Social interventions to moderate discriminatory attitudes: The case of the physically challenged in India

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Abstract

Disability attitudes are major barriers in improving life conditions of physically challenged people in developing countries. Studies have shown that people, in general, harbour negative and paternalistic attitudes towards persons with disabilities. Myths, legends, scriptures and folklores are all part of the cultural belief system that shape such attitudes. The physically challenged frequently suffer more due to societal prejudices than due to their disabling physical conditions. The social and physical environment in which these physically challenged live is often designed without much consideration of their special needs. In this article, some social interventions aimed at changing disability attitudes of rural people in India are discussed. As part of a community-based rehabilitation programme, the main thrust of these interventions was to shift attention of local communities from disabilities to abilities of the physically challenged. The efficacy of these social interventions is discussed.

Keywords: *Disability, attitudes, intervention, discrimination, India*

Introduction

The term ''social stigma'' is not very popular in the disability sector. Instead, the focus in research and intervention programmes has been on disability attitudes and beliefs, and discriminatory practices (Miles, 2000). The rehabilitation programmes thus often emphasize bringing about the desired changes in attitudes, and moderate prejudices and stereotypes. This article reviews research on disability attitudes and discusses one such community-based rehabilitation (CBR) programme that aimed at moderating attitudes towards the physically challenged.

Disability is often what we perceive; it is in the mind of the perceiver (Wright, 1983). Disability policies, programmes and practices of any country are manifestations of the attitudes that people in different cultures share. It is therefore, easy to assume that in developing countries where basic life conditions are hard to maintain, such prejudices would have far more dehumanizing consequences. People in their struggle to survive and feed their dependents go through all kinds of exploitations and degrading experiences. There is poverty, illness, illiteracy and massive unemployment, leading to severe competition for diminishing resources. Under such conditions persons with disabilities are one of the most vulnerable groups, which suffers more due to societal prejudices than due to their disabling physical condition.

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The question is: in what ways are attitudes towards disability changing in developing countries? There is no simple answer to this question, as there is a real dearth of research on this issue. Mallory (1993) observed that in developing countries traditional attitudes of pity and charity are changing slowly. Miles (1996), on the basis of his study in Pakistan and other studies in 30 countries, noted that the progressive development is from negative, stigmatizing and rejecting attitudes, through pity and compassion towards willingness to accept the physically challenged persons on equal terms. However, any such general conclusion needs to be tested with some standardized measures of attitudes and beliefs.

In the last few decades, many developing countries have enacted laws to curb discriminatory practices in employment, health and education, and to equalize opportunities for the physically challenged. The People with Disabilities Act (1995) in India, the Disability Discrimination Act (2002) in Korea and the Human Rights and Equal Opportunity Commission Act (1986) in Australia are some of the examples of comprehensive legislative measures. Indeed, more than 70% of the disability-related laws in Asian and African countries have been enacted in last quarter century only.

In spite of these legislative measures, full participation and equality of opportunity for persons with disability, especially in the field of health, education and employment, is still a distant dream. The social and physical environment is still designed without considering the special needs of persons with disabilities. Physical obstacles and social barriers prevent these people from participating in community and social life. As the ESCAP Report (1993) states in the context of Asian and Pacific region, ''This is largely because negative social attitudes exclude persons with disabilities from an equal share in their entitlements as citizens. Such attitudes also curtail the opportunities of people with disabilities from social contact and close personal relationships with others'' (p. 5). The report further states that, ''With improved attitudes, increased awareness and much care, we can build social and physical environment that are accessible to all, i.e., we must work towards a society for all'' (p. 5). It is therefore important to understand these attitudes more closely to examine their implications for rehabilitation activities. Helander (1994) also stated, ''Perhaps the most important reason for the difficulties disabled people are facing lies in the negative attitude towards them, an attitude based on ignorance and prejudice''.

