



Interactive Effect of Caste and Disability: An Analysis

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Abstract— *When Disability theory was formulated, the thinkers hadn't imagined that their idea would intersect with multiple other concepts and themes; for example, Racial theory, then Feminism, Queer and LGTB. The disability theory originated on the western frontier, but its application requires contextualization and localization. This is the reason why, in the case of India, as a third-world country, needs multiple focus lenses for the applicability of disabled discourse; Dalit discourse is one such lens on which disability discourse can be tested, extended, and improvised. We here try to link "Dalit" as an identity with a disability, to understand its cumulative effect on the Dalit person with a disability. We believe that by taking this approach, we can raise the missing questions and assist the disability discourse in addressing the marginalised and neglected issues. In our analysis, we would first define the Disability and Dalit as distinct entities, and highlight the ordeal and discrimination they face. Then, we would take a look at the life of a Dalit person in India living with a disability, as we have described their situation as doubly disadvantageous and miserable, with particular mention of women with disabilities. We examined Indian laws related to, and addressed the problems of, both identities, and the intersection they forget. In conclusion, we would try to justify the need to look into the intersection of the Dalit identity with a disability, to address the raised concern regarding policy formulation and awareness in civil society and academia.*

Keywords— *Intersectionality, Dalit with Disabilities, minority, exclusion, Dalit women with disabilities.*

I. INTRODUCTION

According to the World Bank's 2011 report, around 15 per cent of the world's population has, with varying severity, faced certain kinds of disability (WHO, 2011). In India, as per the 2011 census, 26.8 million people – 2 per cent – are experiencing disability (CoI, 2011). Other Indian data, such as NSSO's, reported a 1.83 per cent disability rate (NSSO, 2002). But it is contested that the actual rate or number of people with disability is much higher than reported by every Indian data attempt. One of the reasons for these pointed fallacies is the definition used in the survey for disability, sample size, and model on which the framework depends for validating the condition of the person with respect to impairment.

The bedrock of disability pedagogy is laid by western scholars and activists like Tom Shakespeare, Vic Finkelstein, Collin Barnes, Mike Oliver, and Ken Davis, to name a few. The "ableist" research attempt of Miller and Gwynee in 1972 – *A Life Apart: A Pilot Study Of Residential Institution For The Physically Handicapped And The Young Chronic Sick* (Watson, 2012); Paul Hunt and his colleagues released the discussion on "The Fundamental Principles of Disability" on the platform of the "Union of The Physically Impaired Against Segregation" (UPIAS), 1976. It is from their effort and hardship that they successfully shifted the general understanding of disability from the medical model to the social model.

This is how disability activism made disability a personal, political, and social issue and helped or forced international organizations, governments, and policymakers to rethink how they think about the world and how to make it accessible, affordable, liveable, and sustainable for everyone. From the United Nations (UN), the World Bank (WB), the World Health Organization (WHO), the International Labour Organization (ILO), the Disability Act of the United Kingdom, to the United States of America, and, most recently, India, all parties have acknowledged the existence and importance of the disability issue.

In India, it is quite evident that there is a lack of concentrated effort on the part of the government's development agendas and mainstream politics. In comparison to their western counterparts, Indian disabled people are among the most neglected, shamed, stigmatized, rejected, and pushed to the margins of almost every social, economic, political, and even personal aspect of human life. Their marginalisation is aggravated by the constant denial of their right to live a dignified and healthy life.

However, Indian disability academic discourse ignored the intersectionality, in which identifying solely as disabled diminishes other social identities that a person with a disability may have held. Disability is not a homogenous category; it does have diversity in terms of severity, type of impairment, class, gender, caste, sex, religion and geography. (Mehrotra, 2013)

To our analysis, the Indian case is different from the western perspective when it comes to the diverse and complex social system. The caste system is unique to the Indian subcontinent and has been in practice for hundreds of centuries. It is an almost immitigable part of the Indian social system, social psyche, and social behaviour—which finds no end in the coming future, despite it having been considered the most inhumane, segregated, and discriminatory practice in recorded history.

