

# Report

# of

# The Technical Advisory Committee

# on

# Disability Statistics

*April, 2006*



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## PREFACE

The Ministry of Statistics & Programme Implementation (MOS&PI) is the apex body in developing standards and definitions for collecting the statistical data on various subjects. It was observed that there were variations in estimates of disability as obtained from NSSO 2002 Survey and Census 2001. The MOS&PI constituted a Technical Advisory Committee (TAC) on Disability statistics to review the conceptual framework and definitions for the measurement of disability and to examine the reasons of variations in the estimates of disability as obtained from NSSO 2002 survey and Census 2001.

The TAC worked under the chairmanship of Dr. G. Raveendran, the then Additional DG(CSO). On superannuation of Dr. Raveendran on 30<sup>th</sup> June 2005, the Secretary MOSPI entrusted the responsibility of heading the Technical Advisory Committee to me. I am pleased to present the report of the TAC on Disability. It has been observed by the Committee that by and large the variations in the estimates of disability are due to the variation in the definitions used by NSSO and the Census. I suggest that for all the future surveys/census, uniform definitions on disabilities may be followed so that the estimates become comparable.

For the finalization of the definitions we took the advices of specialists such as, Dr. Rajesh Rastogi, Senior Psychiatrist, D/o Psychiatry, Safdarjung Hospital, New Delhi, Dr. T.S. Sidhu, Consultant and Head, ENT, Dr. RML Hospital, New Delhi; Dr. S.C. Goyal, ADG, HOD, Safdarjung Hospital(Rehabilitation Centre), New Delhi and Dr. K.P.S. Malik, HOD, Eye Department, Safdarjung Hospital, New Delhi. Shri R. Rangasayee, Director, Ali Yavar Jung National Institute for the Hearing Handicapped was also associated to develop the definitions for hearing handicapped. The report also includes the input from the institutes under the Ministry of Social Justice and Empowerment. I am thankful to all of them and the institutes for sparing their time in the deliberations and giving their valuable advices. I also thank Dr. Ashok Kumar, Director, Centre Bureau of Health Intelligence, and Directorate General of Health Services for his contribution in finalizing the definitions.

The efforts made by NSSO, SDRD, the office of the Registrar and Census of India and the Social Statistics Division of the CSO for preparing base papers for the use of TAC are highly appreciated. I would like to put on record the work done by Shri Inder Jeet Singh, Director, PSSU and his team of officers and staff organizing the meetings of the TAC and coordinating with various Ministries/ Organisation concerned and preparing the draft report.



(Dr.K.V. Rao)  
Director General & CEO  
(NSSO)

Place: New Delhi  
Dated: 17 April 2006

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# Report of the Technical Advisory Committee on Disability Statistics

## 1. Introduction

1.1 A Technical Advisory Committee (TAC) on Disability Statistics was constituted by the Ministry of Statistics & Programme Implementation on 31<sup>st</sup> January 2005. The Committee was entrusted with the work to review the conceptual framework and definition for the measurement of disability and to examine the reasons of variations in the estimates of disability as obtained from NSSO 2002 Survey and Census 2001. The Committee met four times and deliberated on the various aspects of the disability statistics including reasons for variations in the estimates of disability as available from the two sources of the data. The first two meetings were chaired by Dr. G. Raveendran, the then Additional DG. After the superannuation of Dr. G. Raveendran, Dr. K.V. Rao, Additional DG, NSSO (FOD) was made the Chairman of the TAC. Two meetings were held under the Chairmanship of Dr. K.V. Rao. Specialist Doctors from Safdarjang Hospital and Ram Manohar Lohia Hospital were invited in the sixth meeting to give their views for finalizing the definitions on various disabilities.

## 2. Sources of Disability Statistics

2.1 Disability Statistics is being generated on regular basis through large scale sample surveys conducted by NSSO. NSS first collected information on number of physically disabled persons during 15<sup>th</sup> round (July 1959-June 1960). Thereafter data on disabled persons were collected in the 16<sup>th</sup> (July 1960-June 1961), 24<sup>th</sup> (July 1969-June 1970), 28<sup>th</sup> (October 1973-June 1974), 36<sup>th</sup> (July-December 1981), 47<sup>th</sup> (July-December 1991) and 58<sup>th</sup> (July – December, 2002) rounds.

