

Disability Perspectives: Empowerment and Capacity Utilisation in Kerala

OPEN ACCESS

Manuscript ID:
ASH-2026-140110697

Volume: 14

Issue: 1

Month: July

Year: 2026

P-ISSN: 2321-788X

E-ISSN: 2582-0397

Received: 24.04.2026

Accepted: 26.06.2026

Published Online: 01.07.2026

Citation:

Samuel, L.E. et al. "Disability Perspectives: Empowerment and Capacity Utilisation in Kerala." *Shanlax International Journal of Arts, Science and Humanities*, vol. 14, no. 1, 2026, pp. 1-13.


DOI:

<https://doi.org/10.34293/sijash.v14i1.10697>




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Abstract

The study examines disability in Kerala through the dual lenses of empowerment and capacity utilisation, combining theoretical frameworks from the Social Model of Disability and Amartya Sen's Capability Approach with empirical evidence from the Census of India (2011), the NSS 76th Round (2018), and the Kerala Disability Census (2015). Using a quantitative-descriptive design, the study documents the paradoxical nature of Kerala's disability profile: higher survival and reporting of disabilities alongside persistently poor economic and educational outcomes for persons with disabilities (PWDs). Key findings show that Kerala records a marginally higher disability prevalence than the national average, a distinctive category mix (notably higher shares of locomotor, mental illness, and multiple disabilities), a high dropout rate (43%) in education, and extremely low employment participation (over 80% non-employment). District-level analysis reveals modest spatial variation but uniformly weak labour-market absorption and concentrated household burdens. Policy review indicates progressive legislation (RPwD Act, 2016; Kerala Rules, 2020) and numerous welfare schemes, yet implementation gaps, an emphasis on palliative transfers, and inadequate workplace accommodations impede the transition from protection to participation. The study argues for a reorientation from welfare-based responses toward rights- and capability-enhancing strategies, inclusive infrastructure, enforceable employment provisions, skill-to-job linkages, and district-tailored interventions to convert Kerala's human capital into meaningful social and economic participation.

Keywords: Disability, Kerala, Empowerment, Capacity Utilization, Social Model, Capability Approach, Education, Employment.

Introduction

Disability is increasingly recognized as a multidimensional development issue that intersects with social, economic, and institutional structures. According to the World Health Organization (2011), over 15% of the global population lives with some form of disability, with a disproportionate number residing in low- and middle-income countries. In India, the 2011 Census reported approximately 26.8 million persons with disabilities (PWDs), accounting for 2.2% of the total population (Office of the Registrar General & Census Commissioner, India, 2011). In Kerala, as in many other parts of the world, disability is closely intertwined with questions of empowerment, human rights, and social justice. Viewing disability through the lens of empowerment

and capacity utilisation is therefore essential for advancing inclusive development and ensuring meaningful social integration for persons with disabilities.

Over the past few decades, there has been a marked shift in how disability is understood and addressed. Earlier charity- and welfare-oriented approaches have gradually given way to a rights-based perspective that emphasises autonomy, participation, and equality. This transition is reflected in international frameworks such as the United Nations Convention on the Rights of Persons with Disabilities and in India's Rights of Persons with Disabilities Act, 2016. However, the presence of progressive legislation does not, by itself, guarantee inclusion. The lived experiences of persons with disabilities continue to be shaped by social attitudes, physical and institutional barriers, and the effectiveness with which policies are implemented. Examining these realities is particularly important in Kerala, a state often celebrated for its "Kerala Model of Development," which prioritises social welfare, education, and health but still struggles to ensure full inclusion of all sections of society.

Kerala's development experience is frequently described as paradoxical. On the one hand, the state has achieved high levels of literacy, life expectancy, and overall human development; on the other, these social gains coexist with relatively modest economic growth and persistent unemployment. This contradiction is especially visible in the disability sector. Improved healthcare and higher survival rates have contributed to a higher reported prevalence of disability compared to the national average. Yet, this expanded human potential has not been effectively translated into economic participation or productive engagement. Despite relatively better educational outcomes, workforce participation among persons with disabilities remains strikingly low, pointing to a systemic failure in capacity utilisation rather than a lack of ability or aspiration. The state has introduced several policies and initiatives aimed at improving the quality of life of persons with disabilities and enhancing their participation in social and economic life. Measures such as the Kerala State Policy for Persons with Disabilities (2015) emphasise education, employment, accessibility, and social

inclusion, reflecting a strong normative commitment to empowerment. Nevertheless, empirical evidence reveals persistent gaps between policy intent and actual outcomes. Structural barriers in the labour market, limited access to inclusive workplaces, and inadequate institutional support continue to prevent persons with disabilities from fully utilising their skills and capabilities, despite relatively high levels of literacy and awareness.

