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11.0 Objectives

After studying this unit, you should be able to:

- Recall the problems of the aged, the disabled and the refugees;
- Know about the rights of these vulnerable groups;
- critically relate the information on rights of these groups to our surroundings and for an appropriate action; and
- explain the role of the UNHRC.

11.1 Introduction

In our previous units of this block on various vulnerable groups, we attempted to understand the situation of women, children and minority groups. In this unit, we shall learn about the rights of the old, the disabled and the refugees.

These people, as you know, are often neglected. Very often, their disadvantaged position is not even taken note of as though they are destined to be so. It is not surprising, therefore, that many people do not even seem to realise that old people or disabled people have as much right to lead a life of dignity as the rest of the community.

To take an example, an aged (though not so old) Ram Nath fell ill and the doctor advised him to go to a hospital. After few days, the treatment was over, but Ram Nath nearing 60, did not want to go back home. "Don't send me home," he pleaded with his doctor at the Kem hospital.
He told that his son had taken away all his money and was now harassing him. Ram Nath is one of the 70 million people facing the problem of aging in the country.

And take another example. There is Kul dip, an 11 year old handicapped boy, who can barely walk. He is polio afflicted. He is standing by the playground. He cannot play cricket. He longingly follows the movement of the ball.

In this unit, we would be talking about the aged, the disabled and the refugees, and their rights. You will agree that these people have a right to live a life of dignity like any able-bodied person in the society.

The unit is in three main sections, each dealing with one of the above mentioned marginalised groups.

11.2 THE OLD PEOPLE

United Nations declared the period from October 1, 1998 to December 3, 1999 as the international year of the older persons. Occasionally one reads a report or an item in the newspaper or magazine, but otherwise there has hardly been any discussion on the problems faced by old people. In fact most people do not realise that old persons have serious grievances and that they too need care. We like to believe that in India we have a strong tradition of family values, and that we respect our elders and take care of them.

Do we really? We only have to look around to see in what kind of miserable state they are in. They neither have the old family structures to fall back upon nor the State initiated welfare support to meet their daily needs.

Let us look at the old people’s situation a little more in detail, in terms of the societal situation they are placed in.

11.2.1 The State of Neglect

There are several socio-economic reasons for the growing number of neglected old people.

With increasing industrialization and urbanisation, there has been a break up in the traditional family system. Now children move out of their parent’s house and have their own houses. The old parents are often left behind in the villages. Some choose to go and stay in cities with their children in spite of the strangeness of situation and become dependent and unhappy. In an urban situation, with both son and daughter-in-law working outside home, the elderly staying with their children find themselves uncared for. Things are no longer the same for the old people. When it is felt that someone is not useful enough, that person is cast off. This often is the case with the senior citizens. Old people not only suffer an aging process in the physical and chronological sense but also suffer from acute feeling of worthlessness.

Apart from the changing social structures and the value systems, there have been major advances in science and technology, which have contributed to longer life span. It is said that in a twenty five year period starting from 1991, the population of those above 60 will nearly double itself (Draft National Policy on Old People).

Among them, men outnumber women as they have longer life expectancy. The incidence of widowhood is much higher among females. There are four times as many widows as widowed
males. The position of old women is more vulnerable as few persons are willing to take care of them. *Older women, thus become victims of triple neglect and discrimination, on account of gender, widowhood and age.*

<table>
<thead>
<tr>
<th>The ageing scenario in India:</th>
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<tr>
<td><strong>Some statistics</strong></td>
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<tr>
<td>• 70 million 60+ today; to be 177 million by 2025.</td>
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<td>• 90% from the unorganised sector, which means no pension, provident fund or gratuity or a medical insurance when one crosses 60.</td>
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<td>• 83% in rural areas.</td>
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<td>• 40% living below poverty line without adequate food, clothing and shelter.</td>
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<td>• 55% of the 60+ women are widows, 70% of the 60+ are illiterate.</td>
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The situation being this grave, and with increasing graying population, there has been some semblance of realisation that efforts have to be made to improve the neglect of old people. Much of these efforts have been from the community of old persons themselves and their organisation. Among the notable organisations are Help Age India.

