



Modelling Survival Inequities Among Children With Disabilities In India: A Systems Approach Linking Structural Barriers, Life Expectancy, And Yoga- Based Inclusion

¹**Nikita Prusty**

Research Scholar, PPRACHIN, HSS(YOGA), Siksha 'O' Anusandhan Deemed to be University, Bhubaneswar, Odisha, India.

²**Prof. Radha madhab dash**

Professor Emeritus, PPRACHIN, HSS(YOGA), Siksha 'O' Anusandhan Deemed to be University, Bhubaneswar, Odisha, India.

ABSTRACT

Children with Disabilities (CwDs) in India face profound challenges to survival and life expectancy not because of their medical conditions alone, but because of the social and structural barriers that surround them. Poverty, prejudice, inaccessible environments, and weak policy enforcement combine to create cycles of exclusion, leaving many children marginalized in schools, healthcare, and everyday social life. This study takes a systems approach to show how these forces interact, shaping survival not as an isolated medical issue but as part of a wider web of inequality. It highlights how stigma, economic hardship, and inadequate institutional support erode dignity and wellbeing over time. Within this framework, yoga is explored not only as a therapeutic practice but also as a philosophy that emphasizes resilience, embodiment, and interconnectedness. Yoga-based inclusion is presented as a pathway to healing, capacity building, and the disruption of exclusionary norms. By embedding yogic principles into disability-inclusive policies, survival can be reframed from a story of deficit to one of resilience and growth. Ultimately, this paper offers a conceptual foundation for reimagining inclusive futures in India—futures where structural reforms and culturally rooted practices come together to advance equity, dignity, and longer, more fulfilling lives for children with disabilities.

Key Words: Survival Inequities, Inclusive Growth, Yoga, Disabilities

INTRODUCTION

Disability in India remains a critical dimension of social inequality, where survival and life expectancy are profoundly shaped by societal barriers rather than medical limitations alone. Despite constitutional protections and international conventions, children with disabilities continue to face systemic exclusion through stigma, poverty, discrimination, and inaccessible environments (Limaye, Johnstone, & Kayama, 2024; Thompson, 2023). These barriers reinforce cycles of marginalization, restricting opportunities for dignity, participation, and long-term survival. Recent studies highlight that disability prevalence and survival inequities are strongly linked to socioeconomic and geographic variations, with disadvantaged groups experiencing disproportionate exclusion (International Institute for Population Sciences [IIPS] & ICF, 2021; Singh & Kumar, 2022). Such inequities are not only structural but also cultural, as intersectional identities such as gender, religion, and caste compound the challenges faced by disabled individuals (Thompson, 2023). The result is a persistent gap in life expectancy and quality of life, where survival itself becomes contingent upon navigating entrenched social obstacles. Within this context, yoga offers a distinctive theoretical lens for reimagining inclusion. Adapted yoga practices have been shown to enhance mobility, emotional resilience, and psychosocial well-being among individuals with disabilities (AUM School of Yog, 2020; Nagendra & Nagarathna, 2019). Beyond its therapeutic value, yoga philosophy emphasizes interconnectedness, embodiment, and resilience, providing a culturally rooted framework to challenge exclusionary norms and foster inclusive growth. By situating yoga within disability discourse, this study explores how yogic principles can contribute to psychosocial healing and resilience, thereby offering pathways to overcome societal barriers. This paper models survival inequities among children with disabilities in India through a systems approach, linking structural barriers with life expectancy disparities while theorizing yoga-based inclusion as a transformative pathway. The aim is to provide a conceptual foundation for rethinking disability not as a deficit but as resilience, and to highlight how

culturally rooted practices like yoga can inform interdisciplinary strategies for equity, dignity, and extended survival.

