

SOCIO-ECONOMIC PROBLEMS OF THE COMMUNICATIVELY HANDICAPPED IN INDIA

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Introduction

When the country's forty per cent of population is living below the poverty line; seventy per cent living in villages and when illiteracy is not lower than poverty, rehabilitation of the communicatively handicapped who form six per cent of the country's population becomes an extremely difficult task.

Inadequate speech and hearing centres in the country and the long duration of therapy needed, has made the problem still serious.

Wearing hearing aids is a social taboo. Only a limited number of people afford to have it. Thus a majority of the people who need it are living without it. It frustrates both the audiologists and the cases.

Poverty, social taboos and illiteracy have hindered the larger sector of population to overcome the speech and hearing disorders making the handicapped a burden on the society and an invariably unproductive element in the national economy. Proper public education campaign is lacking.

Discussion

The main social problem of the communicative handicapped is 'Social Integration'. Lack of proper public education among the normals has aggravated this situation.

To a large extent the handicapped are deprived of the normal school education. Thereby they cannot actively participate in the day to day activities. Moreover, they become subjects for teasing and taunting by the normal children. They are forced to get isolated and withdrawn from the normal activities. There are no proper outlets to recognise their potentials. They will go 'unheard, unsung, and unhonoured.'

The attitude of the parents to their own handicapped children is deplorable. They attribute the handicap to the bad deeds of the child's previous Janma—(*pehley janam ka pap hat*). They take it as their fate. Further, the handicapped become the subjects of accusation and cause for all the bad things which would happen at home. The ignorance of the parents regarding the causative factor of the handicap creates an 'unhealthy' environment for them.

The adults find it extremely difficult to get jobs even though they are capable of discharging the given work efficiently and even when their handicap is no hurdle

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for efficiency, such as, stammering, cleft palate, etc. These disorders may be overcome. In such cases there is no reason why they should not be given equal opportunity for employment.

For instance, a young and brilliant boy appeared and qualified himself for all the requirements for pilot's training. Finally, when he appeared for a personal interview, he was not selected just because he had stammering. This boy is now undergoing therapy at the Institute (AIISH, Mysore) rather a bit disappointed on losing his bright career. There are many such cases.

In the case of females, the situation is still more distressing as most of the males are not willing to marry girls because of the handicap. This causes frustration both to the parents and the person having the disorder.

Miss Z, a pretty young girl of an economically sound family acquired sensorineural hearing loss during her seventeenth year; wears a hearing aid and is doing her final B.Com., degree course by correspondence. For past three years her parents are trying their best to arrange her marriage giving handsome dowry to the prospective suitable groom. But they have not been able to do so as yet. There are many such girls in our country.

Master Babloo is a communicative handicapped child of eight years of an urban nuclear family. The parents are employed; the elder children are engaged in their scholastic activities. Babloo is alone with his uneducated maid servant who has little time to take care of him. Babloo is deprived of filial love and affection when it is most needed. There are many such Babloos in our urban areas.

Mr A, a handsome youth of 25 years had determined not to marry just because of his feminine voice. But, a week's therapy at the Institute (AIISH, Mysore) for his 'feminine voice,' entirely changed his philosophy of life. Now he is a married man; happily leading his married life with two children. But how many such puberphonic youths have found solution in the country?

Our present society has inherited the cultural heritage which is the product of an agrarian society. Agrarian society has been found to be a static one. To preserve the social values and the landed property among their own members consanguineous marriages became a social order. Further when the society was divided into professional groups and then into different castes, the principle of consanguineous marriages became further rigid and this dogma is still the 'legal tender' in many castes and sub-castes. This system is shared by every section of Indian society. However, this much 'valued principle' has become a major factor in producing a large "number of speech and hearing disordered people in the country. A study carried out by Mehboob Shahnawaz (1974) at the All India Institute of Speech and Hearing, Mysore has established this fact.

thus discouragement of consanguineous marriages goes a long way in our preventive attempts.

ECONOMIC ASPECT

As stated earlier, forty percent of our country's population is living below poverty line. In such a situation any attempt at rehabilitation gets frustrated.

To augment this phenomenon new scientific devices and techniques should be evolved and adopted to reduce the high cost and time needed for examination, treatment and counselling. For this purpose we can fully exploit all the channels of mass media more specially the radio and the television. A preliminary study done at the Institute by Satyendra Kumar (1974) to detect hearing loss by administering a test through radio, is laudable. By a single broadcast it is possible to screen thousands of people at a stretch to determine hearing loss. We need many such devices and techniques.

Public education in the rural areas is of utmost necessity as seventy per cent of the country's population live there. We have found that the school teachers and the medical people exert great influence over them. They are their ' friends, guides and philosophers.' If these people are educated it is easy to educate the rural folk. To meet this need regular orientation programmes appraising them about these problems should be given to medical men, school teachers, grama sevaks, and social workers. This helps in early identification and rehabilitation.

The improper treatment of the handicapped in terms of education, social status, training and employment has made them a liability on the Indian society. Due to this fact they have become unproductive members of the society. On the contrary the general belief is that these people are more conscious of the work, mistakes committed are few and the output in terms of quality and quantity is always better. Therefore any investment made will not become a waste. They will be the tax-payers and also productive members of the society. Thereby they will-pay off more than the investment involved in rehabilitating them and they will never be a burden.

It is therefore the primary responsibility of the so called normals to remove the hurdles. Because a society is only as strong as its weakest individual, therefore we cannot afford to ignore the needs of the handicapped.

Conclusion

These factors compel us to draw a conclusion that there is an imminent need, for social integration between the normals and the ' handicapped.' However, the following suggestions are made for their betterment and to have a changed outlook:

1. The selling price of hearing aids must be minimised, if possible by government subsidy. For employees the employers should reimburse the cost of the hearing aid.
2. New techniques suiting to the Indian conditions must be evolved and adopted to reduce the duration of the therapy period.
3. More number of speech and hearing centres should be opened up preferably in every district headquarter- of the country.
4. Correspondence therapy for the deaf children in all the regional languages should be started on the lines of John Tracy Clinic.
5. A campaign must be made *against consanguineous marriages*,

6. Establish more number of vocational training centres.

7. Above all public education should be intensified appraising the public in general and the medical men, school teachers in particular for the early identification of the problem which will help the people to seek the expertise as quickly as possible and to 'integrate socially' the handicapped.

Acknowledgment

The author gratefully acknowledge the valuable assistance provided by Dr N. Rathna, Professor in Speech Pathology and Director-in-charge and Mr P. D. Manohar, Lecturer in Speech Pathology, AIISH, Mysore in preparing the paper.

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