2.2 The surveys undertaken during 15<sup>th</sup>, 16<sup>th</sup>, 24<sup>th</sup>, and 28<sup>th</sup> rounds were intended mainly to get a count of disabled persons of various kinds. But a comprehensive survey on this subject was carried out for the first time in 36<sup>th</sup> round. Detailed information relating to magnitude of disability, type of disability, cause, age at onset, and other socio-economic characteristics was collected in this survey. A decade later, in the 47<sup>th</sup> round (July-December 1991), NSS, covered this subject, with the same basic framework including concepts, definitions and operational procedures as followed in 36<sup>th</sup> round. All the definitions and concepts were followed uniformly for data collection and processing. Also, data on developmental milestones and behavioural pattern of all children of age 5-14 years, regardless of whether they were physically handicapped or not were collected. Again, the survey on the persons with disabilities was carried out in the 58<sup>th</sup> round during July-December, 2002. This round also maintained the same definitions and procedures for physical disabilities as were adopted in earlier two rounds. This round, however, extended the coverage by including the mental disability.

2.3 Governing council (GC) of NSSO through the working groups with National Experts in different medical institutions, eminent professors, academicians and other important users including Ministry of Social Justice and Empowerment finalised the questionnaire, sampling design, tabulation plan etc. for the survey.

2.4 On the other hand, the Indian Census have been providing some data on the physical infirmities. The census questionnaire of 1872 called "House Register" included questions

not only on physically disabled like the blind, the deaf and the dumb but the insane / the idiot and the lepers also. Due to constraints in enumeration, the quality of data collected through the census was not satisfactory and the practice was discontinued after 1931. No attempt was made to collect information on disability through census of 1951, 1961, 1971.

2.5 Upon a request from the Ministries of Human Resources Development (HRD) and Social Welfare enumeration of physically handicapped was taken up in 1981 census. Declaration of the year 1981 as the International Year for the Disabled by the UN was also a reason in support of the demand of Ministries of HRD and Social Welfare. Again the enumeration of disabled persons was taken up in 2001 Census of India.

### 3. Variation in Disability estimates of NSSO and Census figures on Disability

3.1 The comparative figures on Persons with Disabilities based on NSSO 2002 survey (58<sup>th</sup> round) and Census 2001 are given below:

Type of Disability	NSSO,2002 (lakh)	Census,2001 (lakh)
Locomotor	106.34	61.05
Visual	28.26	106.35
Hearing	30.62	12.62
Speech	21.55	16.41
Mental	20.96	22.64
Total	207.73	219.07

*As per NSSO, 2002 report the number of disabled persons in the county was estimated to be 1.85 crore during July to December 2002. They formed about 1.8 per cent of the total population. The difference in total is due to multiple disabilities. About 10.63 per cent of the disabled persons suffered from more than one type of disabilities.*

3.2 In NSSO survey on disability (58<sup>th</sup> round) information relating to multiple disability was also collected. Particulars of each type of disability that a person had, were collected separately. In presentation of result on estimates of disabled persons, a person having multiple disabilities was counted only once. Only in tables indicating incidence of different disability multiple disabilities were counted separately against each concerned disability. Therefore, according to NSSO estimate, the number of persons with any disability is 1.85 crores.

### 4. Analysis of variation in definitions

A comparative statement of definitions for different types of disabilities is given in **Annexure-I**. The analysis of variations in definitions of different types of disabilities as given by NSSO, Census and the Persons with Disability (PWD) Act is attempted in the following paragraphs.



4.1 The Persons with Disability (PWD) Act, defines disability in terms of extent of impairment of body structure and body function. The context in which the definitions of disability and categories therein are being examined here relates to the classification of person, as disabled or not, by an enumerator who is given a short training in concepts and definitions. Therefore, the definitions under PWD Act need to be converted into definitions, which are simple and tangible from the point of view of the enumerator as well as the respondents.

4.2 The NSS definition of disabled person i.e. 'A person with restrictions or lack of abilities to perform an activity in the manner or within the range considered normal for a human being' seems to be in order, provided the deviation from normal manner is defined in a manner suitable to the above context. It may also be added here that above general definition of disability is based on activity limitation in execution of usual task and not the deviation from the accepted standard of biomedical status of the body of a person. This criterion has been used in examining the category-wise definitions and on the appropriateness of a definition.