Against this backdrop, the present study draws on a background from community-based rehabilitation programs, inclusive education policies, and empirical data from sources such as the Census of India (2011), the NSSO 76th Round (2018), and the Kerala Disability Census (2015). It examines the demographic profile and prevalence of disability in Kerala in comparison with national trends, critically assessing educational attainment and transition barriers, and evaluates employment outcomes with particular attention to rural–urban disparities in capacity utilisation. The study also reviews the effectiveness of key state interventions, including initiatives like the Kudumbashree Mission and the implementation of the Rights of Persons with Disabilities Act, 2016. By situating disability within an empowerment-oriented analytical framework informed by the Social Model of Disability and the Capability Approach. It tries to bridge the gap between potential and performance by identifying structural constraints and policy opportunities, thereby laying the groundwork for more inclusive strategies that can enable persons with disabilities in Kerala to participate fully and productively in society.

Literature Review

The academic discourse on disability has evolved significantly over recent decades, shifting from a predominantly medical model to more general frameworks that incorporate social and rights-based perspectives. The Social Model of Disability, originally conceptualised by Mike Oliver (1996), argues that disability results from the interaction between individuals with impairments and societal barriers, including inaccessible environments, exclusionary practices, and stigmatising attitudes. This approach contrasts with the medical model,

which locates disability solely within the individual, framing it as a pathology to be treated or cured. Barnes and Mercer (2010) emphasise that the Social Model has been instrumental in advocating for structural changes, including inclusive education and accessible infrastructure.

In parallel, Amartya Sen's Capability Approach provides a valuable framework for understanding the deprivation experienced by persons with disabilities. Sen (1999) argues that development should be measured by the substantive freedoms individuals possess to lead the lives they have reason to value. When applied to disability, the Capability Approach focuses not merely on the resources available to PWDs, but on their actual ability to convert these resources into meaningful functionings, such as education, employment, and social participation (Mitra, 2006). This has profound implications for policy, suggesting that improving the lives of PWDs requires removing both physical and institutional barriers that restrict their agency.

Empirical studies in India have corroborated the relevance of these frameworks. Saikia et al. (2016), compared disability data from the 2011 Census and National Sample Survey (NSS), revealing considerable discrepancies in prevalence estimates due to differences in enumeration methodology. The study highlights how underreporting, especially of cognitive and sensory disabilities, distorts our understanding of the actual burden of disability. Similarly, Ghosh (2015) discusses the limitations of the Census in capturing the multifaceted nature of disability, arguing for more nuanced and inclusive data collection mechanisms.

Kerala provides a compelling case study due to its relatively high disability prevalence and its reputation for progressive social indicators. Chanda and Sekher (2023) analysed data from the Kerala Disability Census (2015), noting that locomotor disabilities were the most prevalent, followed by mental disabilities, an observation supported by the state's ageing population and the inclusion of mental illness as a distinct category. Their findings echo earlier studies by Thomas and Thomas (2003), who emphasised the interplay between Kerala's demographic transition and rising disability rates.

Despite its strong public health and education

systems, Kerala's disabled population faces considerable challenges in accessing services. As noted by Devlieger, Rusch, and Pfeiffer (2003), disability often intersects with other axes of marginalisation, including gender and socioeconomic status. In Kerala, this is reflected in the lower educational attainment and labour force participation rates among disabled women compared to their male counterparts (NSS Report No. 583, 2018). These disparities reinforce the argument that empowerment strategies must be intersectional, addressing the compounding effects of multiple disadvantages.

Recent studies also emphasise the importance of transitioning from a charity-based model of disability welfare to a rights-based approach. The Rights of Persons with Disabilities Act (2016) in India represents a significant legislative step in this direction, mandating reservations in education and employment and recognising a broader spectrum of disabilities (Government of India, 2016). However, as pointed out by Mehrotra (2013), the implementation of these provisions remains inconsistent, especially at the state level. In Kerala, while programs such as Kudumbashree have begun to include PWDs, much remains to be done in terms of ensuring systemic inclusion across all domains of public life.