Both Dalit and disabled people are discriminated against, denied, mocked, and taunted grossly over their basic human rights to live with autonomy, respect, dignity, and quality. When we combine a person with Dalit identity and disability, it brings forward the invisible dimension of the Indian social context, which needs to be discussed and addressed.

II. DISABILITY AND DISCRIMINATION

A disabled person is either born with impairment or acquires it over time, resulting in social stigma, infantilization, restriction and hindrance in accessing

social and personal space, and living without the basic needs required for self-development. However, in order to understand why disability as a term is used to denote a person with a disability, we must first examine the intrinsic meaning attached to it—

UPIAS (1976) states "disability" is an imposed position, a social disadvantage condition where physically (visible or invisible) impaired people are excluded and isolated from participating fully in mainstream social activities, taking no account of their existence.

Also, WHO provided an international classification framework for coding and standardising health and healthcare-related information for multi-disciplines and science, i.e., the International Classification of Functioning, Disabilities, and Health (ICF model). It is based on the idea of human functioning. It combines the medical model and the social model of disability. It highlighted and focused on the negative aspects of impairment, including activity limitation, participation restriction, contextual barriers, and personal factors.

The Social Model of Disability, in contrast to the "Medical Model", which first focuses on the impairment as the cause of disability as being unable to access or participate fully in society, develops the link between the social space and the person with impairment (temporary or permanent nature). It states that the person with impairment faces restrictions, inaccessibility, barriers, and obstructions not only because of his or her biological condition and limitations, but also because of the conditionality imposed by the social system and social space, denying them basic human rights; it produces and makes the person with impairment disabled (Barnes, Mercer, & Shakespeare, 1999). The social model of disability is far more needed than the medical model of disability because medical science has vested power in medical professionals to define, measure, and validate disability, and corrective scientific technology is used to bring impaired people from an "abnormal state" back to a "normal" state so that they can integrate back into society. This notion is strongly supported by many early sociologists, such as Talcott Parson's sick role (1951) and Émile Durkheim's deviance (1963).

But the medical model detached the subjective experience of disability and gave more importance to biological facts and scientific validity regarding disability. On the other hand, the social model of disability puts the onus on the social factor for the cause of disablement; it highlights the issue of

marginalisation of disabled people, which leads to their social exclusion from social participation and integration. (Barnes C. , 2012)

People with disabilities face denial of basic human rights and opportunities that are otherwise available to non-disabled people easily. They have been labelled as useless, burdensome, and shameful, and are sometimes subjected to violence (physical and psychological) - this occurs regardless of culture, caste, creed, gender, religion, or nation.

Attitudes toward people with disabilities and how they are treated, including prejudices and stereotypes, shaped their experience of stigma. Misconceptions about the causes of disabilities often include the misdeeds of previous lives, punishment of god, and immoral karma, to name a few. There is also a misconception regarding the nature and abilities of people with disabilities that they are non-performers, asexual, and dependent. Lack of awareness and knowledge regarding disabilities among the general public is not helping or changing the situation at the pace it needs, which is requiring much-needed intervention from legislators and policymakers aimed to address disability stigma.

III. DALIT IDENTITY, DISABILITY, AND DISCRIMINATION: AN INTERSECTION

If you are born into a Hindu family in India, you are automatically assigned a caste identity. If you are born into a Dalit community, you are then untouchable, a lesser human. Caste is entrenched in almost every aspect of life, such as marriages (endogamy), occupation (graded), food, social intercourse (refusal and denial), religious or civil (duties and rights), dress and customs (Ghurye, 1957) (Srinivas, 1962). The idea of purity and pollution is the main driving force for sustaining the caste system. Ambedkar termed the caste system as an enclosed class (Ambedkar, 1917).

