

An Empirical Study and Psycho-Social Problems Faced by Persons with Disability in Present Scenario.

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A B S T R A C T

Disability has been viewed as a curse or a punishment throughout history. With the advancement of science and social change, disability has been viewed as a societal problem rather than an individual problem, and solutions have shifted to removing barriers to social change rather than just medical care. Disabled people face discrimination; they tend to isolate themselves from society because they feel unwanted and rejected. It has an impact on the psychosocial well-being of people with disabilities. The human person is a complex entity made up of two distinct phenomena, the physique and the psyche, which are commonly referred to as body and mind [1]. It is both common knowledge and scientific theory that a person's physical condition, as well as his social and physical environment, influences his mental life and emotional reactions [2]. The purpose of this research paper is to present the Psychosocial problems that a person with a disability faces. And the goals are to investigate the profile of the physically disabled as well as the psychosocial problems of the disabled. This is a descriptive study in which data is gathered from both primary and secondary sources. A total of 25 people were chosen for the study, and an interview schedule was used to collect data.

Keywords: Disability, physical challenge, psychosocial issues, differently disabled individuals, and support

INTRODUCTION

The most recent definition of disability comes from the International Classification of Functioning, Disability, and Health (ICF), which states that disability is a "umbrella term for impairments, activity limitations, or participation restrictions" that result from the interaction of the person with a health condition and environmental factors (e.g. the physical environment, attitudes), as well as personal factors (e.g. age or gender). A disability can be physical, cognitive, mental, sensory, emotional, or developmental in nature, or a combination of these. A disability can be present from birth or develop over the course of a person's life [3]. The current study only looks at people with physical disabilities. According to the Convention on the Rights of Persons with Disabilities, disability is an evolving concept that "results from the interaction between people with disabilities and attitudinal and environmental barriers that prevent them from participating fully and effectively in society on an equal footing with others." People's experiences with disability vary greatly [4]. There are various types of impairments, and people are affected in various ways. Some people have one impairment, while others have several; some are born with impairment, while others may acquire one during their lifetime [5].

2. CAUSES, TYPES AND EFFECTS OF PHYSICAL DISABILITY

A physical disability restricts the physical function of one or more limbs, as well as fine or gross motor ability. Other types of physical disabilities include impairments that limit other aspects of daily life, such as respiratory disorders and epilepsy. Prenatal causes: Disabilities that develop before birth. These could be the result of diseases that harmed the mother during pregnancy or genetic incompatibility between the parents. Disabilities acquired during pregnancy are referred to as prenatal causes. This could be due to a prolonged lack of oxygen or an obstruction of the respiratory tract, brain damage during birth (for example, due to the accidental misuse of forceps), or the baby being born prematurely. Disabilities acquired after birth are referred to as postnatal causes. They can be the result of an accident, an infection, or another illness. The quantity of people the number of people living with disabilities is growing as a result of population growth, ageing, the emergence of chronic diseases, and medical advances that preserve and prolong life. Chronic diseases such as diabetes, cardiovascular disease, and cancer are common causes, as are injuries from car accidents, conflicts, falls, landmines, mental impairments, birth defects, malnutrition, HIV/AIDS, and other communicable diseases [6]. Mobility impairment can be congenital or acquired as a result of ageing. This issue could also be the result of a disease. This category of disability also includes people who have a broken skeletal structure. Another type of physical impairment is visual impairment. Hundreds of thousands of people suffer greatly from minor to severe vision injuries or impairments. These types of injuries can also lead to serious problems or diseases such as blindness and ocular disease to name a few, there is trauma. Hearing impairment is a type of physical disability that includes people who are completely or partially deaf. Hearing aids can sometimes help people who are only partially deaf improve their hearing ability. And the effects are on humans because it is made up of two distinct phenomena, physical and psychological, which are always interdependent and indivisible. Human action is founded on their mutual influence and interaction. The constant interplay of body and mind occurs invariably in a social setting, which influences the actor by provoking reactions and changing his behaviour. It is both common knowledge and scientific theory that a person's physical condition, as well as his social and physical environment, influences his mental life and emotional reactions [7]. Psychology, as a science, is concerned with an individual's mental and emotional life it goes without saying that social expectations with the force of standards will influence behaviour. A person with a socially acceptable physique will be treated and expected to behave differently than someone with a physique that deviates from the social ideal clearly, the self-image of the person that others believe one to be. The self is largely formed through social interaction with others. Nobody can develop a positive personality if they only encounter negative attitudes. The disability affects basic needs such as belonging, achievement, and economic security, freedom from fear, love, and affection, freedom from guilt, decision making, and understanding the world.