Methodology

This study adopts a quantitative-descriptive research design using secondary data sources to analyse patterns of disability in Kerala and compare them with all-India trends. The major data sources include the Census of India 2011, the Kerala Disability Census 2015, and the National Sample Survey (76th Round, 2018). These data sources were selected for their comprehensive coverage, public availability, and comparability across state and national levels. The Census of India 2011 provides detailed state-level data on persons with disabilities disaggregated by gender, residence (urban/rural), and type of disability. Specific summary tables such as Table C-20, were referenced to extract Kerala-specific data. The Kerala Disability Census 2015, conducted by the Social Justice Department of Kerala, provides a more granular view of disability prevalence, categorisation, and demographic breakdowns within the state. The NSS 76th Round

on Persons with Disabilities (July–December 2018) provides socioeconomic indicators such as literacy, school attendance, and labour force participation. Kerala-specific data were extracted from the state sample report (Government of Kerala, 2022), while national-level data were drawn from Report 583 published by the National Statistical Office (NSO). Data analysis involved the computation of descriptive statistics, including percentages and ratios. The analysis compared Kerala's disability prevalence and demographic attributes with national averages. The study uses Amartya Sen's Capability Approach as a theoretical lens to evaluate the real freedoms and functionings of persons with disabilities, particularly in education, employment, and health. The Social Model of Disability complements this by interpreting observed disparities as outcomes of structural and attitudinal barriers rather than inherent impairments.

Results and Discussions

Disability in India is a significant demographic reality. According to the Census of India (2011), approximately 2.21% of the population, or around 26.8 million people, live with disabilities. This figure captures individuals with visual, hearing, speech, locomotor, and mental disabilities. While this percentage might seem low compared to global estimates (the WHO estimates 15%), it represents a massive absolute population requiring targeted policy interventions.

The comparative profile of persons with disabilities in India and Kerala reveals (Table 1) both convergence and divergence in patterns of prevalence, composition, and demographic distribution. At the aggregate level, Kerala records a slightly higher proportion of persons with disabilities (2.32 per cent) than the all-India average (2.2 per cent). This difference can be partly attributed to Kerala's superior health and survival outcomes, which increase life expectancy and the likelihood of living with disability, as well as better reporting and identification mechanisms. Gender-wise, both India and Kerala show a higher prevalence among males than females, reflecting occupational risks, differential health-seeking behaviour, and possible underreporting of disability among women. However,

the male–female gap in Kerala is relatively narrower, suggesting comparatively better recognition of disability among women than at the national level.

Category-wise distribution highlights striking structural differences between Kerala and India. While at the national level visual, hearing, and locomotor disabilities together account for a major share, Kerala's disability profile is dominated by locomotor disability, mental illness, and multiple disabilities. The significantly higher proportion of mental illness and multiple disabilities in Kerala points to improved diagnostic capacity, greater awareness, and reduced stigma in reporting psychosocial conditions. Conversely, the lower share of sensory disabilities in Kerala compared to India may reflect better early-life healthcare interventions and assistive support systems. This shift in disability composition has important policy implications, as psychosocial and multiple disabilities often require long-term care, community-based rehabilitation, and sustained social support rather than one-time assistive measures.

The rural–urban and sex-wise patterns further highlight the development paradox associated with disability. In both India and Kerala, disability remains predominantly rural, reflecting limited healthcare access, higher poverty incidence, and occupational vulnerabilities in rural areas. However, Kerala exhibits a relatively higher urban concentration of persons with disabilities compared to the national average, consistent with its higher urbanisation, migration patterns, and better reporting in urban settings. Despite Kerala's strong social development indicators, these demographic patterns indicate persistent challenges in translating human development achievements into effective capacity utilisation. The coexistence of higher prevalence, improved identification, and low workforce participation among persons with disabilities suggests that the core challenge lies not in capability formation alone, but in the creation of enabling social, institutional, and labour-market environments that can convert capabilities into meaningful economic and social participation.