METHODOLOGY

This study employs a theoretical and conceptual research design to model survival inequities among children with disabilities in India by linking societal barriers, life expectancy disparities, and yoga-based inclusion. A systems approach was adopted to conceptualize survival inequities as outcomes of intersecting social forces such as stigma, poverty, discrimination, cultural prejudice, and inaccessible environments. Secondary sources, including national surveys like NFHS-5, policy documents, and peer-reviewed studies, were synthesized to establish patterns of exclusion and survival disparities, while intersectionality theory was applied to highlight how caste, gender, and religion compound these inequities. Rather than relying on empirical data collection, the methodology emphasizes literature synthesis and theoretical modelling to frame disability survival not as isolated biomedical issues but as systemic outcomes embedded in social structures. Within this framework, yoga was examined both as a therapeutic practice and as a philosophical lens emphasizing embodiment, resilience, and interconnectedness. Adapted yoga practices for persons with disabilities were analyzed to theorize psychosocial healing and inclusive growth, while yogic philosophy was integrated into the systems model to demonstrate how culturally rooted practices can complement structural reforms. The outcome of this methodology is a conceptual framework that reimagines survival inequities through social determinants and yoga-based inclusion, offering pathways for equity, dignity, and extended life expectancy.

Conceptual Framework

The modelling of survival injuries among children with disabilities in India requires a shift from descriptive accounts of rejection to a system-grounded understanding of how structural and artistic walls shape life expectation and adaptability. Disability must be honored not simply as a biomedical condition but as a socially constructed identity, produced and sustained through smirch,

demarcation, and systemic neglect (Limaye, Johnstone, & Kayama, 2024). Within the Indian environment, survival injuries are boosted by settled scales of estate, gender, and religion, which cross with disability to produce layered disadvantages that circumscribe openings for participation, quality, and social recognition (Thompson, 2023). These intersectional walls demonstrate that injuries are not insulated marvels but systemic issues bedded in the broader social determinants of inequality. Empirical substantiation from public checks similar as NFHS- 5 highlights that impaired populations witness disproportionate rejection in education, employment, and community participation, buttressing survival gaps across socioeconomic and geographic lines (International Institute for Population lores (IIPS) & ICF, 2021; Singh & Kumar, 2022). Survival injuries therefore crop as accretive goods of smirch, poverty, and artistic rejection, compounded by weak policy enforcement and inapproachable surroundings. Stigma operates both interpersonally and institutionally, framing disability as deficiency and immortalizing exclusionary practices. Profitable marginalization further restricts access to casing, nutrition, and mobility, creating cycles of vulnerability that dock life expectation. Intersectionality magnifies these injuries, with impaired women and lower-estate individualities facing compounded demarcation across social and profitable spheres (Thompson, 2023). Policy gaps, despite India's ratification of transnational conventions, reveal inconsistencies between legislative intent and lived realities, while inapproachable structure and artistic rejection support systemic insulation. To address these injuries, this study proposes a systems model that situates survival difference within a chain of connected processes **structural walls → survival injuries → life expectation gap → yoga- grounded addition → adaptability and growth.** This model emphasizes that survival injuries appear in structural rejection but can be eased through culturally confirmed practices that foster adaptability and addition. Yoga, within this frame, is not only a remedial intervention but also a philosophical system that emphasizes

personification, interconnectedness, and adaptability. Substantiation from acclimated yoga practices demonstrates advancements in mobility, emotional regulation, and psychosocial well-being among individualities with disabilities (AUM School of Yog, 2020). At the same time, yoga gospel reframes disability as a point of strength rather than deficiency, offering pathways to challenge exclusionary morals and cultivate inclusive growth (Nagendra & Nagarathna, 2019). By integrating yoga into disability converse, survival injuries can be reconceptualized not as ineluctable issues of impairment but as socially produced challenges that can be converted through adaptability, mending, and inclusive artistic practices.

Social Exclusion and Disability

For children with disabilities in India, one of the greatest challenges to survival and dignity is social exclusion. This exclusion goes far beyond poverty or unemployment it is about being systematically denied opportunities, rights, and participation in everyday life. Scholars describe exclusion as the ways individuals are cut off from full involvement in society, a reality that resonates deeply with disabled children. Within schools, workplaces, and healthcare systems, disability is often treated as a deficit rather than a dimension of diversity. Naila Kabeer (2009) explains that exclusion can be conscious or unconscious, intentional or unintentional, and either explicit or informal. Amartya Sen (2000) adds nuance by distinguishing between outright denial of participation ("unfavorable exclusion") and forms of inclusion that are coercive or tokenistic ("unfavorable inclusion"), both of which strip individuals of agency. He also differentiates between active exclusion, where deliberate policies push disabled populations aside, and passive exclusion, where neglect and systemic inertia result in marginalization. In India, both forms are evident. Although the Rights of Persons with Disabilities Act (2016) exists, enforcement is inconsistent, leaving many children without meaningful access to education, healthcare, or rehabilitation. Globally, the World Health Organization (2011) estimates that 15 percent of the world's population lives with disability, including at least 200 million children most of them in developing

