

A STUDY ON BARRIERS OF SOCIAL PARTICIPATION AMONG DISABLED YOUTH AND SOCIAL WORKER INTERVENTION

***Dr.BALAMANI.V**

Assistant Professor ,Department of Social work, PSG college of Art's and science coimbatore

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime.

There is an evidence of a consistent negative representation of impairment and disability, prior to the emergence of modern capitalism. These earlier representations run in three main themes: Cultural Understanding, Religious Belief and Myth. The Social Representations of disability were negative 'It is a common myth that impairment is a punishment for sin. Killing of babies with impairments was common practice in societies. The disabled had difficulty in asserting their rights and dignity as an individual. They lack physical and intellectual fitness which in turn hurdle their participation in this world. They were physically, psychologically and verbally abused because of their impairments. For people with hidden impairments, life was harsh and unrelenting one. It is also recorded that people of small stature or 'dwarves' were treated as the objects of amusement by the crowd.

Despite the introduction of the Disability Discrimination Act and evolving of humanity, there are still many strong discriminatory barriers facing disabled people in society. Disabled people continue to be more likely to live in poverty and lie outside the usual economic framework of everyday employment. The fundamental assumption that disabled people need to live on benefit and are in need of care distorts their real value. The marginalization of people with disabilities has often been addressed in terms of sociological processes or legislative needs, but very rarely in psychological terms within society.

It is also intriguing that children with born impairments were systematically removed from society. This reflects some present-day law about termination of impaired fetuses. This is not to undermine a woman's right to choose, which is essential. However, it is worthy of note that impairment is singled out as a special case. It is often the case that potential parents of disabled children are given the most negative prognosis and life scenario. This makes the decision-making process rather biased. It was also clear that many parents were told that their

child would not be able to achieve an independent lifestyle or have a good quality of life and this lead to termination of pregnancy.

This paper attempted to give a view about the challenges faced by disabled youth in social participation.

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* ASSISTANT PROFESSOR, DEPARTMENT OF SOCIAL WORK, PSGCAS,
COIMBATORE.

INTRODUCTION:

In 1976, the United Nations launched its International Year for Disabled Persons (1981), later renamed as International Year of Disabled Persons. The UN Decade of Disabled Persons (1983–1993) featured a World Programme of Action Concerning Disabled Persons. A major outcome of the International Year of Disabled Persons was the formulation of the World Programme of Action concerning Disabled Persons, adopted by the General Assembly on 3 December 1982.

The World Programme of Action (WPA) is a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities, which pertains to full participation of persons with disabilities in social life and national development. The WPA also emphasizes the need to approach disability from a human rights perspective.

"Equalization of opportunities" is a central theme of the WPA and its guiding philosophy for the achievement of full participation of persons with disabilities in all aspects of social and economic life. An important principle underlying this theme is that issues concerning persons with disabilities should not be treated in isolation, but within the context of normal community services.

Social participation takes place within a community context, where people engage in social activities in many formal and informal social networks. Forms of participation are determined by issues arising within a community, a place, and include its culture, norms, values, institutions". In similar (Bess, Fisher, Sonn, & Bishop, 2002) states communities with greater

social participation as being more 'healthy' because of an ability to exhibit an "extra-individual quality of emotional interconnectedness of individuals. Hence Social participation is correlated to subjective well being of the individual in any society independent of their culture (Cicognani et al., 2007).

REVIEW OF LITERATURE:

The WHO (2002) defines disability as an umbrella term, covering impairments, activity limitations and participation restrictions. Impairment is a problem in the body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action while participation restriction is a problem experienced by an individual in involvement in life situations.

Pachaka (2003), the United Nations General Assembly adopted the World Programme of Action Concerning Disabled Persons at its 37th regular session in 1982. The purpose of that programme was to promote measures for prevention of disabilities, rehabilitation and realisation of goals, "full participation" of disabled persons in social life, development and "equality". The Programme further emphasised that these concepts should apply with the same scope and urgency to all countries, regardless of their level of development. It was during this era that public concern and consciousness were directed towards providing people with disabilities with the same opportunities available to ordinary citizens. Subsequently, the United Nations Decade of the Disabled Persons (1983-1992) came into force thereafter. However, the situation of people with disabilities has not greatly improved since then and their numbers are actually increasing.

