

Trend of Disability in North-East India, 2001-2011: An Assessment

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Abstract-The present paper portrays the trend of disability in North East states of India in 2001-2011. It has been found that extent of disability varies from state to state. Sikkim has highest percentage of disable persons whereas, Mizoram has the lowest.

Keywords: *Disability, North East India.*

I INTRODUCTION

As per the World Bank and World Health Organisation's first 'World Report on Disability' (June 11, 2011), one billion people are suffering from some sort of disability. It has also been reported that females have a higher prevalence of disability than males. It is assumed that the extent of disability will increase in future due to global ageing trends [1].

The question on disability was canvassed in all the censuses since the first census 1872 to 1931. A gap was found thereafter from 1941 to 1971. Again in 1981 information on three types of disability was collected. The question was dropped in 1991. In 2001, it was again included and information on five types was collected [2]. In the recent census 2011 information on eight types of disability has been collected. These are: disability in-seeing, in-hearing, in-speech, in-movement, mental retardation, mental illness, any other and multiple disability. According to census of India report 2011, over 26 million (26,810,557) people are suffering from some sort of disability. Proportion of disable males is more than females (55.9% and 44.1% respectively). But decadal increase in proportion is found higher among females. Rural areas have higher proportion of disable persons than urban areas. Disabled persons constitute 2.13 percentage of the total population of the country. Rural and urban areas constitute 2.21 percentage and 1.93 percentage subsequently. During 2001-2011, it has been found that percentage of disabled persons has increased both in rural and urban areas. Particularly in urban areas decadal increase is found significant (1.93 % to 2.17 %).

Disability is a medical and social issue. It encompasses impairments, limitations in activity and restrictions in participation. The International Classification of Functioning, Disability and Health (ICF) define it as a 'dynamic interaction between health conditions and contextual factors, both personal and environmental.

Environmental factors include knowledge and attitudes, technology, natural or built environment, services, systems, policies, and support'. Extent of disability can be seen as a development issue also. It has direct relation with poverty as the extent of disability increase with risk of poverty.

II DEFINITIONAL CHANGES IN THE CENSUS, 2001-2011

In-Seeing: One eyed persons were treated as disabled at Census 2001 but such persons have not been treated as disabled in seeing at the Census 2011.

In-Hearing: In Census 2001, persons having problem in hearing through one ear was considered as disabled who were not considered in Census 2011. Persons using hearing aid have been treated as disabled at Census 2011.

In-Speech: In Census 2011, a clear definition was given as "persons who speak in single words and are not able to speak in sentences was specifically mentioned to be treated as disabled".

In-Movement: Specific definition was given in Census 2011 mentioning the following:

1. Paralytic persons
2. Those who crawl
3. Those who are able to walk with the help of aid
4. Have acute and permanent problems of joints/muscles
5. Have stiffness or tightness in movement or have loose, involuntary movements or tremours of the body or have fragile bones
6. Have difficulty balancing and coordinating body movement
7. Have loss of sensation in body due to paralysis, Leprosy etc.
8. Have deformity of body like hunch back or are dwarf.

Mental Retardation: Newly introduced in Census 2011.

Mental Illness: Newly introduced in Census 2011.

Any Other: Newly introduced in Census 2011.

Multiple Disability: Newly introduced in Census 2011. As many as three types of disabilities from which the individual was reported to be suffering were incorporated into this [3].

III MATERIALS AND METHODS

The work is based on secondary sources. Census of India data on disability: 2001 & 2011 and other published reports have been used. Quantitative method has been applied and Microsoft Excel has been used for data analysis purposes.

IV RESULTS AND DISCUSSION

A. Extent of Disability in North East India

North East India comprises of States of Assam, Arunachal Pradesh, Meghalaya, Mizoram, Manipur, Nagaland, Tripura and Sikkim. As per 2011 census, North East India accounts for 2.74 percentage in total disabled persons in India. It has

also been found that in North East India, percentage of disabled male is higher than female. Percentage of disabled persons in less than 60 years age group is found to be higher than more than 60 years age group (Fig. 1). Sikkim scored highest percentage (2.98%) of disabled persons among the North East states. It is above the national level also. Mizoram has the lowest percentage (0.14%) of disabled persons (Fig.2). Among the specified eight categories of disability in census 2011, disability 'In-Hearing', 'In-Seeing' and 'In-Movement' are found to be higher in the states though proportion varies from state to states (Fig.3).