countries. Poverty and disability are closely intertwined: poverty limits access to healthcare and institutional support, while exclusion from education and employment perpetuates cycles of deprivation. Employment statistics reveal the depth of this crisis. Out of 1.34 crore employable persons with disabilities in India, only 34 lakhs have jobs, reflecting an unemployment rate of over 70 percent (The Economic Times, 2019). Even those employed often earn inadequate wages, reinforcing economic marginalization. This persists despite evidence that inclusive infrastructure adds less than one percent to design costs (Bieler, 2012), highlighting systemic neglect of accessibility. Exclusion must be understood holistically. It is not only economic but also cultural, social, and political. In India, intersectionality intensifies these disadvantages: caste, gender, and religion intersect with disability to create layered vulnerabilities. Disabled women from marginalized castes, for example, face patriarchal exclusion alongside caste-based discrimination, severely restricting survival opportunities. National surveys such as NFHS-5 confirm persistent exclusion in education, employment, and social participation despite legislative protections. Cultural stigma plays a powerful role. Disability is often framed through narratives of pity, charity, or karmic burden, which normalize marginalization and embed stigma within institutions. Scholars emphasize that exclusion is not only interpersonal but also institutional, perpetuated through practices that deny belonging and reinforce inequities. Inaccessible environments public spaces, transport systems, and schools compound these challenges, leaving children isolated from both participation and recognition. Seen through this lens, survival inequities are not inevitable consequences of impairment but preventable outcomes of exclusionary systems. Poverty, stigma, discrimination, and weak policy enforcement converge to restrict life expectancy and wellbeing. Addressing these inequities requires structural reforms that tackle the social determinants of disability. Within this context, yoga offers a culturally resonant counter-narrative. Beyond its therapeutic benefits such as improved mobility, emotional regulation, and psychosocial well-being yoga provides a philosophical framework

rooted in embodiment, resilience, and interconnectedness. It affirms dignity and reframes disability as resilience rather than vulnerability. Integrating yoga into disability discourse complements structural reforms, offering pathways for psychosocial healing and adaptive capacity building. Embedding yoga principles within inclusive policies can help India move toward a transformative model one that shifts survival from deficit to growth, enabling children with disabilities to navigate societal barriers with dignity and strength.

Yoga-Based Inclusion Pathways

Yoga provides a multidimensional pathway for inclusion that integrates therapeutic, philosophical, community, and systemic dimensions, making it particularly relevant for disability studies in India. Unlike conventional rehabilitation approaches that often emphasize biomedical correction, yoga offers a holistic framework that addresses physical, emotional, social, and spiritual aspects of disability. This multidimensionality situates yoga as both a practical intervention and a philosophical counter-narrative to exclusionary structures, thereby transforming survival inequities into opportunities for resilience and dignity.

Therapeutic and Philosophical Dimensions

Yoga has shown remarkable promise in supporting the wellbeing of children with disabilities. Its strength lies in adaptability postures (asanas) can be modified to suit individual capacities, enabling participation even from beds, wheelchairs, or specialized chairs. These gentle movements work on muscles and joints, improving circulation, flexibility, and concentration. Balancing postures such as *Vrikshasana* (tree pose), *Garudasana* (eagle pose), and *Natarajasana* (dancer's pose) help sharpen focus, while back-bending postures like *Bhujangasana* (cobra pose) and *Dhanurasana* (bow pose) build confidence and improve body alignment. Breathing practices (*pranayama*) add another dimension, regulating stamina, calming emotions, and strengthening resilience. Techniques such as *Nadishodhana* (alternate nostril breathing), *Bhramari* (humming breath), and *Bhastrika* (cleansing breath) ease tension, improve sleep, and enhance memory and comprehension. For children with learning

