



## **Understanding the needs of Adolescents with Disabilities in the Developing World and the Role of Teachers**

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**Abstract:** Adolescence is an important milestone in the life of an individual which is associated with many changes, especially increased emotionality and emerging sexuality. Adolescents with a disability develop feelings of incompetence and helplessness because they are treated as diseased and deplorable by society. The role of the school, and particularly the teacher, is very important in helping the child to realize his potential and achieve social inclusion, which empowers the adolescent to overcome the challenges faced by him.

**Keywords:** Socio-Emotional changes, Discrimination, Intolerance, Sexuality, Role of teachers

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### **Introduction**

Adolescence is an important milestone, a special time in the life of a human being. It is known as a coming of age phenomenon. Not only is it associated with a heightened emotional and psychological change, accompanied by an emerging sexuality, but it is also an epoch of overcoming challenges and optimal realization of one's potential. At this stage, young adults make important choices in the areas of education, employment, and sexuality that impact their future. Adolescents may be vulnerable, especially those with disabilities, during this period of human transition in society. Due to the influx of hormones during the period of adolescence, there is a change in body structure and thought patterns. Sexual feelings start developing and an attraction towards the opposite gender is commonly felt. There is also an urge to understand themselves in relation to the outer world. These processes in adolescents contribute towards developing a sense of identity in them. The way the world treats them enables them to develop their self-concept and self-esteem. Adolescence is a difficult time for anyone, but it is especially difficult for disabled young adults who must deal with issues such as identity crisis, attraction to the opposite sex, career choice, reliance on others, restricted mobility, lack of infrastructure facilities, and so on, as well as social discrimination due to disability.

Adolescents with a disability develop feelings of incompetence and helplessness because they are treated as diseased and deplorable by society. They end up developing a sense of poor self-esteem and stigmatization. Adolescent girls with disabilities are worse off. Throughout the world, women and girls are treated unequally by virtue of their gender. A disabled female adolescent is most often highly neglected and even physically, sexually, and emotionally abused, making them more vulnerable at this stage and thus in need of special intervention and protection. The role of the school, and especially the teacher, is so important in helping the child to realize his potential and achieve social inclusion, which empowers the adolescent to overcome the challenges faced by him. The teacher can act as a facilitator entrusted with the task of creating an environment full of awareness, support, security, and encouragement where effective learning can take place. The teacher's role is critical in assisting the disabled adolescent in dealing with demanding and, at times, socio-emotionally threatening and marginalizing situations. He/She can help in the construction of sensitively informed, positive attitudes, which are the backbone of an inclusive society.



### **Concerns of Adolescents**

#### ***Socio Emotional Changes***

An adolescent can be defined as someone who is between the age of 12-18 years and Adolescence per se is a period marked by acute and multiple changes in physical and psychological realm, some of them being rapid. The period of these rapid physical changes in adolescence is known as puberty. The onset of puberty in girls is generally earlier than in boys. This process starts mostly around 10 or 11 years of age for girls and 12 or 13 years of age for boys. In the contemporary times, secular trends suggest that there is an early onset of puberty which is generally correlated with many variables such as the changes in the life style, nutrition, stress, hormonal changes and issues of self-esteem and body image. This is also the time when adolescents become more conscious about their appearance. All boys and girls want to look beautiful and attractive to the opposite gender. Being in a wheelchair or wearing a hearing aid becomes a source of constant concern for many at this stage. In a world where Consumerism has managed to convince the able bodied that they are imperfect, adolescents with disabilities are always reminded of their shortcomings and deficiencies. It makes them feel devalued and inferior to others. A disabled child, who was earlier managing his disability effectively, suddenly becomes very aware of his inabilities during the period of adolescence which results in a poor self-esteem, social isolation often leading to depression, marginalization and self-harm.

Adolescence is a period of transition. It serves as a bridge between childhood and adulthood- a stage in which a child is required to adjust and adapt to the socially acceptable cultural mores. It's a phase when high order thinking skills are developing, individual personalities are getting a fuller shape, and thinking about career and vocational choices begin and life goals are deliberated upon. Adolescents are searching for their identity which would help them realize their potential. Who am I? What do I want to be? What are the roles that I would like to play? These are some of the essential questions that occupy the young mind but for an adolescent these are scary questions. Their future may seem bleak to them, for example -how will they complete their education, will they get a job, what kind of opportunities are available to them, etc. are some of the questions that plague their minds. Lack of appropriate guidance and support by family and society is responsible for making the disabled adolescent feel excluded, discriminated and segregated. (Deal, 2006)

#### ***Societal Discrimination and Intolerance***

At this stage when peer relationships become more important than parental relationships and friendships with their peers get strengthened, the disabled adolescent is yet at a loss, again. The sense of belonging that an adolescent develops through interactions with the peer group is not an easily achieved goal for an adolescent with hearing impairment or in a wheel chair. The disability is his biggest enemy. He/ She are looked down upon as repulsive. Her/ His friends see him as an impediment or a barrier. Someone, who has to be constantly helped and taken care of and thus is best to leave alone, all this generally leads to the overall alienation of the disabled adolescent.