**Help Age India**

Help Age India has been a pioneering voluntary organisation dedicated to the cause of the elderly. Help Age India was set up in 1978 and has been involved in over 1300 projects constituting a wide spectrum of services. Their care and service have made a difference to the lives of over 2 million elderly.

Following are some of the areas in which Help Age India is involved:

- **Old Age Homes** – Over 250, catering to poor and the underprivileged.
- **Day Care Centres** – Around 123, where the old can gather for companionship and small income activities.
- **Adopt – A Gram Programme** – Under this scheme, food, clothing and medical care are provided to the poor and the destitute elderly.
- **Mobile Medicare Unit** – 12 units in remote rural areas and urban slums for the elderly.
- **Income Generation Programme** – to provide the elderly with some financial independence.
- **Eye Care** – over 57,000 cataract operations were undertaken in 1997 alone.
- **Special Programme** – Relief is reached to the needy during natural calamities such as flood, cyclone, etc.

Individual efforts or community organisational efforts are not enough. Though they have been chiefly responsible for lobbying for old people, the State has a responsibility towards deprived sections.

### 11.3 NEED FOR STATE INTERVENTION

As we can clearly see, household alone cannot handle the problem of demographic aging with all its implications. This means that the State has to intervene in a way that they provide a crutch to the vulnerable old people. Let us look at some of these initiatives.
11.3.1 Some State Initiatives

Well-being of older persons has been mandated in the Constitution of India. Article 41 dealing with Directive Principles of State Policy has directed that the State shall, within the limits of its economic capacity and development, make effective provisions for securing the rights to public assistance in case of old age.

Nothing tangible has been done so far. However, following attempts have been made:
- Old age pension for employed people, initiated in 1950s and 1960s.

These legislations have remained ineffective, and are available only on paper as most old people fight shy of litigation against their kith and kin.

Let us look at some of the later developments, as for instance The National Policy on Older People.

11.3.2 National Policy on Older People

"Through the National Policy, the State seeks to assure older people that their concerns are national concerns, and they will not live unprotected, ignored or marginalised" (Draft-National Policy on Older People, 1999).

One of the salient points of this policy is that it does not view older people as dependent. It recognizes that older people too are resources and they are useful to the society.

The policy feels that opportunities and facilities need to be provided so that they can continue to contribute more effectively. The policy also feels that the State should allocate a large budget for the old people. At the same time it feels that civil society with its various avenues must join in securing a life of dignity for the older people.

11.3.3 Rights of the Elderly

On December 16th 1991, The United Nations General Assembly adopted a resolution (46/91) containing the United Nations principles for older people. The governments were encouraged to incorporate the principles into their national programmes whenever possible. There are five basic principles namely:
- Independence
- Participation
- Care
- Self Fulfillment
- Dignity

Independence
Older persons should:
- have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help;
- have the opportunity to work or to have access to other income generating opportunities;
- have access to appropriate educational and training programs;
- be able to participate in determining when and at what pace withdrawal form the labour
force takes place;
- be able to live in environments that are safe and adaptable to personal preferences and changing practices;
- be able to reside at home for as long as possible.

Participation
- Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations;
- Be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities;

Care
Older persons should:

- benefit from family and community care and protection in accordance with each society’s system of cultural values;
- have access to health care to help them to maintain or gain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness;
- have access to social and legal services to enhance their autonomy, protection and care;
- be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment;
- be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self fulfillment
Older persons should:

- be able to pursue opportunities for the full development of their potential in the older age;
- have access to the educational, cultural, spiritual and recreational resources of society.

Dignity
Older persons should:

- be able to live in dignity and security and be free of exploitation and physical and mental abuse;
- be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution

Before we go on to our next section which deals with human rights of the disabled, let us try and see how much you have understood.

Check Your Progress 1

Note: (i) Use the space below for your answers.
(ii) Check your progress with the model answers given at the end of the unit.
1. Give a few instances of neglect of old people, from your observation from the surroundings.

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2. Do you think the elderly people contribute in any way to the society, in what ways?

3. Can you say that older people are better taken care of in rural areas?

11.4 WHO ARE THE DISABLED?

Before we begin to talk about the rights of disabled people, let us first know who the disabled are and the nature of the disabilities they suffer from.