Table 1 Comparative Profile of Persons with Disabilities in India and Kerala

Indicator	Category	India	Kerala
A. Overview of Disability	Total Persons with Disabilities	26.81 million	0.79 million
	Percentage of Total Population	2.2%	2.32%
	Male (%)	2.4	2.9
	Female (%)	1.9	2.5
B. Category-wise Distribution (% of PWDs)	Seeing / Visual Disability	18.8	10.4
	Hearing Disability	18.9	7.7
	Speech & Language Disability	7.5	2.9
	Locomotor / Movement Disability	20.3	32.9
	Intellectual Disability / Mental Retardation	5.6	8.7
	Mental Illness	2.7	12.7
	Multiple Disabilities	7.9	17.3
	Other Disabilities	18.4	7.4
C. Rural–Urban Distribution (%)	Rural – Persons	69.5	63.1
	Urban – Persons	30.5	36.9
	Rural – Males	69.4	61.8
	Urban – Males	30.6	38.2
	Rural – Females	69.6	64.7
	Urban – Females	30.4	35.3
D. Sex-wise Composition (%)	Persons	100.0	100.0
	Males	55.9	55.3
	Females	44.1	44.6
	Transgender	-	0.15

Source: Census of India, 2011; NSS Report No. 583 (2018); Disability Census, Kerala 2015

The district-level profile of persons with disabilities in Kerala (Table 2) reveals notable spatial variations in both prevalence and intensity, despite the state’s relatively uniform achievements in human development. Wayanad stands out with the highest proportion of persons with disabilities (2.75 per cent) and the highest density of PWDs per 10,000 population (275), indicating a heavier disability burden in a relatively less urbanised and socio-economically vulnerable district. Kasaragod

and Kozhikode also record comparatively high prevalence rates, suggesting that geographic remoteness, tribal concentration, occupational patterns, and limited access to advanced healthcare may contribute to higher disability incidence and reporting. In contrast, districts such as Thrissur and Palakkad exhibit lower proportions, reflecting possible differences in demographic structure, health outcomes, and migration dynamics.

Table 2 District-wise Profile of Persons with Disabilities in Kerala: Population, Households, and Gender Composition

District	Population	PWDs (No.)	PWDs (%)	PWDs per 10,000	HHs with 1 PWD	HHs with ≥2 PWDs	Total HHs with PWDs	Female	Male	Transgender	Total PWDs
Thiruvananthapuram	3,292,001	77,164	2.34	234	65,120	5,135	70,255	34,823	42,188	153	77,164
Kollam	2,701,439	66,519	2.46	246	55,526	4,452	59,978	29,849	36,542	128	66,519
Pathanamthitta	1,257,025	30,447	2.42	242	25,143	2,006	27,149	13,309	17,105	33	30,447
Alappuzha	2,165,780	51,403	2.37	237	43,231	3,346	46,577	22,762	28,572	69	51,403
Kottayam	1,954,534	45,781	2.34	234	36,342	3,171	39,513	20,171	25,554	56	45,781

Idukki	1,086,745	26,226	2.41	241	21,174	1,645	22,819	11,081	15,102	43	26,226
Ernakulam	3,134,485	74,127	2.36	236	59,642	5,429	65,071	33,964	40,039	124	74,127
Thrissur	3,204,882	67,133	2.09	209	55,358	4,728	60,086	30,055	36,967	111	67,133
Palakkad	2,872,714	62,814	2.19	219	52,668	4,581	57,249	28,060	34,623	131	62,814
Malappuram	4,489,025	96,447	2.15	215	78,585	8,015	86,600	42,520	53,816	111	96,447
Kozhikode	3,190,413	78,548	2.46	246	65,334	5,948	71,282	35,089	43,367	92	78,548
Wayanad	839,539	23,122	2.75	275	19,264	1,679	20,943	10,526	12,561	35	23,122
Kannur	2,711,166	58,535	2.16	216	47,596	4,446	52,042	26,227	32,242	66	58,535
Kasaragod	1,354,338	35,671	2.63	263	28,451	3,212	31,663	15,459	20,175	37	35,671
Kerala	34,254,086	793,937	2.32	232	653,434	58,407	711,227	353,895	438,853	1,189	793,937

Note: HHs with ≥ 2 PWDs include households with two, three, four, and more than four PWDs;

Source: Disability Census, Kerala 2015

Household-level analysis highlights the depth of disability concentration within families. Malappuram, Kozhikode, and Thiruvananthapuram report the largest number of households with persons with disabilities, consistent with their larger population bases. However, districts such as Wayanad and Idukki show a relatively high proportion of households with multiple persons with disabilities, pointing to intergenerational transmission of disability, poverty-related health risks, and limited rehabilitative support. The presence of households with two or more persons with disabilities increases caregiving burdens and exacerbates economic vulnerability, underscoring the need for family-centered and community-based interventions rather than individual-centric welfare approaches.