Wright (1964) found that a negative evaluation of the condition of disability spreads to influence the evaluation of other non-impaired characteristics. Such spread effect—the power of single characteristic to evoke inferences about a person—was demonstrated in many studies (Hewstone, 1994). These studies evidenced that the term ''disability'' can evoke many responses about various presumed dispositions of a person with disability. These responses are not casual; they indicate the respondent's generalized views about disability. People generalize from the physical characteristic to affective and behavioural characteristics. Such stereotypes could be coherent and fit in people's own naive theories. These are based on culture-specific popular misconceptions amplified by literature, poetry, paintings, music, and so on. Wright (1983) has stated that because of the spread, the degree of disability is often perceived as more severe and disabling than it actually is.

Another related issue is the meaning of positive attitude. The research suggests that people with disability and those who do not have any disability differ significantly in their perception regarding what constitutes a positive attitude. For persons with disability, positive attitude would mean either dispensing away with the special category of disability entirely, or promoting attitudes that defend their civil and special rights. For a non-disabled, positive attitude would reflect a desire to be nice, helpful and place the person with disability in a situation that can give the special attention they require (Makas, Finnerty-Fried, Sigafoos & Reiss, 1988). Therefore it is possible that, in being nice, caring and helpful, the

non-disabled may be perceived by persons with disability as exhibiting a negative rather than a positive attitude towards them.

Negative attitudes are expressed sometimes subtly, sometimes bluntly, and sometimes viciously. People who find it socially undesirable to express such attitudes publicly develop their own indirect ways of expressing them. Sometimes it takes time to identify such negative attitudes. For example, an employer offering a physically challenged employee an easy, risk-free and less difficult job may be manifesting a negative attitude, a belief that such an employee has poor abilities. In the similar vein, a person having patronizing attitude would give money to ''help those poor little crippled children''.

Such attitudes and beliefs are often internalized by persons with disability to conform to social expectations. Often people with disability face the conflict of performing according to the expectations of the society on one hand, and expressing their real aspirations on the other. They are expected to behave normally, while constantly reminded of their non-normality through interpersonal interaction, architectural barriers and restricted vocational choices (Holmes & Karst, 1990). Whether the conflicting situations are seen as primarily imposed from the outside, or as stemming from internal conflicts will determine where the resentment will be targeted.

Attitude change: Theories and research

People undergo shifts in their attitudes in the process of integrating their life experiences. Social psychologists have long been interested in the process that propels people to change their attitudes in a positive direction. Many theories and techniques of attitude change are propounded and a large body of research is generated to test the efficacy of these theories and techniques. The purpose here is not to review this literature but to briefly examine the possibilities of changing attitudes towards persons with disability.

Many social psychology textbooks define attitudes in terms of its three components: beliefs (evaluation), affects (feelings) and behaviour tendency (e.g., Myers, 2005; Stephen, 2003). An attitude in this sense is a complex system of interrelations among these three components To understand disability attitudes in the larger perspective, it is essential to take all the three components of an attitude into consideration, where change in one component will affect the overall attitude. The attitude where all three components are congruent is difficult to change, whereas attitudes with incongruent components are more amenable to change. Secondly, attitudes are learned responses. These are the manifestations of what we had experienced in the past. An unpleasant encounter or information will contribute to the formation of negative attitudes. Thirdly, the attitudes that are rooted in socio-religious belief system are less liable to change. Myths, legends, scriptures and folklore, are all part of the cultural belief system that shape our perception of physical disability. Lastly, the attitudes that are functional are less likely to change. Consciously and unconsciously, we form attitudes that are adaptive and useful. Conversely, attitudes that become dysfunctional are more amenable to change (Kraus, 1995).

As posited by Kelman (1978), there are some basic conditions of attitude change, that is, the circumstances under which attitude is most likely to change. According to Kelman, any systematic attempt to change attitudes must consider three basic premises: (a) attitudes are functional; (b) attitude are socially shared; and (c) attitudes represent a range of commitment to the attitude object.