Take for instance, this man who had to go to the hospital for a check up, in a premier hospital in Delhi- viz. the Apollo Hospital which like many other hospitals does not have a ramp for a person on wheel chair) “The doctor asked me to give urine sample. The nurse on duty customarily handed him the bottle and suggested ‘go to the toilet’. Ideally there should have been facilities within that section for a paraplegic to be able to take my urine specimen. The real shock came when I discovered that the hospital toilet door was even narrower than the normal toilet doors. It became obvious that it was meant only for normal patients and not the disabled. None of our hospitals have a system where a wheel chair user can take his or her weight “ (Javed Abidi in Folio section of the Hindu, June 29, 1998).

This is just one instance and a very simple instance of how disabled people are invisible as far as the normal people are considered.

Do you know that about 5 to 6 percent of our population is affected by some disability or the other. This includes people with blindness, low vision, leprosy, hearing impaired, locomotor disability, mental retardation and mental illness. There is a wide range of disabilities people suffer from.

11.4.1 Disability-the term

Let us look at the term ‘disability’, for a better understanding of the problem It could be, broadly, analysed in the following five ways.

Firstly, there is anatomical, physiological or psychological abnormality or loss. The disabled may be regarded as people who have lost a limb or part of the nervous system through surgery or in an accident become blind, deaf or paralysed or physically damaged or handicapped, or abnormal in some way or paralyzed in usually observable respect.

Secondly, there is chronic clinical condition altering or interrupting normal physiological or psychological process such as bronchitis, arthritis, tuberculosis, epilepsy, schizophrenia and mental (manic) depression. These two concepts of loss or abnormality and of chronic diseases tend in fact to overlap for even though a loss may be sustained without disease, prolonged disease has usually some physiological or anatomical effect.
Thirdly, disability is generally taken for granted as the functional limitation of ordinary activity, whether that activity is performed alone or along with others. The simplest illustration is incapacity for self-care and management, in the sense of being unable or difficult to move about, negotiate stairs, wash and dress. This principle of limitation, however, can be applied to other aspects of ordinary life also. By reference to the average person of the same sex, an assessment can be made of the relative incapacity of the individual in management of household affairs and performance of both normal social roles as husband, wife, father or mother, neighbour or church member as well as of particular occupational roles.

Fourthly, disability can be viewed as a pattern of behaviour, which has particular elements of a 'socially deviant kind'. This pattern of behaviour can be, in part, directly attributed to the impairment or pathological condition - such as, a regular physical tremor or limp, or an occasional fit. Thus, activity may be not only restricted but also dissimilar. And the dissimilarity of disabling situations depends as much on how it is perceived by the individual, and others, as on its physiological determination. Sociologists have, recently, sought to focus attention on the concepts of 'sick role' and of 'illness behaviour'. Society expects the blind or the deaf or the physically disabled to behave in certain approved or stereotyped manner which is so unfortunate.

Finally, disability means a 'socially defined position or status'. The person concerned not only just acts differently but also occupies a status, thereby attracting a mixture of deference, condescension, consideration and indifference. The disabled attract certain kinds of attention from the rest of the society because of the 'position' that he/she occupies in that particular society. There are societies where mild forms of sub-normality, schizophrenia or infirmity are not identified as disability.

People are normally noted as disabled when they fall outside an accepted norm of function or behaviour. Thus, the concept of disability in some sense is guided by social judgement.

In real terms, disability denotes loss or limitation of opportunities as a result of social, physical and attitudinal barriers. Thus, an inability to walk is impairment, while an inability to enter a building because the entrance is a flight of steps is a disability. Disability, therefore, refers to the oppression which a person with physical, sensory or intellectual impairment experiences as a result of prejudices attitudes and discriminatory action. In short, a handicap is not determined by an individual's physical limitations, but instead reflects the social consequences of that disability.