Gender-wise distribution across districts reveals a consistent pattern of male predominance, with males accounting for around 55 per cent of the disabled population at the state level. This trend may reflect higher exposure of men to occupational hazards and accidents, alongside underreporting of disability among women due to social norms and limited access to certification. Nevertheless, districts such as Ernakulam and Wayanad show a relatively narrower male–female gap, suggesting better gender visibility and reporting mechanisms. The district-level variations indicate that disability in Kerala is not evenly distributed but shaped by local socio-economic, geographic, and institutional factors, reinforcing the need for district-specific planning and decentralised policy responses to enhance empowerment and capacity utilisation among persons with disabilities.

Capacity Utilisation

Education is the foundational capability that enables an individual to utilise their capacity. In Kerala, the narrative of “total literacy” often masks the exclusion faced by PWDs. The educational profile of persons with disabilities in Kerala (Table 3) reveals a mixed picture of progress and persistent exclusion. On the one hand, the state’s long-standing emphasis on universal schooling is reflected in the relatively high proportion of PWDs who have had some exposure to formal education, with nearly three-fourths having been enrolled in ordinary schools at some point. On the other hand, the distribution of educational attainment is heavily concentrated at the lower levels. Nearly half of the disabled population has not progressed beyond primary or upper-primary education, and over one-fifth has received no formal education at all. This pattern indicates that while access to basic schooling has expanded, sustained participation and progression through higher levels of education remain limited for a large segment of PWDs.

The transition from school-level education to secondary, higher secondary, and tertiary education emerges as a major bottleneck in educational empowerment. Although about one-fifth of PWDs have completed education up to the tenth standard, the proportion declines sharply thereafter, with only a small fraction attaining higher secondary, technical, or university-level qualifications. The extremely low representation of PWDs in degree, postgraduate, and professional education underscores structural constraints such as inaccessible infrastructure, lack of inclusive pedagogy, inadequate assistive technologies, and limited financial and academic

support. The high dropout rate affecting more than two-fifths of PWDs further reflects the cumulative impact of disability onset, health-related disruptions, social stigma, and weak institutional mechanisms for retention and reintegration.

Gender disparities and institutional pathways also shape educational outcomes among PWDs. Literacy rates among women with disabilities remain substantially lower than those of their male counterparts, pointing to the intersection of gender and disability in reinforcing educational disadvantage. While special schools continue to play a role, the

relatively low proportion of students currently attending either ordinary or special schools suggests gaps in continuity, especially during adolescence and early adulthood. These patterns indicate that educational empowerment of PWDs in Kerala is constrained not by initial access but by the failure to ensure inclusive learning environments, effective transition support, and sustained engagement across the educational life course. Addressing these gaps is critical for strengthening human capital formation and enhancing the long-term capacity utilization of persons with disabilities in the state.

Table 3 Educational Empowerment of Persons with Disabilities in Kerala

Educational Indicator	Category	Number	Percentage (%)
A. Educational Attainment of PWDs	No Education	166,800	21.02
	Primary Education	233,902	29.48
	Up to 7th Standard	134,541	16.96
	Up to 10th Standard	165,651	20.88
	Higher Secondary (Up to XII)	48,805	6.15
	ITI / Vocational Training	5,514	0.69
	Technical Diploma	4,341	0.55
	Degree	22,467	2.83
	Postgraduate	6,095	0.77
	Professional Degree	3,262	0.41
PhD	266	0.03	
B. School Participation (Age 3–35 Years)	Attended Pre-school Intervention	-	11.6
	Ever Enrolled in Ordinary School	-	74.2
	Currently Attending Ordinary School	-	27.3
	Not Attending Due to Onset of Disability	-	11.6
	Ever Enrolled in Special School	-	19.7
	Currently Attending Special School	-	11.7
C. Dropout Status	Number of Dropouts	346,217	43.64
D. Literacy among PWDs (Age 7+ Years)	Literacy Rate – Male	-	61.6
	Literacy Rate – Female	-	39.6
	Literacy Rate – Total	-	52.2

