

Original Research Article

Evaluation of implementation of persons with disabilities act 1995 in Mysuru city

Rashmi A.^{1*}, Shrinivasa B. M.², Narayanamurthy M. R.³

¹Post Graduate, ³Professor and Head, Department of Community Medicine, JSS Medical College, Mysuru, Karnataka, India

²Scientist B, ICMR, NIRT Chennai, Tamil Nadu, India

Received: 05 December 2017

Revised: 12 January 2018

Accepted: 13 January 2018

*Correspondence:

Dr. Rashmi A.,

E-mail: rashmiaraj260289@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: The persons with disabilities act 1995, is the main legislation that deals with the rights and empowerment of person with disability. Aim of the act is to provide barrier free environment which includes access to built environment in schools, colleges, offices and public buildings, recreational areas, health centres/ hospitals etc. It is important to identify the Physical barriers that limit the disabled from accessing various facilities.

Methods: A cross sectional study conducted for the period of 3 months from August to November in Mysuru city corporation area. All the institutions mentioned in the PWD act like Banks, Post offices, Educational institutions, Police stations and Hospitals were included in the present study. Institutions/Organizations were selected based on Systematic random sampling. Consent was taken from the respective in charge of the institutions. Pre tested, semi structured questionnaire prepared based on guidelines mentioned in PWD act was filled by self-assessment only by Chief Investigator.

Results: Among 50 Institutions/Organisations included in the current study, as many as 30 (60%) belonged to Government, 17 (34%) were Private and 3 trusts were included. Out of 50 institutions, as many as 36 (72%) had fair implementation of PWD act, 14 (28%) institutions had good implementation of the act. Implementation of the act found to be high among Private organisations compared to Government organisations.

Conclusions: Creating a barrier free environment for providing equal opportunities, equity and social Justice to the person with disability is vital for their social inclusion. Hence, extent of implementation of PWD act should be improved especially in the Government organisations.

Keywords: Physical barriers, Barrier free environment

INTRODUCTION

India is a vast country with varied diversity. Current strategy for overall development is inclusiveness. This inclusiveness is incomplete without involving 2.21% of differently abled personal with one or other form of disability.¹ Disability is not a static condition but an interaction between an individual and a non-inclusive society.² People with disabilities have less access to health care services and therefore experience unmet

health care needs.³ Governments can improve health outcomes for people with disabilities by improving access to quality, affordable health care services, which make the best use of available resources.³ And it enables them to participate as independent and productive members of society.

Over a billion people, about 15% of the world's population, have some form of disability.³ The international classification of functioning, disability and

health defines disability as an umbrella term for impairments, activity limitations and participation restrictions.³ Article 25 of the UN convention on the rights of persons with disabilities (CRPD) reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination.³

According to Census 2011, there are 2.68 crore persons with disabilities (PWD) in India (who constitute 2.21 percent of the total population).⁴ According to 2001 Census, out of total 2,19,06,769 population, 9,40,643 (4.29%) are having disability in Karnataka.⁵

The PWD (equal opportunities, protection of rights and full participation) act, 1995, defines “PWD” as a person suffering from not less than 40% of any disability as certified by a medical authority.⁴ The disability being (a) blindness (b) low vision (c) leprosy cured (d) hearing impairment (e) loco-motor disability (f) mental illness (g) mental retardation (h) autism (i) cerebral palsy or (j) a combination of any two or more (k) autism (l) cerebral palsy (m) mental retardation. These include persons with visual, hearing, speech and loco-motor disabilities, mental illness, mental retardation, multiple disabilities and other disabilities.⁴

Physical barriers are structural obstacles in natural or manmade environments that prevent or block mobility (moving around in the environment) or access.⁶

The PWD act 1995, is the main legislation that deals with the rights and empowerment of person with disability and to provide barrier free environment which include access to built environment in schools, colleges, academic and training institutions, offices and public buildings, recreational areas, health centres/ hospitals etc.⁴ The goal of barrier free design is to provide an environment that supports the independent functioning of individuals so that they can participate without assistance, in everyday activities.⁴

Hence the present study intended

1. To assess the implementation of ‘PWD act’ in various institutions of Mysuru city.
2. To identify various physical barriers limiting accessibility of PWD in various institutions of Mysuru city.

