

Socio-Economic Situation of Persons with Disability in Cachar District of Assam

Aditi Nath

Department of Social Work, Assam University, Silchar, Assam, India

Corresponding author: aditinath1@gmail.com

ABSTRACT

This paper is an outcome of a study that was conducted with an objective to understand socio-economic situation of the people with disability living in Cachar district of Assam. An exploratory research design was adopted to gather information about education, income and occupation and further to understand the perception of the respondents on their present situation. For the study 50 numbers of respondents were selected by adopting convenient sampling method. Data on socio-economic status of the respondents were collected in respect of socio-personal information and economic status. Under the social background the respondents' sex, age, marital status, education, caste, types of disability suffered and their causes are examined. In short socio-economic data showed that the majority of the respondents selected for the study are striving hard to get economic sustainability to enjoy quality life, food, cloth, shelter.

Keywords: Socio-economic, situation, disability, Assam, Cachar

All human beings are born free and equal in dignity and rights. Everyone is entitled to all rights and freedoms without distinction of any kind. All are equal before the law and are entitled, without any discrimination, to equal protection of the law. Everyone has the right to a standard of living adequate for health and well-being, including the right to security in the event of disability because human beings are the centre of concern for sustainable development. But it's irony of fate that India being one of the longest continuous civilizations in the world is also home to one of the largest populations of persons with disabilities. As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population. Social exclusion, unequal educational and professional opportunities, as well as barriers posed by inadequate infrastructure and insufficient access to public information are the major challenges being faced by the differently abled people in their daily lives. The levels of support and access to education, information, jobs, etc. vary from country to country, but are generally

very low. Even in industrialized countries like Germany, only about 15% of the disabled population have a job. The prevailing opinion that disability is less worth than normal, leads to discrimination and marginalization of differently abled people around the globe. The interaction with differently abled and other marginalized people is still dominated by pity and welfare, and is focused mainly on the deficits that disability involves. Most people fail to acknowledge the hidden potential in a handicap as well as the fact that most differently abled people suffer much more from the ignorance, information deficit, and insecurity of the able-bodied than from the disability itself. Thus, in an era where 'inclusive development' is being emphasised as the right path towards sustainable development, focussed initiatives for the welfare of disabled persons are essential.

Conceptualising Disability

Disability is not all alone sometimes impairment and handicap which is 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. 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. In general, two approaches have been followed in conceptualising disability.

One is Medical and the other Social. In the medical model, individuals with certain physical, intellectual, psychological and mental impairments are taken as disabled. According to this, the disability lies in the individual as it is equated with restrictions of activity with the burden of adjusting with environment through cures, treatment and rehabilitation. In contrast in the social model the focus is on the society, which imposes undue restrictions on the behaviour of persons with impairment. In this, disability does not lie in individuals, but in the interaction between individuals and society. It advocates that persons with disabilities are right holders and are entitled to strive for the removal of institutional, physical, informational and attitudinal barriers in society. The most commonly used definition and classification of disability by the Government for all official purposes was based on the Disability Act 1995.

Even this definition has its own limitations as it is mostly defined in medical terms. Some of the national level institutions like Census as well as National Sample Survey (NSS) use their own definitions to define disability. The Convention on the Rights of Persons with Disabilities (2006), the first legally binding disability specific human rights convention, adopted by the United Nations gives two descriptions of disability. The Preamble to the Convention states that “Disability 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.” Again it emphasizes that “Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Both the expressions reflect a shift from a medical model to social model of disability.

Definitions used in measuring Disability

Census 2011

Type of Disability	Change in Definition
In Seeing	<ol style="list-style-type: none"> 1. Cannot see at all; or 2. Has no perception of light even with the help of spectacles; or 3. Has perception of light but has blurred vision even after using spectacles, contact lenses etc. A simple test is whether the person can count the fingers of hand from a distance of 10 feet in good daylight. Such persons can however, move independently with the help of remaining sight; 4. Can see light but cannot see properly to move about independently; 5. Has blurred vision but had no occasion to test if her/his eyesight would improve after taking corrective measures. 6. One-eyed person not to be considered as disabled in Seeing
In Hearing	<ol style="list-style-type: none"> 1. Cannot hear at all; or 2. Has difficulty in hearing day-to-day conversational speech (hard of hearing); 3. If she/he is using a hearing aid. 4. Hearing problem in one ear not to be considered as having hearing disability.
In Speech	<ol style="list-style-type: none"> 1. Cannot speak at all or she/he is unable to speak normally on account of certain difficulties linked to speech disorder; 2. Able to speak in single words only and is not able to speak in sentences; 3. Stammers to such an extent that the speech is not comprehensible.