Source: Disability Census, Kerala 2015; NSS Report No. 583 (2018)

Kerala has pioneered schemes like Vidyakiranam, which provides financial assistance to children of disabled parents to ensure intergenerational educational mobility. Additionally, scholarships and resource teacher support are available. However, NSSO 2018 data shows that in rural Kerala, 12.7% of persons with disabilities are currently not attending school specifically due to the “onset of disability”. This highlights a lack of system resilience when a disability occurs or worsens; the education system forces the child out rather than adapting to keep them in. The recent push for “Virtual Classrooms” and “Resource Bedrooms” for bedridden students is a promising acknowledgement of this gap, attempting to use technology to bring the school to the child when the child cannot go to the school.

Employment

Employment is the ultimate indicator of capacity utilisation. It transforms human capital into economic independence. In Kerala, the employment scenario for PWDs is the starkest evidence of the “development paradox” high human potential but low economic realisation. The consolidated profile of employment and capacity utilisation among persons with disabilities in Kerala (Table 4) reveals a pronounced gap between human potential and economic participation. Despite the state’s strong achievements in education and social development, more than four-fifths of PWDs remain outside formal employment. Only a very small proportion is engaged in permanent employment, while temporary and informal forms of work account for a limited share. This employment structure clearly indicates underutilization of productive capacity, where skills, education, and work ability are not being effectively absorbed by the labour market. The dominance of non-employment underscores the persistence of

structural barriers such as inaccessible workplaces, limited reasonable accommodation, and employer discrimination.

Labour market indicators further highlight deep inequalities, particularly along gender lines. The labour force participation rate and worker population ratio for persons with disabilities are low overall, but female participation is strikingly poor compared to males. While nearly one-third of disabled men participate in the labour force, fewer than one in ten disabled women do so, reflecting the compounded disadvantages of gender and disability. The relatively moderate unemployment rate among PWDs should not be interpreted as a positive outcome; instead, it largely reflects the overwhelming concentration of persons with disabilities outside the labour force altogether. This pattern suggests discouragement, unmet aspirations, and weak institutional mechanisms for labour market inclusion rather than an absence of willingness to work.

The nature of employment and sources of income further support the narrative of limited and low-quality capacity utilisation. Among those who are economically active, employment is largely confined to self-employment and casual labour, with very few accessing stable, regular wage employment. Income data show a heavy reliance on pensions and transfers, while a substantial proportion reports no income at all. This dependence on social security, though essential for basic sustenance, signals limited economic autonomy and constrained opportunities for productive engagement. Findings demonstrate that employment-related empowerment of persons with disabilities in Kerala remains weak, calling for a shift from welfare-dominated approaches toward inclusive labour market policies that prioritise skill matching, workplace accommodation, and sustainable employment pathways.

Table 4 Employment and Capacity Utilization of Persons with Disabilities in Kerala

Dimension	Indicator / Category	Number	Percentage (%)
A. Employment Status	Permanent employment	23,111	2.91
	Temporary employment	112,719	14.21
	No employment	658,107	82.95
	Total PWDs	793,937	100.00

B. Labour Market Indicators (Age 15+ Years)	LFPR – Male	-	30.5
	LFPR – Female	-	7.8
	LFPR – Persons	-	19.3
	WPR – Male	-	28.9
	WPR – Female	-	7.0
	WPR – Persons	-	18.1
	Unemployment Rate – Persons	-	6.3
C. Nature of Employment (Usual Status)	Self-employed	-	7.0
	Regular wage / salaried	-	4.1
	Casual labour	-	7.0
	Not in labour force	-	80.7
	Total	-	100.0
D. Source of Income	Pension	194,648	24.53
	Daily wages	67,093	8.46
	Government salary	16,991	2.14
	Private employment	10,264	1.29
	Self-employment	17,330	2.18
	Agriculture	16,605	2.09
	Remittances	27,597	3.48
	Other sources	98,333	12.39
No income / not reported	344,575	43.40	