METHODS

A cross sectional study was conducted for the period of 3 months (May 2015 to July 2015) in Mysuru city corporation area. List of all the Institutions mentioned in the PWD act like banks, post offices, educational institutions, police stations, hospitals was taken from the Mysore city municipal corporation area. All the Organizations are categorized into specified groups. 1/3rd of the total that is 50 Institutions/Organizations were selected based on Systematic random sampling by lottery

method considering non response rate of 20%. Ethical clearance was obtained from the Institution’s ethics committee. Consent was taken from the respective in charge of the institutions. Few institutions were excluded based on the refusal by the in charge of the institutions to consent for the study. Pre tested, semi structured questionnaire prepared based on guidelines mentioned in PWD act was filled by self assessment only by Chief investigator to prevent observer variability.³

Criteria’s used for the assessment of various infrastructures were presence of ramp at the entrance with obstructions/steps was considered adequate (not applicable for the single floored non obstructing entrance). Non-slippery floor, door that freely allows wheel chair, fully functioning lift (not applicable for single floored building), main sitting area allowing wheel chair accommodation, accessible toilets, drinking water and shopping area without assistance were considered adequate and barrier free. Presence of at least one counter located at the height of 1200 mm or less, presence of minimum of 1 lowered automatic teller machine (ATM)/cash disbursement point on the premises at bank, presence of mail slot located at a height of 1200 mm or less at the post office is considered adequate and barrier free.

Out of all the criteria seven basic criteria like ramp, lifts, broad entrance, provision for wheel chair accommodation, seats attached to the floor, accessible drinking water and toilet facility were considered mandatory according to the act and were given score of 1 for its presence and score 2 for its absence.³

Calculation of standard error

Using the formula $-\sqrt{pq/n}=7.01$

$2SE=7.01*2=14$

Proportion $\pm 2SE$ (95% confidence interval)

Mean score implementation of PWD act is calculated. Total score of 7 is considered as good implementation and more than 7 is considered as fair implementation. Data collected was entered in MS office excel sheet and analyzed using Statistical Package for Social Sciences (SPSS) software version 22.0.

RESULTS

Among 50 institutions/organisations included in the current study, as many as 30 (60%) were government, 17 (34%) were private and 3 trusts were included (Figure 1). Out of 50 institutions, as many as 36 (72%) had fair implementation of PWD act, 14 (28%) institutions had good implementation of the act. Out of 50 institutions only 16 (38%) had ramps at the entrance, 14 (28%) had lifts, 25 (50%) had accessible toilet facility, 39 (78%) had accessible drinking water facility. All the organizations had broad entrance. All the ATM machines and Mail

slots are at the accessible height whereas only half of the shopping centres visited had accessible shopping area (Table 2). Implementation of the act found to be high among Private organisations compared to Government organisations. Among all the organizations 10% of the private and 4% of the Government organizations have good implementation of the PWD act, 30% of the private and 56% of the Government institutions have fair implementation. Mean score implementation of PWD act is- 1.86 ± 0.3505 .

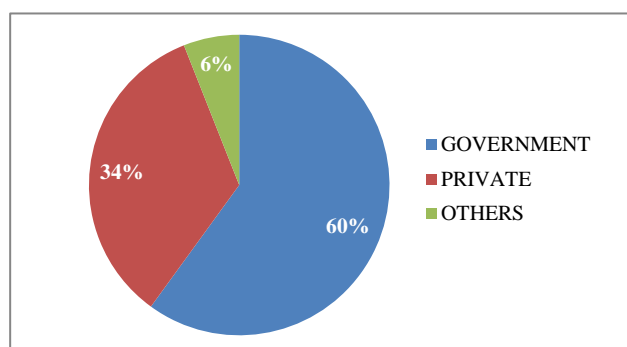


Figure 1: Distribution of organizations according to their type.

