

Living Conditions of Disabled: An Empirical Study

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ABSTRACT

People with disabilities are subject to multiple deprivations with limited access to basic services, including education, employment, rehabilitation facilities etc. Widespread social stigma plays a major role in hindering their normal social and economic life. Disability is not about highlighting a difference, but about accepting a shade of diversity in human life to which, our living environments must adapt and make adequate provisions without a sense of discrimination. Accessibility as a term does not need exclusive approaches to decode and interpret but requires a sensitization of our minds, living cultures, social approaches and human response.

Keywords: Assistance, Care Taker, Support, Dwelling

INTRODUCTION

The community at large is often unaware of the potential of children with special needs. In the popular mind, special needs are usually identified with very low expectations. Parent should believe in the value of educating children with special needs. The higher the expectations, the higher will be their acceptance in the family. All the children with special needs must be enrolled in primary schools. After the assessment of their disabilities by a team of a doctor, a psychologist, and a special educator, in schools, the child will be placed in appropriate educational settings. Children with mild and moderate disabilities of any kind may be integrated in normalschools, severe in special schools/ remedial schools, drop outs who have problems in availing benefits of normal schools can join open schools. All the children with learning disabilities alone are first managed in the normal schools. Open and special schools also offer vocational courses also for children with disabilities.

Throughout centuries, the disabled have been oppressed marginalised and stigmatized in almost all societies. They constitute a section of the population, which is most backward least served and grossly neglected. Person with disability is the poorest of the poor and weakest of the weak, who have been socially, educationally and economically disadvantaged; thus having customarily denied their right to self-assertion, identity and development. Now where is this victimization more glaring than in matters of education, employment and physical access. Disability is not all alone sometimes impairment and handicap was used interchangeably, but these terms has different meanings and describe different concepts. To promote appropriate use of these terms, in 1980 the World Health Organization established the international classification of impairment, disability and handicap, which define these concepts: Impairment - refers to the loss or abnormality of psychological, physical, or anatomical structure or function at the system or organ level that may or may not be permanent and that may or may not result in disability. Disability - refers to an individual limitation or restriction of an activity as the result of impairment. Handicap - refers to the disadvantage to the individual resulting from an impairment or disability that presents a barrier to fulfilling a role or reaching a goal.¹ Disability is a relative term in so far as different cultures define their norms of being and doing differently. Conceptions of disability are therefore highly contextual and subjective.

REVIEW OF LITERATURE

Stephen Meyer's et.al. (2014) in his article presented a research findings from an analysis of public policy and legislation and qualitative data drawn from interviews, focus group discussions, and site visits conducted on civil society organizations working in Phnom Penh, Cambodia and Jakarta, Indonesia. The major findings of the study indicates that youth with disabilities are underrepresented in both mainstream youth and mainstream disability advocacy organizations and networks and are rarely mentioned in either youth or disability laws. This has left young women and men with disabilities in a particularly vulnerable place, often without the means of advancing neither their interests nor the specification of how new rights or public initiatives should address their transition to adulthood.

Sanjay Kumar Yadav and Varsha Gathoo (2018) had undertaken a study with an objective of measuring self-concepts of visually and hearing-impaired male and female students. The study examines the extent to which they differ from each other on different types of self-concepts. The study makes it clear that the male students had significantly superior intellectual self concept than female students. The authors conclude that the students with hearing impaired demonstrated significantly better moral and emotional self concept than the students with visual impairment.

Sunil Kumar Mishra (2019) in his paper focuses on state-level variations in outcomes for women with disabilities to provide an explanation for the contrast between the liberal laws on paper and the challenges faced by women with disabilities in practice. In his work the author has given much emphasis on the various legal provisions and Laws available in our country and makes a systematic study on how these laws have contributed towards the development of legal status of the disabled persons in India. According to author the disabled women faced direct and indirect discrimination and were not able to enjoy the full spectrum of civil, political, social, cultural and economic rights. Whatever the perception of the society towards the women with disabilities may be, it has to be fundamentally accepted that disabled people are integral part of our society. Therefore, the author felt that there is a need to incorporate provisions regarding accessibility in legislations and to execute them is the need of the hour, including the removal of discriminatory provisions that are still prevalent in some legislation. However, laws and policies alone may not be enough. Public perception, attitude and awareness have significant role to play. The author concludes that there is a need for social change through public awareness. There should be endeavor for attitudinal changes in the sense of bringing a culture of belonging. The public in general may be empowered and educated to take action and advocate the human rights and fundamental freedoms of women with disabilities.