Source: Disability Census, Kerala 2015; NSS Report No. 583 (2018)

The district-wise employment profile of persons with disabilities in Kerala further sharpens the understanding of capacity utilisation by revealing substantial spatial variation within an overall context of exclusion. Across all districts, permanent employment among PWDs remains extremely limited, rarely exceeding 3.5 per cent. Districts such as Thiruvananthapuram, Idukki, and Ernakulam record the highest shares of permanent employment, yet even in these relatively better-performing districts, more than four-fifths of persons with disabilities remain without any employment. This pattern highlights that proximity to administrative centers, urban infrastructure, or service-sector opportunities has not translated into meaningful inclusion of PWDs in stable employment.

Temporary employment emerges as the dominant form of economic engagement wherever employment exists, reflecting the informal and precarious nature of work available to persons with disabilities. Districts such as Idukki and Wayanad report relatively higher levels of temporary employment, which may be linked to agriculture, plantation activities, and casual labour opportunities. However, the high reliance on temporary work also signals weak job security, low wages, and limited scope for skill development or upward mobility. In contrast, districts like Pathanamthitta and Kannur exhibit lower levels of temporary employment alongside high non-employment, suggesting restricted local labour demand and limited institutional support for employment generation among PWDs.

Table 5 District-wise Employment Status of PWDs in Kerala (Percentage)

District	Permanent Employment	Temporary Employment	No Employment
Thiruvananthapuram	3.5	13.3	83.2
Kollam	2.7	13.4	83.9

Pathanamthitta	2.9	10.8	86.2
Alappuzha	3.0	15.0	81.9
Kottayam	3.2	12.6	84.2
Idukki	3.5	17.5	79.0
Ernakulam	3.5	14.6	82.0
Thrissur	3.1	16.2	80.7
Palakkad	2.6	16.2	81.2
Malappuram	2.2	13.7	84.1
Kozhikode	2.8	13.4	83.8
Wayanad	3.0	17.4	79.6
Kannur	3.0	12.8	84.2
Kasaragod	2.3	14.2	83.4
Kerala	2.9	14.2	82.9

Source: Disability Census, Kerala 2015

The consistently high proportion of non-employed persons with disabilities, ranging from about 79 per cent in Wayanad and Idukki to over 86 per cent in Pathanamthitta highlights the depth of underutilization of human capacity across the state. Importantly, these district-level differences are modest in magnitude, indicating that exclusion from employment is a systemic issue rather than a problem confined to a few lagging regions. In the broader context of empowerment and capability utilisation. Addressing these disparities requires district-specific employment strategies, stronger linkages between skill development and local economic structures, and proactive enforcement of reasonable accommodation and employment reservation provisions to transform potential capabilities into productive outcomes. The Kudumbashree Mission has attempted to address this via social and economic empowerment. It organises PWDs into Neighbourhood Groups (NHGs) and provides micro-finance for self-employment. While successful in adopting social inclusion, the economic scale of these micro-enterprises is often small, providing subsistence rather than strong capacity utilisation.

The legislative and policy framework governing disability in Kerala reflects a significant shift toward a rights-based understanding of disability, aligned with national and international norms. The enactment of the Rights of Persons with Disabilities (RPwD) Act, 2016, marked a decisive departure from earlier welfare-oriented approaches by recognising

21 categories of disabilities and mandating a four per cent reservation in government employment. This legislation expanded the legal recognition of disability and placed clear obligations on the state and employers to promote inclusion, accessibility, and non-discrimination. In Kerala, the notification of the Kerala State Rights of Persons with Disabilities Rules in 2020 operationalised the Act at the state level, providing an institutional framework for implementation and enforcement.

Despite this progressive legal architecture, several challenges persist in translating statutory rights into lived realities. One of the most critical provisions of the RPwD Act is the mandate for reasonable accommodation, which requires employers to make necessary adjustments such as ramps, accessible toilets, assistive technologies, and digital tools like screen readers, to enable persons with disabilities to work on an equal basis with others. In practice, however, compliance remains uneven, particularly within the private sector in Kerala, where awareness, enforcement, and incentives are limited. At the same time, the introduction of the concept of limited guardianship under the 2020 Rules represents an important normative advance. By moving away from plenary guardianship, the framework recognizes the legal capacity and autonomy of persons with disabilities, especially those with intellectual and psychosocial disabilities, thereby reinforcing empowerment rather than substitution of decision-making.