In Movement	<ol style="list-style-type: none"> 1. Do not have both arms or both legs; 2. Are paralysed and are unable to move but crawl; 3. Are able to move only with the help of walking aids; 4. Have acute and permanent problems of joints/muscles that have resulted in limited movement; 5. Have lost all the fingers or toes or a thumb; 6. Are not able to move or pick up any small thing placed nearby; 7. Have stiffness or tightness in movement; 8. Have difficulty in balancing and coordinating body movements; 9. Have loss of sensation in the body due to paralysis or leprosy or any other reason; 10. Have any deformity of the body part/s like having a hunch back; 11. Very short statured (dwarf).
Mental Retardation	<ol style="list-style-type: none"> 1. Lacks understanding/comprehension as compared to her/his own age group; 2. Is unable to communicate her/his needs when compared to other persons of her/his age group; 3. Has difficulty in doing daily activities; 4. Has difficulty in understanding routine instructions; 5. Has extreme difficulty in making decisions, remembering things or solving problems.
Mental Illness	<ol style="list-style-type: none"> 1. Is taking medicines or other treatment for mental illness; 2. Exhibits unnecessary and excessive worry and anxiety; 3. Exhibits repetitive (obsessive-compulsive) behaviour/thoughts; 4. Exhibits sustained changes of mood or mood swings (joy and sadness); 5. Has unusual experiences - such as hearing voices, seeing visions, experience of strange smells or sensations or strange taste; 6. Exhibits unusual behaviours like talking/laughing to self, staring in space; or 7. Has difficulty in social interactions and adoptability.
Any Other	<ol style="list-style-type: none"> 1. If the person has a disability other than the categories mentioned above; 2. The respondent fails to report the exact type of the disability; 3. Disabilities like "Autism" etc. (Difficulty in communicating, interacting with others; unusual & repetitive behaviours etc).

Multiple Disability	<ol style="list-style-type: none"> 1. Multiple Disabilities means a combination of two or more specific type of disabilities. 2. The question has been designed to record a combination of maximum three types of disabilities.
---------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Disability in Assam and Cachar

Assam is a state situated in the north eastern part of India bordering two countries- Bhutan and Bangladesh. There are 27 districts in the state, further sub divided into 145 revenue circles. As per details from Census 2011, Assam has population of 3.12 Crores, an increase from figure of 2.67 Crore in 2001 census. Total population of Assam as per 2011 census is 31,205,576 of which male and female are 15,939,443 and 15,266,133 respectively.

In 2001, total population was 26,655,528 in which males were 13,777,037 while females were 12,878,491. The total population growth in this decade was 17.07 percent while in previous decade it was 18.85 percent. The population of Assam forms 2.58 percent of India in 2011.

In 2001, the figure was 2.59 percent. Out of the total population of Assam, the disabled population as per Census 2011 is 480065 of which male and females are 257385 and 222680 respectively. The District of Cachar which is located in the southernmost part of Assam is one of the oldest districts of Assam. It is bounded on the north by Barail and Jayantia Hill ranges, on the south by the state of Mizoram, on the east by Manipur and on the west by sister districts of Karimganj and Hailakandi and Bangladesh. The district was created in 1830 after annexation of Kachari kingdom by the British.

In 1854, North Kachar was annexed and tagged to the district. In 1951 erstwhile North Cachar Sub-Division was made a separate district and taken out of Cachar.