As you can see, the disability that a physically or mentally impaired person feels greatly is the discriminatory attitude of the people. This attitude gets translated into concrete action, the lack of infrastructure facility, a simple thing like a ramp is one example. Probably the biggest challenge lies in making efforts to integrate the disabled to a normal course of life activities. Disabled persons are first and foremost human beings: with the same basic human needs as the rest of the humanity. Physiological needs of food and warmth, shelter, sex, and those needs that contribute to self fulfillment: safety, security, love, a sense of belonging, self-esteem, social esteem, opportunity for new experiences, personal growth creativity. Do you think that in the present scenario, the disabled get any of these needs fulfilled? Far from it, we have a lot of ground to cover to even meet some of the basic needs of life sustenance.

11.5 SOCIAL ACTION

The rights of persons with disabilities to participate in their societies can only be achieved primarily through political and social action. Legislation has been enacted to guarantee to the disabled persons the right to, and opportunities for schooling, employment and access to
community facilities, to remove cultural and physical barriers and to ensure that discrimination against disabled persons is discouraged and ended.

The emergence of disability rights movement brought with some change, including strong cross-disability unity and major legal redefinition of disability. During the 1980s, the disability movement received a big boost with the UN General Assembly designating 1981 as the International Year of the Disabled. This has brought focus on three relatively new areas; (1) "The progressive awakening of persons with disabilities to their status as a disadvantaged minority, and to the need for them to assert for this rightful place in the community; (2) the growing realisation that in the past, the disabled have been relegated to the role of little more than "objects of condescension and charity"; and (3) the emerging global resolve to protect the rights of such disadvantaged people as potentially productive and contributing citizens.

11.5.1 Initiatives In India

Since independence India has promoted welfare of the disabled persons which include:
- Opening of special employment exchanges,
- Setting up of vocational rehabilitation centers
- Establishment of sheltered workshops
- Job reservation in certain identified positions; and
- Provision of financial assistance.

The disability act, Persons with Disabilities (Equal Opportunities protection of rights and full participation) Act, 1995 is a progressive and path breaking legislation. While institutional and State support seems to be necessary, in no way it compensates for a community action, which is real test of the disabled being integrated into the society.

The voluntary agencies to a large extent also pursue a traditional approach. Nearly 25% of the voluntary NGOs have no programme to offer. They merely supply aids to disabled persons using government funds, and they are rooted in charity. Others, who are concerned with rehabilitation, organize special educational programmes and vocational training. Most of the skills that are given are not profit generating and usually involve carpentry, tailoring etc. and rarely in electronic or computer application or other such useful areas.

The government and the non-government programmes do not have adequate systems of evaluating the programmes, and monitoring them to ascertain their efficacy.

It is not a little wonder that individuals with determination and sensitization to reach out to differently abled people seem to make all the difference.

Uma Shanker Pandey of Jhakni village in Badaun District of Uttar Pradesh, could hardly manage to walk the distance from his house to school. He was lame and had to suffer the jibes and cruel jokes of the people in the village. So, when he was seven, he went away to his grandmother's house, never to enter school again.

This is a story that never stops repeating itself, in every village, every town and city. Who do these children grow up to be? Does anybody care? Some of course do. For example, 32 years old Pandey who returned to Banda with a zeal to change the village. His contribution was the setting up of the Vikalang Awasi Vidyalaya Evam Prasikshan Kendra (VAVEPK). “I did not complete school but I never stopped learning and sharing my lessons in self-help with others” says Pandey.
It has been uphill task for the man who can walk only with the help of crutches. After repeated knocking on State welfare doors with even simple requests like a loan for, or the donation of, a crutch failed (he paid Rs.125 as bribe for a Rs.45 crutch). Pandey resolved to do it alone spearheaded a movement for the physically challenged in Banda (U.P.) in the early 1990s. He says wryly: “There are 12,200 disabled in Banda district alone. The UP Government has nothing to show after its RS.50 crore budget for them. Pandey says, “With my meager resources, if I can set up even 50 children, I’ll be happy”.

Enthused by his spirit, the educated but disabled youth of his village joined him and the foundation of the school was laid in 1997. Today (2000) there are about 100 children in the school, and a staff of 14, all whom work without remuneration.

