

Adolescents and Youth with Disability: Issues and Challenges

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Abstract: This study was conducted on the problems of marriage of physically disabled educated male youth from all four provinces of Pakistan, who came to participate in Third Special Scout Agnoree held in Quetta. On the basis of Purposive Sampling, ten (10) special youth were randomly selected from each provincial group – Punjab, Sindh, K.P.K and Baluchistan. In this way the sample population was based on forty (40) physically disabled educated male youth. On the basis of the findings and discussions some suitable recommendations were given to solve the problem of marriage among the educational special youth. In this regard special emphasis was given to fight against misconception and prejudices of the society against the disabled youth and their capabilities. On the top of every thing, it was recommended to seriously involve family of special youth and community in total recommended to seriously involve family of special youth and community in total rehabilitation of them. The finding of this survey, however, reveals that much more needs to be done. Policies and programs that address the specific needs of young people with disabilities are rare and usually small in scope. Even though small, these policies and programs clearly demonstrate that ensuring the health, well-being and right to self-determination of young people with disabilities successfully enables them to become contributing members of society. It was concluded here that inclusion of young people with disabilities in all social, educational and health programs benefit all members of a society. It is further argued that addressing the needs of this large and underserved population will be seen as a problem only so long as it is not seen as an opportunity.

Key words: Rehabilitation • Discrimination • Social Isolation • Integration • Intellectual competing

INTRODUCTION

Adolescents and youth with disabilities are among the neediest and most overlooked of all the world's children. Organizations of adolescent and youth that advocate for young people in general rarely acknowledge the presence of young people with disabilities or understand that many of their needs are identical to those of their non-disabled peers even as their rights are more likely to go unmet. Organizations that advocate on behalf of people with disabilities frequently group adolescents and youth together with younger physiological concerns of adolescents and youth with disabilities tend to go unaddressed.

For people with disabilities, the transition from childhood to adulthood is complex, in part because they are often seen as being 'childlike'. Children, particularly those with more visible disabilities, are frequently assumed to be in frail health and likely to die young. Indeed, in Pakistan, a child with a disability is referred to

as a 'little angel' sending such children to school, including them in social interactions or preparing them for participation in the adult world seems unnecessary to many families of adolescents and youth with disability often anticipate their early death, but not their possible survival.

It should not be this way. The rights of adolescents and youth with disabilities are clearly included throughout the Convention on the Rights of the Child, especially in article 2 and article 23. Article 2 calls on States Parties to "respect and ensure the rights set forth in the Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status". Special attention to the needs of children, adolescents and youth with disabilities is discussed in article 23. These children are guaranteed:

- The right to a full and decent life, to ensure dignity, self-reliance and active participation in the community.
- The right to education, training and preparation for life skills and employment.
- Access to health services;
- Access to rehabilitation services and recreation; and
- The right to special care and assistance, appropriate to the child's condition.

All this should be done in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community in a manner conducive to allowing the child to achieve the fullest possible social integration including his or her cultural and spiritual development. Lack of attention to the unique needs of adolescents and youth with disabilities is particularly unfortunate. Currently, few groups world-wide suffer as regularly from the denial of their basic human rights as adolescents and young people with disabilities. Disability has always been part of the human condition. Many individuals are born with a disability, while others acquire a disability later in life due to a variety of factors, including infectious disease, inherited conditions or accidents, as a consequence of malnutrition, lack of adequate preventive health care, exposure to environmental pollutants or as a result of warfare or landmines.

It is estimated that between 300 to 500 million people worldwide, live with a significant disabling condition. Of these, according to the World Health Organization between 120 to 150 million are children, adolescents and youth. Not included in these numbers are the millions of additional children, adolescents and youth affected by chronic infectious diseases including HIV/AIDS and girls who face significant impairments as a result of the practice of female genital mutilation. [1] One family in every four has an immediate family member with a disability.

Like all young people, those with disabilities need to live in safe and supportive environments; they need education, health services and access to sports and recreation. They also need to develop skills that will enable them to find work and that will serve them well in the work-place.

It is important to emphasize the similarities between disabled young people and their able-bodied peers because in many nations the needs of young people with disabilities have been considered similar, if not identical, to those of adults with disabilities. As the leading issue to confront adults with disabilities is usually

poverty and unemployment, it is not surprising that many programs targeting adolescents and youth also identify job training as their main focus. Although poverty and unemployment are very serious concerns for many of the world's disabled adolescents and youth, a survey of indigenous youth with disabilities found that young people report a greater desire for education, psychosocial support and rehabilitation than for job training [2].