Right from the time of birth, they are socialized into being ashamed of their less than perfect bodies. As a result, they become passive or aggressive in their behaviour. They also have problems in making adjustments to their environment and are very often vulnerable to abuse and mistreatment. They face rejection by families and are ridiculed by their peers. One of the major concerns of Adolescents with disability is the lack of unconditional acceptance by the family. They often face rejection, shame and guilt at hands of family members leading to self-loathing and self-hate.

Adolescents with disability tend to get trapped into a vicious cycle of a poor self-esteem and self-concept leading to poor performance and low achievement (in any area they undertake). This self-fulfilling prophecy in turn leads to decreased motivation and learned helplessness. In the absence of any awareness and positive motivation, social integration of the disabled is almost next to impossible.



(Rosenthal et al, 2006)

The study of youth population of the world shows that adolescents with disabilities are one of the most marginalized and poorest groups. The United Nations data shows that nearly one-third of the disabled populations of the world are youths. Further, more than 80% of them live in developing countries. Adolescents with disability experience the same type of discrimination and social exclusions as generally experienced by people with disabilities. In most cases, the access to human rights enjoyed by non-disabled peers is denied to them.

The biggest obstacles in the lives of adolescents with disabilities are discrimination, social isolation and prejudice. The needs of adolescents, whether normal or with disabilities, are very similar. This is clearly mentioned in the Article 23, Convention on the Rights of the Child (UNICEF, 2000), a United Nations' body. They require an environment which is supportive as well as safe, which provides health services, education, sport and recreational facilities. It is essential that they develop skills which will ease their interactions in workplace as well as community. Unfortunately, the traditional approach in many cultures is to accept the fact that they are no longer children and will not be able to function or be fully accepted as adults. Thus rendering them virtually 'useless' for the community or the family. Their vegetative existence is not the outcome of the disability they live with but a result of the social ostracism that they are forced to live with. The Salamanca Statement (1994) adopted by the World Conference on Special Needs Education states that 'inclusion and participation are essential to human dignity and the enjoyment and exercise of human rights' which must be practiced in everyone.

### ***Adolescent Sexuality***

The Indian Council for Medical Research (ICMR,2007) acknowledges, "despite 35 percent of the population being in the 10-24 age groups, the health needs of adolescents have neither been researched nor addressed adequately; particularly their reproductive health needs are often misunderstood, unrecognized or underestimated."

Adolescence comes with a new sexual awareness and feelings which accompany the rapid physiological changes. This along with the social taboo on sex and sex related issues in our society and inability to get appropriate guidance leads to unwanted teenage pregnancies, increased risk.

Emergence of sexuality as experienced by adolescents without disability is different from their peers who have disability. This is because their disability has masking effect on the other aspect of their personality including their sexuality which doesn't get any acknowledgment from others for example an adolescent who has cerebral palsy and uses wheel chairs considered a child as if he/she is bereft of any sexual desires, just because he/she might not be physically growing as his/her peers might be. They do not get much opportunity to express, explore or experiment with their sexuality which leads to sexual repression in them, which may get expressed in different and unconventional forms. Sometimes adolescent's expectation and relationships with their care giver/teacher/mentor might acquire sexual overtones as a result of very close association and over dependence on them. An adolescent girl with orthopedic impairments who had to be carried to school right from her childhood had to discontinue her schooling because she was physically abused by the "care taker" who used to carry her. This situation worsens in institutionalized settings where same sex relationships develop due to intimate interaction and lack of appropriate guidance.

There is a hesitation and awkwardness amongst parents, educators and counselors while discussing sexual and reproductive health with adolescents in general, even more so with those with disabilities. They do not possess any information about how their bodies develop or how their body changes with age or how to establish and develop safe relationships. Many adolescents and adolescents with disabilities are taught from the beginning to be obedient, trust others, especially caretakers. Thus mostly, they do not have experience in setting limits regarding physical contact which ends up resulting in abuse. They are also more likely to encounter emotional, physical and sexual abuse both



in and out of the household, their abusers are the people they meet regularly such as the caretakers, house help and neighbors.

### ***Adolescent girls with disabilities***

In most developing societies, generally girls are valued less than boys. This misogynistic attitude is carried to another level with a disabled girl child. In the developing countries of the world, girls and women are discriminated against and are seen as an unwanted burden right from the time they are born and a disabled girl is socially perceived as a horrible punishment from God. The money parents are willing to spend on education, health care or job training of girls with disabilities is much less than that for boys with disability.