Zetlin and Turner (1988) found that the perceived abilities of persons with an intellectual disability to conform socially, to participate in activities, and to have competent interpersonal skills seemed to matter most in how persons' with an intellectual disability evaluated themselves. Schalock et al (2007) investigated the quality of life of people with intellectual and other developmental disabilities living in the community. They found that, along with the importance of perceived functional skills and autonomy, persons with a developmental disability reported a consistent desire for more friends.

Weiss et al (2003) examined the impact of participating in the Special Olympics (SO) on the self-concept of people with developmental disabilities. They examined the relationships

between various SO components - the number of years in the organization and the number of competitions, sports, hours per week training, and medals and ribbons obtained - and participants' self-concepts as well as parental views of participants' self-concepts, and participants' actual competency. They highlight how their study utilizes the most representative sample of Special Olympics participants in research to date, randomly selecting from local chapters across Ontario. They consider that their research offers empirical data to support and encourage the development of theoretical models of how particular physical activity programs can effect psychological and behavioral change beyond improving physical fitness.

The literature available on the Indian disabled has much focus on disability and the sufferings of the old age. (Srinivasan, Vaz, & Thomas, 2010)(Albert, Alam, & Nizamuddin, 2005) (Vera-Sanso, 2006). Further a group of researchers explored the exclusion faced by the disabled youth (Jeffery & Singal, 2008). Again a few researchers explored the attitude on inclusive education among teacher (Parasuram, 2006)(Singal, 2006)(KALYANPUR, 1996)(Sharma & Deppeler, 2005)(Kalyanpur, 2008). On the other hand the few researchers explored about disabled in the labour market (Mitra & Sambamoorthi, 2008) and perception at field level(Edwardraj, Mumtaj, Prasad, Kuruvilla, & Jacob, 2010).

REASEARCH GAP

There has been considerable research carried out on social participation and the disability. The effect of environment on social participation of people with disability was studied by (Silva, Sampaio, Ferreira, Camargos, & Neves, 2013) in Brazilian context and concluded that the social participation of individual with disabilities was affected by both individual attributes and environmental conditions. Further (Hammel et al., 2015) explored environmental barriers and gaining supports by people with disability qualitatively and found that the everyday participation is affected by the micro, meso and macro level and not just the micro immediate level usually focused on in rehabilitation. From the above literature it shows that the research on problem faced by disables in the Indian society sparingly focused in person centered perspective. With this backdrop, this research will explore the social participation of the disabled in Indian context.

Objectives of the study:

1. To identify environmental and personal factors associated with social participation of disabled youth
2. To analyze the patterns among respondents in social participation.
3. To suggest prospective policy measure to better social participation of youth in society

METHODOLOGY:

The research design adopted for the present study was descriptive in nature.

- Convenient sampling method was used for selection of the participants. The data (total number of disabled youth in Coimbatore district) available with District rehabilitation Office, Coimbatore was taken as a sample frame for selection of respondents.
- Sample Size: 60 Respondents.
- Universe: Disabled youth living in Coimbatore district in the age group of 14 to 35 years (based on National Youth Policy of India).
- Sampling Frame: The list obtained from DRDA.
- Tools of data collection: The interview schedule (self structured questionnaire) was used to collect the information from the respondents.
- The reliability of the items were checked using the SPSS software test for Cronbach's Alpha and the validity will be confirmed by face validity by experts in the domain.

ANALYSIS AND INTERPRETATION:

- The simple table analysis is applied for all the questions
- SPSS software will be used for analyze the quantitative data and appropriate software will be used to analyze the qualitative data.
- Statistical tests: cross tabulation, ANOVAs and Logistic Regression will be used

S. No	Particulars	Barriers of social participation among disabled youth
1	Age	$r = 0.093$ (Not Significant)
2	Gender	$t = 9.205^{**}$ (0.00 Significant)
3	Education	$F = 6.105^{**}$ (0.00 Significant)

4	Social group	F = 6.636** (0.00 Significant)
5	Occupation	F= 2.546*(0.05 Significant)
6	Level of disability	Chi square value -38.41** (0.00 Significant)
7	Type of disability	Chi square value = 53.149 (0.00 Significant)
8	Residence	Chi square value = 15.312** (0.00 significant)
9	Monthly Income	Chi square value = 26** (0.00 significant)