In the following section, problems that affect adolescents and youth with disabilities will be discussed in greater detail. It is important to emphasize, however, that these issues are not separate from one another but rather form an interconnected whole. It should also be remembered that a general discussion can be misleading; the needs and social expectations of young adolescents (at age 11 or 12), may be markedly different than for older adolescents (at age 18 or 19) [3].

By far the greatest problems reported globally by experts and by individuals with disabilities are prejudice, social isolation and discrimination in society. To improve the lives of those with disabilities, education for the non-disabled majority must be undertaken and legal guarantees established and enforced.

Some cultures are more tolerant than others of people with disabilities. A society's attitude towards disability is shaped in part by what people believe to be the cause of disability (for example, bad blood, divine displeasure or punishment for actions in a previous life) [4]. Such beliefs are not always negative. For example, in northern Mexico the belief that God often gives children with a disability to couples who are able to show them special compassion and care influences the way the surrounding community responds to these children. How people expect individuals with disabilities to contribute to society also shapes the manner in which families and communities respond to children and youth with disabilities. Within every society, differences in socio-economic status, class, caste and educational level also significantly affect the quality of life for the individual [5]. It should be noted that many societies have very different attitudes towards disability and some disabilities may be looked on more favorably than others, even within the same community. (For example, some societies are accommodating the people who are blind, but look negatively on people who have a mental illness). It is also important to remember that in some societies traditional attitudes towards disability may be more favorable and more inclusive than the widely accepted 'modern' attitudes that are commonly based on Western medical models [6].

Medical and Rehabilitative Care: For most adolescents and youth with disabilities, social, economic and educational issues are far more pressing than are medical issues. However, the availability of rehabilitative care, prosthetic devices, age appropriate and culturally sensitive trauma care need to be singled out because of significant problems world-wide.

The most prominent unmet medical need identified for adolescents and youth with disabilities is the continuing lack of rehabilitation services. The United Nations estimates that of those worldwide who need rehabilitation, only 5 per cent receive any sort of care. Moreover, rehabilitative services tend to be concentrated in urban areas and are often very expensive. Programs that require long-term residency are also often unavailable to girls in societies where females are not allowed to travel unescorted or live on their own.

Prosthetic devices (artificial limbs, wheelchairs, hearing aids, eyeglasses and so forth) are often difficult and expensive to acquire and a growing young person would need frequent replacements. The issue is not simply cosmetic. A poorly fitting artificial limb has profound psychological and social implications for an already – marginalized adolescent. A wheelchair that has become too small limits the ability of a young person to leave the house to attend school, do chores or establish any measure of autonomy.

In addition, adolescents and youth with disabilities are sometimes made to undergo medical procedures that they neither need nor want. Disabled Peoples International and other organizations report continuing accounts from Europe, the United States, Latin America, Austria and Japan of disabled girls being pressured into sterilization and even full hysterectomies – in order to prevent unwanted pregnancies or ‘inconvenience’ to their caretakers through menstruation. Many of these countries still have legislation allowing sterilization no input required or even requested from the youth undergoing the procedure [7]. Although fewer accounts exist from Asia and Sub-Saharan Africa, the practice is believed also to be widespread in these areas, particularly among children of wealthier parents who can afford to have the procedure done.

Social Isolation: If adolescence is a period of transition that prepares young people for successful adulthood, for adolescents and youth with disabilities it is frequently a time of exclusion from many of the normal activities that build fundamental social, educational and economic skills. This exclusion is often formally sanctioned; young people

with disabilities find themselves frequently barred from participating in formal cultural and religious ceremonies that help define an individual’s changing status in the eyes of the community. They are also often left out of the less formal ‘rites of passage’ such as joining a sports team, dating or learning to drive the family car. This exclusion distinguishes young people with disabilities from all other groups of adolescents and youth in every society and has a detrimental impact on many of these adolescents’ sense of self-esteem and self-worth [8].