3. IMPLICATIONS OF DISABILITY UPON SOCIAL ROLES:

People's social roles are the positions they hold in society that are associated with specific responsibilities and activities. Relationships (e.g., husband, wife, mother, father, brother, sister, friend), work (e.g., teacher, community worker, farmer), daily routine (e.g., cleaner, cook), recreation and sport (e.g., football player, card player), and community service are all examples of social roles (e.g. volunteer, community leader). Age, gender, culture, and disability all have an impact on the social roles that people play. People's social roles shift over time, and many communities mark these transitions with important rituals and practises. Social roles are important because they provide identity and meaning to people's lives. The various social roles that a person has within the community influence his or her social status. Being a husband/wife, for example, Being a parent and/or wage earner is highly valued and thus has a positive

impact on social status, whereas being unmarried, childless, and/or unemployed is less valued and has a negative impact on social status. When people with disabilities are given opportunities to play positive social roles in their communities, attitudes toward disability can shift. The successful inclusion of a disabled child in school or an adult with a disability in work, for example, can be a powerful means of changing social attitudes toward people with disabilities. It is beneficial to assist people with disabilities in improving their skills and abilities, to promote positive images of people with disabilities in the community, and to work to change negative attitudes.

4. SOCIAL PARTICIPATION AND INTERVENTION:

People with disabilities may face a variety of barriers to social participation. People with disabilities, for example, may have low self-esteem and believe that they do not deserve or have the ability to participate in activities and events. Family members may believe that having a member with a disability brings shame, so they do not encourage or allow this person to participate in social activities. Members of the community may have irrational thoughts and beliefs about disabilities, such as those holy places being defiled by a person with a disability, or that people with disabilities. Inaccessible transportation and buildings, such as community centres, sporting venues, and cinemas, are physical barriers to social participation. In the community, people with disabilities face a slew of social issues improving the quality of life for people with various degrees of disabilities is a difficult and challenging task. People with disabilities will be neglected in the community due to a lack of access to services and opportunities such as health care, schools, vocational education programmes, and jobs [8, 9]. St. Agnes special school, Sanidya residential school, Chethana school for disabled children, Speech and hearing centre, Pandeshwar, Mangalajyothi integrated school, and other centres in Mangalore cater to the needs of physically and mentally challenged children.

5. MAJOR FINDINGS:

Personal characteristics of respondents: The majority, 64 percent, are from rural areas, while 36 percent are from urban areas. According to the available data, a sizable proportion of respondents are from rural areas. The age range is 16 to 35, with 54 percent of respondents being young adults, an energetic, employable, and productive age group of a human being. Males outnumber females by a margin of 56 percent to 44 percent. Nearly 38% of respondents are illiterate; 74% have OHP (Orthopaedic) impairment, 8% have visual impairment, 8% have hearing and speech impairment, and 2% have multiple impairments. Majority 74% of those polled have a level of impairment greater than 75% Seventy-four percent of respondents are unmarried, while the remaining 26 percent are married. It shows that the majority of respondents are deprived of their marital status as a result of disability. And so-called normal people, who are young and fit, are hesitant to marry physically disabled people. However, the majority of them refuse to marry, stating that "nobody is willing to marry with us; if any disabled person like us is willing to marry us, we can think about marriage; otherwise, we don't want to be a burden on others" [10, 11]. Economic Situation: 76% of respondents own their own home, while 24% live in rented housing with or without their parents. Less than 22% of a family's income than Rs. 7,000/-, and 78% of respondents' family income ranges from Rs. 7,001 to 12,000/-. The total number of respondents falls below the poverty line. The vast majority 36 percent of respondents is unemployed, 26 percent are self-employed, 22 percent are students, 10 percent are professionals (private school teachers), 4 percent have a petty business, and 2 percent are involved in technical work. The vast majorities 32 percent of respondents are concerned about job insecurity, 28 percent are unconcerned about job insecurity, 22 percent are concerned about rejection by others, and 18 percent are concerned about relying entirely on others for financial support. The disability of 52 percent of respondents is influenced by family insecurity, while 36 percent of respondents'

