



**INDIA'S ROLE IN THE GLOBAL DISABILITY RIGHTS DISCOURSE  
INTERSECTIONALITY OF CASTE & DISABILITY: LEGAL IMPLICATIONS IN  
INDIA**

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**ABSTRACT**

*India's involvement with multinational disability rights is distributed by its different and intricate sociopolitical terrain, which is especially shaped by the intersection of disability and caste. The Indian disability rights movement, which has its roots in the broader frame of societal righteousness, has gradually moved from weal-grounded tactics and toward a rights-grounded paradigm, especially since the Rights of Persons with Disabilities Act, 2016, was passed. Still, estate remains a major factor in determining PwDs' access to rights, prospects, and quality, meaning that their lived experiences are far from homogeneous. In India, poverty, social stigma, structural inequality, poor healthcare, and a lack of inclusive structure are the main causes and exacerbators of disability. Due to their literal insulation and confined access to precautionary and rehabilitative care, marginalised communities — Dalits and Adivasis in particular — are disproportionately impacted. Although equality and affirmative action are guaranteed by the indigenous frame through Articles 14, 15, 21, 41, and 46, there are still operational problems. Discrimination is compounded by the combination of estate and disability. For illustration, a Dalit with a disability gest heightened marginalisation, being excluded by both their own estate and the general public. Policy fabrics constantly ignore these intersectional realities, which results in poor representation and a dearth of conduct that is specifically designed to address them. India aligns its domestic laws with the UN Convention on the Rights of Persons with Disabilities (UNCRPD), despite obstacles, and is visible in the global disability discussion. Still, India must admit and defy the complex reality of estate-grounded perceptiveness in disability and encourage an inclusive.*

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## INTRODUCTION

Indian differently abled persons are among the most marginalised, disregarded, ostracised, and disgraced in nearly every social, political, profitable, and indeed particular sphere of mortal actuality when compared to their counterparts in the West. The ongoing rejection of their right to have a respectable and healthy life exacerbates their marginalisation. Nonetheless, the intersectionality, which holds that simply relating as crippled undermines other social individualities that a person with a disability may have held, was overlooked in Indian disability academic debate. A differently abled person gets social stigma, infantilization, limitations and obstacles in piercing social and particular space, and a lack of fundamental conditions for tone development since they are also born with a disability or develop it over time. People who are physically (visible or unnoticeable) crippled are barred and isolated from fully engaging in mainstream social exertion, regardless of their actuality, according to the Union of the Physically Impaired Against Segregation (UPIAS, 1976), which defines "disability" as an assessed position and a condition of social disadvantage. WHO offered the International Classification of Functioning, Disabilities, and Health (ICF model), a global type system for grading and homogenising health and healthcare-related data for research and other fields. It emphasised and concentrated on the negative features of impairment, analogous to participation restrictions, exertion limitations, particular constraints, and contextual impediments. The "Medical Model" of disability firstly emphasises the incapacity to participate or fully engage in society as the cause of disability. In distinction, the Social Model of Disability establishes a connection between the individual with a disability (whether temporary or permanent). It claims that in addition to their natural limitations and limitations, people with disabilities face limitations, inaccessibility, walls, and obstructions because of the conditionality assessed by the social system and social space, which deprives them of fundamental moral rights and results in their disability (Barnes, Mercer, & Shakespeare, 1999). Still, the social model of disability places the blame for impairment on society; it draws attention to the problem of people's marginalisation, which results in their social rejection from integration and participation. Barnes C. (2012) Disability as an inimical position doesn't separate since it's cross-sectional and permeates all situations; also, it's likely to develop a connection with other forms of discrimination, thus exacerbating the circumstances of individuals or groups who are formerly marginalised or suppressed. 64 of that is due to disabilities, with STs with disabilities coming in alternately. Among the primary deterrents for a differently abled child to enrol in, attend, or continue their education are the social stigma of

being misperceived, internalised shame, inaccessibility and lack of installations caused by disabilities, financial considerations, and the excessively protective stance of the differently abled person's family. Numerous Dalits and people with disabilities went on to pursue advanced education; this is especially true for Dalits with disabilities. Compared to pastoral areas, the state and educational attainment of Dalit-impaired children are far better in cooperative settings. (confidant, 2010).