A Dalit person faces caste-based stereotypes, economic and social exclusion, segregation, oppression, discrimination, and violence. They have been denied, by the 'upper caste or caste of higher status', basic human rights and have been forced to live a dishonourable life with no hope and no future. Unfortunately, Indian society, even after many attempts to reform or eradicate casteism as an evil practice of discrimination and oppression, has not been able to tame the beast within itself. (Subedi, 2016)

The Indian system is based on a hierarchy where Dalits (SCs) and scheduled tribes (STs) are placed at the bottom of the social ladder. This social "control" system allocates

rights, opportunities, and resources accordingly to the social position of the castes—validated by the religious texts (Hindu idea of Karma from a past life) (Mehrotra, 2013) and social-cultural practices. Dalits are marginalized, vulnerable, and powerless as a result of their limited access to and opportunities for self-development. This discriminatory practice is cross-sectional in nature, not sparing any religion, gender, region or ethnicity in India.

The attitude of considering Dalits as lesser humans perpetuate violence in many forms. There is not even a single day when crime and violence against the Dalit person does not occur – There are more than 200 million Scheduled Castes (the official term for Hindu, Sikh and Buddhist Dalits) in India as per the 2011 census; however, this doesn't include Dalits from Muslim and Christian religion due to the respective religion's core value (Idsn.org, 2013). Nearly 139,045 cases of crime against Dalits have been registered in different states between 2018 and 2020 (ET Bureau, 2021), or increased by 6 per cent from 2009 to 2018 (The Hindu, 2020).

Even so, since the introduction of the constitution with fundamental rights and protection measures, the conditions of Dalits (inequality and discrimination) have improved considerably. Elective democracy and the 'one person, one vote, one value' rule created a political space that gave suppressed groups a voice. Caste politicisation has resulted in the formation of caste associations, (Kothari R. , 1970) which has brought sub-castes within caste categories closer (Hiwrale, 2020). Also, urbanisation and the forming of a political-middle class have also diluted casteism. However, all these developments have merely given a scratch to the caste system.

In India, disability literature mainly focused on the experiences of disabled people in the context of accessibility to social space, education, healthcare, employment, economic conditions, and rural/urban dichotomies, but completely ignored caste. Dalit studies are also seen as distinct on their own.

However, when caste and disability, and in some cases gender and class, intersect, Dalit people with disabilities or Dalit women with disabilities face a slew of discrimination, increasing their chances of living in poverty for the rest of their lives.

Kimberle Crenshaw, in her work, "*Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color*" (1991), pointed out that when the intersection of two or more identities happens, a complex and aggravated form of discrimination develops, which needs to be acknowledged, analysed, and addressed. As per her idea, we could provide that Dalit people, or any

marginalised community or group, (could) exist between the intersection of caste-based discrimination and disability, and that the cumulation of both (could) lead to social, economic, and political exclusion.

Disability as a disadvantageous position doesn't differentiate as it is cross-sectional and penetrates to all levels; also could say, it is prone to form a bond with other discriminatory practices, further worsening the situation of already marginalised or suppressed person/ groups.

The Ministry of Social Justice and Empowerment's *Handbook on Social Welfare Statistics*, which came out in September 2018, said that there are about 4.9 million Schedule Caste people with disabilities, and 2.1 million are Schedule Tribe (STs) people with disabilities. Even though caste or Dalit identity and disability are very common in India, they are seen as two different groups that need different treatment.

In western disability discourse, there is an intersection of disability with queer/race/women – but in Indian disability discourse, not just the disability dependence theory or philanthropist's welfarism is in practice, but also there is an uncomfortable silence on the acknowledgement of the existence of the Dalit or STs or any other marginalised groups with disabled identity.