#### **Mental Disability:**

4.3 The definition under PWD Act can serve only as a basis on which practical definition has to be worked out. The definition used under population census limits mental disability to as characterized by sub normality of intelligence and thus, covers only 'Mental Retardation' category of the PWD Act. On the other hand, NSS definition covers sub-normality of intelligence (as difficulty in understanding routine instructions) and goes further in an attempt to cover mental disability other than 'Mental retardation' by adding other characterization of the behaviours like talking to self, laughing/crying, staring, violence, fear and suspicion without reason. As NSS definition seems to be more comprehensive/ inclusive, NSS 2002 figure of number of mentally disabled is expected to be more than the Census 2001 figure. However, corresponding figures, NSS estimates: 20.96 lakhs, Census figure: 22.64 lakhs are not in accordance with the expected order. In contrast to other categories of disability these figures obtained from two sources are close to each other.

#### **Visual Disability:**

4.4 Except including a person with proper vision only in one eye (Population Census) the definitions of Census and NSS are similar in practical terms. NSS has used the counting of fingers as practical measure to verify the blurred vision. Classifying person with proper vision only in one eye as disabled, is not in accordance with the PWD Act. Besides, as mentioned earlier that in general, categorization of a person as disabled is primarily based on activity limitation in execution of usual task in environment relevant to the person and not the deviation from the accepted standard of biomedical status of the body of a person. Inclusion of person with proper vision only in one eye under 'Visually disabled' is not in accordance with this criterion. As expected, the Census figure (at 106.35 lakhs visually disabled person) is higher than the NSS estimate (28.26 lakhs). Only question remain the high extent of difference as we do not expect about 78 lakhs persons under 'one eyed' category. Partly it may be that many two eyed persons also suffer from low or lack vision in one of the eye due to some internal injury/defect which is not noticed by others from outside.

## **Hearing Disability:**

### 4.5 Census and NSS definition differ in following respect

a) A person with only one ear functioning normally is classified as disabled in Census but not under NSSO survey.

b) Under 'Moderate' disability NSS includes as disabled a person who would normally ask to repeat the words spoken by the speaker or would like to see the face of the speaker while he/she spoke or would feel difficulty in conversations. PWD Act does not classify such a person as suffering from 'Hearing Impairment' if he/she has one ear functioning normally. Here again Census definition has given undue weightage to the deviation of body structure from the accepted structure. On the other hand NSS definition of 'Moderate Hearing Disability' may be considered as covering more than what is required or intended under PWD Act. On the basis of the definitions Census figures (12.62 lakhs) was expected to be higher than the NSS estimates (30.62 lakhs). Besides sampling error, inclusion of moderate category of hearing disabled, inclusion of persons having hearing disability in combination with other disability (like speech disability) under both disability categories, may be other reasons for NSS figure being higher than Census figure.

## **Speech disability**

4.6 The definitions of Census and NSS are similar so far as a person having speech disability is concerned. Census definition is more simple and qualifies the listener also. It may be noticed that the PWD Act does not include speech disability under its purview.

4.7 The reason for NSS figure being higher may be that some persons have speech disability in combination with other disability which is more pronounced than speech disability. These persons would be listed under that pronounced disability alone in Census but under NSS results the person would also be additionally listed as having speech disability.

## **Locomotor Disability**

4.8 In case of 'Locomotor Disability' the definition given under PWD Act itself is simple. Both, Census and NSS definitions are in accordance with the definition under the Act except NSS definition includes dwarfs and persons with stiff neck of permanent nature who generally did not have difficulty in the normal movement of body and limbs, as having locomotor disability.

4.9 Besides sampling errors, inclusion of dwarfs and persons with stiff neck, and inclusion of persons having multiple disabilities under each category may be responsible for the large variation or at least part of the variation.

## **Leprosy cured person**

4.10 Census and NSS definitions do not consider the loss of sensation or deformities in leprosy cured person for the purpose of disability unless it manifests in the type of disabilities defined under Census and NSS. Activity limitation has been the primary determinants in laying down the definition of disability. A close look at different definitions would show that



deviation from the accepted standard of the body structure was judged based on this criterion for including or excluding a person under a disability category. After examining the three categories of 'Leprosy cured person' as given in the PWD Act, it is felt that the third category as defined in PWD Act may be considered for inclusion in Census and NSS definition of disability, as in this case the person suffers from activity limitation due to social attitude.