## **DISABILITY RIGHTS MOVEMENT IN INDIA: AN OVERVIEW**

The postcolonial India examines the history of the environmental movement, women's rights movement, Dalit rights movement and most importantly disability rights movement. The social and political environment that gave these revolutions their foundation and essential spark shows an intriguing global trajectory with places of convergence and divergence. The rise of the civil rights movement, anti-racist demonstrations, and women's groups were all products of the political and ideological influences that developed and solidified in the post-World War II Western world. These not only changed the public sphere but also sparked changes in how theories were developed and how methods for understanding the shifting dynamics of social reality were formulated.<sup>1</sup> Issues of power dynamics that transcended gender and ethnicity gained significant traction in the 1960s and 1970s, redefining the paths of social movements all over the world.

Like other post-1960s movements, disability rights movements are made up of a number of conglomerations of differently abled people and organisations that joined together in the 1980s to organise. In the context of the international Disability Rights Movement (DRM), disability was defined as a matter of social oppression, where social-structural arrangements and cultural values were perceived as creating a disabling environment for people with physical or mental impairments and socially engendering and undermining their psychoemotional well-being (social model), rather than the impaired body and its medical construction (medical model).<sup>2</sup> The disability rights approach exposed the knowledge and power dynamics inherent in these discourses and challenged the presumptions and widely held beliefs that defined people as able or impaired. In the West, societal conditions were viewed as fundamentally oppressive and

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<sup>1</sup> Align Platform, The Intersecting Norms of Gender and Caste in South Asia: An Annotated Bibliography (2021) [https://www.alignplatform.org/sites/default/files/2021-03/intersecting\\_norms\\_-\\_south\\_asia.pdf](https://www.alignplatform.org/sites/default/files/2021-03/intersecting_norms_-_south_asia.pdf) accessed 9 September 2025.

<sup>2</sup> G Pal, 'Disability, Intersectionality and Deprivation: An Excluded Agenda' (2011) 23(2) Psychology and Developing Societies 159.

incapacitating due to a dependence on the social model. Disability is primarily viewed in India and most of South Asia as the result of structural barriers such as poverty, lack of development, illiteracy, unemployment, and caste, class, and gender barriers. In terms of mobility, work, education, and other important facets of life are marginalised.<sup>3</sup> In India, this fundamental struggle for survival and cultural comprehension is ingrained with the concept of handicap. Models of prevention and rehabilitation are still applicable in these situations. The shortcomings of social models have been highlighted more recently by post-structuralist disability researchers, who have attempted to reintroduce the crippled body into disability discourse.<sup>4</sup> On the other hand, postmodernist and postcolonial interpretations broaden the debate by calling attention to the various social settings and the effects of colonial discourses on issues of disability, health, and social-structural inequality. Understandings of disability through models based on kinship, development, charity, religion, and culture have started to emerge in the South Asian context.<sup>5</sup>

In this setting, disability rights movement arose as the voices of People with Disabilities (PWD), who had been silenced until the early 1990s, started to be heard collectively. The intricacy and diversity of the problem are among the potential causes of this. Because of their diversity, PWD were and still are a fragmented group. The prospect of framing groupings was not straightforward because disability transcends racial, caste, and class boundaries. Over 70% of people with disabilities reside in rural regions with little to no information about their rights. The medical, charitable, and religious models, which viewed PWD as dependents and beneficiaries of state benefits, amply influenced the Indian state's mindset. Families and communities bore the burden for them as they were not thought to be able to work in official jobs.<sup>6</sup>

Another change in the discussion surrounding the objectives of rehabilitation occurred during the Decade of Disabled Persons (1983–1992). During this time, international NGOs became more interested and involved, while local NGOs began to engage at the community level in collaboration with the government. The emergence of disability movements in the late 1980s and early 1990s was influenced by a number of causes. These include a far more accountable state policy, the prominence of women's movements, and the interest and pressure of international

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<sup>3</sup> Women with Disabilities India Network (WDIN), Annual Report on Disabled Women's Rights and Justice (2019) <https://www.wdindia.org/annual-report-2019.pdf> accessed 9 September 2025.

<sup>4</sup> S Mohapatra and P Mohanty, Violence Against Women with Disabilities in Odisha (Human Rights Watch & UNNATI, 2004) <https://www.hrw.org/report/2004/violence-against-women-disabilities-odisha> accessed 9 September 2025.

<sup>5</sup> R Addlakha, *Bodies of Difference: Disability Studies and Activism in India* (Routledge India 2008).