Recognising the nobility behind the purpose, a Banda jeweller donated 5 bighas of land and part of an unused tiles factory, that stood on the land. The villagers and the chief development officer of the area helped him out. People contributed in as many ways as possible; some gave vegetables, atta, fruits, pencils, paper etc Pandey also enlisted the support of 20 doctors who help out with medical check ups and medicines.

It is still a long haul ahead for Pandey and his dedicated volunteers. He says: I am not in the business of just getting degrees for my children. I want to instill self-confidence in them, encourage their inherent talents and set them on the path of self-reliance. If I succeed with even four children, they in turn will do the same for ten more. “My mission is not to let any handicapped person cry.”

Check Your Progress 2

Note: (i) Use the space below for your answers.
(ii) Check your progress with the model answers given at the end of the unit.
1. Given the kind of discriminatory attitude that people have towards the disabled, Do you think that they should have special schools, exclusively for them?
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2. List few simple ways that a common citizen can be of help to the disabled in securing a life of dignity.
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3. Recount an incident from your life experience when you happen to witness a disabled person being humiliated.
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There are communities all over the world who are forced to leave their countries and seek asylum in some other countries. Most of them are escaping the repressive policies of the ruling State, or genocide by an ethnic group, a situation of war, or famine. The problem of refugees is not merely an international phenomenon. It can well be a domestic one caused by internal disturbances. The involuntary migration of large number of Kashmiri Pandits to Jammu and Delhi is one example of such domestic forced migration.

To be displaced from one's place of birth, growth and the family is traumatic enough. Once the refugees reach the country of refuge seeking asylum, what right do they enjoy? Well, of course there is also the question of the rights that they have been denied, which is the cause for their fleeing home and seeking asylum elsewhere. We will be examining these issues, in this section of this unit.

Soon after India's independence (1947) very large number of people who were subjected to various forms of violence and torture in the newly born Pakistan, fled to India as refugees or displaced person. India made all out efforts both at governmental and non-governmental levels to rehabilitate them. They were soon absorbed as part of Indian society without any discrimination, and with full dignity and respect. But all refugees are not that lucky. The Urdu speaking people who migrated to Pakistan are still treated differently as Muhajirs.

After the occupation of Afghanistan by the Soviet army in the end of 1979, a large number of people fled into Iran, Pakistan and even India. The UNHRC provided them all assistance.

In 1933, when Hitler came to power in Germany, a large number of Jews were persecuted and some of them could flee and seek refuge elsewhere.

Sonam Dolma 12, and Dekyi Dolma 10, braved the mountainous escape one spring. For these sisters from south-east Tibet it was a desire not to remain a burden on their mother and to distance themselves from the local bullies which made them to head towards Dharmasala in India.

Convinced that her children would be better off in Dharmasala, their mother accompanied them till Lhasa where for two months they offered prayers and then they set off with a relative who had been to India before. Their first journey was a two-day bus trip from Lhasa to Dram, Tibet's border with Nepal.

From Dram the girls were on their own except for a Nepalese guide. Their relative meanwhile, went ahead by bus, armed with a Chinese travel visa. The two followed the paid escort in the pitch darkness. The three figures walked mostly at night, resting by day lest they should bump into armed Chinese patrols. At times the guide, and at other times, Sonam Dolma carried exhausted Dekyi on their backs through the insect infested forest, wind swept valleys, snow covered passes, and treacherous narrow tracks.

They eventually reached India, and went to Dharamsala after several months. Dekyi is sitting despondently, on the steps of the Tibetan Reception Centre, eyeing with envy, other kids cuddling up to their mother.

Several nations of the world have been experiencing the phenomenon of refugees. To some extent or other, a need has been felt to have a global approach to the problem. As a result several international conventions and protocols on the problem of refugees have been adopted such as the:1951 and 1967 UN conventions, in the 1969 by the Organisation of African Unity, and 1984 at Cartagena. On the question of stateless persons there is the 1954 UN Convention. Let us have a brief look at them and see how far they have been able to help the refugees, in securing their human rights.

11.7 INTERNATIONAL INITIATIVES ON THE PROBLEM OF REFUGEES

The rights accorded to the refugees stem from the Universal Declaration on Human Rights—which lays down that..."the UDHR is a common standard of achievement for all peoples and all nations, to the end every individual and every organ of the society, keeping these declarations constantly in mind, shall strive by teaching and education to promote respect for these rights and freedom by progressive measures, national and international, to secure their universal and effective compliance."