Alongside the legislative framework, Kerala has implemented a wide range of state-level schemes aimed at addressing the economic and social vulnerabilities associated with disability. Programs such as the Niramaya Health Insurance Scheme, which provides health coverage for persons with autism, cerebral palsy, and related conditions, play a crucial role in reducing the often-overlooked “invisible costs” of disability. Educational initiatives like Vidyakiranam extend support to children of disabled parents, reflecting an understanding that disability affects not only individuals but also household economic capacity. Employment-oriented schemes such as Kaivalya seek to promote self-employment among persons with disabilities, while social security pensions continue to function as a vital lifeline, with recent expansions including caregiver allowances for the severely disabled.

However, a critical assessment of these interventions suggests that Kerala’s disability policy setting remains heavily tilted toward welfare and income support rather than structural empowerment. While pensions, insurance, and financial assistance provide essential protection against destitution, they risk reinforcing a model of welfare dependency if not complemented by strong investments in skill development, accessible infrastructure, and inclusive labour markets. From a rights-based and capability-oriented perspective, true empowerment requires more than compensation for exclusion; it demands the removal of barriers that prevent persons with disabilities from participating in the mainstream economy. In this context, the challenge for Kerala lies in rebalancing its approach, shifting from predominantly palliative measures toward strategies that enable sustainable employment, productivity, and full social participation for persons with disabilities.

Conclusion

The foregoing analysis demonstrates that Kerala’s experience with disability reflects a critical transition point in its development trajectory. The state has clearly succeeded in what may be described as the “survival” phase of development. Investments in public health, nutrition, and basic education have ensured higher life expectancy and better survival

outcomes, resulting in a comparatively higher prevalence of disability. This prevalence, rather than signalling policy failure, stands as evidence of a healthcare system capable of sustaining life even in the presence of impairment. However, the analysis equally reveals that Kerala has not yet succeeded in moving decisively into the “empowerment” phase of development, where survival is translated into meaningful participation, productivity, and dignity. The empirical findings on education and employment expose a profound mismatch between capability formation and capacity utilisation. While access to schooling is relatively widespread, the high dropout rate among persons with disabilities reflects systemic failures in retention, inclusion, and transition across educational stages. Similarly, the labour market outcomes are stark: more than four-fifths of persons with disabilities remain outside employment, and those who do work are largely confined to insecure, low-quality jobs. These patterns suggest that disability-related disadvantage in Kerala is no longer primarily driven by poor health or lack of basic skills, but by the inability of institutions, labour markets, and social systems to absorb and utilise existing human potential.

This persistence of the “Kerala Paradox” is central to understanding disability in the state. Persons with disabilities in Kerala are, on average, healthier, better educated, and more aware of their rights than in many other regions of India. Yet these advantages do not translate into economic independence and social inclusion. The analysis indicates that the dominant barriers are structural and attitudinal: inaccessible infrastructure, limited reasonable accommodation in workplaces, rigid labour market norms, weak enforcement of disability rights, and enduring social perceptions that frame persons with disabilities as dependents rather than productive agents. These findings align closely with the Social Model of Disability, which locates disadvantage not within the individual body, but within disabling environments and institutions.

From a capability perspective, Kerala has been relatively successful in expanding basic resources, but far less effective in ensuring their conversion into real freedoms. Education, healthcare, and welfare schemes exist, but the conversion factors such as

accessible schools, inclusive pedagogy, adaptive technologies, and accommodating workplaces remain inadequate. As a result, capabilities remain unrealized, and capacity utilization remains low. The heavy reliance on pensions and social assistance, while essential for immediate support, further highlights the limited opportunities for economic participation and risks entrenching long-term dependency rather than autonomy. The challenge of disability in Kerala is no longer one of survival or basic access, but of transformation. The state stands at a juncture where the policy focus must shift from protection to participation, and from welfare to empowerment. Addressing this requires a reorientation of disability policy toward inclusive infrastructure, enforceable rights, skill-to-job linkages, and attitudinal change in both public and private spheres. Only by dismantling structural barriers and enabling persons with disabilities to fully utilize their capacities can Kerala move beyond the paradox and realize a truly inclusive model of development.

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