

# Psycho-Social Problems Faced by Differently Able Persons : A Research Study

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## ABSTRACT

*Down the ages, we see disability is as curse or punishment. With the development of science and social change, disability is seen as a societal problem rather than individual problem and solution became focused on removing the barriers to social change, not just medical care. The persons with a disability encounter discrimination; they tend to alienate themselves from society as they feel unwanted and rejected. It affects the psycho social condition of persons with disabilities. The human is a complex entity composed of two distinct phenomena, the physique, and the psyche, commonly called body and mind [1]. It is both common knowledge and scientific theory that a person's mental life and emotional reactions are influenced by his physical condition, as well as his social and physical environment [2]. This study aims to present psychosocial problems faced by a differently able person, and the objectives are to study the profile of the physically disabled and psycho social problems of the disabled. This study is descriptive in nature where data is collected from both primary and secondary sources. 25 ??? respondents were selected for the study and interview schedule is used to collect information.*

**Keywords:** Disability, physical challenge, Psycho-social problems, differently disabled, and Support.

## 1. INTRODUCTION:

The most recent definition of disability come from the International Classification of Functioning, Disability and Health (ICF), which states that disability is an “umbrella term for impairments, activity limitations or participation restrictions”, which result from the interaction between the person with a health condition and environmental factors (e.g. the physical environment, attitudes), and personal factors (e.g. age or gender). A disability may be physical, cognitive, mental, sensory, emotional, and developmental or some combination of these. A disability may be present from birth or occur during a person's lifetime [3].

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The present study focuses only on persons with physical disabilities. Convention on the Rights of Persons with Disabilities, states that disability is an evolving concept and “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”. People’s experiences of disability are extremely varied <sup>[4]</sup>. There are different kinds of impairments and people are affected in different ways. Some people have one impairment, others multiple; some are born with an impairment, while others may acquire an impairment during the course of their life <sup>[5]</sup>.

## **2. CAUSES, TYPES AND EFFECTS OF PHYSICAL DISABILITY:**

A physical disability will limit the physical function of one or more limbs or fine or gross motor ability. Other physical disabilities include impairments which limit other facets of daily living such as respiratory disorder and epilepsy. Prenatal causes: Those disabilities that are acquired before birth. These may be due to diseases that have harmed the mother during pregnancy, or genetic incompatibility between the parents. Prenatal causes are those disabilities that are acquired during birth. This could be due to prolonged lack of oxygen or the obstruction of the respiratory tract, damage to the brain during birth (due to the accidental misuse of forceps, for example) or the baby being born prematurely. Postnatal causes are disabilities gained after birth. They can be due to accidents, infection or other illness. The number of people with disabilities is increasing due to population growth, aging, the emergence of chronic diseases and medical advances that preserve and prolong life. The common causes are chronic diseases such as diabetes, cardiovascular disease, and cancer; injuries such as those due to road traffic crashes, conflicts, falls, landmines, mental impairments, birth defects, malnutrition, HIV/AIDS and other communicable diseases <sup>[6]</sup>. Disability in mobility can either be congenital or acquired with age problem. This problem could also be the consequence of some disease. People who have a broken skeletal structure also fall into this category of disability. Visual impairment is another type of physical impairment. There are hundreds of thousands of people that greatly suffer from minor to various serious vision injuries or impairments. These types of injuries can also result in some severe problems or diseases like blindness and ocular trauma, to name a few. Hearing impairment is the category of physical impairment that includes people that are completely or partially deaf. People who are only partially deaf can sometimes make use of hearing-aids to improve their hearing ability. And the effects are on human person since it composed of two distinct phenomena, the physical, and the psychological and are always interdependent and indivisible. Their mutual influence and interaction form the basis of human action.

The constant interplay of body and mind takes place invariably in a social setting, which in turn exerts influence on the actor provoking reactions in him and modifying his behavior. It is both common knowledge and scientific theory that a person's mental life and emotional reactions are influenced by his will be expected to behave differently than persons whose physiques deviate from the social ideal. Obviously, therefore, the self-image of the person those others believe one to be. In large measure, the self is created by social interaction with others. No person can develop a wholesome personality if he encounters only derogatory attitudes. The basic needs which are one longs for such as belongingness, physical condition as well as his social and physical environment <sup>[7]</sup>. Psychology as science deals with the mental and emotional life of an individual. It is evident that social expectations which have the force of standards will influence behavior. A person who has a socially approved physique will be treated differently and achievement, economic security, freedom from fear, love, and affection, freedom from guilt, decision making and understanding world are affected by the disability.