In 1983 erstwhile Karimganj Sub-Division and in 1989, Hailakandi Sub-Division was made a separate District. As per the Census 2011, total population of Cachar is 1,736,617 of which male and female are 886,284 and 850,333 respectively. The total disabled population of Cachar as per census 2011 is 27457 of which male and female are 14799 and 12658 respectively. The total figure covered different types of disabled population both in Assam and Cachar, table below will indicate the same..

Prevalence of the type of Disability

Type of disability	Assam			Cachar		
	Persons	Male	Female	Persons	Male	Female
In Seeing	80553	41052	39501	4864	2500	2364
In Hearing	101577	51782	49795	5930	2960	2970
In Speech	39750	21885	17865	1896	1039	857
In Movement	76007	45099	30908	3672	2274	1398
Mental Retardation	26374	14864	11510	1586	914	672
Mental Illness	18819	10625	8194	1169	641	528
Any Other	87461	46525	40936	6107	3279	2828
Multiple Disability	49524	25553	23971	2233	1192	1041
Total	480065	257385	222680	27457	14799	12658

Source: Census of India 2011.

Methodology

Considering the prevalence and impact of disability, the present study has been conducted with an objective to understand the socio-economic condition of the PWDs and their perception to that. Interview schedule was developed to address 50 number of respondents of Cachar district of Assam. Respondents were selected with the help of doctors of Orthopaedic department of Silchar Medical College, Cachar by applying convenience sampling method. The secondary data has been collected from websites, different documents of the hospital and other Government offices.

RESULTS

Information about socio-economic background of the respondents selected for the study is provided here through tables. Data on socio-economic status of the respondents were collected in respect of socio-personal information and economic status.

Socio-personal Background

Under the social background the respondents' sex, age, marital status, education, caste, types of disability suffered and their causes are examined. Information about all these are given in Table 1.

Sex wise distribution of the respondents showed that males constitute 54 percent of the respondents leaving the female share 46 percent. Age of

the respondent showed that 56 percent of the respondents belonged to the age group of 10-19 years. Those who were in the age group of 20-29 constitute 24 percent of the respondents. 20 percent respondents belonged to the age group of 30-39.

Table 1: Socio-personal Information

Characteristics	Total Respondent 50 Frequency	Percentage
Sex		
Male	27	54
Female	23	46
Age		
10-19	28	56
20-29	12	24
30-39	10	20
Marital Status		
Married	21	42
Unmarried	29	58
Religion		
Hindu	26	52
Muslim	24	48
Caste		
SC	16	32
OBC	13	26
General	21	42
Educational Level		
Illiterate	18	36
Primary	8	16
Secondary		

Information about the marital status of the respondents showed that in the sample studied unmarried constitute 58 percent and married constitute 42 percent. No widow and divorced cases were reported. The religion professed by most of the respondents is Hinduism. Caste wise distribution of the respondents showed that General constitute the most predominant group with 42 percent followed by SC (32 percent) and OBC (26 percent). Educational status of the respondents indicated that 48 percent of the respondents were illiterate. Those who passed out secondary level education constituted 16 percent and primary level 36 percent.

Disability

Information about the type of disability found among the respondents is given in table 2. They

are classified into two viz, Non Locomotor and Locomotor. Under non-locomotor includes those who suffer from impairments like mental retardation, mental illness, low vision, hearing impairment, learning disability and speech disability. Locomotor disability is the inability of a person to execute distinctive activities associated with moving with both himself and objects, from place to place and such inability resulting from nervous system.

Table 2: Types of Disability

Type of disability	Total Respondent 50 Frequency	Percentage
Loco Motor disability	14	28
Hearing disability	6	12
Speech disability	5	10
Low Vision	6	12
Learning disability	5	10
Mental Illness	9	18
Mental Retardation	5	10
Total	50	100

The above table depicted that maximum number of respondents (28 percent) suffer from locomotor disability. Respondents suffering from mental retardation, learning disability and speech disability constitute 10 percent each. Low vision and hearing disability constitute 12 percent each and mental illness constituted 18 percent.