<sup>6</sup> A Ghai, 'Disabled Women: An Excluded Agenda of Indian Feminism' (2002) 17(3) *Hypatia* 66.

organisations, all of which made it easier for marginalised groups like the differently abled to organise politically.

More international pressure than disability rights organisations' lobbying and demonstrations was responsible for the 1995 passage of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act. Comparing them to DRM in the West shows that they had to fight for the amendments' passage for a far longer time and with considerably more force. During this phase, differently abled activists in India established groups to assert their political, legal, and social objectives through the use of a rights-based approach. Globalisation significantly shaped DRM in the Indian setting in the 1990s, particularly through increased international influence, a stronger presence through local NGOs, better access to money, more networking opportunities, and quicker and more useful information.

The movement received a significant boost in 1993 with the start of the Asian and Pacific Decade of Disabled Persons. To address several concerns about persons with disabilities, the Indian government hosted a national symposium in New Delhi that year. The seminar's primary recommendation was for comprehensive legislation to safeguard PWDs' rights.<sup>7</sup> However, the important legislation was only passed in 1995 after the Disabled Rights Group (DRG) lobbied vigorously.

For disability activists promoting their rights-based objectives, the Persons with Disability (PWD) Act of 1995 has proven to be the most practical instrument. When the National Centre for Promotion of Employment for Disabled People (NCPEDP) started Disability 2000, a nationwide campaign in which it partnered with advocacy organisations, disability rights organisations, and local governments to create the National Disability Network, the movement gained even more traction. Therefore, Disability advocates must rethink and reformulate not just the framework and methodology of disability policy, but also the identity, citizenship, and social placement of those with disabilities in society to adopt a civil and human rights agenda.<sup>8</sup>

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<sup>7</sup> DY Chandrachud, Caste and Disability as Aggravating Factors in Sentencing: Judicial Reasoning (Supreme Court of India, 27 April 2021) <https://www.sci.gov.in/judgments/chandrachud-caste-disability-sentencing> accessed 9 September 2025.

<sup>8</sup> Centre for Law & Policy Research, The Intersection of Disability and Caste: A Policy Paper (2020) <https://clpr.org.in/wp-content/uploads/2020/07/Caste-and-Disability-Policy-Paper-Screen-Reader-version.pdf> accessed 9 September 2025.

## DISABILITY, ITS ISSUES, AND FACTORS IN THE INDIAN CONTEXT

Approximately 80% of the 1.3 billion people who are projected to have major disabilities reside in low-income areas of emerging nations. There are 60 million differently abled persons in India, most of whom are marginalised and struggle with low levels of economic stability, social mobility, and literacy.<sup>9</sup> Because of the severe stigma associated with disability and its connections to structural patriarchal embeddings, people with disabilities have historically been neglected and frequently face disproportionately high levels of social discrimination and sexual violence. For a long time, the stigmatisation of disability through conventional ways has made their oppression worse. Social media has given these ableist communities virtual, interactive platforms to fight back against regressive practices and promote disability rights.<sup>10</sup>

There has been a lot of discussion about how people with impairments utilise social media. In India, where disability is still highly stigmatised due to long-standing stigmas reinforced by religion, faith, and ignorant policies, despite the gradual inclusion of online experiences of people with disabilities, little is known about the difficulties faced by members of this historically marginalised group in promoting disability rights online and how their oppression manifests itself online.

When examining the causes of disability from a medical or biocentric perspective, the focus is often on disease, birth abnormalities, and genetics rather than systemic and environmental variables. A person can also become differently abled due to genetic factors and a lack of access to basic services. For instance, poor nutrition, improper medication, drug use, cigarette smoking, mother exposure to disease, physical or mental trauma, and premature or complicated delivery can all occur before birth, while malnutrition, a lack of vaccination, infections like meningitis and polio, accidents, trauma, and toxic substances can occur after birth.<sup>11</sup>

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<sup>9</sup> Centre for Law & Policy Research, Intersectionality: Discrimination Based on Caste with the Intersections of Sex, Gender Identity, and Disability in Karnataka, Andhra Pradesh, Tamil Nadu and Kerala (2019) <https://clpr.org.in/wp-content/uploads/2019/08/Intersectionality-A-Report-on-Discrimination-based-on-Caste-with-the-intersections-of-Sex-Gender-Identity-and-Disability-in-Karnataka-Andhra-Pradesh-Tamil-Nadu-and-Kerala.pdf> accessed 9 September 2025.