disability has no significant impact disability has an impact on the family, and 12 percent of respondents' disability has an impact on the family's financial situation. Persons with disabilities face the following psychological issues: 50 percent of respondents do their routine work independently, 44 percent rely partially on others for their routine work, and 6 percent rely entirely on others. And those respondents who rely partially or entirely on others have a negative perception of their disability. 36 percent of respondents are at ease with their dependence, 32 percent are able to cope with it, 18 percent are embarrassed about their total reliance on others, and 14 percent are helpless about their dependency. The majority of respondents (44%) see disability as a challenge 26 percent of respondents is self-pitying, 12 percent are withdrawing, 8 percent are blaming, 8 percent are accepting, and 2 percent are not concerned about his disability. Cause and effect: The vast majority the cause of disability for 80 percent of respondents is congenital, 14 percent are due to accidents, and only 6 percent are due to illness. This demonstrates that the majority of respondents have been disabled since birth. This demonstrates that there is a lot of room to learn about the various causes of physical disability in people. The vast majority The reaction of 52 percent of respondents to their disability is to try to ignore it, 30 percent try to hide and ignore it, 10 percent try to gain use for self-gain, and 6 percent try to hide their disability The vast majority of respondents have a negative attitude toward their disability. This reflects the respondents' low self-esteem. The majority of respondents, 64 percent, want to earn a living, 22 percent are dependent on family, 12 percent have not considered the future, and 2 percent want to join an institution. The majority of respondents are eager to get to work and face the challenges that await them. The majority of respondents, 50 percent, help with housework, 26 percent are breadwinners in the family, 16 percent simply attend family functions, and 8 percent do shopping for the family. The majority of respondents' 40 percent task in society is to travel, 28 percent have membership in an association, 18 percent are in school, and 14 percent are employed [12, 13].

The Social Problem of Persons with Disabilities: In terms of respondents' involvement in family decision making, 42 percents never involve in family decision making, 42 percents rarely involve in family decision assembly, and 16 percents plaintiffs always involve in family decision making. Regarding the attitudes of the brothers and sisters toward the respondents, 34 percents of respondents experienced friendly arrogances of their brothers and sisters, 22 percents of defendants experienced caring arrogances of their colleagues and religious, 18 percents of respondents experienced hostile attitudes of their members and sisters, 14 percents of plaintiffs experienced Source of teasing insolences of their members and nuns, and 12 percents of plaintiffs experienced not friendly arrogances. The majority of the plaintiffs, 42 out of a hundred, debate their case problems with friends, 32% of respondents with no one, 14% of respondents with parents, and 12% of respondents with siblings. The researcher has discovered that a sizable proportion of respondents prefer they can talk about their problems with their friends or to they should keep their problem to themselves.

6. CONCLUSION:

The research study demonstrates people with disabilities' ability to perform daily routine activities as well as their perceptions of their disability or handicap. It has been discovered that the vast majority of them are illiterate, unemployed, and self-sufficient in their daily routine activities. The majority of them have realistic perceptions of their disability, which allows them to face the challenge and progress in life. Because of their disabilities, the majority of them expressed concern about the future of their families. The study also looked at the extent to which government and non-governmental organisation welfare programmes were used. It has been discovered that the vast majority of them have used some form of government service. There is a need to provide information about services to people with disabilities in

order for more government schemes to be used. According to the findings of the study, the vast majority of people with disabilities want to be self-sufficient and have the potential to lead a fulfilling life in society. However, there is a lack of support from families and society. Whatever welfare programmes the government or nongovernmental organisations implement, they will not be successful unless we give them our full support; equal participation and better opportunities to integrate into society. It is also necessary to instil self-confidence in people with disabilities and to encourage their inclusion in mainstream social and cultural programmes. To create a disabled-friendly environment, additional awareness programmes for all segments of the community must be organised. Policies and programmes should be implemented effectively, and employment opportunities for people with disabilities should be enforced in accordance with the People with Disabilities Act. The formation of one's self-help group and the Federation of Persons with Disabilities will assist them in banding together to fight for their rights and become self-sufficient self-reliable.

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