### **3. IMPLICATIONS OF DISABILITY UPON SOCIAL ROLES :**

The Social Roles are the positions people hold in a society which is associated with certain responsibilities and activities. Different types of social roles include those related to 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 (e.g. volunteer, community leader). The social roles people hold are influenced by factors such as age, gender, culture, and disability. People's social roles change throughout their lifespan, and many communities mark these transitions with important rituals and practices. Social roles are important as they give identity and meaning to life. A person's social status is influenced by the different social roles he/she has within the community. For example being a husband/wife, parent and/or wage earner may be highly valued and therefore will have a positive impact on social status, whereas being unmarried, childless and/or unemployed may be less valued and have a negative impact on social status. When people with disabilities have the opportunity to fulfill positive social roles in their communities, attitudes towards disability can change. For example, the successful inclusion of a child with a disability in school, or an adult with a disability in work, can be a powerful means to change social attitudes towards people with disabilities. Assisting people with disabilities to improve their skills and abilities, promoting positive images of people with disabilities in the community, and working to change negative attitudes are all helpful

#### **4. SOCIAL PARTICIPATION AND INTERVENTION:**

A wide range of barriers may restrict the social participation of people with disabilities. For example, People with disabilities may have poor self-esteem and think that they do not deserve or have the ability to take part in activities and events. Family members may feel that having a member with a disability brings shame, and so they do not encourage or allow this person's social participation. Community members may have irrational thoughts and beliefs about disabilities, for example, those holy places are defiled by differently able persons, that people with disabilities. Physical barriers to social participation include inaccessible transport and buildings, such as community centers, sporting venues, and cinemas. Differently able persons in the community face many social problems. Improving the quality of life of people with different grades of various types of disabilities is a difficult and challenging task. Persons with disabilities will be neglected in the community because of inaccessibility to services and lack of opportunities like health services, schools, vocational education programs, and jobs [8, 9]. In Mangalore, St. Agnes special school, Sanidya residential school, Chethana school for disabled children, Speech and hearing center, Pandeshwar, Mangalajyothi integrated school etc., are few centers who cater the needs of the physically and mentally challenged children.

#### **5. MAJOR FINDINGS:**

##### **5.1 Personal profile of the respondents:**

The majority 64% respondents belong to rural locality and 36% respondents belong to urban locality. The available result proves that a large portion of respondents is from rural. The age group is of 16 to 35 which consist of 54% of the respondent who is young adult age group, an energetic, employable and productive age of a human being. A majority 56% respondents are male where as 44% are female. Nearly 38% of the respondents are illiterate; the majority of 74% of the respondents are having the impairment of OHP (orthopedic), 8% Visual impairment, 8 percent hearing and speech impairment and 2% have multiple impairments. Majority 74% respondents have impairment above 75%; whereas 74% of the respondents are unmarried and remaining 26% of the respondent is married. It depicts that the majority of the respondents are deprived of the marital status due to disability. And the young and fit so called normal people are reluctant to get married to the physically disabled persons. But the majority of them do not want to get married by saying- "nobody is willing to get marry with us, if any

disability person like us, are willing to marry us, we can think about marriage, otherwise we don't want to be a burden on others" [10, 11].

### **5.2 Economic Condition:**

Seventy Six percent (76%) respondents have their own house and 24% respondents live in rented houses with or without parents. Family income of 22% respondents is less than Rs. 7,000/- and 78% respondent's family income is between Rs. 7,001 to 12,000/-. The total numbers of the respondents are below poverty line. The majority (36%) respondents are Unemployed, 26% respondents Self Employed, 22% respondents are students, 10% respondents are Professional (teachers in private schools), 4% respondents have a Petty business and 2% respondents are indulge in technical work. The majority 32% respondents feel the insecurity of the employment, 28% respondents have no negative feelings towards the employment, 22% respondents feel rejections by others and 18% respondents feels the depending on others totally for financial support. The 52% respondent's disability is affected by the insecurity of the future of the family, 36 percent's respondents disability has no significant effect on the family and 12% respondents' disability affected with financial burden on the family.

### **5.3 The psychological problem faced by the differently able persons:**

About 50% respondents are independently doing their routine works, while 44% respondents are partially depend on others for their routine works and 6% respondents depend fully on others. Those respondents, who are partial and fully depend on others, are undergoing certain degree of negative feeling of their disability. 36% respondents feel comfortable about their dependence, 32% respondents feel they are able to cope with it, 18% respondents feels embarrassments about their total dependency on others and 14% respondents feel helpless about their dependency. The majority (44%) respondents have taken disability as a challenge, while 26% have self-pity, 12% withdrawing, 8 percent's % blaming, 8 % accepted and 2 % have don't care attitude towards his disability.

### **5.4 Cause and reaction:**

The majority 80% respondent's causal factors for the disability is a congenital factors, 14% respondents due to accidents and just 6% are due to illness. This shows the majority of the respondents are having disability right from birth. This shows there is a lot of scope in this regard to know the various causes of the physical disability in person. The majority (52%) respondent's reaction towards their disability is try to ignore it, while 30% respondents try to hide and ignore it, 10% try to gain use for self-gain and 6%

try to hide their disability. The majority of the respondent has a negative reaction towards their disability. This indicates the poor self-esteem among the respondents. The majority (64%) respondents willing to earn a livelihood; while 22% dependent on family, 12% have not thought about the future and only 2% want to join an institution. The majority respondents are willing to work and face the challenges that come on their way. The majority (50%) respondents are helping in house hold work; while 26% are bread winning member of the family, 16% are just to attend the family functions and 8% task is do shopping for the family. The majority (40%) respondent's task in the society is traveling and 28% have membership in an association, 18% are schooling and 14% are employed <sup>[12, 13]</sup>.