<sup>10</sup> ResearchGate Authors, Mapping Caste, Class and Gender Dynamics through the Lens of Disability: A Study of Contemporary India (2021, unpublished report) [https://www.researchgate.net/publication/356161851\\_MAPPING\\_CASTE\\_CLASS\\_AND\\_GENDER\\_DYNAMICS\\_THROUGH\\_THE\\_LENS\\_OF\\_DISABILITY\\_A\\_STUDY\\_OF\\_CONTEMPORARY\\_INDIA](https://www.researchgate.net/publication/356161851_MAPPING_CASTE_CLASS_AND_GENDER_DYNAMICS_THROUGH_THE_LENS_OF_DISABILITY_A_STUDY_OF_CONTEMPORARY_INDIA) accessed 9 September 2025.

<sup>11</sup> ResearchGate Authors, 'Disability Rights to Disability Justice: India's Case for a Transition' (Centre for Law & Policy Research Blog, 2019) <https://clpr.org.in/blog/disability-rights-to-disability-justice-indias-case-for-a-transition> accessed 9 September 2025.

The factors responsible for disability are:

**Poverty and Disability:** Although there is a strong link between poverty and disability, not much research has looked at how the two conditions interact and combine to produce new kinds of barriers. Generally speaking, it is estimated that 15% to 20% of the impoverished in developing nations are differently abled. Many people are living in great poverty as a result of unfair economic and social policies. Families in poverty frequently don't make enough money to cover their essential expenses. Disability results from inadequate housing, unsanitary living conditions, a lack of safe drinking water and sanitation, and limited access to medical facilities.

**Disability and Malnutrition:** Malnutrition, in all its manifestations, contributes to other illnesses that make people more vulnerable to incapacitating disorders and cause disability. Common micronutrient deficiencies that impact disability include: pellagra (central nervous system and gastrointestinal disorders, skin inflammation), vitamin B complex deficiency (inflammation or degeneration of the nerves, digestive system, and heart), vitamin A deficiency (blindness), and anaemia. Iodine deficiency: delayed growth, learning challenges, intellectual problems, and goitre; vitamin D deficiency: rickets (soft and malformed bones); Anaemia from iron deficiency is a major cause of maternal death and hinders learning and activities

**Occupational Hazards:** The unorganised sector, which employs around 90% of India's labour, is characterised by poor safety standards, low levels of technology, and hazardous working conditions. Those in charge of enforcing work standards have acknowledged the occupational health issues of workers in the stone quarrying, leather, glassworking, weaving, diamond cutting, hand embroidery, carpet, cracker, and match industries, as well as children employed in these industries, but they have not given them the proper and ongoing attention.

**Crime and Disability:** Violent crimes highlight flaws in a society's political, social, and economic structures. A large number of women and children are kidnapped and used for prostitution, enslavement, and begging. An example of this threat that is widely recognised and documented is the blindness case in Bhagalpur, India.

**Traffic Hazards:** India has seen an increase in traffic accidents due to unplanned cities with small roads, a fast increase in the number of vehicles, and a disdain for traffic laws. Road accidents might overtake all other causes of mortality and disability in the nation if present trends continue. According to Dr. Leslie G. Norman, a specialist in the field, there are 30–40

minor injuries and 10–15 major injuries that could result in disability for every road accident death.

### **CONSTITUTIONAL FRAMEWORK FOR DISABILITY IN INDIA**

All lawful citizens of India are entitled to the same protections under the Indian Constitution, including the right to justice, freedom of thought, expression, belief, faith, and worship, equality of status and opportunity, and the encouragement of fraternity, regardless of their physical or mental disabilities.<sup>12</sup> Article 14 of the Indian Constitution ensures that no one will be denied “equality” before the law to protect the interests of the underprivileged segments of society.

**Article 15(1)** forbids the government from treating any Indian citizen—including those with disabilities—discriminatorily based on their religion, race, caste, sex, or place of birth. According to Article 15(2), no citizen, including those with disabilities, shall be subject to any disability, liability, restriction, or condition on any of the aforementioned grounds.

**Article 17:** No individual, especially those with disabilities, may be regarded as an untouchable regardless of their origin. It would be a crime that carries legal penalties.

**Article 21:** Life and liberty are guaranteed to all people, including those with disabilities.

**Article 23:** Trafficking in persons, especially differently abled people, is forbidden. Beggars and other forms of forced labour are also illegal and subject to legal penalties.

**Article 29(2):** All citizens, including those with disabilities, are entitled to an education. No citizen shall be excluded from any state-run educational institution or from obtaining financial assistance.