FINDINGS:

- Nearly one-third (30.3%) of the respondents were in the age group of 14-18 years.
- On the whole, majority of the respondents (80%) were male.
- 22% of the respondents were completed middle school level education.
- Half of them (50%) were unemployed.
- 36.7 percent respondents belongs to **backward communities**
- More than half (53%) of the respondents stated that they have ortho related problem.
- More than half of the respondents have 60-80 level of disability.
- Most of the respondents (71%) were earned monthly income belowRs.5000.
- Majority of them (80 percent) of them living in tiled house.
- All the respondents were unmarried.
- All of them were belongs to Hindu community.
- Majority of them, almost 78 percent are living in rural area.
- Majority of them (92percent) are living with their family.
- 55 percent respondents' birth order is 1st child.
- There is no significant correlation between respondent's age group and their social participation.
- There is a significant difference in the social participation between male and female respondents. Perception about corruption does not vary based on the gender of the respondents.
- There is significant difference in the social participation among the respondents based on their education qualification.

- There is a significant difference between the social group and social participation among the respondents.
- There is a significant relation between occupation and social participation. So occupation of the respondents also influences the social participation.
- The chi square analysis shows that there is association between Income and social participation. So respondent's income also influences social participation.
- There is a significant relation between level of disability and social participation.
- There is a significant relation between type of disability and social participation.
- There is a significant relation between place of residence and social participation.
- It is concluded that the social participation among the respondents is significantly related with their gender, education, social group, place of living and income, level of disability, type of disability and occupation.

SOCIAL WORKER INTERVENTION:

Every community has its own issues which are the major obstacles of the development. So the scientific investigation by the social worker may help every, individual groups community and forecasted community development may be possible.

Social workers also provide counseling to people with various forms of disabilities to help them adjust to their disability. In this context, counseling usually involves a wide range of problems such as personal, interpersonal, family, financial, vocational adjustment and educational adjustment. In some situations, social workers do not always provide counseling to people with disabilities directly, especially if the disabled is a young child. Instead, social workers provide counseling to the family of the person with disability, and other close parties such as siblings, peers and relatives. Social worker interaction with the disabled's family helps them understand the nature of a disability and the prognosis, to make the essential adjustments to help the persons with disability and to deal with personal and interpersonal concerns associated with the disability.

Another role for social workers is to create/raise awareness of issues of disability in the country. As noted earlier on, there are still negative connotations about disabilities in the country hence, social workers must be in the forefront of highlighting the plight of people with disabilities. This

can also be linked to the advocacy role whereby social workers can lobby government to pass legislation specifically targeting people with disabilities.

People with disabilities often need a variety of services from other community agencies, such as financial assistance, wheelchairs, and prosthetic services as well as transportation. Social workers link people with disabilities with community resources.

CONCLUSION:

This study brings to light the problems in social participation among the disabled youth living in Coimbatore District. The results of the study reveals that less than half (43.3%) of the respondents had mild problems in social participation and more than quarter (28%) of the respondents had severe problems in social participation. The mean scores reveal that men face more problems than women, this might be due to the fact that men have less family support than women and need to fulfill societal expectations and demands than their female counterparts. Social worker intervention should focus on changing the mindsets of the general public and industries so as to develop a positive climate for active social and economic participation of the disabled youth.

Government must bestow rights to people with disabilities to make them effective in participatory decision-making in their sphere. This will facilitate people with disabilities to help to frame schemes to cater to their needs and to enjoy their full benefits of various schemes implemented for their development.

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**TITLE OF THE PAPER : A STUDY ON BARRIERS OF SOCIAL PARTICIPATION
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NAME OF AUTHOR : Dr. Balamani.V

ORGANIZATION AFFILIATION : PSG College of Arts and Science.

CONTACT ADDRESS : Assistant Professor,
Department of Social Work,
PSG College of Arts and Science.
Coimbatore.
Tamil Nadu.
India.

Pin code- 641 014.

PHONE : 9842830109.

E-MAIL : balagbumsw@yahoo.co.in