Education: World-wide, the vast majority of adolescents and youth with disabilities do not attend school, many have never attend school or attended only once in a while, a fact reflected in UNESCO’s estimate that the literacy rate for those with disabilities world-wide is only 3 per cent; the rate for girls and women with disabilities hovers closer to 1 per cent [9]. School buildings are routinely built with stairs, or far from community centers, making them inaccessible to many. In many countries, young people with disabilities are considered to be incapable of learning, no matter what their disability. Often a disabled student is considered a distraction to other students and simply sent home. Lack of access to schooling many reflect the belief that such young people cannot learn, that they should not be put through the stress of learning or that they are an embarrassment (evidence of bad blood, incest or divine disfavor) and should not be seen regularly in public. Poor parents often give priority to non-disabled children over their disabled siblings when money for school fees and uniforms is tight. Perhaps the primary reason why young people with disabilities are so often not in school, however, is because there is little perception by their families or their societies that they will need an education. This lack of education for young people with disabilities is found around the world. Even where educational system exist, the services and attention provided for those with disabilities rarely allows them to obtain education equivalent to those of their non-disabled peers; for example, the average reading level for deaf Americans is third grade.

Employment: Schooling for most of the world’s young people ends by mid-adolescence, after which most boys and many girls expected to work outside the home. As the United Nations report states, “the aims of transition (into the workplace) are the same for all The needs of those with disabilities are not different in kind, only in degree” [10].

Adolescents and youth world-wide are at higher risk for unemployment, partial employment or full employment at lower wages than adult workers. Young people with disabilities are at even greater risk. Entering the job market with little education and few or no skills, they have difficulty competing with their non-disabled peers. Specific physical or intellectual competing with their non-disabled peers. Specific physical or intellectual impairments may limit their job options and social prejudice may further limit the number of employers willing to hire them.

In the workplace, adolescents and youth with disabilities also find they have little margin for error. Unlike non-disabled young people, who often fail at a first job or apprenticeship, adolescents and youth with disabilities are rarely allowed to explore their options. Should they not succeed in an initial apprenticeship or be fired from their first job, those around them are quick to label them unemployable and refuse to let them try again [11].

Sexuality and Marriage: A major issue in the lives of all adolescents is the growing physical maturation and changing social role that prepares them for marriage and families of their own. Social and family constraints make it unlikely that many young people with disabilities will marry [12]. This is particularly true for girls. Without the prospect of marriage, in many societies these young people cannot hope to be accepted as full adult members of their communities [13].

Furthermore, when such adolescents and youth are viewed as 'childlike' or asexual, they usually receive little information about sex and sexuality in general and still less about specific concerns that are disability-related. This does not mean that they do not engage in sexual activities, only that there is no social acknowledgment or education provided them. This places girls with disabilities at increased risk for becoming pregnant and both girls and boys at increased risk for acquiring sexually transmitted diseases, including HIV/AIDS. Although there is a pressing need for further research on pregnancy and sexually transmitted diseases among adolescents and youth with disabilities, what does exist is cause for concern. For example, in the United States, the rate of AIDS within the deaf community is twice that of the general population [14].

Avoiding pregnancy is not the only issue. The right of a young woman with a disability to choose to have and raise a child is often limited. In many countries, a young woman with a disability is not allowed to maintain a

desired pregnancy, even if she is married. Young women with disabilities who do give birth often face the prospect of having their child given away for adoption or taken away to be raised by relative [15].

Methodology: It was a descriptive research based on empirical design. The sample was based on purposive method and consisted of special youth equally from all four provinces of Pakistan who came to attend Third All Pakistan Scout Agnoree at Quetta.

In this way the special youth were randomly selected from each provincial group of special youth. Hence, 40 special youth (male) were included in the sample. The data were collected through interview method which followed via pre-constructed questionnaire. The collected data were processed scientifically, analyzed and presented with the application of percentage distributions.

Summary of the Findings: After going through the study it has concluded that:

- The sample comprised of physically handicapped (45%), visually impaired (30%) and hearing impaired (25%).
- The participants belonged to various age groups. Majority of them (20%) was in 21-33 years age group, whereas 14 percent within the age group of 21-23 age group and only 10 percent were above 23 years.
- Regarding their academic qualification, 35 percent have Matriculation, 17.5 percent got Intermediate, 32.5 percent completed B.A. and only 15 percent who enrolled in M.A. but failed to complete it.
- Regarding the type and size of the family, majority of them (62%) belonged to joint family. The data revealed that the majority of them have large size of the family minima 3-7 member (57%).
- Almost 97 percent participants expressed their desire for marriage. They justified it with a reason that marriage as religious duty (6%), social need (17%), psychological need (20%), or biological need (3%). The majority of the youth (55%) accepted that arrange marriage is better and should be done with mutual consent of both parties' parents. 35 percent replied that parents should absolutely be decision maker in this regard whereas 10 percent of them supported that youth should be free to marry according to his own choice. It indicates that youth with special needs has knowledge about the different dimension of matrimonial alliance.