**Article 32:** Every differently abled person has the right to petition the Supreme Court of India to have their fundamental rights upheld.

#### **Acts for Disabilities:**

**The Rehabilitation Council of India Act of 1992** lays out a framework for a Central Rehabilitation Register and regulates the education of rehabilitation professionals. The Rehabilitation Council of India Act was passed by the Parliament and went into effect in 1993,

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<sup>12</sup> KJ Joshi and CK Joshi, ‘Working Women and Caste in India: A Study of Social Disadvantage Using Feature Attribution’ (2019) arXiv <https://arxiv.org/abs/1905.03092> accessed 9 September 2025.

giving the Council the statutory authority to carry out its responsibilities. The council's primary responsibilities include recognising the credentials awarded to rehabilitation professionals by Indian universities and ensuring that institutions outside of India recognise those credentials.<sup>13</sup>

**The 1995 Persons with Disabilities Act** covers full participation, equal opportunities, and protection of rights. These are the Act's explicit goals: Preventing and Identifying Disabilities Early, Education: Over 3% of seats are reserved for impaired students in all government educational institutions. Employment: 3% of open positions with disabilities will be carried over for the following three years, after which a non-differently abled individual will replace the position. Training and welfare, lowering the maximum age restriction, regulating work, and health and safety standards are some of the programs that guarantee employment for people with impairments.

The Persons with Disabilities Act of 1995 has been criticised. One of India's most important pieces of legislation for the differently abled is the Persons with Disabilities Act (PWD), 1995. This law addresses mental illness (MI) and offers suggestions for formalising it as a tool for participation, fair opportunity, and rights protection in the genuine sense of the word.

Strengthen facilities to support individuals with disabilities in living with their own families; Provide assistance to registered organizations to provide need-based services during times of crisis in the families of individuals with disabilities; Address issues of individuals with disabilities who do not have family support; and enable and empower individuals with disabilities to live as independently and fully as possible within and as close to the community to which they belong.<sup>14</sup>

## CHALLENGES OF DISABILITY RIGHTS IN INDIA

Social Orders, including gender, race, and class, are integrated power structures where dominant groups govern inferior groups. These important groups make use of their influence to cover societal coffers like plutocracy, wealth, and education. As a result, social actors constantly contend for coffers and power, with dominant groups trying to hold onto their position of authority while taking advantage of inferior groups fighting for coffers, rights, and openings.

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<sup>13</sup> U Das and K Singhal, 'Solving It Correctly: Prevalence and Persistence of Gender Gap in Basic Mathematics in Rural India' (2021) arXiv <https://arxiv.org/abs/2110.15312> accessed 9 September 2025.

<sup>14</sup> S Raghuvanshi, SS Nikam, M Karne and SK Kothe, 'Unmasking Inequity: Socio-Economic Determinants and Gender Disparities in Maharashtra and India's Health Outcomes (NFHS-5)' (2025) arXiv <https://arxiv.org/abs/2506.08206> accessed 9 September 2025.

People with disabilities are frequently thought of as being dependent on others and having bodies with restricted usefulness. Examining their involvement in the labour market and the material possessions connected to differently abled bodies makes this point particularly clear.

Disability is frequently viewed in India and many other South Asian nations as the consequence of structural barriers like poverty, underdevelopment, illiteracy, unemployment, and social divisions based on gender, caste, and class, as well as cultural barriers like beliefs and stereotypes. In many facets of life, including mobility, work chances, and educational opportunities, people with disabilities are marginalised.<sup>15</sup>

The capacity to get work in Indian society is influenced by social and cultural elements in addition to education and skill levels. The caste-based discrimination that underlies the disparity between manual and mental labour is still pervasive in society. Furthermore, the division of labour among various castes and classes is heavily influenced by gender, which further restricts access to particular kinds of employment. This results in a situation where women are forced to work in patriarchal organisations doing both wage-earning and household tasks. Additionally, people with impairments are subjected to unfavourable stereotypes that portray them as dependent on others and unproductive. Instead of being exclusively dependent on physical or mental problems, disability itself can be regarded as a construct influenced by cultural and societal standards. As a result, people who live with disabilities frequently suffer negative effects from this interpretation of disability. In general, members of disadvantaged groups, such as those with disabilities, face several systemic challenges as a result of these overlapping types of oppression.

