

**UNDERSTANDING HEALTH INEQUALITIES
AMONG PERSONS WITH INTELLECTUAL DISABILITIES:
A SOCIAL JUSTICE ANALYSIS
IN THE LIGHT OF AMBEDKAR THOUGHT**

Vanishree Alur* & Hanamagouda C.**

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ABSTRACT

Persons with intellectual disabilities continue to face severe health inequalities shaped by structural injustice, stigma, and exclusion. Recent global estimates indicate that nearly 1.3 billion people (about 16% of the world population) live with disabilities, many experiencing poorer health outcomes and limited access to healthcare services. The World Health Organization reports that persons with disabilities are more likely to encounter barriers such as unaffordable care, lack of trained professionals, and discrimination. This study, based on secondary data including Census 2011 and recent global reports (2023–2025), examines the health status of persons with intellectual disabilities through the lens of social justice. Drawing on the ideas of B. R. Ambedkar, the study argues that inequality in healthcare is a reflection of broader social exclusion. The findings highlight that achieving health equity requires not only policy interventions but also transformation in social attitudes, institutional structures, and access to resources.

KEYWORDS: *Social Justice, Intellectual Disability, Ambedkar Perspective, Health Inequality, Social Inclusion.*

* **Vanishree Alur**, Research Scholar, Department of Sociology, Karnataka University, Dharwad.

** **Dr. Hanamagouda C.**, Professor, Department of Sociology, Karnataka University, Dharwad.

Introduction

Health is a fundamental human right, yet persons with intellectual disabilities remain systematically excluded from equitable healthcare systems. According to the World Health Organization, persons with disabilities experience higher rates of poor health, unmet healthcare needs, and reduced life expectancy. These inequalities are not merely medical but are deeply rooted in social structures such as poverty, discrimination, and marginalization. The concept of social justice becomes central in understanding these disparities. The ideas of B. R. Ambedkar, who emphasized equality, dignity, and the annihilation of social hierarchies, provide a strong theoretical foundation to analyze health inequalities among marginalized groups. His vision of a just society underscores the need for equal access to resources, including healthcare.

Background of the Study

Historically, persons with intellectual disabilities have been excluded from mainstream society and deprived of basic rights, including healthcare. Institutionalization, neglect, and social stigma have contributed to poor health outcomes. Although international frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD) advocate inclusion and equality, implementation gaps persist. From an Ambedkar perspective, such exclusion reflects structural inequality embedded in social systems. B. R. Ambedkar argued that social justice requires the removal of systemic barriers that deny individuals their basic rights and dignity. This framework is highly relevant in understanding the marginalization of persons with intellectual disabilities in healthcare.

Global Scenario (2023–2025)

Globally, disability is recognized as a major public health issue, affecting approximately one in six people. The World Health Organization highlights that persons with disabilities are more likely to face barriers in accessing healthcare, including cost, distance, and lack of appropriate services. Recent studies (2024–2025) show that they are more likely to experience poor health and unmet healthcare needs compared to the general population. These inequalities reflect global patterns of social exclusion; from an Ambedkar perspective, such disparities indicate the persistence of structural injustice, where

marginalized groups are denied equal opportunities and resources.

National Scenario (India)

In India, disability is closely linked with poverty, caste, and social marginalization. According to the Government of India Census 2011, about 2.21% of the population lives with disabilities. However, access to healthcare, education, and employment remains limited, and social stigma and lack of awareness further restrict inclusion. The Rights of Persons with Disabilities Act (2016) aims to promote equality, yet gaps in implementation persist. B. R. Ambedkar's principle of social justice emphasizes that true equality requires not only legal provisions but also social transformation. The continued exclusion of persons with intellectual disabilities reflects the gap between constitutional ideals and ground realities.

Karnataka Scenario

In Karnataka, efforts have been made to improve the welfare of persons with intellectual disabilities through various schemes and programs. However, disparities remain, particularly in rural areas where access to healthcare and rehabilitation services is limited. Social stigma, lack of trained professionals, and inadequate infrastructure affect health outcomes. From an Ambedkar perspective, these challenges highlight the need for inclusive policies that address both structural and social barriers. Community-based support and awareness are essential to promote equality and dignity.