difficulties or slower response times, these practices provide gentle yet effective support. Meditation and cleansing techniques (*shatkarmas*) also play a role. *Trataka* (steady gazing) improves concentration and vision, while *Kapalabhati* (cleansing breath) supports emotional regulation and mental clarity. Together, these practices nurture both body and mind. Recent studies reinforce these benefits. Amarnath and Swathini (2024) observed that modified yoga improved motor function and spinal alignment in adolescents with cerebral palsy and intellectual disabilities, strengthening neuromuscular coordination. Rajpawan and Thakur (2025) reported reductions in stress among children with multiple disabilities, highlighting yoga's role in managing emotional and behavioral challenges. A systematic review by Blanco Martínez et al. (2025) confirmed improvements in physical health, emotional regulation, and social participation among individuals with intellectual disabilities. Similarly, Maggu et al. (2025) found that adaptive yoga enhanced psychological wellbeing and social adjustment in children with autism spectrum disorder and intellectual disabilities. Taken together, these findings show that yoga is more than a supplementary practice—it is a comprehensive therapeutic intervention that complements conventional rehabilitation. By addressing physical, emotional, and social dimensions, yoga helps children with disabilities build resilience, confidence, and a stronger sense of inclusion. Philosophical Role Beyond therapy, yoga embodies a philosophical role rooted in Indian epistemologies. The principle of *samatvam* (equanimity) reframes disability not as deficit but as part of the continuum of human experience. This principle emphasizes balance and acceptance, encouraging individuals to cultivate resilience in the face of adversity. Nagendra and Nagarathna (2019) argue that yoga situates the body as a site of transformation rather than limitation, affirming dignity and interconnectedness. Philosophically, yoga emphasizes three interrelated values: embodiment, interconnectedness, and dignity. Embodiment situates the body as central to experience, affirming that disability enriches human diversity rather than negating personhood.

Interconnectedness highlights relationality, stressing that inclusion is not merely about physical access but about cultivating empathy and solidarity. Dignity affirms the inherent worth of disabled lives, challenging narratives of pity or charity. Together, these principles provide a culturally resonant framework for reimagining disability inclusion. By positioning disability as resilience rather than vulnerability, yoga challenges exclusionary norms and offers a counter-narrative that affirms the value of diverse bodies and minds. Together, these principles provide a culturally resonant framework for reimagining disability inclusion. By positioning disability as a source of resilience, yoga destabilizes exclusionary norms and affirms the value of diverse bodies and minds within the continuum of human existence.

Community Role

At the community level, yoga serves as a powerful instrument for fostering inclusion and collective participation. When group sessions are adapted for children with disabilities, they create spaces of belonging where disabled and non-disabled peers can interact on equal terms. These shared practices help dismantle barriers by normalizing diverse forms of participation. Playful techniques such as incorporating animal sounds into breathing exercises like *Kukkuriya Prāṇāyāma* (dog-panting breath) make yoga accessible and enjoyable for children, while simultaneously reducing stigma. Community-based yoga initiatives also function as platforms for awareness and advocacy. When yoga is embedded in schools, rehabilitation centers, and local organizations, it encourages parents, teachers, and caregivers to view disability through a lens of capability rather than limitation. Such initiatives promote psychosocial healing not only for children but also for their families, easing isolation and strengthening solidarity. In this way, yoga becomes more than a practice of health it evolves into a tool for social integration. By challenging exclusionary attitudes and reinforcing collective responsibility, yoga nurtures inclusive communities where diversity is celebrated and belonging is shared.

Systems-Based Strategy for Inclusion

Yoga can be meaningfully integrated into a systems-based strategy for disability inclusion, where structural reforms are complemented by culturally rooted practices. The survival inequities faced by children with disabilities in India are not inevitable outcomes of impairment; they are socially produced through poverty, stigma, inaccessible environments, and weak policy enforcement. Addressing these inequities requires coordinated interventions across healthcare, education, and social policy. When yoga is embedded within disability-inclusive frameworks, it strengthens adaptive capacities and fosters psychosocial resilience. A systems approach recognizes that survival disparities are preventable and can be mitigated by combining structural reforms with cultural practices. Integrating yoga into school curricula, healthcare programs, and community initiatives creates holistic models that reframe survival from a deficit narrative to one of resilience and growth. Yoga's multidimensional role therapeutic, philosophical, community-based, and systemic offers a comprehensive pathway for reimagining inclusive futures in India. By affirming dignity, resilience, and interconnectedness, yoga challenges exclusionary norms and provides a culturally resonant model for disability inclusion. Embedding yoga within policy frameworks not only enhances physical and emotional wellbeing but also transforms survival inequities into opportunities for equity and extended life expectancy.