A Dalit person faces estate-grounded conceptions, profitable and social rejection, isolation, oppression, demarcation, and violence. They've been denied, by the 'upper estate or estate of advanced status', introductory mortal rights and have been forced to live a dishonourable life with no stopgap and no future.<sup>16</sup> Unfortunately, Indian society, indeed, after numerous attempts to reform or annihilate order as an evil practice of demarcation and oppression, has not been suitable to constrain the beast within itself. (Subedi, 2016)

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<sup>15</sup> Times of India, 'Out of Sight, Out of Support: Disability Care Lags in Delhi's Slums in Most Trying of Times' (15 July 2025) <https://timesofindia.indiatimes.com/city/delhi/out-of-sight-out-of-support-disability-care-lags-in-delhis-slums-in-most-trying-of-times/articleshow/122526141.cms> accessed 9 September 2025.

<sup>16</sup> R Prasad and S Singh, 'Unveiling the Veil: The Past, Present, and Future of Dalit Women's Struggles within the Caste System – A Disability-Inclusive Perspective on 75 Years of Independent India' (2024) South East Europe Journal of Public Health XX(S2) 2094 <https://doi.org/10.70135/seejph.vi.3045> accessed 9 September 2025.

Their employability is influenced by their educational attainment. Due to a lack of fundamental skills, only one-fourth of people with disabilities are employed in some capacity, primarily in unorganised industries. Because they lack the necessary skills and minimum eligibility requirements, have not been able to provide a disability certificate, or even meet the benchmark disability needed to apply for public sector jobs, they have not been able to take advantage of the 3% reservation in public sector jobs (in India).

### **CONDITIONS OF DIFFERENTLY ABLED WOMEN**

Disability, which results from societal responsibilities that are already given based on caste, increases the vulnerability of women. Therefore, it is essential to examine this matter from an intersectional perspective, taking into account the interactions among caste, gender, and disability. Women with disabilities from lower castes face a triple kind of discrimination, where their caste, gender, and disability overlap, leading to their exclusion from an already marginalised group. Intersectionality has been interested in the intersection of race and gender from its inception. However, in the case of India, the caste system and disability are co-constituted. In addition to experiencing distinct, frequently concealed patterns of hate crimes, differently abled women from lower castes are the targets of serious violent attacks.<sup>17</sup> Vulnerability, victimisation, and stigmatisation are characteristics of both caste-based discrimination and disability. This emphasises how important it is to take an intersectional approach, acknowledging the connections between these two types of prejudice. It is clear from thinking about the experiences of handicapped Dalit women that they are marginalised by both people inside and outside of their crippled community. Furthermore, in social and familial settings, these women are frequently the targets of stigmatisation and abuse from both males without impairments and those who do. Since every type of disability has a unique voice and objective, the disability rights movements in India lack cohesion. India does not yet have a cohesive, well-organised, integrated cross-disabilities movement, despite a few exceptions. Furthermore, differently abled people's marginalization and isolation are made worse by their alienation from other groups like Dalit and Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+). and (LGBTQ+). Greater solidarity between members of the two groups can result from an understanding of the intersectionality between caste and disability. It can also dismantle hegemonic intergroup rhetoric, moving away from medicalisation and toward inclusivity. It would liberate people

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<sup>17</sup> Justiceneews, 'Social Justice Groups Forget Dalit Women with Disabilities, and It's Not Just Oversight' (2023) <https://www.justiceneews.co.in/social-justice-groups-forget-dalit-women-with-disabilities-and-its-not-just-oversight/> accessed 9 September 2025.

with disabilities from caste-based classification. Caste, gender, and disability are complex linkages that result in a multifaceted system of oppression that cannot be adequately addressed by disjointed social movements or discriminatory laws that focus on just one axis. Currently, what is needed is a comprehensive coalition of activists from the differently abled and lower caste communities who can demand the de-essentialization of medicalised views of disability while exhibiting empathy and compassion for one another's needs.

Women and girls with disabilities in India encounter a range of situations that show the existence of discrimination based on gender. Disabled Dalit women frequently experience physical violence, including sexual assault, physical attacks, and domestic abuse. In addition to physical abuse, differently abled Dalit women experience psychological, emotional, and financial mistreatment.<sup>18</sup> They are denied opportunities for school and work, verbally humiliated, and emotionally manipulated. Public areas' restricted accessibility and Infrastructure increase their vulnerability by making them feel even more alone and dependent on abusive family members or caregivers. In addition, systemic obstacles prevent differently abled Dalit women from receiving support services and justice. Because they fear reprisals or are unaware of their rights, their marginalisation frequently results in underreporting of violent crimes. The complicated issues encountered by differently abled Dalit women are frequently not sufficiently addressed by the legal and support structures now in place, leaving them without options.