Attitudes develop and change whenever we are exposed to a new experience and information. Once formed these attitudes become the basis for shaping our new experiences. They affect the kind of information we are exposed to and the way we make sense out of that

information. Since these attitudes become functional, our natural tendency is to pay more attention to the confirmatory information than to the discrepant one. Thus, the discrepant information has to be sufficiently strong and compelling to create some dissonance in the mind of the person. Festinger's cognitive dissonance theory (1957) argues that people may be forced to bring some change in their attitude in the face of discrepant information. More than 2000 studies have supported the predictions derived from this theory (Cooper, 1999).

An attitude is simultaneously a personal disposition and a societal product. It always has a social reference. Our all attitudes have their basis in social communication and learning, which we share with other members of our group or community. In some societies, attitudes are closely linked with group goals or group identity and there are pressures towards uniformity. In such cases, attitude change is typically rooted in the process of communication within the group, the terms of which are set by the opinion leaders. The attitude change process, whether it takes place at the level of compliance, identification or internalization, is likely to evolve to a significant degree out of such social interaction.

Finally, for each individual, a given attitude represents a range of commitment. This refers to both positive and negative associations and actions; both approach and avoidance tendencies. Attitudes define our relationships with people, groups and objects. An event or experience will bring change in attitude if it presents opportunities that have not been presented before. People may have been ready for this change in the sense that it was within their range of commitment and part of their potential repertoire.

Attitudes towards the physically challenged

A number of studies conducted in the Asian region shows that people experience wide discrimination because of their physical disability. Literature in this area provides substantial evidence that the physically challenged do feel discriminated in all societies (Lang, 1998). In a National Survey conducted in Korea (2002), about 85% of the population with disabilities felt that they are discriminated against because of their physical condition (Kim, 2004). Similar findings were obtained in India also. In two studies conducted in the rural areas in Northern India, Dalal et al. (Dalal, 2000; Dalal, Pande, Dhawan, Dwijendra, & Berry, 2000) found that the prevailing disability attitudes of local communities and families of persons with disabilities were negative and patronizing. It was found in this comprehensive survey that 50% of the families in the rural sector felt that their members having disabilities could do nothing in terms of contributing to family income. These negative attitudes are considered major sources of social discrimination in terms of delayed treatment and rehabilitation, school drop-out and for giving low priorities to disability services. Conducting a survey using the same measures in South India, Paterson (2000) found that the attitudes of CBR workers towards people with disabilities were not affected by age, gender, marital status, CBR work experience and contact with a person with a disability. Their attitudes are slightly more positive towards those with orthopaedic disabilities and more negative towards people with a visual impairment. The only significant influence on attitudes was the overall years of school attended. Nowicki and Sandieson (2002) meta-analysed 20 studies spanning the period 1990–2000 which met the inclusion criteria, allowing for 65 comparisons across 2240 participants from different countries. Factors of interest were attitudinal components, type of disability, age and gender of respondents, and role of inclusion. The majority of research findings revealed that children preferred target children without disabilities compared to targets with physical or intellectual disabilities.

Attitudinal handicaps are pervasive and often far more devastating than the environmental handicaps. Whether the negative attitudes are of aversion, fear, guilt, anger, pity or

sympathy, there is a need to change these attitudes to ensure better social integration of persons with disability. The process of integration is a continuous one, and should manifest in the level of participation of persons with disability in community life. It should also manifest in the community's participation in rehabilitation activities.

It is, therefore, imperative that the focus of rehabilitation activities should not only be on the physically challenged, but on community and rehabilitation professionals as well. The shift of attention has to take place from person to his or her socially handicapping conditions. In so far as disability is made more handicapping due to neglect, prejudiced attitudes and discriminatory practices of the society, it would require that the society gets rehabilitated and not persons with disability. The meeting of the United Nations (1977) recognized the importance of attitudes in creating social barriers. It was argued that ''discriminatory behaviour may take place either because a person is prejudiced, or because prejudices have been built into the laws, regulations and customary norms and requirements of different social structures and institutions'' (p. 11).

In India, as in other developing countries, attitude change is an essential component of all CBR programmes. Many of these programmes employ folk songs, stories, plays and involve spiritual leaders in bringing about attitudinal changes. Unless carefully planned, many of these programmes may end up reinforcing the traditional attitudes towards disability (Miles, 1998). With realization that once formed, attitudes are resistant to change, attitude change is a very challenging task.