Review of Literature

The ideas of Michael Oliver (1990) provide a foundational shift in understanding disability through the social model, where disability is seen not as an individual limitation but as a consequence of societal barriers such as inaccessibility, discrimination, and exclusion, fundamentally changing the discourse from a medicalized view to a rights-based perspective. This approach is further enriched by Tom Shakespeare (2006), who critiques the rigidity of the social model and proposes an interactional framework that recognizes both biological impairments and social constraints, thereby offering a more holistic understanding. Together, these perspectives highlight that disability is a socially constructed phenomenon shaped by structural inequalities, while also acknowledging the lived experiences of individuals, making them highly relevant for

sociological analysis and inclusive policy formulation.

The World Health Organization (2023) provides strong empirical evidence demonstrating that persons with disabilities experience significant global health inequalities, including reduced access to healthcare, higher rates of chronic illness, and financial barriers, which reflect deep-rooted structural disadvantages in health systems. These findings align with the global advocacy efforts of the United Nations (2024), particularly through the Convention on the Rights of Persons with Disabilities (CRPD), which emphasizes equality, accessibility, and inclusion as fundamental human rights, thereby reinforcing the need for governments and institutions to adopt inclusive policies and practices that address both social and health-related disparities faced by persons with disabilities.

The perspectives of B. R. Ambedkar offer a profound ethical and sociological framework for understanding disability within the broader context of social justice, as his emphasis on equality, dignity, and the removal of structural inequalities resonates strongly with contemporary disability rights discourse. Ambedkar's vision highlights that exclusion-whether based on caste, class, or disability-is a product of unjust social systems, and therefore requires transformative social change, legal safeguards, and empowerment measures, making his ideas highly relevant in addressing the marginalization and discrimination faced by persons with disabilities in modern society.

Collectively, the contributions of Michael Oliver, Tom Shakespeare, the World Health Organization, the United Nations, and B. R. Ambedkar provide a comprehensive and integrated framework for analyzing disability as a multidimensional issue that intersects with social structures, health inequalities, and human rights, where theoretical insights, empirical data, and normative principles converge to emphasize that disability should not be viewed merely as an individual condition but as a societal responsibility, requiring inclusive development, equitable healthcare systems, and a strong commitment to justice and human dignity.

Objectives

1. To analyze the relationship between social justice and health among persons with intellectual disabilities.

2. To examine the barriers affecting healthcare access and social inclusion from an Ambedkar perspective.

Data Source

This study is based on secondary data, including:

- Government of India Census 2011
- Reports of the World Health Organization (2023–2025)
- United Nations reports (2024)

Recent research studies

This study is grounded in secondary data analysis, drawing upon a wide range of authoritative national and international sources to ensure depth, reliability, and analytical rigor. The primary dataset is derived from the Government of India Census (2011), which provides comprehensive statistical information on the population of persons with disabilities, including those with intellectual disabilities, across rural and urban regions. This source offers critical variables such as age distribution, gender composition, literacy levels, work participation, and household conditions, enabling an understanding of the socio-demographic profile and structural positioning of persons with intellectual disabilities in India. Despite being the latest officially available census data on disability, its limitations such as underreporting and definitional constraints are critically acknowledged in the study.

To complement national data, the research extensively utilizes recent publications from the World Health Organization (2023–2025), including reports on disability and health, health equity frameworks, and global assessments of healthcare systems. These sources provide updated global evidence on disparities in healthcare access, prevalence of comorbid conditions, barriers to service delivery, and inequalities in health outcomes. The WHO data is particularly useful in situating the Indian context within a broader global comparative framework, highlighting how systemic challenges such as lack of accessibility, inadequate workforce training, and financial barriers affect persons with intellectual disabilities worldwide.

Further, reports and policy documents from the United Nations (2024) are incorporated to examine disability from a human

rights and development perspective, especially within the framework of the Convention on the Rights of Persons with Disabilities (CRPD). These documents emphasize inclusion, equality, and non-discrimination, and provide insights into international commitments, policy standards, and best practices. They also highlight the role of governments in ensuring accessible healthcare, inclusive education, and social protection for persons with disabilities.