B. Disability trend analysis (2001-2011)

In 2001-2011, percentage of disabled persons has been increased in the country. Among the North East states Mizoram has showed maximum decrease (-1.66%) whereas, Manipur has showed maximum increase (0.81%) during the period. Sikkim though has recorded with the highest disability among the North East states, but is showing decreasing trend (Table-1).

Table-1: Change in disability, 2001-2011

India/State	Percentage of disability, 2001	Percentage of disability, 2011	Change (2001-2011)
INDIA	2.13	2.21	+0.08
Assam	1.99	1.54	-0.45
Arunachal Pradesh	3.03	1.93	-1.1
Meghalaya	1.22	1.49	+0.27
Mizoram	1.80	0.14	-1.66
Manipur	1.24	2.05	+0.81
Nagaland	1.33	1.5	+0.17
Tripura	1.84	1.75	-0.09
Sikkim	3.77	2.98	-0.79

Source: Census of India 2001 & 2011; Computed by the author

C. Case of Sikkim

Demographically, Sikkim has appeared as the most disabled state among the North East region. Therefore, in this paper Sikkim has been selected as case study. The results show that mostly percentage of males are high than their female counter parts. In case of mental illness only male and female shares equal percentage. Age group wise distribution of disability shows that the active/mid age group (15-59) has the highest percentage of disabled persons in the state. Age

group wise disability types show that in the entire category, 15-59 age group has the maximum share (Fig.4, 5, 6).

D. Settlement wise disability in Sikkim

Rural Sikkim has higher share of disability than urban Sikkim. Female-male distribution is almost similar in both rural and urban areas (Fig.7). Most of the persons in rural and urban areas are suffering from 'In-Hearing' disability (Fig.8, 9).