In most places girls are not even given a healthy diet and they tend to develop deficiencies and diseases or aggravate the existing ones. They are emotionally abused and sexually tortured. Very often they are denied their reproductive rights in the name of safety. Surgical removal of ovaries is carried out to prevent unwanted pregnancies (Sreedharan, 2014), Disabled female adolescents experience a double jeopardy that is they have to face difficulties both by virtue of being a girl and a disabled individual. The different types of abuse suffered especially by women with disability are neglect; emotional abuse can be seen in the form of torment, abandonment, rejection. Physically, the abuse comes in the form of deprivation of food, water, being beaten. On one hand, women with disabilities are considered as asexual, but they are at a higher risk of being sexually abused compared to other women (Basile et al,2016; Maiihot et al 2021)

Female adolescents with disability are at higher risk of being married by force, being sterilized or undergoing abortions against their wishes. Often, they are subjected to violence and sexual abuse accompanied by a greater risk of acquiring HIV. It is possible that most people with disability could suffer from the lifelong cycle of stigma and prejudice however females with disabilities are at a higher risk.

### **Role of the Teacher**

The teacher plays a very important role in ensuring that the adolescents with disabilities are unconditionally accepted and regarded as equals. She/he understands and nurtures sensitivity and empathy for adolescents with disabilities. For a society to be fully integrated, it is imperative that all sections of the society are included and there exists no marginalization of the minorities. The Sustainable Development Goals 2030 propounded by The United Nation Organization entail non-discriminatory practices towards the disabled, down trodden and sexual minorities. This plan of Action seeks to establish a society based on the principles of Equality, Equity and Justice for all.

She/he must ensure that the rest of the group/class doesn't ridicule or discriminate anybody. The teacher should understand an adolescent with disability holistically that is as an adolescent going through the stress and storm(Hall,1904) of adolescence along with his/her struggle to cope with his disability. The teacher acts as a bridge between two important social structures namely the home and the school. She/he has to work as the liaison undertaking Family counseling sessions for both parents and children to help them understand each other's needs and perspectives and thus develop harmonious and healthy interpersonal relationships.

Bullying is yet another social bane that disabled adolescents experience (Christensen et al,2012;Icyanda,2021). Their disability makes them more vulnerable and susceptible to ridicule, verbal insults and even cyber bullying. Zero tolerance to bullying or any other social practices which target the adolescents with disability should be admonished and dealt with strictness at the institutional as well as at the level of classroom teaching. The role of the teacher is to be vigilant and stand guard against such practices.

The teacher should be very vigilant to long absence of adolescents with disabilities which may signal



a serious underlying cause or special needs of the adolescent. If possible the teacher may intervene in the situation and provide support in collaboration with parents and other school personnel. The teacher must understand that adolescents with disability are a heterogeneous group. The level of disability will be determined by the severity and acuity of the disorder. This means that there will be intra - disability differences among individuals, thereby adding specificity to their needs and capabilities. Moreover, the sense of belonging that an adolescent develops through interactions with the peer group is not an easily achieved goal for an adolescent with hearing impairment or visual impairment or other disabilities. The Teacher has to be sensitive to this and try to build an environment to facilitate the development of a sense of fellow following among disabled and nondisabled peers. She must undertake Collaborative Teaching (Vygotsky, 1978) for adolescents with special needs. This will enhance peer interaction and friendship and boost self-concept of adolescents with disabilities. In order to create a fully functional society which is tolerant and inclusive, the differential capacities of one and all must be integrated. Attitudinal acceptance of a society comes about when children grow up together embracing diversity and a teacher plays a very important role in achieving this feat. The job of a teacher is not easy. She/he not only has to be sensitive to the special needs of her students (with disability) but also has to be alert and guard against any feelings of intimacy which the student may harbor due to closeness they share and also be equally caring towards the needs and aspirations of non-disabled adolescents to maintain harmony and emotional congruence among all. At the academic level, there should be development of an Individualized Education Plan (IEP) which is an educational tailor-made, specific to the needs and potential of the adolescent with disability. Not only should the curriculum be customized, the evaluation should also be student centered and follow norm referencing. An equally important question if not more than what to teach how to teach in the classroom is... a sensitive and safe environment, where children are encouraged to experiment, learn from their mistakes should be co-constructed and there should be organization of remedial classes to help adolescents with disability to help them learn at their own pace and address areas which need a special focus.

### **Conclusion**

In conclusion, we must remember that a disability in an adolescent set's them apart from others in terms of their physiological and psychosocial needs but does in no way make them inferior to others. At the end of the day, one must remember that we all have deficiencies and handicaps, some more visible than others. When the home, school, and society at large extend an arm of love and acceptance, it will lead to nurturance and enable the adolescent to blossom despite all odds, overcome all barriers, and face all challenges with a smile, while rejection from society leads to self-loathing, dejection, and poor self-concept.

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