### **5.5 The social problem of Differently able persons:**

With regard to Involvement of the respondents in the decision making of the family, about 42% respondents are never involved in the decision making of the family, 42% rarely involve in decision making of the family and 16% always involve in the decision making of the family. With regard to attitude of the brothers and sisters towards the respondents, about 34% respondents experienced friendly attitudes of their brothers and sisters, 22% experienced protective attitudes of their brothers and sisters, 18% experienced Hostile attitudes of their brothers and sisters, 14% experienced Source of teasing attitudes of their brothers and sisters and 12% experienced not friendly attitudes of their brothers and sisters. The majority (42%) respondents discuss their problems with friends, while 32% with nobody, 14% with parents and 12% with siblings.

The researcher has learned that the significant number of respondents have preferred to discuss their problems with their friends or to keep their problem by themselves.

### **6. CONCLUSION:**

The research study manifests the capacity of differently able persons to do their daily routine activities and their perceptions of their disability or handicap. It is found that a vast majority of them are illiterate, unemployed but are independent in doing their daily routine activities. Most of them have realistic perceptions about their disability and which enable them to face the challenge and go ahead in life. Most of them also expressed insecurity about the future in their families due to the disabilities. The study also dealt with the extent of utilization of government and NGO welfare schemes. It is found that majority of them have utilized some form of government services. To utilize more government schemes

there is need to have a provision of information about services to people with disability. From the study, we can understand that a majority of the differently able persons want to be independent in life and have potential to lead a good life in the society. But there is a lack of support from the families and the society. Whatever the welfare programs the government or nongovernmental agencies introduce, it will not be a success unless we give them full support; equal participation and better opportunity merge with the main stream of society. It is also needed to build self-confidence among the differently able persons and encourage inclusion in main stream social and cultural program. Further awareness programs must be organized for all the section of the community to build a disabled friendly environment. The policies and programs should be implemented in an effective manner and employment opportunities as per the differently able persons Act must be enforced. The formation of self-help group and Federation of differently able persons will help them to come together and fight for their rights and be self-sufficient and self-reliable.

#### REFERENCES:

1. Ganesh Kumar S, Avinash S, Unnikrishnan B, Kotian MS (2011). Effect of psychosocial intervention on quality of life and disability grading of mentally disabled adolescents. *CurrPediatr Res* 15:127–31
2. Snyder, S., & Mitchell, D., (2006). Cultural locations of Disability, *University of Chicago*, Chicago.Smith B. &Hutchinson, B. (2004). Gendering disability. *Rutgers University Press*, Piscataway, NJ.
3. World Report on Disability. Geneva: WHO; (2011). World Health Organization.
4. World Health Organization. International Classification of Functioning, Disability and Health 2001.
5. World Health Organization. WHO (20002001). Multi-country survey study on health and responsiveness 2000-01.
6. Ganesh KS, Das A, Shashi JS. (2008). Epidemiology of disability in a rural community of Karnataka. *Indian Journal- Public Health*, 52:125–9.
7. D'MelloLaveena. B. M. Govindaraju, Monteiro Meena (2016).A Study on the Challenges Faced by Single Parent on Teenager Care. *International Journal of Advanced Trends in Engineering and Technology (IJATET)*, 1(1), 54-59.
8. Sharma AK, Praveen V. (2002). Community Based Rehabilitation in Primary Health Care System. *Indian J Community Med.* 117:139–42.
9. D'MelloLaveena. B. M. Govindaraju, Monteiro Meena (2016).A Study On The Challenges of HIV Positive Children in Dakshina Kannada, *International Journal of Advanced Trends in Engineering and Technology (IJATET)*, 1(1), 42-48.
10. Barbotte E, Guellimin F, Chan N Lorhandicap Group (2001) Prevalence of impairments, disabilities, handicaps and quality of life in the general population: A review of recent literature. *Bull World Health Organ.* 79:1047–55.
11. Joshi K, Kumar R, Avasthi A. (2003). Morbidity profile and its relationship with disability, psychological distress among elderly people in Northern India. *Int J Epidemiology.* 32:978–87.
12. Mathur GP, Mathur S, Singh YD, Kushwaha KP, Lele SN. (1995). Detection and prevention of childhood disability with the help of anganawadi workers. *Indian Pediatr*, 32:773–7.
13. Kumar SG, Das A, Soans SJ. (2008). Quality of rehabilitation services to disabled in a rural community of India