- In the selection of the life partner, the majority of the participants (60%) emphasized that life partner should be educated, 28 percent wishes for physically attractive life partner. Whereas remaining participant did not express any pre-condition. Overall, majority of them either gave priority to psychological-self (education) or physical-self (attractiveness) of the life partner.
- The majority of the youth (75%) gave priority to healthy life partner while only 25 percent said that their will be no harm to marry with physically handicapped. It is clear indicator to realize that majority of special youth demands physically normal life partner so that they would be able to get special support from them.
- The majority of youth (58%) indicated that still no one offer them to marry, 32 percent said negotiation are in progress whereas 10 percent did not reply to this question. It indicates that the family and society, the responsible institutions do not bother about the marriage of handicapped youth.
- The majority of the youth (70%) condemned to live with parents-in-law after marriage where are 30 percent said there is no harm, if, in-laws accommodate them in their house as family member. This indicates that majority is aware about socio-culture values of the society and has feeling of self respect like so called normal people.
- Majority of the participants (80%) disclosed that disability is a great barrier in their marriages, whereas 20 percent pointed out unemployment is a vital factor in this regard. It is important to note that both the factors are important in preventing them to enter in any matrimonial alliance. The society as a whole should think over the problem of marriage of special youth, because they are also human being and have their biological and socio-economic needs. Majority of the participants agreed that economic stability shall be helpful to great extent in the solution of problem of their marriage.
- Regarding the satisfactory marital life, majority of the participants (75%) was positive whereas 25 percent answered partially. This indicates that majority of them were confident to perform reproductive responsibilities.
- Majority of the respondents (76%) believed that a successful marital life demands mutual good understanding between husband and wife whereas 24 percent expressed that the wife should be most

obedient to her husband and other family members. One can easily understand that the special youth has awareness about social justice and empowerment of women.

RECOMMENDATIONS

- Special youth deserve to acquire higher education and technical skills, so that they can get jobs and better their economic status which will help them to have a life partner to lead marital life like normal persons.
- the parents of special youth especially and society in general, should be socially and morally support the different needs of disabled youth and care for their marriage. This will definitely lead to an organized life and as consequences they could be able to get rid off dependency to great extent.

A disabled person runs the risk of isolation in the community and segregation from other people. The most encouraging factor for the disabled is to receive full support, so that she /he can live as normal life as possible in the community. They must also be encouraged to take interest in their abilities. The social and psychological situation of disabled will be better of those who meet them take interest in their abilities only. The only way of achieving the right attitude towards the disabled is to accept him as a collaborator and fellow member of the community.

How any disability will affect a child's life depends a lot on the culture of the child's school, family and community. Different cultures may value special personal characteristics, including abilities and disabilities, very differently. Consequently a child who has a specific disability may not be handicapped or stigmatized and suffer many social penalties to a different culture.

- The government and NGOs should take keen interest in special youth's problems which prevent them to lead marital life like a normal person.
- The Government should take special interest and care to provide jobs to special youth according to their qualification and skills which will help them in solving their acceptance for marriage.
- Keeping in view the capabilities and personality characteristics of special youth, the marriage bureaus should assist them in their marriage and marital life.

- The government should establish special marriage bureaus for special youth at Town level in order to solve the marriage problems of special educated youth.
- Both electronic and print media should play dynamic role to bring about awareness in society to prevent prejudices against special youth. The media should try to remove the socio-cultural barriers preventing the special youth in matrimonial alliance and leading a married life.
- In relation to solving the problems of marriage among educated special youth, the involvement of their family and community is the key factor at all the level of matrimonial alliances and making their marital life a success.
- Last but not the least, it is recommended that the government and NGOs, particularly the media should daringly, effectively and morally endeavor for the health of the whole society. According to constitution of World Health Organization and revision of its definition, Health is a state of complete physical, mental and social wellbeing and ability to function not merely absence of disease or infirmity. The function here refers to Optimum Level Function (OLF) and emphasizes an ability to live an economically productive life.

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