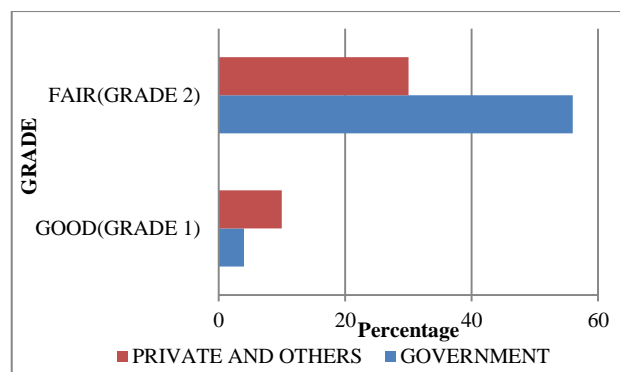


Figure 2: Distribution of type of organization according to their grades.

Table 1: Distribution of organizations according to the grades of implementation of the act.

Category	Range (%)
Government-good	12-70
Private-good	10-38
Government-fair	Up to 18
Private-fair	Up to 24

Table 2: Percentage distribution of various criteria.

Criteria	Present (%)	Absent (%)	Not applicable (%)
Ramp	14 (38)	25 (50)	6 (12)
Tactile floor	45 (90)	5 (10)	-
Broad entrance	50 (100)	0	-
Ridges/obstructions	23 (46)	27 (54)	-
Lift	14 (28)	12 (24)	24 (48)
Provision for wheel chair accomodation	49 (98)	1 (2)	-
Seats attached to the floor	40 (80)	10 (20)	-
Accessible toilets	25 (50)	25 (50)	-
Accessible drinking water	39 (78)	11 (22)	-
Accessible counter	38 (76)	4 (8)	8 (16)
Accessible ATM machines	4 (8)	0	46 (92)
Accessible mail slots	3 (6)	0	47 (94)
Accessible shopping area	2 (4)	2 (4)	47 (92)
Man source to rescue from the parking area	36 (72)	14 (28)	-

Table 3: Association between type of organizations and level of implementation of PWD act.

Type of organizations	Good implementation	Fair implementation	Total	Chi-square value	P value
Government	2	28	30	3.350	0.067*
Non-government	5	15	20		

*P value is marginal because of the small sample size.

DISCUSSION

Alma Ata declaration in 1978 stated that a comprehensive primary health care should include promotive, preventive, curative and rehabilitative care. The major objective of community-based rehabilitation (CBR) is to ensure that people with disabilities are able to maximize their physical and mental abilities, have access to regular

services and opportunities and achieve full social integration within their communities.⁷

In developing countries, it was estimated that not more than 2%-3% of the disabled could benefit from rehabilitation services.⁶ But the study conducted in in Kaiwara primary health centre area by Thomas et al regarding community based rehabilitation of people with

disabilities found that only 2%-3% of the disabled have access to such services.⁸ From the above studies we can conclude that even with good application of rehabilitation services, persons with disabilities will not be benefited if they have no access to such services.

The large majority of people with disability (PWD) in India are capable of productive work; however, their participation is limited mainly due to a range of environmental, educational and social barriers [World Bank].⁹ In this context study conducted by Laskar et al clearly conclude Addressing the unmet health needs may improve the health-seeking behavior and thereby disease outcomes.¹⁰

With the current study definition of implementation of the PWD act only 4% of Government Institutions and 10% of the Private institutions were having Good Implementation of the act. Some institutions went even ahead of the policy and has given remarkable services to PWD. Also this study showed glaring difference between Government and Private Institutions with respect to the implementation of the Act (Chi square value=3.350 p=0.067).

In bus rapid transit systems there are no specific guidelines, codes or standards for accessing bus rapid transit systems according to Rao, Prajna et al.⁹ Similar ambiguity is noted in our study. In both cities of Ahmedabad and Indore, the BRT stations are far more accessible to people with visual and physical disabilities in comparison with other public transport systems not only in their own cities, but also other cities in the country. This can be attributed to the more importance given to locomotor and visual disabilities in the PWD guidelines itself. Despite of uniform application of the PWD act the proportion of people utilising these services at district level is very less which makes these institutions not to take too many initiatives towards implementing the act. Lack of awareness about the act among them is the other important reason.