Causes of Disability

Table 3: Causes of Disability

Causes of disability	Total Respondent 50 Frequency	Percentage
Prenatal	13	26
Postnatal	11	22
Illness/ Accident	17	34
Any other	9	18
Total	50	100

Table 3 provides information about various causes of disability. The previous table showed that locomotor disability is the most common disability among the respondents. The sample studied indicates that illness and accidents were together responsible for 34 percent of the impairment of respondents. The next important cause relates to improper care during prenatal and post natal

periods. Malnutrition, meningitis, leprosy were also responsible for the cause of disability which constitutes 18 percent of the respondents.

Possession of Medical Certificate

Medical Certificate is one of the essential documents to get disability benefits under the Disability Act (1995). Therefore, it was examined from the respondents whether they have procured a medical certificate. Table 4 provides information about number and percentage of respondents who possessed valid medical certificate from a competent authority.

Table 4: Possession of Medical Certificate

Possession of medical Certificate	Total Respondent 50 Frequency	Percentage
Yes	11	22
No	39	78
Total	50	100

From the table it may be noted that more than half of the respondents (78 percent) do not possess valid medical certificate. Only 22 percent respondents are possessing medical certificate. Out of 78 percent of respondents only 18 percent respondents applied to get certificate and rest 60 percent respondents have not yet thought of to apply.

Degree of Disability

Further the respondents were grouped based on the degree of disability suffered by them. This information is provided in Table 5.

Table 5: Degree of disability

Degree of disability	Total Respondent 50 Frequency	Percentage
50 to 60%	15	30
60 to 70%	26	52
70% above	9	18
Total	50	100

The table noted that 30 percent of the respondents suffer from disability within the range of 50 to 60 percent. Those who suffered from disability within the range of 60 to 70 percent constitute 52 percent of

the respondents. Disability above 70 percent affected 18 percent of the respondents.

Main Occupation

Details regarding occupation pursued by the respondents are given below in table 6. Analysis of occupational structure of the respondents showed that 68 percent of the respondents are unemployed and 32 percent respondents are engaged in business.

Table 6: Occupation of the Respondent

Occupation	Total Respondent 50 Frequency	Percentage
Unemployed	34	68
Business	16	32
Total	50	100

Under the economic background information about respondents’ household income was also collected and presented in Table 7. The monthly income of more than half of the respondents (64 percent) is below ₹ 5000. The monthly income of those whose earning is in between ₹ 5000 to ₹ 8000 constitute 28 percent. 8 percent of the households earning is ₹ 11000 monthly.

Table 7: Income of the family

Income	Total Respondent 50 Frequency	Percentage
₹ 2000- ₹ 5000	32	64
₹ 5001 - ₹ 8000	14	28
₹ 8001 - ₹ 11000	4	8
Total	50	100

SUMMARY OF THE RESULTS

Under the socio-economic background information on the respondents’ age, sex, marital status, religion, caste, education, types of disability and its causes, occupation pursued and income earned was collected and examined. Sex wise distribution showed that most of the respondents are males. Age wise distribution also showed that most of the respondents belonged to the age group of 10-19 years. Most of the respondents were unmarried. The religion professed by most of the respondents is Hinduism. Caste wise distribution of the respondents showed that General constitute 42 percent. Educational status of the respondents

showed that 48 percent respondents were illiterate. Seven types of disabilities were identified among the respondents’ studied. Majority of the respondents suffered from locomotor disabilities. The non locomotor disabilities suffered by the respondents include mental retardation, mental illness, low vision, hearing disability, speech disability, learning disability. Data further showed that illness and accident related problems were mostly responsible for most of the cases of disability among the respondents. The main occupation pursued by the respondents showed that, more than half of them are unemployed and very few of them have small business. Income distribution of the respondents’ household showed that monthly earnings were ranging from ₹ 2000 to ₹ 11000. But most of the respondents earning was limited to ₹ 5000. In short socio-economic data showed that the majority of the respondents selected for the study are striving hard to get economic sustainability to enjoy quality life, food, cloth, shelter.