## **5. Summary Findings**

5.1 The Committee found that the variations in the estimates of disability as obtained from NSSO 2002 and Census 2001 are mainly due to different definitions used by these two agencies and hence leading to different coverage of the population. It is, therefore, become a prime objective of the Committee to streamline the various definitions used for any survey and Census of India. The Members were of the opinion that there should be only one definition for each category of the disability and whenever any survey is to be attempted by any department/agency on disability, these uniform definitions should be used so that the estimates remained comparative. Therefore, to finalise the definitions for various disabilities the Technical Advisory Committee consulted specialists from the Hospitals viz. Dr. Rajesh Rastogi, Senior Psychiatrist, D/o Psychiatry, Safdarjung Hospital, New Delhi, Dr. T.S. Sidhu, Consultant and Head, ENT, Dr. RML Hospital, New Delhi; Dr. S.C. Goyal, ADG, HOD, Safdarjung Hospital (Rehabilitation Centre), New Delhi and Dr. K.P.S. Malik, HOD, Eye Department, Safdarjung Hospital, New Delhi. Dr. Ashok Kumar, Director, Central Bureau of Health Intelligence, Directorate General of Health Services, Nirman Bhawan, New Delhi was also associated with the finalization of the definitions. The report also includes the input from the institutes under the Ministry of Social Justice and Empowerment, such as, Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, National Trust for the Welfare of Persons with Autism Cerebral Palsy Mental Retardation and Multiple Disabilities, New Delhi and National Institute for the Mentally Handicapped, Secunderabad.

5.2 The Census being done on a very large scale, it may continue to collect general information about the disabled persons but the definitions may be used as recommended by the Committee. On the other hand, the NSSO may continue to collect detailed information about the disabled persons by deep probing.

5.3 As it is very sensitive to ask any person about their disability, a set of uniform core questions be asked before the probing questions. General instructions for guidance of the investigators/enumerators are given in para-6 of the report. The definitions for various disabilities category-wise as decided by the TAC are given as under:-

### **General Criteria for judging a disabled person**

5.4 A person with restrictions or lack of abilities to perform an activity in the manner or within the range considered normal for a human being may be treated as having disability. This general definition of disability is based on activity limitation in execution of usual task and not the deviation from the accepted standard of biomedical status of the body of a person. The persons who attended/attending special institutions and those who attended/attending normal education institutions against the quota reserved for disabled students or otherwise, will be treated as disabled.

(i) Disability in Seeing/visual disability

5.5 A person who does not have any light perception – both eyes taken together or a person who has light perception but cannot count fingers of a hand (with spectacles/contact lenses if he/she uses spectacles/contact lenses) from a distance of 3 metres (or 10 feet) in good day light with both eyes open is considered as visually disabled. The visually disabled persons may be categorized into two broad groups viz; those with Blindness & those with Low Vision.

Blindness:

5.6 A person who does not have light perception and a person who has light perception but cannot count fingers at a distance of 1 metre even with spectacles is taken as Blind.

Low vision:

5.7 A person who has light perception but cannot count fingers up to a distance of 1 to 3 metres even with spectacles is taken as a person with Low Vision.

5.8 The core question which will decide whether a person is having absolute blindness/incurable/non correctable blindness is the following:

(i) Can you perceive light? Yes/ No

If the answer is no, then the person will be treated as an absolute blind person. If the answer is yes, then it means that the person is not absolutely blind and there is scope for improvement of vision after treatment.

If the answer to question (i) above is yes then the following question may be asked:

(ii) Can you perceive my hand movements? Yes/ No

(iii) Can you count fingers of my hand? Yes/ No (The hand is to be kept one metre to three metres away from the person)

1.1 The questions (ii) and (iii) are to be asked to the person whose sight is already corrected with the best possible spectacle or lens. Normally, during the survey the questions are asked assuming that the person has the best possible correction in the spectacle/lens he is wearing. If the person suffers from low vision even after taking corrective measures, she/he will be recorded as visually disabled under category 'Low Vision'. Persons with blurred vision who did not have occasion to test their eyesight would improve by using spectacles would be treated as having 'Low Vision'. (The question (i) can be used for assessing prevalence of absolute blindness through census whereas in sample survey further detailed questions may be asked.)