Just as a disabled person faces social exclusion and violence, stigmatised and alienated, the same discrimination happens to a Dalit person on a regular basis, no more but no less. Dalit people are considered impure by, and face hostility from, casteist (mostly, forward caste) people who forbid them or restrict their access to public space (wherever possible). This fact doesn't diminish the possibility of 'double disadvantage conditions,' which are present for Dalit people with disabilities, dalit women with disabilities, or any other intersection of suppressed groups with disabilities. The social practise and behaviour and persisting inequality in disabled people's life chances couldn't be seen separately, or couldn't focus only on any one dimension; disability without Dalit consideration will always remain incomplete.

A Dalit person, like a person with a disability, is vulnerable in terms of social capital, economic conditions, and body health and autonomy. G.C. Pal examined the nature, magnitude, and causes of disabilities, as well as the social, health, educational, and employment status of Dalits as a person with disability, in his seminal work, *Dalit with Disabilities: Neglected Dimension of Social Exclusion*, published in 2010. He argues that Dalits with disabilities are 'doubly disadvantaged minority,' meaning that they face not just deprivation because of their Dalit identity but also their disability status, which amplifies their ordeal. His research is primarily based on data from

the National Sample Survey 2002, which has a large database of people with disabilities and definitions for the same.

IV. DALIT WITH DISABILITIES

Pal (2010) study estimated that the prevalence rate of disability among Dalits is quite higher than the rest of their counterparts (upper caste), which is 2.4 per cent. Intellectual disability (mental retardation), locomotor, speech, and hearing disabilities are prevalent among Dalits with disabilities. (Pal, 2010)

Dalits are among the poorest community in India, and their poor living conditions put them at higher risk of disease, which could lead to congenital disability — that's made them among the highest number of people with disability who have severe forms of impairment issues (Dalal, 2000). Dalits cannot afford a hygienic and quality healthy lifestyle (property, locality, and food) due to their low economic status, and they account for a higher rate of disease or health-related issues and are prone to anaemia, congenital defect, pneumonia, and malnutrition, which play a significant role in causing disability among Dalits. (Kowal & Afshar, 2015) (Thapa & et al, 2021).

Functional limitation is also a reality for Dalit people when they are not allowed to walk through the roads that pass in front of casteist people's houses or blocks; similar to a disabled person who is either infantilised and controlled by excessive care by their family, or shamed and uncomfortably gazed at by onlookers, forcing them to confine themselves into the four walls of their homes (Teltumbde, 1997). Also, Dalits have been denied access to hospital medical facilities or affordable, accessible, and timely treatments that result in the acquisition or exacerbation of their disability conditions. (Kothari & et al, 2019)

Dalits are forcibly denied access to education, limiting their life chances in areas where they could improve their chances of living a decent life and finding work. For disabled people, the Person with Disability Act (1995), provides a disabled-friendly curriculum, special schooling and education, and special support for gaining professional skills. For Dalits, there are many special schemes and policies launched for their education and skill development, such as National Education Policy 2020, Sarva Shiksha Abhiyan (SSA), and Rashtriya Madhyamik Shiksha Abhiyan (RMSA), which especially mention SCs and STs students. But there is no attempt made to think about the intersection between these two situations—disability and caste-based discrimination. Disabled people are among the most illiterate—more than half of the total disabled population is illiterate—and Dalits with

disabilities account for 64% of that, trailing only STs with disabilities (69%). The social stigma of imperfect beings, internalised shame, disability-induced inaccessibility and lack of facilities, economic reasons, and the over-protective nature of the disabled person's family are among the main discouraging factors for a disabled child to join or attend or continue education. Only a meagre number of Dalits and the disabled reached higher education, which also holds true for disabled Dalits. The condition and education level of Dalit disabled children are quite better in urban settings than in rural areas. (Pal, 2010)

Their educational level has an impact on their employability. Only one-fourth of people with disabilities have some kind of economic activity, mostly working in unorganised sectors due to a lack of basic skills. They have not been able to use the 3 per cent reservation in public sector jobs (in India) for the same reason that they lack skills and minimum eligibility criteria, failed to produce a disability certificate, or even failed to qualify for the benchmark disability required for applying for public sector jobs.