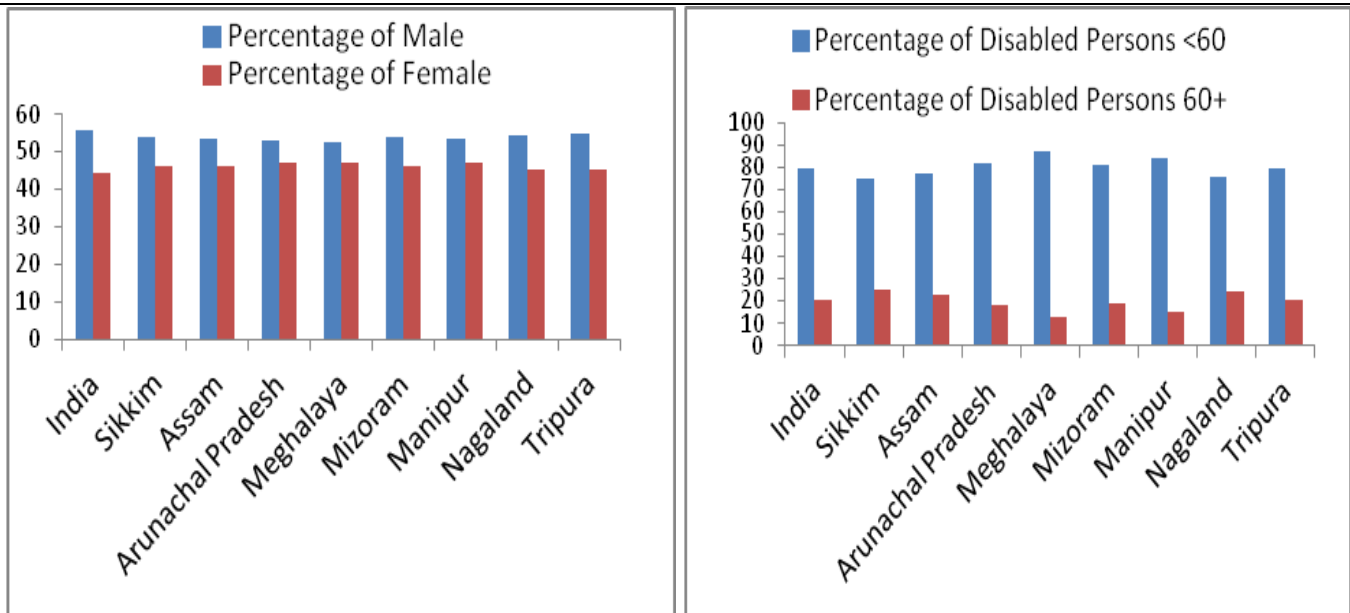


Fig.1: Distribution of disability sex and age wise, North East States, 2011

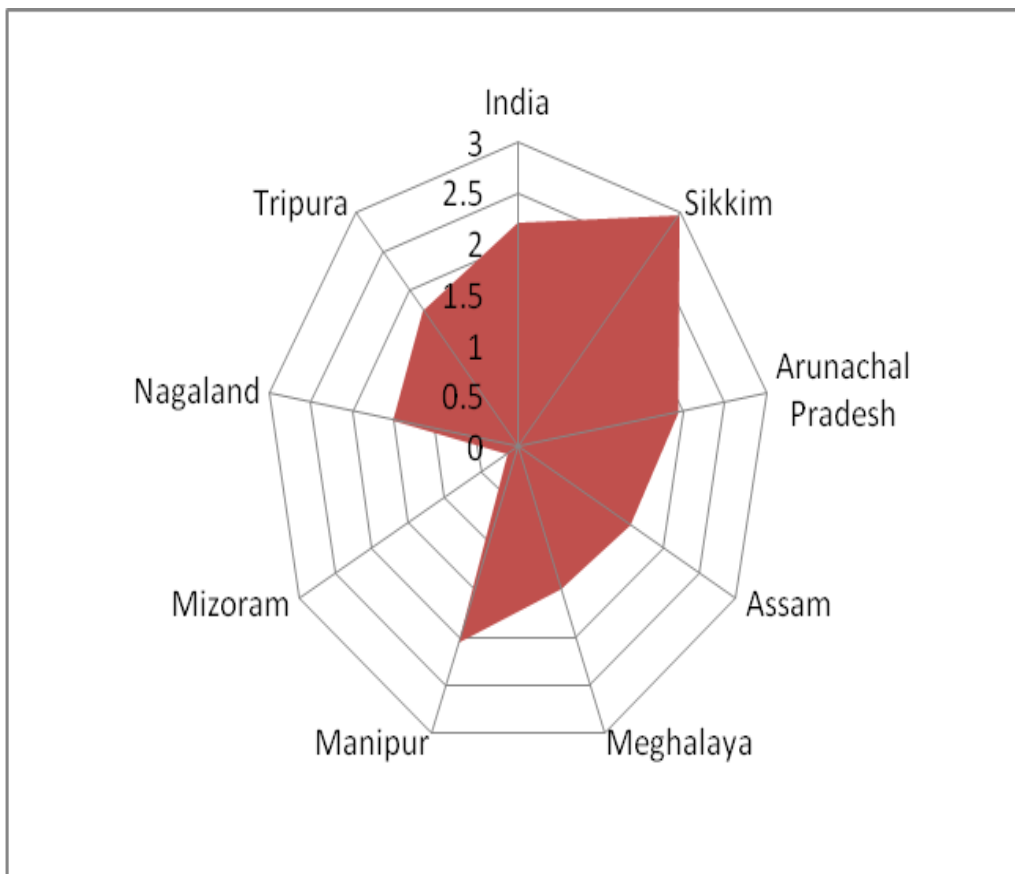


Fig.2: Percentage distribution of disability in India and North East states, 2011