(ii) Disability in speech/speech disability

5.10 A person will be classified as having speech disability if he/she is unable to speak like normal persons.

The core question which will identify a person having speech disability is as under:

- (i) Is there any one in the house who is unable to speak like others (normal persons)?

*(It may be noted that this question will not be canvassed for children up to three year of age)*

- (ii) Does he/she not speak at all?

Further probing question may be asked in order to categorise the speech disability:

- (i) Does he/she speak only in single words?
- (ii) Is her/his speech not understood easily by others?
- (iii) Does he/she stammer?
- (iv) Does he/she have any voice problem like hoarse voice or nasal voice?
- (v) Does he/she have any other speech defect such as articulation defects etc.?

Persons who stammer but whose speech is comprehensible will not be classified as disabled by speech.

(iii) Disability in hearing/hearing disability

5.11 A person will be classified as having hearing disability if he/she has any problem in hearing day to day conversational speech when hearing aid is not used. A person who has problem only in one ear will not be considered as having hearing disability.

A person may have the following degrees of hearing disability:

A person, who does not hear at all or can only hear very loud sounds like thunder and crackers, is considered to have **profound disability**. A person who can hear speech only when spoken to very loudly, near the ear is considered to have **severe disability**. A person often asks for repetitions when spoken to or needs to see the face of the person who is speaking is considered to have **moderate disability**. A person who has difficulty in hearing but it does not interfere in day today conversation is considered to have **mild disability**.

Core questions to identify the persons with hearing disability are as under:

- (i) Is there any one in house who has difficulty in hearing day today conversational speech?
- (ii) Does he/she hear only very loud sounds like thunder/crackers?
- (iii) Does he/she hear speech only when it is spoken very loudly near the ear?
- (iv) Does he/she ask for repetitions when spoken to or needs to watch the face of the person who is speaking?
- (v) Does he/she have difficulty in hearing but it does not interfere in day today conversation?

(iv) Disability in movement/ locomotor disability

5.12 Persons with

- loss or absence or inactivity of whole or part of hand or leg or both due to amputation, paralysis, cerebral palsy, deformity or dysfunction of joints which affects his/her “normal ability to move self or objects” and
- those with physical deformities in the body (other than limbs), such as, hunch back, deformed spine, etc. regardless of whether the same caused loss or lack of normal movement of body are considered as disable with locomotor disability. Thus, Dwarfs and persons with stiff neck of permanent nature who generally do not have difficulty in the normal movement of body and limbs are also to be treated as disabled.

(v) Mental disability

5.13 A mentally disabled person is defined as the one who has difficulty in understanding routine instructions, who does not carry out his/her activities like others of similar age or exhibited behaviors like talking to self, laughing/crying, staring, violence, fear and suspicion without reason. The “activities like others (normal) of similar age” includes activities of communication (speech), self-care (cleaning of teeth, wearing clothes, taking bath, taking food, personal hygiene, etc.), home living (doing some household chores) and social skills. The mentally disabled are categorized into two groups viz. mentally retarded and mentally ill. If persons with mental disability manifests this behavior since birth/childhood but before 18 years of age and the person was late in talking, sitting, standing or walking, they are classified as ‘mentally retarded’. The remaining mentally disabled persons are classified as ‘mentally ill’. The ‘normal time’ for attaining the milestone after birth in the case of ‘sitting’ is before 1 year, for ‘walking’ it is before 2 years and for ‘talking’ it is ‘before 3 years’.

5.14 In the category of mental disability, both the mental retardation and mental illness should be elicited separately. As in the PWD Act both are listed as separate disability.

Core Questions to identify a person with Mental Retardation are as under:

- (i) Is there anyone in family who has difficulty in understanding instructions, and who does not carry out his/ her activities like others of his age/ her age? such as;
- Motor activities, head holding, sitting, standing, walking, grasping, manipulation
  - Activities of speech and communication
  - Activities of self care, brushing teeth, dressing, bathing, feeding, toileting etc.
  - Personal hygiene
  - Activities of household chores
  - Activities of play and socialization
- (ii) Is he/ she late in sitting, standing, talking or walking?

- (iii) Is the abnormal behavior of the person was observed since birth or developed before 18 years of age?

If the responses to these three questions are in affirmative, it suggests that the person may be suffering from mental retardation.