In one social action programmes in the rural areas of Northern India (in which this researcher participated as an active member), social interventions were aimed at bringing about attitude change. In the following section, some of the interventions introduced in the rural communities are examined and its efficacy in moderating social discrimination towards people with disabilities is discussed.

A community-based rehabilitation project

CBR is a philosophy of the empowerment of the people with disability with the active efforts of the local communities. WHO provides a general definition of CBR as the ''measures taken at the community level to use and build on the resources of the community, . . . including disabled persons themselves . . . their families, and their community as a whole'' (Report of WHO Expert Committee on Disability, 1981, p. 9). It envisages a social programme in which a community shows awareness and sensitivity to the special needs of its physically disadvantaged members and their families, and feels responsible for bringing about the desired change.

One of the major objectives of this CBR project, in which the author participated as an initiator, was to change disability-related attitudes of the community. As part of the project, a number of activities were initiated for socio-economic development and social integration of people with disability, and attitude change interventions were part of it. This paper will primarily focus on the latter interventions, which had implications for changing attitudes in the targeted communities.

The project area consists of five villages of the Sirathu tahsil (an administrative unit comprising about 70 – 80 villages), located 70 km from Allahabad city. Around 950 families live in these villages. This was one of the most backward regions of the Allahabad District. Barring a few high-caste families, most inhabitants belonging to lower castes were illiterate and worked as agricultural labourers. There was only one primary health centre for 80 villages. These villages had very poor telecommunication facilities and were mostly inaccessible in the rainy season. There was no other voluntary agency working in those villages.

This community intervention programme envisioned an attitude change through such action programmes that create dissonance in the minds of people by demonstrating strengths of persons having disabilities, who were otherwise looked down upon as unproductive members of the community.

Social interventions for attitude change

(a) Role reversal: From beneficiaries to providers

The government of India has launched a number of schemes for the welfare of people with disability in last five decades. Many government schemes, such as travel concessions, scholarships, disability pension, bank loans for self-employment, and so on, were not accessible to the targeted groups, partly because of bureaucratic hassles, corruption and callousness. A disability certificate, which only the Chief Medical Officer of the district, or the Heads of Departments of the Medical College in Allahabad city were authorized to issue, was needed to avail government schemes. For poor villagers, it was nearly impossible to procure these certificates, and only five to six physically challenged people in these villages had the certificate.

The first major venture of the CBR Village Committee was to organize three certificate camps. To organize these camps, the Committee conducted a survey and identified about 350 physically challenged children and adults in the region. These persons assembled at a community centre on the day when medical officials, who were authorized to issue disability certificates, visited the project area. The team conducted the medical check-ups and issued medical certificates to the deserving then and there. It helped 122 persons to get the certificate in the first phase. This certificate could be used by the physically challenged persons and their families to avail travel concession. For example, persons with disability got 75% concession in rail and bus travel, and one of the accompanying persons was also entitled to the same concession. This was a substantial saving and many looked for opportunities to travel with the physically challenged. On the basis of this disability certificate, a few physically challenged persons got small loans from banks to start their own businesses, which often benefited the whole family. Availing these government benefits indeed made the physically challenged providers of certain benefits to their family and friends.

Another activity that facilitated attitude change was an initiative taken by the children with disability to collect public donations for the relief of the flood victims. These children went from door to door in their neighbourhood appealing people to help victims of the flood that ravaged the nearby region. The physically challenged children prepared their own band and they took out processions to collect public donations. Though the money collected was not a big amount, children with disability were seen for the first time during these campaigns as contributing to a social cause, rather than being at the receiving end. This initiative by the physically challenged children was widely covered by local newspapers.