These right are derived from the inherent dignity of the human beings and they can be achieved if suitable conditions are created and provided to the members.

11.7.1 Who is a Refugee?

In this context of inherent dignity, a refugee is one who is denied this and the freedoms which underlie it. The various UN conventions define the refugee as:

- a person who is outside his/her country of nationality
- and has well-founded fear of persecution
- for reasons of, race, religion, nationality, membership of a particular social group or social opinion and,
- because of that fear he/she cannot return to his/her country.

11.7.2 The UNHRC

In January 1951 The General Assembly established the United Nations High Commission for Refugees as non-political humanitarian organization. Their first task was to help more than one billion people who were displaced in two global wars.

UNHRC's primary purpose is to safeguard the rights and well being of the refugees. It ensures that everyone can exercise the right to seek asylum and find safe refuge in another State, and to return home voluntarily. By assisting refugees to return to their own country, UNHRC seeks durable solutions to their plight. By virtue of its activities UNHRC also promotes peace and security, developing friendly relations among nations, and encouraging respect for human rights and fundamental freedoms. Thus, UNHRC's approach towards refugee problem is two-fold (i) to provide international protection to refugees and alleviate their plight in a practical and effective manner, and (ii) provide durable, long term solutions to the problem of refugees through a proactive role in solving refugee problems in cooperation with various governments.

Various International Instruments Relating to Refugees are:
- International Bill of Rights
Convention Relating to the Status of Refugees
Protocol Relating to the Status of Refugees
Agreement relating to Refugee Seamen
Protocol Relating to Agreement Relating to Refugee Seamen
United Nations Declaration on Territorial Asylum
Convention Relating to Status of Stateless Persons
Convention on the Reduction of Statelessness
Geneva Convention Relating to the Protection of Civilian Persons During war-time
Convention on the Rights of a Child
Convention on Elimination of all Forms of Discrimination Against Women

11.7.3 UNHRC in India

India is not a signatory to the 1951 Geneva Convention on Refugees. Neither does India have any refugee specific legislation in its existing legal system. In such circumstances, the UNHRC has a pivotal role to play in assisting and protecting refugees who seek asylum in India.

The refugees are dealt with under the Registration of Foreigners Act (1939), the Foreigners Act (1946) and the Passport Act (1967). They are dealt with through ad-hoc administrative decisions and related domestic law concerning passports, entry, stay and exit from Indian territory. India has signed other protocols and ratified some of the other instruments of human rights. Yet it does not have a comprehensive policy and guideline on the issue of refugees.

As we mentioned earlier, UNHRC performs important functions in protecting and securing the rights of refugees specially, given the lack of clear guidelines in India. It performs this role with active cooperation and involvement of local implementing partners such as YMCA, VHAI (Voluntary Health Association of India) PILSARC (Public Interest and Legal Studies Research Centre) It interacts closely with the Ministry of Home Affairs (MHA) and The Foreigners Regional Registration Office (FRRO). It also works in close cooperation with statutory bodies like the NHRC (National Human Rights Commission).

Check Your Progress 3

Note: (i) Use the space below for your answers.
(ii) Check your progress with the model answers given at the end of the unit.

1. What are the various solutions offered by UNHRC for the refugees?

2. What is the source of mandate given to UNHRC?

3. What are the implementing partners of UNHRC in India?
11.8 LET US SUM UP

In this unit we have discussed the situation of such vulnerable groups as the aged, the disabled and the refugees. These people also have a right to lead a life of dignity.

In the first section, we talked about the elderly. The 21st century has been characterised as the ‘graying dawn’ which means that there is going to be an increasing number of older people comparatively speaking. You can easily guess that with these increasing graying population and dwindling support systems, the situation is likely to grow alarming very soon. There have been various attempts by the State and other civil bodies to attend to these problems. In this unit we have attempted to look at some of the provisions, policy measures and rights of the older people in India.