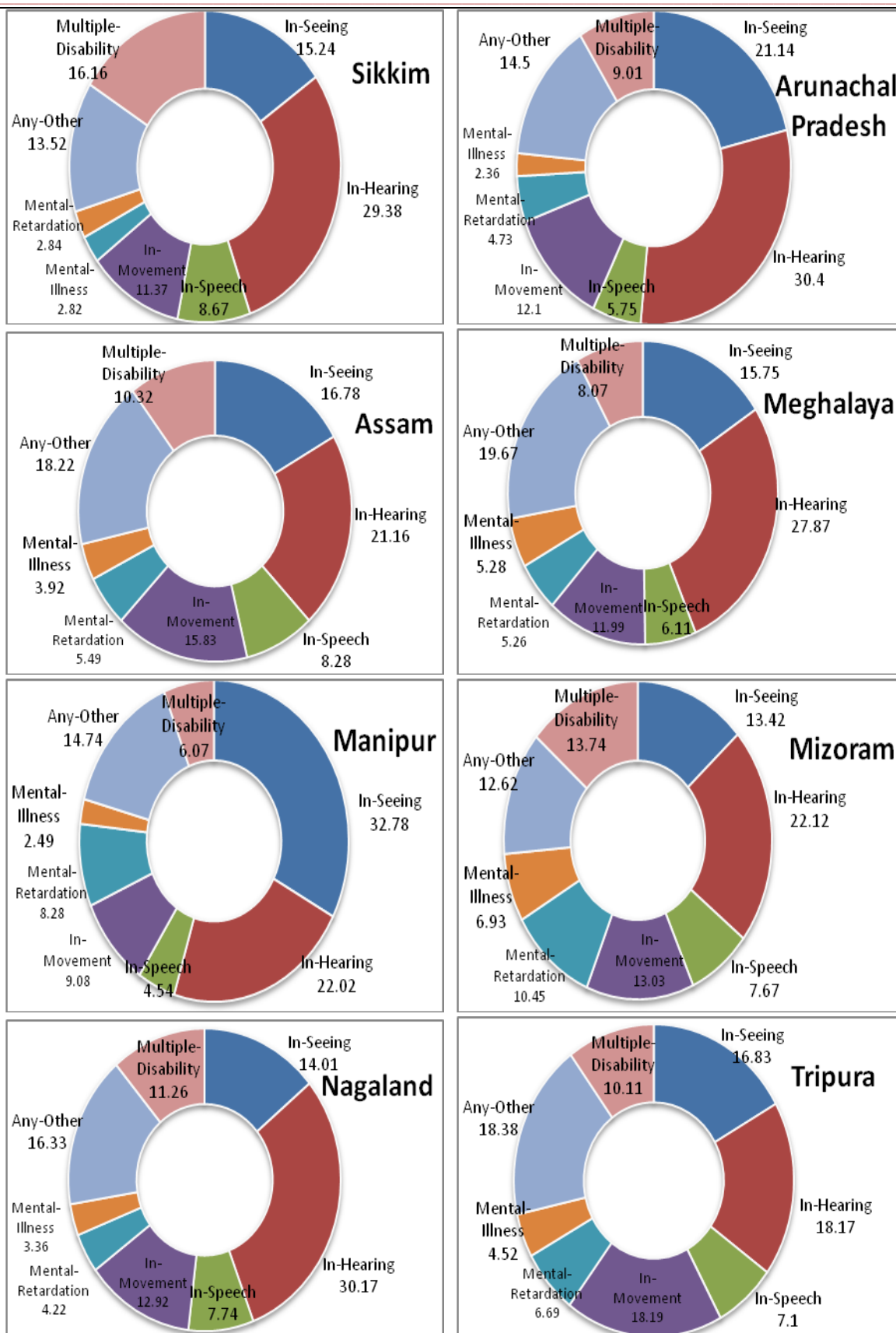


Fig. 3: Types of disability and their percentages, North East States, 2011

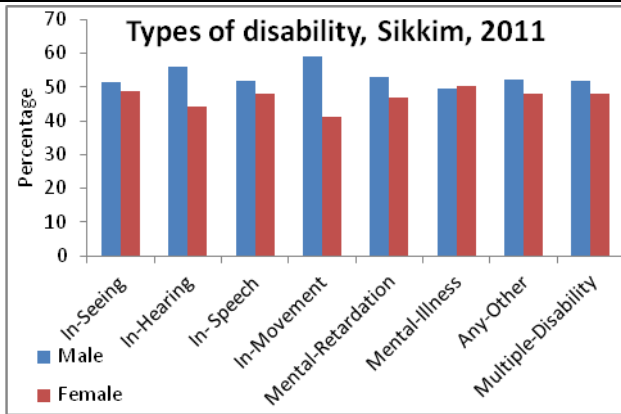


Fig. 4

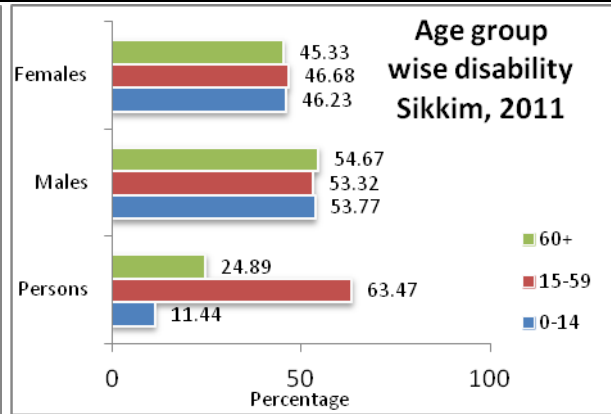


Fig. 5

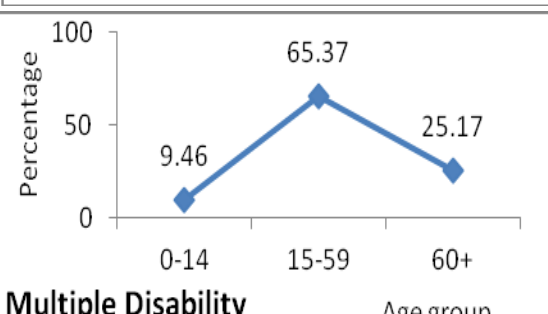