Nathan Grills (2019) conducted a cross-sectional study in 2015 to better understand the relationship between disability, education and health among children in India. The study sample included 39,723 households spreading in 17 states in India with a child aged 0-59 months (163,400 individual cases in total), based on randomised cluster sampling methodology. Key outcomes of interest were school attendance, completion of early childhood education and highest level of education. The study found one percent prevalence of disability, nearly double among boys (1.38%) compared to girls (0.77%), and linked disability to lower-level access to education and highest level of education. The study confirms the negative relationship between disability and educational exposure among children, and highlights that India's efforts to make education a fundamental right of every child has not yet translated to benefits for children with a disability. There remains a pressing need for well-designed longitudinal studies that capture the barriers and protective factors of school attendance at every transition between stages of schooling in children with a disability.

Bhawna Kothari et.al. (2020) in their paper tries to examine and assess the current situation of the disabled in India. The first part of the paper provides conceptual clarity to the definition as well as perspectives of disability and a brief description of the disability scenario at the global and national levels. In the second part, an overview of the disability rights movements, legal provisions, and policy measures adopted by the Government to change the focus from disability to the ability to facilitate inclusion is presented in the ensuing part. The paper ends with an analysis of the inclusion assessment measures, conclusion, and what could be the road ahead.

Shruti Taneja-Johansson et.al. (2021) in their paper examines the perceptions and practices of mainstream teachers in rural government schools, within the context of increased learner diversity, focusing on how teachers understand, and respond to, the needs of children with disabilities. The study findings suggest that deficit-oriented views dominated teacher thinking, but they showed a readiness to engage with disability issues, recognizing the value of education for all. However, they struggled in their classroom practices in relation to meeting diverse learner needs and exclusionary practices were further amplified for children with disabilities. Teachers were unwilling to take responsibility for the learning of children with disabilities, expressing significant concerns about their own preparedness, while highlighting the lack of effective and appropriate support structures. The authors conclude by drawing attention to the pressing need for effective teacher professional development opportunities and other support structures, to provide quality education.

Paul Swamidhas Sudhakar Russell (2022) in their research considers that there is a burden due to intellectual disability (ID) is only third to the depressive disorders and anxiety disorders in India. This national burden significantly contributes to the global burden of ID and hence one has to think globally and act locally to reduce this burden. At its best the collective prevalence of ID is in the form of narrative reviews. There is an urgent need to document the summary prevalence of ID to enhance further policymaking, national programs and resource allocation. The authors conclude that the summary prevalence of ID in India was established to be 2% taking into consideration the individual prevalence studies over the last six decades. This knowledge should improve the existing disability and mental health policies, national programs and service delivery to reduce the national and global burden associated with ID.

Ari Ne'eman, BA and Nicole Maestas (2023) evaluated employment trends for people with and without disabilities over the course of the COVID-19 recession and subsequent economic recovery, both overall and by occupational category (essential, non-essential, tele-workable, non-tele-workable, frontline, non-frontline). use of data from the nationally representative Current Population Survey. Linear probability models were used to estimate percent changes in employment-to-population ratios and identify differences between disabled and non-disabled employment in each

quarter broadly and within specific occupational categories. The study found that as the COVID-19 recession began in Q2 2020, people with disabilities experienced employment losses that were proportionately similar to those experienced by people without disabilities. However, during the subsequent economic recovery, the employment rate of people with disabilities grew more quickly in Q4 2021 through Q2 2022, driven by increased labour force participation. These employment gains have been concentrated in tele workable, essential, and non-frontline occupations. The authors suggest that people with disabilities are disproportionately benefiting from the rapid recovery from the initial economic contraction at the start of the pandemic.

Objectives of the Study

1. To understand the concept of ‘disability’ and to study the causes and consequences of disability.
2. To assess the perceptions of disabled persons on their living conditions in Kadapa district.

Sampling

For effective study a purposive random sampling method was followed. For the collection of respondent’s perceptions on their present living conditions, 180 sample respondents were selected from Kadapa district of Andhra Pradesh.

RESULTS AND DISCUSSIONS

Accessibility finds its roots in the independent living movement with persons with disabilities and started with them, advocating for a ‘barrier free environment’ and over time, it evolved into a universal design. Universal Design is an orientation to design based on the premise that design processes must be inclusive, produce equitable benefits, and be appropriate to human differences based on gender, demographic group and social, economic and cultural settings. Universal design involves a fundamental shift in design thinking from “special” design for people with disabilities, to “general” design for everyone, and it is based on the premise that buildings, policies, technology and products must be designed in such a way that it is usable by all intended users and offer highest level of independence, safety and usability to all, without the need for additional adaptation or specialized design.

Table 1 Type of Dwelling of Sample Disabled Respondents

S. No	Responses	No. of Respondents	Frequency
1	Pucca house	55	30.56
2	Tiled house	13	7.22
3	Thatched house	94	52.22
4	Hut	11	6.11
5	Others	7	3.89
	Total	180	100.00

Source: Field Data

It can be noted from table 1 that more than half i.e. 52.22 per cent of sample respondents were living in Thatched houses. They are followed by the sample respondents living in Thatched houses with 30.56 per cent. About 7.22 per cent of sample respondents were living in tiled houses. The sample respondents living in huts constitute 6.11 per cent of total sample. The remaining 3.89 per cent were living in the other houses like relative houses, neighbour houses etc.