Engaging in some sort of economic activity has a positive impact on one's self-development and self-confidence. But when Dalit employees are attached to disability, this proportion could be higher because of the social boycott and rejection of Dalits from the mainstream market, mostly dominated by forward castes. Prior to the advent of constitutional protection and rights, the Indian caste system maintained and regulated the division of labour into watertight compartments--who will do what and who will not--with no room for capacity development (Pal, 2010) (Hiwrale, 2020). But, the interference of civil society and government, urbanization, and globalisation dilute the caste-based division of labour; on the other hand, these factors that weaken graded occupations also increase or exacerbate caste competition and prejudices, strengthening caste community bonds (Teltumbde, 1997). But still, Dalits are facing restrictions and discrimination in labour, rental and land markets, consumer goods and services, and agriculture sectors. (Thorat & Madheswaran, 2018)

Disabled people are more deprived of having their own family (which is a part of human social nature and a sense of belonging) - they have fewer chances of getting married. But, for women with disability chances of getting married is better than male disabled (Mohit & et al, 2006). Also, women with disabilities are more prone to divorce situations, separation, or widowhood (WHO, 2011).

But, Pal (2010) pointed out another 'minority among the minority', i.e., Dalit women with disabilities, within

women with disabilities. They face more regressive social exclusion and violence (physically in most cases). Though the prevalence rate of disability is much higher in men; the social suppression of will and agency is more severe for women with disability. Married to Dalit disabled women, just by the fact that they are Dalits, the intensity of discrimination, apathy, and violence increased automatically, powered by the casteist and patriarchal mentality. For Dalit Disabled women getting married outside of the caste category is restricted by the centuries-old practice of endogamy. It is also being doubted that in some cases, married disabled women are married for their usefulness in terms of their contribution to house caring, agricultural work, reproducer of lineage, or for lucrative matrimonial deals. (Pal, 2010) (Mehrotra, 2013)

The situation for disabled women in the organised sector is abysmally low, with approximately 10 per cent of the female workforce. But, when job opportunities are reported, the gender bias is reported as being preferable for disabled men over disabled women. If disabled women were employed, they would face wage inequality (low wage), and be considered for specific positions only (reception counter or hospitality), part-time jobs, or contractual jobs. (Fawcett, 2000)

Due to the abovementioned conditions of disabled women and disabled Dalit women, in particular, they suffer from poor health, are denied education, see no scope for economic independence, have limited employment opportunities, face physical and mental abuse or violence, or are forced into prostitution.

Women with disabilities face health discrimination when their health needs and support, such as maternal health services, are ignored or neglected by family members or spouses; high medical costs, poverty, and patriarchal attitudes toward women in general, and disabilities in particular, may all be factors for uncaring behaviour. Instances of Dalit women with disabilities being discriminated against or refused access to health services (at non-state health centres) (BARU & et al, 2010) (Thapa & et al, 2021)

Pal (2010) also highlighted the living conditions of Dalits with disabilities, who are living in even worse conditions as they have no source of income because of no work opportunities. This makes them rely heavily on NGOs and the government for support and aid assistance; sometimes they have to spend from their pocket for their disability-related needs (Mohit & et al, 2006). Both non-disabled Dalits and disabled Dalits are mostly engaged in hazardous occupations, such as sewage cleaning and working with chemical-based items for factories. Due to their exposure to these unsafe occupations, even non-

disabled Dalits are prone to chronic health-related issues. Without proper support in terms of medical facilities, the life expectancy of Dalits (both disabled and non-disabled) is lower than the national average. Their earnings are low because of the nature of their (insecure) jobs and their lower level of literacy. Thus, poverty and disability leave Dalits with disabilities in a vicious cycle of endless suffering.