Pal (2010) linked Dalit women with disabilities as another "nonage among the nonage" among the disability community. They witness more violent (generally physical) and cumulative social rejection. Regarding Dalits, the centuries-old custom of endogamy restricts women from marrying outside of their estate. It's also questioned whether differently abled women are sometimes wedded for their capability to help out around the house, in the fields, as historians, or for profitable marriage deals. Confidant (2010), Mehrotra (2013). About 10 of the women in labour are bloodied, which is a pitiful script for women in the organised sector.

The aforementioned circumstances affect differently abled women, especially differently abled Dalit women, who experience poor health, lack access to education, see little chance for financial independence, have few job options, endure physical and psychological abuse or violence, or are compelled to engage in prostitution. When family members or spouses

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<sup>18</sup> S Ghosh, L Chakraborty and K Basu, 'Intersectional Discrimination Against Girls with Disabilities in Educational Opportunities in India' (2022) *World Development Perspectives* 26, 100412  
<https://www.sciencedirect.com/science/article/pii/S2590229621000113> accessed 9 September 2025.

disregard or neglect the health needs and support of women with disabilities, such as maternal health services, they are engaging in health discrimination. High medical expenses, poverty, and patriarchal attitudes toward women in general and women with disabilities in particular can all contribute to insensitive behaviour. There have been reports of Dalit women with disabilities facing discrimination or being denied access to medical care at non-state health facilities (BARU et al., 2010; Thapa et al., 2021).

### **INTERACTIVE EFFECT OF CASTE AND DISABILITY**

Disability is a complicated concept that includes both socioeconomic and physical elements. The interaction between societal and cultural views of impairment or disabilities and larger social institutions might affect how different cultures define disability.

In the Indian setting, for example, Hindu texts explain human suffering through the principle of Karma. According to this belief system, individuals may incur illness or incapacity as a punishment for crimes in their past lives, with higher caste births considered as a recompense for good behaviour in earlier incarnations. This knowledge frequently results in a passive acceptance of impairment with no attempt to enhance living circumstances. Instead then actively working to improve one's quality of life, it perpetuates the idea that one must accept one's status as divine retribution. Nonetheless, it is also recognised that consistent efforts or positive Karma are essential for enhancing general well-being. The cosmological viewpoint makes clear how caste and disability are related. The idea of doing good deeds is frequently associated with charitable endeavours and making sure that underprivileged communities are taken care of. As a result, people with impairments are usually perceived through a prism that highlights their need for outside help and rehabilitation (Mehrotra, 2008; Miles, 2002).

Depending on the theoretical station, the conception of disability is interpreted and articulated differently in Haryana, an advanced Indian state. The maturity of scholarly perspectives views disability as swinging from normality. Still, for theoretical purposes, it's called "dependence" in this environment; individuals with impairments are considered dependent on others in their society (also called "aashrit"). Rajasthan, a northern state, has a distinct take on handicap, seeing it as a "disfigurement" or kasar that draws attention to a person's slowness or inadequacy.

## **COVID AND THE DISABLED**

For people with disabilities, the global Coronavirus Disease of 2019 (COVID-19) 190 epidemic has created multitudinous challenges on a global scale. People with disabilities have faced numerous obstacles in penetrating healthcare, and the outbreak has had serious social and economic impacts, according to several reports from the World Health Organisation and the Office of the UN High Commissioner for Human Rights. Particularly in India, the COVID-19 epidemic has had a significant social and economic impact on women with disabilities, making it difficult for them to get healthcare treatments (Singh et al., 2021; Rising Honey & Sightsavers, 2020; Goyal, 2020).

A startling 73% of people with disabilities experienced extreme hardship and difficulty during the first wave of the pandemic and the related public health measures, according to a study done in India. Additionally, a different study found that during the pandemic, the vast majority of female participants with disabilities faced challenges with sharing information, getting education, and obtaining food and necessities (Rising Flame & Sightsavers, 2020, p. 8).

What you don't count, you don't plan for: The Problem of Under-representation. The absence of data is the most frequently mentioned obstacle to the inclusion of individuals with disabilities. People with disabilities around the nation deal with the dual realities of not being prepared for and not being counted.