In addition to these institutional reports, the study draws upon recent peer-reviewed research articles (2023–2025) published in reputed national and international journals in sociology, public health, and disability studies. These studies offer micro-level empirical evidence on lived experiences, caregiving burdens, mental health challenges, access to rehabilitation services, and the intersection of disability with socio-economic factors such as poverty, caste, gender, and geographical location. Such literature strengthens the analysis by providing qualitative and quantitative insights that go beyond macro-level statistics.

Moreover, policy documents such as the Rights of Persons with Disabilities Act (2016), government health schemes, and community-based rehabilitation guidelines are also consulted to understand the policy environment and implementation gaps in India. The integration of these diverse data sources allows for methodological triangulation, enhancing the validity and credibility of the study. Overall, the use of secondary data from multiple credible sources enables a multidimensional analysis of health inequalities among persons with intellectual disabilities, combining statistical evidence, policy review, and theoretical interpretation within a social justice framework. This approach is particularly suitable for examining structural inequalities and aligning the findings with the broader vision of inclusive development and equality.

Results and Outcomes

The findings of the study clearly demonstrate that persons with intellectual disabilities experience systematic and multidimensional health inequalities rooted in structural, social, and economic factors. These inequalities are not incidental but are deeply embedded within institutional frameworks, resulting in

persistent exclusion from equitable healthcare access. Structural barriers such as inaccessible healthcare infrastructure, lack of trained professionals, and inadequate policy implementation significantly limit their ability to receive appropriate and timely medical care. In addition, social stigma, discrimination, and negative societal attitudes further marginalize this group, often leading to neglect, delayed treatment, and reduced quality of care. Economic constraints, including poverty, unemployment, and dependence on caregivers, intensify these disadvantages by restricting access to private healthcare services and essential support systems.

Empirical evidence indicates that persons with intellectual disabilities have higher levels of unmet healthcare needs, increased vulnerability to comorbid conditions, and lower health-seeking behavior compared to the general population. Preventive healthcare services, early diagnosis, and rehabilitation facilities remain largely inaccessible, thereby exacerbating long-term health disparities. Furthermore, the intersection of disability with other social categories such as class, gender, and rural-urban divide amplifies the degree of marginalization and health inequity.

From the perspective of B. R. Ambedkar, these disparities can be understood as manifestations of deep-rooted social injustice and structural inequality, where marginalized groups are systematically denied equal opportunities, dignity, and access to essential resources. Ambedkar's emphasis on equality, human dignity, and the annihilation of social hierarchies provides a critical framework to interpret these findings, highlighting that health inequalities among persons with intellectual disabilities are not merely medical issues but are fundamentally issues of social justice and rights denial.

The study further reveals that inclusive and rights-based interventions have the potential to significantly improve health outcomes. Measures such as strengthening inclusive healthcare policies, ensuring accessibility in medical institutions, promoting disability awareness, and providing economic and social support can reduce disparities. Additionally, community-based rehabilitation programs, capacity building of healthcare professionals, and active participation of persons with disabilities in decision-making processes are essential for fostering inclusion. Ultimately, the

findings underscore that achieving equitable health outcomes requires a transformative approach grounded in social justice, where systemic barriers are dismantled, and equal opportunities are ensured, thereby aligning with Ambedkar's vision of an inclusive and just society.

Suggestions

- Develop inclusive healthcare systems ensuring equal access for persons with intellectual disabilities.
- Strengthen policy implementation with accountability mechanisms.
- Promote social awareness to eliminate stigma and discrimination.
- Encourage community-based rehabilitation and support systems.

Conclusion

The study concludes that health inequalities among persons with intellectual disabilities are deeply rooted in social injustice. Despite policy frameworks and global commitments, disparities persist due to structural barriers and social exclusion. The ideas of B. R. Ambedkar provide a powerful framework to understand and address these inequalities. Achieving social justice in healthcare requires not only institutional reforms but also transformation in societal attitudes. Ensuring equality, dignity, and inclusion is essential for improving the health and well-being of persons with intellectual disabilities and for building a just and humane society.

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