V. ADDRESSING THE CASTE AND DISABILITY DISCRIMINATION: CONSTITUTIONAL PROVISIONS

Recently, India ratified the United Nations Convention on the Rights of People with Disabilities. This will ensure the government to provide the basic human rights for disabled people, as well as their inclusion in societal and economic activities. With this effect, the Indian government amended the previous 'People with Disability (Equal Opportunities, Protection and Full Participation) Act 1995' to the new 'Rights of Persons with Disabilities Act 2016 (RPWD Act)' in December 2016. Even though this change to the Act tried to address disability in the sections on social security, housing and employment, protection, and legal remedies, it does not mention Dalits with disabilities (or other intersectionalities) and the discrimination they face in Indian society through special provisions.

The Indian constitution does not discriminate. Though it did not specifically mention all the vulnerable sections of Indian society, it actually served the real purpose of constitution making, which was to reach the poorest of the poor sections of society, as Mahatma Gandhi had hoped. It gave dignity, life, and protection under fundamental rights; political freedom; the right to vote; and the right to constitutional remedies to address their grievances.

Indian constitution addressed disability issue indirectly through-

- Part IV of the constitution, Directive Principle of State Policy (DPSP), Article 41, has explicitly mentioned "Disablement" as a condition that the state has to address and provide assistance to the needy.
- Article 15, part of the section on Fundamental Rights, protects citizens from discrimination by the state on the basis of religion, race, caste, sex, or place of birth, or any combination of these factors. It forces the state to consider (not to discriminate against) the accessible environment and healthcare services.

But, it could be argued that discrimination and violence based on body type happened throughout world history (see, for example, the eugenic practices of Nazi Germany or the violent attack on the disabled in Japan), and today it is still an issue throughout the world. It could be argued that the term "corporeal" should be mentioned alongside other prohibited grounds of discrimination, making the state obligated to protect the disabled person. However, disability was mentioned in Article 15(2) as a condition that can impede a person's accessibility [to state/community resources].

- Article 16 provides reservations for SCs and STs in public services. The PWD Act 1995 provided a 3 per cent reservation in public service, which increased to 4 per cent in the RPWD Act provides. This is the only area where the intersection is noticed and addressed because the posts are reserved horizontally and vertically, allowing the interlocking with SCs/STs.
- Persons with disabilities are also entitled to certain income tax concessions.
- There is a separate law to address the violence against SCs and STs, i.e., the Scheduled Caste and Scheduled Tribe (Prevention of Atrocities) Act, 1989. This act punishes sexual crimes against women, but doesn't address the intersection of caste and disability, or Dalit women with disabilities.

The Nirbhaya rape case event of 2012 unfolded some women's protection laws and schemes or funds afterwards, but most of them did not address women with disabilities or Dalit women with disabilities and the violence they faced.

- Article 21a by the Eighty-sixth Constitutional Amendment Act (2002) provides for the free and compulsory education of all children from the age group of six to fourteen years, as a fundamental right. It is made into The Right of Children to Free and Compulsory Education Act, 2009 (RTE Act), which has special reference to children with disabilities and children from depressed communities (SCs/STs) in sections 3 and 4, respectively. But this act too missed the intersection between the two.

Indian law does not specifically address the intersection of caste and disability; rather, it addresses both separately, missing the critical intersection of changing trends and rising concern about depressed minorities with disabilities.

VI. CONCLUSION

The United Nations in 1975 states in Article 3 that irrespective of origin, nature, and severity of impairment, disabled people always have the same fundamental rights as their counterparts with non-impairment, i.e. the right to fully enjoy a decent life. It upholds the idea of universal human accessibility and functioning across multiple dimensions, which includes the natural and human-built environment; human attitudes, values, and beliefs; and a complex socio-political-cultural system.