Perception of the respondents on their present Situation

1. A great proportion considers themselves as a burden to family since they are not in a position to extent their support to their family members in any way.
2. Few respondents reported low self esteem as they are not earning and unable to communicate properly.
3. Dependency on others interms of moving from one place to another is causing a great challenge to them.
4. They always remain excluded from social rituals, celebrations thereby avoiding themselves to take part in the decision making process.
5. Few of the respondents expressed that they get proper emotional support from the family where as others are lacking this.
6. Allmost all respondents expressed that they are not dealt with respect by the people both inside and outside the family which develops depressed mental state of mind.
7. Most of the PWDs are not aware about the Government services as a result they did not feel it necessary to have disabled certificate

and those who are having the certificate are facing difficulties while availing any benefit.

8. Few PWDs failed to cope up with the adverse situations and they tried to commit suicide.

Suggestions given by the Respondents to improve their condition:

1. They expect to be treated with dignity and respect both in outside and inside the family.
2. They want NGOs to come forward and offer them vocational training thereby paving passage to earn.
3. Increased financial assistance by the Government and timely release of this assistance would be beneficial for them.
4. Few of the PWDs came to know about Government schemes and programmes from the students of social work who are working strenuously in the field. But it would be beneficial to them if the anganwadi worker takes the initiative to link the PWDs with the needed resources, as expressed.
5. Proper emotional support through counselling is needed to both the PWDs and the family members.

CONCLUSION

The findings of the study revealed that poor socio-economic status has its affect on the PWDs. Since they are not capable enough to earn so they are being neglected by the insiders and out siders of the family. They are not being listened properly as they fail to communicate their problems in a structured manner due to lack of knowledge and education in the concerned matter. They are not being given opportunities to take part in developmental activities thereby limiting their scope to participate actively and to take decisions. In comparison to them the respondents who have at least minimum contribution in increasing the family income, possess better position in the family as well as in the society. This discriminating behaviour of the family and society compelled many PWDs to commit suicide. Moreover, Lack of information about governmental schemes and programmes and services of NGOs, these PWDs are unable to mainstream them.

Under this backdrop it is important to the family members and the society people to accept the PWDs they way they are. They have to understand that PWDs have not become Disabled by choice, rather poor nutrition, improper medication, taking drugs, smoking cigarettes, mother exposed to disease, mental or physical trauma before birth and premature delivery, complicated delivery during birth and Malnutrition, Lack of vaccination, Infections like meningitis polio, accident, trauma, toxic substance after birth are the causes which made them disabled. Their conditions can be improved by disseminating proper information to them through anganwadi workers, through special schools, by opening avenues for income generation etc. In Cachar, Deshbandhu club and Seva Kendra are the only organisations who have been working genuinely to provide all kinds of support to the disabled. There is need of such organisations more in number to cater the needs of the disabled by paving passage to socio-economic sustainability.

REFERENCES

- Campbell, J. and Oliver, M. 1996. Disability politics: understanding our past, changing our future. London: Routledge.
- Gobalakrishnan, C. 2013. Problems faced by Physically Challenged Persons and Their Awareness Towards Welfare Measures, *International Journal of Innovative Research and Development*, 2(4): 487-493.
- http://mospi.nic.in/Mospi_New/upload/disability_india_statistical_profile_17mar11.htm
- http://siteresources.worldbank.org/DISABILITY/Resources/Regions/South%20Asia/JICA_India.pdf
- http://www.ccdisabilities.nic.in/page.php?s=&t=yb&p=disab_ind
- <http://www.census2011.co.in/census/district/144-cachar.html>
- <http://www.censusindia.gov.in/2011census/C-series/c-20.html>
- <http://www.languageinindia.com/jan2014/disabilityinindia2011data.pdf>
- http://www.unicef.org/protection/World_report_on_disability_eng.pdf
- Miller, P. Parker, S. and Gillinson, S. 2004. Disablism: how to tackle the last prejudice, London: Demos.
- Shakespeare, T. 2006. Disability rights and wrongs. London: Routledge.
- Srivastava, Prashant & Kumar, Pradeep. 2015. Disability, Its Issues and Challenges: Psychosocial and Legal Aspects in Indian Scenario, *Delhi Psychiatry Journal*, 18(1): 195-205.

