 respondents (8.3 percent) were deaf ; 15 respondents (6.2 percent) were blind ; 68 respondents (28.3 percent) were orthopedics ; 26 respondents (10. 83 percent) were multiple disability ; 61 respondents (25.4 percent) were mentally retarded ; 35 respondents (14. 5 percent) were polio patients ; and 11 Respondents (4.5 percent) were having any other category which includes heart stroke, brain hemorrhage, sarcoma cancer, and down syndrome category .

Table 1.7
Cause of Disability

S. No	Causes of Disability	No. of Respondents	Percentage
1	Disability by birth	108	45
2	Disability in accident	38	15.8
3	Disability by ammunition	16	6.66
4	Disable after surgery negligence of doctors	10	4.16

5	Any other	68	28.33
Total		240	100

Table No. 1.7 divulges that (45 percent) 108 respondents have disability by birth ; followed by (15.83 percent) 38 respondents become disable in different accidents ; (6.6 percent) 16 respondents become disable by bullets or bomb explosion; (4.1 percent) 10 respondents become disable after different surgery's /negligence of doctors ; and (28.3 percent) 68 respondents belongs to any other category, which is fallen from tree, floor, suddenly become disable , turmoil, tension, polio and heart stroke .

Suggestions

People with disabilities have ordinary needs - for health and well-being, for economic and social security, to learn and develop skills, and to live in their communities. These needs can and should be met in mainstream programmes and services. Mainstreaming not only fulfils the human rights of persons with disabilities, it is also more effective. Mainstreaming is the process by which governments and other stakeholders ensure that persons with disabilities participate equally with others in any activity and service intended for the general public, such as education, health, employment, and social services. Barriers to participation need to be identified and removed, possibly requiring changes to laws, policies, institutions, and environments. Mainstreaming requires a commitment at all levels, and needs to be considered across all sectors and built into new and existing legislation, standards, policies, strategies, and plans. Adopting universal design and implementing reasonable accommodations are two important strategies. Mainstreaming also requires effective planning, adequate human resources, and sufficient financial investment – accompanied by specific measures such as targeted programmes and services to ensure that the diverse needs of people with disabilities are adequately met.

In addition to mainstream services, some people with disabilities may require access to specific measures, such as rehabilitation, support services, or training. Rehabilitation – including assistive technologies such as wheelchairs, hearing aids, and white canes – improves functioning and independence. A range of well-regulated assistance and support services in the community

can meet needs for care, enabling people to live independently and to participate in the economic, social, and cultural lives of their communities. Vocational rehabilitation and training can open labor market opportunities. While there is a need for more services, there is also a need for better, more accessible, flexible, integrated, and well-coordinated multidisciplinary services, particularly at times of transition such as between child and adult services.

While disability should be a part of all development strategies and action plans, it is also recommended that a national disability strategy and plan of action be adopted. A national disability strategy sets out a consolidated and comprehensive long-term vision for improving the well-being of persons with disabilities and should cover both mainstream policy and programme areas and specific services for persons with disabilities. The development, implementation, and monitoring of a national strategy should bring together a broad range of stakeholders including relevant government ministries, nongovernmental organizations, professional groups, disabled people and their representative organizations, the general public, and the private sector. The strategy and action plan should be informed by a situation analysis, taking into account such factors as the prevalence of disability, needs for services, social and economic status, effectiveness and gaps in current services, and environmental and social barriers. The strategy should establish priorities and have measurable outcomes. The plan of action operationalizes the strategy in short and medium terms by laying out concrete actions and timelines for implementation, defining targets, assigning responsible agencies, and planning and allocating needed resources. Mechanisms are needed to make it clear where the responsibility lies for coordination, decision-making, regular monitoring and reporting, and control of resources.

Conclusion

Our good portion of society is concerned of disable persons, and they require a great concern from entire section of society. In this regard government should make all the efforts to work for their betterment and welfare, all the latest amenities should be facilitated to help disabled to flipside their normal life. Efforts should be made to analyse the causes and consequences of disability and the goals of 'Rehabilitation' as a profession dedicated to healing and care of the disability in a dignified manner. The causes of disability, need to be studied before rehabilitation. At the same, the consequences of disability on individual, family and society need to be highlighted. So for as causes are concerned, which includes social, physical,

psychological and biological come under this category. Social causes includes failure in life, social pressure etc. Physical causes include –road accidents, mines exploded, industrial accidents etc. Psychological includes- depression and psychological pressure and biological hereditary births, malnutrition which needs to be pointed out. Consequently, disability has also consequence on the individual, family and society which must be taken into consideration. Socially individual becomes alone and feel alienated from the society. Economically, disabled peoples are on family which need support of Govt help to cope the economical problem. Alone, without the help of Govt the downtrodden family is not in a position to provide facilities for their disabled family members. Special machines should be installed, on which disabled people can work and earn their livelihood. No such effort has been taken by the Govt. There is a need to hammer home the new ideas to Govt, in order to employ disabled in specially disabled designed industries.

There, should be a great role of the government in the rehabilitation of disabled peoples. They should make such policies which will benefit the whole society. Social, psychological, physical and biological rehabilitation has important place in sociology. Not alone government, but also N.G.O's has very important role to play .The cooperation of parents and civil societies cannot be ignored. Not only this' Philanthropists' and economically sound persons can come forward with vast resources to help the rehabilitation process.

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