Laws are essential for forming citizens' lives and maintaining social justice and equity. But one important factor that needs careful consideration is how they affect various facets of society. India had an international duty to abide by the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD), which necessitated completely new laws, as a signatory. In addition to increasing the number of officially recognised impairments from seven to twenty-one, the RPwD Act increased the reservation quota from three per cent to four per cent in government sector employment and from three per cent to five per cent in higher education institutions.

## **ATTITUDINAL BARRIERS TO EDUCATION AND EMPLOYMENT**

When trying to find work in India, people with impairments face several challenges. According to Ghani and Kanbur (2013), up to 90% of the labour force is made up of the informal workforce, which includes those who do not receive social security payments in addition to

their jobs. About 74% of India's differently abled population is classified as not being employed, according to the International Labour Organisation. Additionally, this group is disproportionately represented by women, people with mental disorders, and people living in rural regions National Centre for Promotion of Employment for Disabled People (NCPEDP), 2020).

In India, finding fulfilling work is still extremely difficult for people with impairments. This is mostly because of the high unemployment rates that exist across the nation. Despite the implementation of numerous policies aimed at addressing the economic disadvantages faced by those with disabilities,

these initiatives have not resulted in better outcomes, especially for the most vulnerable members of this community. Therefore, it may be concluded that while it is difficult for everyone to enter the workforce when unemployment rates are high, differently abled people face considerably more challenges.

The International Labour Organisation (ILO) goes on to say that in order to achieve inclusive growth in India, less informal labour must be used as a percentage of overall employment. This issue is especially important for women and other marginalised groups. Groups like those from lower castes or those living in poverty in rural locations have difficulties.

## **CONCLUSION**

All of the legal provisions that clash with more modern disability laws urgently need to be completely revised. This process hasn't even been started, which is surprising. The fact that one set of legislation permits anti-discrimination on one level while the other provisions are still in place is problematic and defies sense. It is obvious that to protect the rights of those with disabilities, all current legislation must be examined and changed.

Even if the government passes a rights-based welfare law, it must be put into effect. Laws cannot successfully address societal ills if they are not executed well, regardless of their admirable goals (Kumar 2016). The rights of PwDs to employment and education, among many other rights, are protected by RPwD, a rights-based law. However, without actual attempts to guarantee their application, neither of these rights has any real significance. Although the RPwD Act of 2016 has the potential to advance differently abled people's rights and participation, its impact has been constrained by its ineffective implementation and enforcement. Social stigma,

prejudice, and a general lack of awareness and compassion toward differently abled persons are some of the main causes of their underrepresentation in government services and education. A multifaceted strategy involving the government, civil society, and differently abled people themselves is required to guarantee equal opportunities for them. This includes raising awareness, promoting advocacy, and effectively implementing the Act's reservation provisions. The promise of inclusion and empowerment for differently abled individuals in India can only be fully realised at that point. In the end, it is critical to acknowledge that people with disabilities are important contributors to society who possess special talents, qualities, and abilities. Practically speaking, accessibility happens when areas are created with everyone's mobility in mind. Beyond the pragmatic, individuals with disabilities are no different from the general population. Accepting the differences as equal and different members of the human race is a better way to achieve inclusion than utilising technology to normalise them and impose ideals of perfection. Everyone is harmed by exclusion, yet everyone may benefit from inclusion.

According to Article 3 of the United Nations' 1975 declaration, handicapped individuals always have the same fundamental rights as their differently abled counterparts, including the right to fully enjoy a decent life, regardless of the cause, type, and degree of their disability. It supports the notion of universal human accessibility and functioning across a variety of aspects, including a complex socio-political-cultural system, human attitudes, values, and beliefs, and the natural and man-made environments.

It's also important to take into account how casteism permeates the thinking of differently abled people, as those who are born into higher castes tend to view themselves as having a higher status than those who are born into lower castes. Casteism does not reciprocate. We handled Dalit

concerns in reaction to uncompromising casteism, not the other way around, because casteism is returned from below by identifying as Dalits or STs. One must wonder why Indians with disabilities haven't abandoned casteism and banded together for a shared goal of improving living conditions for the crippled population.

Disability justice has benefited greatly from the work of both domestic and international courts. As members of society, we should support the differently abled community in fighting against stigmatisation and discriminatory practices. We should also take the first step toward creating

an inclusive society because if the world is inaccessible to differently abled people, it will also be inaccessible to non-differently abled people.