Core Questions to identify persons with Mental Illness are as under:

- (i) Is there any one in family who does not look after his/her personal hygiene like brush his teeth, take a bath, have regular meals and dresses properly?
- (ii) Is he /she show abnormal behavior like violence, laughing and weeping without reason, suspicious, talking to self, hearing voices when alone and irrelevant talks?
- (iii) Is he /she has problems in communication and understanding the verbal and non-verbal messages?
- (iv) Does he/she has problems related to work and social relationship?

If the answer is in the affirmative to all four questions then it suggests that the person may be suffering from mental illness.

(Persons, who show signs of mental fatigue, lack of understanding and who depend on others for daily routine on account of being old, will not be considered as mentally disabled.)

#### (vi) Leprosy Cured Persons

5.15 Any person who has been cured of leprosy but is suffering from-

- (i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifests deformity;
- (ii) Manifest deformity and paresis; but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- (iii) Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly;

Only the persons who have been cured of leprosy and are having type(iii) (as mentioned above) kind of disability will be considered as disabled. The other two types given above will not be considered as disabled.

#### 6. General instructions for Investigators/Census enumerators

- (i) The question(s) on disability will be asked of all persons in the household;
- (ii) This is a sensitive question and needs to be asked carefully/indirectly so that the feelings of the respondent and/or any other member of the household are not hurt.
- (iii) Explain the actual purpose of the question;

- (iv) Emphasize that the information on the member and the type of disability would help the government in planning for the welfare of the disabled;
- (v) Find out if any member of the household is suffering from any physical or mental disability;
- (vi) The disability of a person will be decided with reference to the date of enumeration;
- (vii) While the main respondent will be answering all the questions; enumerator/investigator will make every possible effort to seek information from the disabled member of the household herself/himself, if she/he is present in the household;
- (viii) In case, the disabled member is not available at the time of census/survey, the enumerator/investigator will try to contact such member at the time of revisional round/ or second visit;
- (ix) A person may have two or more types of disability. Only the most pronounced one as reported by the disabled person/information will be recorded.
- (x) Persons with temporary disability on the date of enumeration/ survey (like stiff neck/back, injury etc.) will not be treated as disabled.



## A statement showing the variation in definitions

Category	Census	NSSO	PWD Act
(i)Disability	Five types of disabilities identified for Census 2001	A person with restrictions or lack of abilities to perform an activity in the manner or within the range considered normal for a human being was treated as having disability. It excluded illness/injury of recent origin (morbidity) resulting into temporary loss of ability to see, hear, speak or move.	<p>“Person with disability” means a person suffering from not less than forty per cent of any disability as certified by a medical authority;</p> <p>“Disability” means-(i) Blindness;(ii) Low vision;(iii) Leprosy-cured;(iv) Hearing impairment;(v) Loco motor disability;(vi) Mental illness;(vii) Mental retardation.</p>

## A statement showing the variation in definitions

Category	Census	NSS	PWD Act
<b>(ii)Mental disability</b>	A person who lacks comprehension appropriate to his/her age will be considered as mentally disabled. This would not mean that if a person is not able to comprehend his/her studies appropriate to his /her age and is failing to qualify examination is mentally disabled	Persons who had difficulty in understanding routine instructions, who could not carry out their activities like others of similar age or exhibited behaviours like talking to self, laughing / crying, staring, violence, fear and suspicion without reason were considered as mentally disabled for the purpose of the survey. The "activities like others of similar age" included activities of communication (speech), self-care (cleaning of teeth, wearing clothes, taking bath, taking food, personal hygiene, etc.), home living (doing some household chores) and social skills.	"Mental illness" means any mental disorder other than mental retardation;  "Mental retardation" means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence;

## A statement showing the variation in definitions

Category	Census	NSS	PWD Act
<b>(iii) Visual disability</b>	A person who cannot see at all (has no perception of light) or has blurred vision even with the help of spectacles will be treated as visually disabled. A person with proper vision only in one eye will also be treated as visually disabled. A person may have blurred vision and had no occasion to test whether his/her eye-sight would improve by using spectacles. Such person would also be treated as visually disabled	By visual disability, it was meant, loss or lack of ability to execute tasks requiring adequate visual acuity. For the survey, visually disabled included (a) those who did not have any light perception - both eyes taken together and (b) those who had light perception but could not correctly count fingers of hand (with spectacles/contact lenses if he/she used spectacles/contact lenses) from a distance of 3 meters (or 10 feet) in good day light with both eyes open. Night blindness was not considered as visual disability.	"Blindness" refers to a condition where a person suffers from any of the following conditions, namely:-  (i) Total absence of sight. or  (ii) Visual acuity not exceeding 6160 or 201200 (snellen) in the better eye with correcting lenses; or  (iii) Limitation of the field of vision subtending an angle of 20 degree or worse;  "Person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device;