Indian social schemes and policies do not address the intersection of Dalit identity and disabilities. Also, Indian disability or /and caste atrocities prevention laws, and their implementation also raised serious questions regarding the level of awareness of public servants, government agencies, and legislators regarding knowledge of disability and its issues. This showcased the ableist attitude in their approach. The ableist mindset controls the meaning of who could be a disabled person or not; it controls the agency of the disabled body. They failed to provide social safeguards, prevent atrocities, and proper implementation of existing policies and schemes for people with disabilities and Dalits or marginalised caste groups. The Accessible India Campaign, or Sugamya Bharat Abhiyan by the Ministry of Social Justice and Empowerment in 2015, is such an attempt, but it seems like it is limited to providing accessible public space and revamping existing structures for the disabled community.

Nilika Mehrotra noted that when it comes to accessibility, people with disabilities in rural areas, and in urban areas in general, experience severe crises on the question of accessing basic facilities such as public transport, schools, hospitals, et cetera. Dalits with disabilities in rural areas are living in the worst conditions (Mehrotra, 2013). Only one per cent of total disabled people received disability aid, which means Dalits with disabilities are at the margins, almost forgotten. (Pal, 2010)

On the human resources front, the Indian economy is also losing a small but still large population, bigger than some nations' workforces, which could contribute to it by utilising its capabilities at its best, but disabled people are deprived and excluded from opportunities and resources.

To address these problems, we need overarching and intersectional laws and policies, under whose umbrella anti-discrimination, employment, empowerment, education, health, and Dalits' or minorities' with disabilities' grievances could be addressed. However, in order to effect this change, we require comprehensive data on disability, caste/other minorities, and their interconnections; the existing data collection approach and

methods (by government and third parties) must be more broadly aligned with the social model of disability. The disability model is an attempt that forces policymakers, the current government, civil society, and society at large to notice people with impairments and their disabled conditions; it asks them to intervene to build a universally accessible social environment because it believes that the alienating environment is man-made or ableist in nature, created by non-disabled people for themselves without considering the needs of disabled people. The Disability social model not just talks about, or for, disabled people (acquired or congenital) but actually puts up a 'warning sign' cautioning the ableist world toward its negligence that anyone can become disabled and everyone has to face a disability of a certain kind at a later stage of life (old age). But, the social model, though it looks like rejecting medical or biological limitations, actually asks us to focus on the disabling factors at work in the social space that oppress, deprive, and exclude, "othering" disabled people, making them invisible from the public view.

The government should also adhere to the motto of the disabled community—"Not About Us, Without Us"—while formulating policies and schemes, where disabled thinkers and activists as representatives should be part of the core decision-making committee. The Indian administrative and policing systems should also be sensitive regarding dealing with people with disabilities, and Dalits with disabilities in particular. Accountability for the proper implementation of disability-related policies and schemes, as well as the adequate allocation of budgetary resources for disabled people's wellbeing, should be increased. The government should encourage disability research in academic institutions in order to generate new momentum and progressive thoughts in an attempt to make India universally inclusive and accessible to all body types with no discrimination, to create a better understanding, and to collect primary input from disabled people on disability issues and their life concerns. Most importantly, a social awareness drive should be promoted to educate people with disabilities regarding their rights, and encourage them to be vocal about their needs through their political activity.

It is also worth considering how casteism is ingrained in the mindset of disabled people itself—how someone with a disability born in an upper caste considers themselves higher in status than others born in a lower caste. There is no reciprocity of casteism. Saying that casteism is reciprocated from below by identifying as Dalits/STs, we addressed Dalit questions in response to unyielding casteism, not the other way around. Questions must ask why haven't Indian people with a disability put casteism aside and united for the common cause for the

betterment of living conditions for the disabled community.

These recommendations are not fancy words, but they are already in practice, more or less, in many countries of the world. Both international and domestic courts have significantly contributed to disability justice. It is, we as humans and as a part of society, should stand with the disabled community against prejudices and tackle stigmatisation and discriminatory practices, and should first step toward an inclusive world, because if the world is not accessible to disabled people, then it would not be accessible to non-disabled too.

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