Implications for Inclusive Growth

The implications of yoga for inclusive growth extend far beyond its therapeutic applications. Yoga provides a philosophical and policy-oriented framework that complements structural reforms and reframes disability from deficit to resilience. While accessible infrastructure, inclusive education, and anti-discrimination legislation are essential, they remain insufficient if confined to biomedical or institutional paradigms. Yoga, as both practice and philosophy, offers a culturally embedded complement to these reforms, enabling a holistic approach that integrates physical rehabilitation, psychosocial healing, and spiritual resilience. By situating yoga within disability discourse, inequities

can be addressed through both external policy interventions and the internal cultivation of dignity, embodiment, and interconnectedness. This dual approach bridges the gap between structural change and personal empowerment, ensuring reforms resonate with lived experiences and cultural traditions (Nagendra & Nagarathna, 2019). Classical texts reinforce this perspective. The *Bhagavad Gītā* (2.48) declares *samatvām yoga ucyate*—equanimity itself is yoga reminding us that resilience emerges not from erasing difference but from embracing it as strength. Similarly, Patañjali's *Yoga Sūtra* (I.2), *yogaś citta-vṛtti-nirodhah*—yoga is the stilling of mental fluctuations emphasizes that inclusion is not only about physical access but also about cultivating inner calm and focus amidst external barriers. These principles confirm yoga's role in enhancing psychosocial wellbeing and social participation. Policy recommendations arising from this perspective include integrating adapted yoga modules into inclusive schools, embedding yoga therapy within healthcare and rehabilitation services, and fostering community-based programs that reduce stigma and promote solidarity. Philosophically, yoga affirms interconnectedness, as expressed in the *Bhagavad Gītā* (5.25): *sarva-bhūta-hite ratāḥ*—those who delight in the welfare of all beings positioning inclusion as a collective responsibility. By weaving Sanskrit wisdom into modern disability discourse, India can cultivate psychosocial healing, resilience, and dignity. Yoga thus becomes not only a practice of health but also a philosophy of justice, ensuring that children with disabilities are recognized as vital participants in the nation's journey toward inclusive growth.

Conclusion

Children with Disabilities (CwDs) in India continue to face survival inequities shaped less by medical limitations than by entrenched social and structural barriers. Poverty, cultural stigma, inaccessible environments, weak policy enforcement, and discriminatory attitudes intersect to create layered forms of exclusion. These disparities must therefore be understood not as inevitable consequences of impairment, but as socially constructed outcomes embedded within India's wider fabric of inequality.

Using a systems approach, this study demonstrates how inequities are reinforced across economic, cultural, and institutional domains, while also showing that resilience can be cultivated through culturally rooted practices. Within this framework, yoga emerges as a transformative pathway. It offers therapeutic benefits enhancing motor function, emotional regulation, and psychosocial healing while simultaneously embodying philosophical principles of dignity, interconnectedness, and resilience. At the community level, yoga fosters inclusion by creating shared spaces of belonging and reducing stigma. At the systemic level, it complements structural reforms by embedding culturally resonant practices into policy frameworks. Together, these strategies highlight the need for interdisciplinary approaches that combine social reform with yoga-based inclusion. Such integration reframes survival from a deficit narrative to one of growth, positioning disability not as vulnerability but as resilience. Embedding yoga within disability-inclusive policies provides a holistic model for extending life expectancy, affirming dignity, and advancing equity. Ultimately, reimagining survival inequities through both social determinants and yogic philosophy offers a conceptual foundation for inclusive futures in India futures where children with disabilities are recognized not as burdens, but as vital participants in the collective journey toward justice, wellbeing, and social transformation.

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Ethical approvals

This study does not require ethical clearance as it is a theoretical analysis.

Conflicts of interest

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