Our next section deals with the problems of the disabled. Disability can be experienced in various ways, not only is it strictly anatomic or physical but mental as well. In this section, the term ‘disability’ itself has been discussed since it covers a whole range of disabilities.

Depending on the specific disabilities that a person suffers from, specific measures can be taken to help them to lead a normal life.

In the last section, we discussed about the growing problem of refugees. Refugees have been forced to leave their homelands and suffer, for no fault of theirs. They too have a right to live a life of dignity. We examined some of the declarations, conventions and bodies which address the problems of displacement.

We hope that as an individual seeking information on human rights, you analyse the situation of these vulnerable groups in their respective contexts and critically evolve strategies to help them fight for their rights. This is possible wherever you may be if you have concern for fellow human beings and an interest to help.

11.9 KEY WORDS

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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Asylum</td>
<td>Sanctuary or protection provided, for those who are pursued out of their state.</td>
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<td>Chronic</td>
<td>Habitual and persisting over time, like in an illness.</td>
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<td>Convention</td>
<td>A formal agreement and reflecting between nations.</td>
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<td>Demographic</td>
<td>Statistical data which show compositions and indications such as age, birth, death, life expectancy, etc. of huge populations.</td>
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<td>Genocide</td>
<td>Deliberate extermination of a group of people – an ethnic, religious group or a nation, etc.</td>
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<tr>
<td>Impairment and Enabling</td>
<td>Something which damages or weakens someone. Not having a leg, for instance is an impairment for walking, providing a crutch, an artificial leg or a wheelchair can be enabling for walking.</td>
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<tr>
<td>Vulnerable</td>
<td>Someone or something that is exposed and easily prone to harm. Helpful people like children or old people, for instance.</td>
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<td>Condescension</td>
<td>Patronizing attitude</td>
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<td>Psychosomatic</td>
<td>Mental, not physical, in origin.</td>
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Check Your Progress 1

1. Given below are a couple of examples. You must add to these examples from your own observation of surroundings. In cities, where sometimes you find working couple, you will often find that the old person, a grandfather or grandmother is not taken to the hospital, despite growing illnesses.

2. Elderly people do contribute enormously to the societies, in ways which may not be easily discernible or noticeable. For instance, they provide counselling and advise, which because of their vast experience can be valuable in learning process. They are reposition of variety of old knowledge, like home and herbal remedies for ailments etc. Think of other ways in which old people contribute to society.

3. To some extent, we can say that older people are better taken care of in rural areas. The traditional extended family is still operational and in that, the old people enjoy a certain stature and dignity. People have more time than in the cities. Communities have face to face closer interactions and so there is less of the anonymity, unlike in the cities.

Check Your Progress 2

1. To some extent it can be argued that by excluding and segregating the disabled people, one is marginalising these people and that they are not past of the mainstream, and, therefore, will never be treated as normal. At the same time, special schools will give them an opportunity to be one with their own kind. It also may help in attending to special learning needs of people with specific disabilities. Like we have blind schools, etc.

   Why don’t you do a small survey?, talk to the people with certain disabilities and others as to whether there should be special schools or not.

2. If you are working in an institution, ensure that there are ramps, instead of only steps, so that a person with wheelchair can be mobile.

   The above is one example. Think of several such possible ways in which disabled people can be helped and write them down as your answer.

3. We are sure, you have encountered at least once when you saw someone who is disabled is also being humiliated. So write what you have witnessed as your answer.

Check Your Progress 3

1. The solutions offered by UNHRC to the problem of refugees are:
   (i) to provide international protection to refugees in a practical and effective manner. There are various instruments which relate to refugees (See text)
   (ii) to provide durable long term solutions by involving cooperation of different nations and governments in a practical way.

2. The rights accorded to refugees stem from the Universal Declaration of Human Rights. The rights are derived from the inherent dignity of human beings which can be realized only if suitable conditions are created. This gave the mandate for establishment of UNHRC.

3. In India, the UNHRC works with active cooperation of such bodies as: YMCA, VHAD (Voluntary Health Association of India), PILSARC (Public Interest and Legal Studies
Research Centre). It also interacts with Ministry of Home Affairs, Foreign Regional Registration Office, and such statutory bodies like NHRC (National Human Rights Commission).