Care Takers

Caregivers are becoming a vital component of our society – both professionally trained people and family members who in many instances are called upon to act with the same professionalism as a paid caregiver. Providing assistance either in the disabled individual’s home, or in an assisted living facility, caregivers are the backbone of a growing body of work that is essential, challenging, sometimes onerous, and often unrecognised. Table 2 furnishes the details of dependency of sample respondents on care-takers.

Table 2 Number of Sample Respondents Need the Care Taker

S. No	Responses	No. of Respondents	Frequency
1	Yes	112	62.22
2	No	65	36.11
3	No response	3	1.67
	Total	180	100.00

Source: Field Data

The data in table 2 shows that a preponderant majority i.e. 62.22 per cent of sample disabled respondents were leading the life with the help of care takers. The sample respondents n living without care takers constitute 36.11 per cent of sample respondents. There is no response from 1.67 per cent of respondents.

Type of Care Takers

The respondents who are living with the help of care takers were further enquired on the type of care takers by whom they are looking after. The responses for the query is presented in table 3.

Table 3 Type of Care Taker Assisting Sample Respondents

S. No	Responses	No. of Respondents	Frequency
1	Untrained Care Taker	89	79.46
2	Trained Care Taker	22	19.64
3	No response	1	0.89
Total		112	100.00

Source: Field Data

It is evident from table 3 that a preponderant majority i.e. 79.46 per cent of sample disabled respondents declared that they are looking after by the untrained care takers. To look after 19.64 per cent of sample respondents there are trained care takers. The remaining 1.89 per cent of sample respondents not responded.

Type of Assistance

The type of assistance extending by the care takers is as follows.

Basic caregiving: A caregiver assists a disabled individual, either physically or mentally, with daily activities, such as bathing, dressing and meal preparation. This can include those who are intellectually challenged and the elderly suffering physical difficulties due to illness or dementia.

Domesticity: Depending on the level of training and arrangements, a caregiver may also provide assistance with domestic tasks, such as cleaning, laundry, dishes, vacuuming, budgeting, and shopping.

Companionship: Because a caregiver spends a great deal of time with her resident, she may well become a close friend – becoming the person whom the resident comes to trust the most.

Quality of life: Apart from physical care, a caregiver is often also tasked with providing additional support to help the resident improve his or her quality of life. This may range from things as simple as daily exercises to increase mobility, to helping to train the mind through crosswords and other exercises requiring mental agility. Keeping the resident as engaged as possible with tasks, goals and motivation is often key to the resident finding a more balanced and satisfying life.

Independence: Part of the focus of service would be to teach the resident to become as independent as possible, training them to complete tasks unaided. It may also be part of caregiver’s duties to assist the resident to take up useful employment and to guide them through the daily routine of learning to take care of themselves as they improve or grow older.

Keeping records: Noting improvements and keeping a track of progress is very important. It is also good for the resident to understand that they are progressing and the hard work has a purpose and attainable goals.

Medical care: Training for a caregiver should run to knowing and understanding and administering any medication that the resident needs to take, and keeping abreast of new medical information. The ability to take a pulse, a temperature, and to comprehend when intervention is required is important.

Table 4 Type of Assistance Extending by the Caretaker

S. No	Responses	No. of Respondents	Frequency
1	Physical Assistance	94	83.93
2	Managing Medication and Medical Care	61	54.46
3	Offering emotional support and companionship	53	47.32
4	Managing household tasks	46	41.07
5	Coordinating with external services	92	82.14
6	Regular meals	88	78.57
7	Exercise routine	61	54.46
Total		495	441.96

Source: Field Data

The data in table 4 shows that 83.93 per cent of sample respondents taking physical assistance from the care takers. Nearly 82.14 per cent of sample disable respondents taking the help of care takers for coordinating with external services. To take the regular meal 78.57 per cent of sample disable were taking the help of care takers. For daily exercise 54.46 per cent were taking the help of care takers. For managing medication and medical care another 54.46 per cent taking the help of care takers. For offering emotional support and companionship 47.32 per cent of sample respondents taking the help of care takers. For managing household tasks 41.07 per cent taking the help of care takers.

CONCLUSION

To work towards an inclusive, barrier free society by raising awareness and policy actions, there is a need to have comprehensive reliable statistics on people with disability and their socio-economic conditions. Increase public awareness and understanding of disability. Governments, voluntary organizations, and professional associations should consider running social marketing campaigns that change attitudes on stigmatized issues such as HIV, mental illness, and leprosy. Involving the media is vital to the success of these campaigns and to ensuring the dissemination of positive stories about persons with disabilities and their families.

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