(b) Breaking mental barriers

A survey had shown that the physically challenged and their families believed that disability severely restricts one's ability to be a productive member of the family (Dalal & Pande, 1995). It was also found that people often describe disablement in terms of the activities that the physically challenged cannot do. People often shook their heads and commented, ''How can people with disability do anything?'' They attributed their condition to their Karma

(deeds) of the past lives. Often times such prejudices and negative attitudes were functional, as it not only explained the suffering but also justified inaction on part of the concerned people.

In our endeavour to shift attention from disabilities to abilities, the CBR Committee tried to create a condition in which people were required to discuss the abilities that these physically challenged had. The team organized focus-group discussions taking physically challenged unemployed youths, their families and other community members. The focus of the discussion used to be ''What work can these youths do?'' for which their names could be recommended for the bank loan under the self-employment scheme of the Government. Since financial incentive was implicated in such discussions, participants often took more than the usual interest in identifying the abilities in those whom they earlier thought ''cannot do anything''. The whole exercise was meant to shift the community's mindset from disabilities to abilities. Everyone, including the persons with disability and their family members, was encouraged to join in the deliberations. Several such focus groups were formed which met for many days to figure out what work physically challenged applicants can do well and succeed.

These focus-group discussions helped in identifying the strengths of the physically challenged applicants. These were listed in the recommendations of different focus groups. At the end, many physically challenged persons were selected by a bank to furnish small loans under self-employment schemes. The local people helped these people set up their small business ventures. The success rate of these business ventures was high and many of the physically challenged entrepreneurs became economically independent, and even supported their families. The whole venture created many success models, which not only inspired others but opened up a public debate about what the physically challenged can do, and do well.

(c) Opening of an integrated school

It had been realized for a long time that children with major disabilities had no access to any education in the region. With some support from the Rajiv Gandhi Foundation, New Delhi, an integrated school was started in one of the villages with one teacher and 25 children, 15 of them with physical disabilities. The school was located in the premises of one of the office bearers of the CBR Village Committee. The children were imparted basic reading and writing skills and arithmetic. For most of the children with a disability, this was their first experience of formal schooling. The school provided a forum for community members to come together, particularly the parents of physically challenged children. This community school became the centre of many community activities, and was consequently instrumental in breaking many misconceptions and prejudices about the children with disabilities. It also helped in bringing awareness in the community to the special needs of school-going children with disabilities. Many of these children later joined regular schools and did well.

Programme evaluation

The CBR programme went through many ups and downs in its 3 years of life history. It ran short of finances and faced the ire of local leaders who had their own vested interests. Caste hierarchy and the feudal system of functioning also created many difficulties. Notwithstanding, the CBR Committee persisted and succeeded in mobilizing local people for its activities. The support from the Rajiv Gandhi Foundation (New Delhi) eased the financial constraints and helped in sustaining many of the community interventions.

It is indeed difficult objectively to appraise attitude change using standard measures in such projects. Ideally, these community interventions should have been planned in accordance with the before – after quasi-experimental design but it is rarely feasible while working with the real communities. In a CBR programme, planning and decision-making is often a prerogative of the participating local communities, limiting the role of a researcher.

However, some indicators of the efficacy of this programme in bringing about attitude change and awareness were unambiguous. First, was the increased visibility and participation of people with disabilities in community activities. They actively participated in various forums, that is, in schools, health centres, community meetings and social festivities. Many of them stepped out of their houses for the first time. Their presence and participation in public life was indicative of the changing public attitude. It made community members aware of the physical barriers and social barriers faced by the physically challenged. Second, it was also noticed that the number of physically challenged attending the meetings called by the CBR Committee gradually increased from none to 30 – 40% during the 3 years. In these meetings, people were more actively involved in discussing the direction that this CBR programme should take. Third, records of the primary health centre revealed that there was almost a 150% increase in immunization against polio in the third year. That is, more families were bringing their children for the polio vaccine than in the past. Fourth, a greater number of people from this region were reaching out to hospitals and rehabilitation centres in a nearby city, as reported by the staff of these institutions. People who earlier thought that nothing could be done were now exploring the possibilities of medical rehabilitation with community support. These outcomes, though not precisely quantified, were indicative of the definite change of community's attitude in a positive direction.

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