In the case of Janmarg in Ahmedabad, the designers specifically consulted with the Blind People's association to make the stations more accessible. It is well understood now that active consultation with PWD groups during the planning and designing stage is far more cost effective in making new infrastructure accessible to all than "retrofitting" it later on.²

Kumar et al in their study on quality of rehabilitation services to disabled in a rural community of Karnataka states high prevalence of mental diseases (36.5%) when compared to other diseases. But PWD act guidelines as such has lot of lacunae one among them is Persons with Mental illness are left behind, which is the major drawback.⁷

The current study selected the institutions based on systematic random sampling technique has covered 90%

of those places which are important for day today activities even then the picture of implementation of the act remain grim. Implementation of the act at the district level even after 20 years of its initiation is as described. In other places of India, situation might be similar or even worse.

For any social cause to succeed it is not only the creation of a law or policy but its implementation is most important. Regular follow up and evaluation of the same pays better dividends.

CONCLUSION

There is a poor dissemination of information about the legal rights of the PWDs and poor implementation of the act especially in the Government set up. Substantial amount of ambiguity noted in the implementation of PWD act.

Recommendations

To create an enabling environment for social inclusion of the PWDs in all fields of life by providing equal opportunities, equity and social Justice. This can be done by implementation of PWD act in all the sectors especially in the Government set up. Not only creating the public awareness but also encouraging various sectors for better implementation of various sectors. Timely monitoring and strict legal enforcement ensures good implementation. The present guidelines need to be revised to solve the ambiguity and to make it more facility based. Present guidelines mainly focus on the locomotor and visual disability. Hence it has to be further expanded to involve other forms.

Limitations

Present study addresses only locomotor disability whereas visual disability as per the PWD act is not taken in to account.

Lots of lacunae are noted in PWD act itself because all the guidelines cannot be uniformly applied for different type of institutions.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Government of India. Ministry of Social Justice and Empowerment. Department of Disability Affairs. Annual report 2013-2014. Available at: socialjustice.nic.in/pdf/ar1314eng-da.pdf. Accessed on 12 August 2015.
2. Rao P, Shah S. Designing BRT systems for universal access case of Ahmedabad and Indore.

- EMBARQ, India. Available at: http://wricitieshub.org/sites/default/files/EMBARQ_Designing%20BRT%20Systems%20for%20Univers. Accessed on 12 August 2015.
3. WHO. Fact sheet N°352. Available at: <http://www.who.int/mediacentre/factsheets/fs352/en/>. Accessed on 12 August 2015.
 4. Ministry of social justice and empowerment. The Persons with Disabilities Act, 1995. Available at: <http://socialjustice.nic.in/pwdact1995.php>. Accessed on 12 August 2015.
 5. Census of India 2011. Data on disability. Available at: http://www.censusindia.gov.in/2011census/Disability_Data/Disability_2011_Data_Release_Dec_2013_P. Accessed on 12 August 2015.
 6. The World Health Organization. Training in the community for people with disabilities. Available at: <http://socialjustice.nic.in/disablewise.php>. Accessed on 12 August 2015.
 7. Ganesh KS, Das A, Soans SJ. Quality of rehabilitation services to disabled in a rural community of Karnataka. *Indian J Community Med*. 2008;33:198-200.
 8. Thomas M, Pruthvish S. Community Based Rehabilitation of people with disabilities in Kaiwara Primary Health Centre Area. An initiative of MSRMC and WHO. Report of Ashakirana-Kaiwara CBR Programme: Bangalore; 2004.
 9. Available at: http://www.transed2012.in/Common/Uploads/Poster/352_paper_transedAbstract00059.pdf. Accessed on 12 August 2015.
 10. Laskar AR, Gupta VK, Singh MM, Kumar D, Ingle GK. Treatment seeking pattern among parents of children with locomotor disability. *Indian J Community Med*. 2009;34:258-60.

Cite this article as: Rashmi A, Shrinivasa BM, Narayanamurthy MR. Evaluation of implementation of persons with disabilities act 1995 in Mysuru city. *Int J Community Med Public Health* 2018;5:693-7.