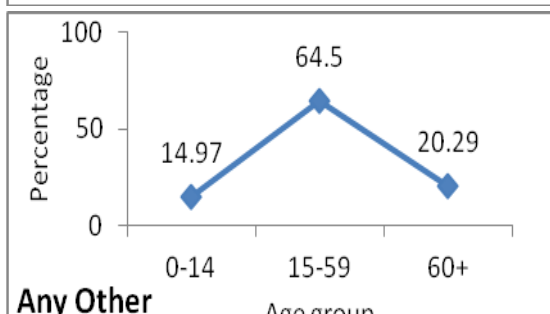
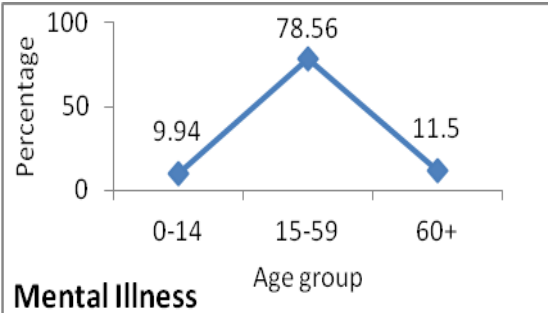
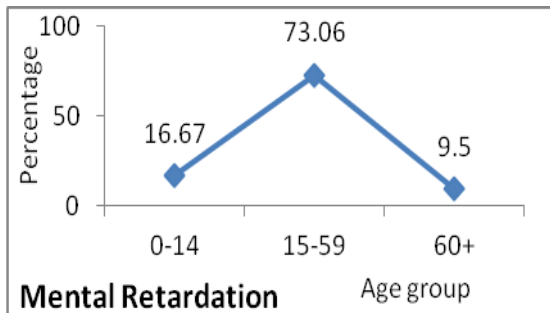
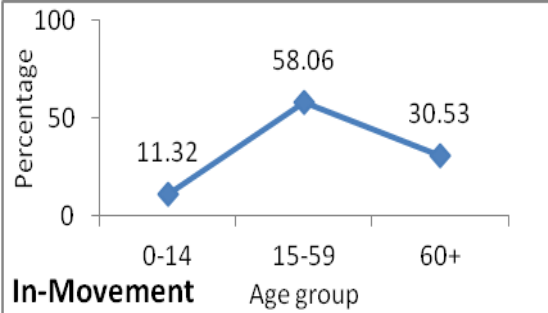
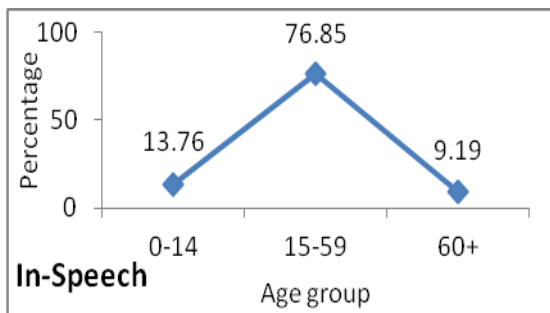
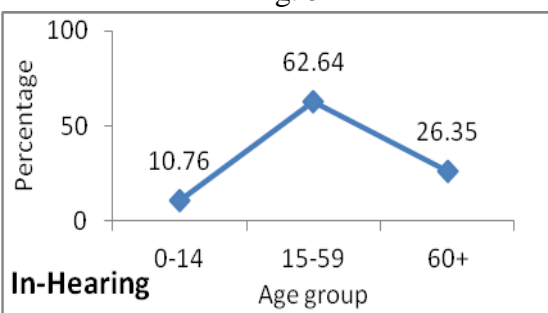
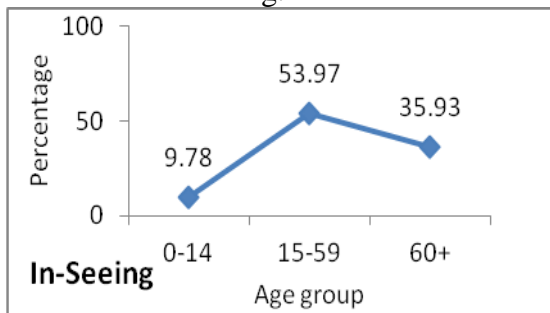