## A statement showing the variation in definitions

Category	Census	NSS	PWD Act
(iv)Hearing disability	A person who cannot hear at all or can hear only loud sound will be considered as having hearing disability. Also a person who cannot hear through one ear but the other is functioning normally is considered as having hearing disability.	This referred to persons' inability to hear properly. Hearing disability was judged taking into consideration the disability of the better ear. In other words, if one ear of a person was normal and the other ear had total hearing loss, then the person was judged as normal in hearing for the purpose of the survey. Hearing disability was judged without taking into consideration the use of hearing aids (i.e., the position for the person when hearing aid was not used). Persons with hearing disability might be having different degrees of disability, such as profound, severe or moderate. A person was treated as having 'profound' hearing disability if he/she could not hear at all or could only hear loud sounds, such as, thunder or understands only gestures. A person was treated as having 'severe' hearing disability if he/she could hear only shouted words or could hear only if the speaker was sitting in the front. A person was treated as having 'moderate' hearing disability if his/her disability was neither profound nor severe. Such a person would usually ask to repeat the words spoken by the speaker or would like to see the face of the speaker while he/she spoke or would feel difficulty in conducting conversations.	"Hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies;

## A statement showing the variation in definitions

Category	Census	NSS	PWD Act
<b>(v)Speech disability</b>	A person will be recorded as having speech disability if he/she is dumb. A person whose speech is not understood by a listener of normal comprehension and hearing will be considered having speech disability. A person who stammers but whose speech is comprehensible will not be classified as having speech disability.	This referred to persons' inability to speak properly. Speech of a person was judged to be disordered if the person's speech was not understood by the listener. Persons with speech disability included those who could not speak, spoke only with limited words or those with loss of voice. It also included those whose speech was not understood due to defects in speech, such as stammering, nasal voice, hoarse voice and discordant voice and articulation defects, etc.	

## A statement showing the variation in definitions

Category	Census	NSS	PWD Act
(vi)Locomotor disability	<ul style="list-style-type: none"> <li>• A person who lacks limbs or is unable to use limbs normally, will be considered having movement disability. Absence of a part of a limb like a finger or a toe will not be considered as disability. However absence of all the fingers or toes or a thumb will make a person disabled by movement. Following persons will also be treated as having movement disability:</li> <li>- If any part of the body is deformed,</li> <li>- Who can not move himself /herself or without the aid of another person or without the aid of stick etc,</li> <li>- If he/she is unable to move or lift or pick up any small article placed near him.</li> <li>- A person not able to move normally because of problems of joints like arthritis and has to invariably limp while moving</li> </ul>	<p>A person with - (a) loss or lack of normal ability to execute distinctive activities associated with the movement of self and objects from place to place and (b) physical deformities, other than those involving the hand or leg or both, regardless of whether the same caused loss or lack of normal movement of body – was considered as disabled with locomotor disability. Thus, persons having locomotor disability included those with (a) loss or absence or inactivity of whole or part of hand or leg or both due to amputation, paralysis, deformity or dysfunction of joints which affected his/her “normal ability to move self or objects” and (b) those with physical deformities in the body (other than limbs), such as, hunch back, deformed spine, etc. Dwarfs and persons with stiff neck of permanent nature who generally did not have difficulty in the normal movement of body and limbs was also treated as disabled.</p>	<p>“Locomotor disability” means disability of the bones, joints muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy. “Cerebral palsy” means a group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, perinatal or infant period of development.</p>



## A statement showing the variation in definitions

Category	Census	NSS	PWD Act
(vii) Leprosy cured person			<p>"Leprosy cured person" means any person who has been cured of leprosy but is suffering from-</p> <p>(i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eyelid but with no manifest deformity;</p> <p>(ii) Manifest deformity and paresis; but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;</p> <p>(iii) Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly;</p>

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