Fig.6: Age group wise types of disability in Sikkim, 2011

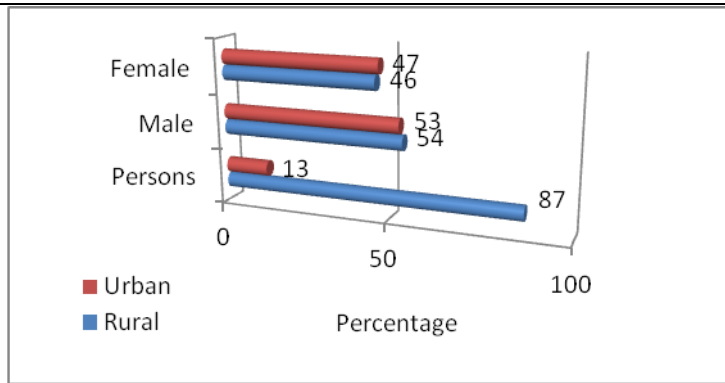


Fig. 7: Settlement wise distribution of male and female in Sikkim, 2011

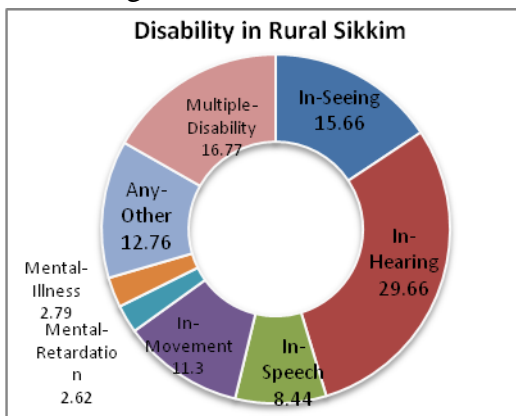


Fig. 8

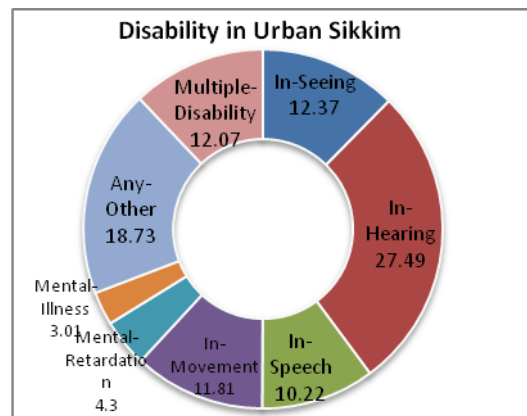


Fig.9

V CONCLUSION

Disability is not only a medical and social issue rather development issue. Disability with poverty is difficult to combat. North East states except Sikkim have disability percentage below the national average. But with lack of proper infrastructural facilities make the situation worse. Community based rehabilitation can be an important strategy to respond to the needs of people with disabilities. Training in the community is needed for this. Strategy should include equalization of opportunities and social inclusion of disabled persons. Support from every sector of the society, government and non-government authorities are needed for this.

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