

# *Socio-cultural Issues related to Inclusion of Persons with Intellectual Disabilities and its Implication on Policy Development*

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**Abstract :** *According to the World Health Organization (2005), approximately 10% of the world's population has a disability, and 80% of those with disabilities live in the developing world. Since the mid-twentieth century, there has been a growing international disability movement that has pushed for the inclusion of people with disabilities within society. Countries have developed policies related to education, employment, income support, and anti-discrimination to improve the position of people with disabilities within their own society. This is sometimes based on international agreements and programmes, such as the United Nations Declaration on the Rights of Disabled Persons of 1975 (United Nations, 1975), UNCRPD (United Nations 2006). However, for policies and programmes to be effective, it is important that they take into account the cultural beliefs about disability that exist within their populations. This study explores the cultural beliefs of people towards the disability in Indian set up, and the impacts of such beliefs on the implementation of disability policy and focus on new role of teachers for successful implementation of Inclusive education. India is a country with all level policies promoting community inclusion and inclusive education. Despite these policies, people with disabilities are often excluded from schools and community life.*

**Key words-**Disability, Socio-cultural issues, Equalising opportunity, and Inclusion

*Socio – cultural* components emancipate the life and work conditions of the society. *Socio – cultural* issue take into account all the individual aspects of a society such as their beliefs, policies, approaches, family relation and issues pertaining to the normal living.

### **Socio-Cultural perspective**

Since more than 30 years American Association of Mental Retardation (AAMR) currently renamed as American Association of Intellectual and Developmental Disabilities (AAIDD) has given many definition of mental retardation (Herber, 1961, Grossman, 1972, 1983, Luckasson et.al., 1992). The inclusion of a functional component of “adaptive behaviour” as an essential feature of MR, one that is measured relative to an individual’s age and cultural context, has had profound implications for understanding what MR is and is not. Definitions given by International Classification of Diseases X (ICD 10, 1990), Diagnostic and Statistical Manual (DSM IV), and all other experts have highlighted the importance of adaptive behaviour in the context of socio cultural aspects of persons with mental retardation (Ramey, Dossett and Echols 2002).

Jacobson & Mulick (2003) presented that, disability is a social construct which ascribes an explicit value to patterns of everyday behaviour, and demonstrate cognitive ability within a developmental and ecological framework. *Social ecology* is directly relevant for assessing and understanding who will be classified as having disability and who will not, that is, rather than identify absolute levels of skills or performance as the diagnostic signs for determining, whether disability exists. The clinical diagnosis is made within a specific *ecological framework* and it is thus realistic construct that is affected by multiple ecological dimensions.

There is no doubt that ecological dimensions include demands and expectations of a given culture for a given cohort and the degree to which the environment affords opportunities for learning and the expression of specific competencies. Identical performance of two individuals in different cultural or societal contexts may yield different conclusions about whether they do (or do not) have the disability. Furthermore, a given individual could be judge to have Mental Retardation in some settings or at some ages, but not necessarily in others. This is also true that “*disability is a construct that finds its meaning in the social and cultural context rather than characteristics that the person has*”. So, the major emphasis of disability studies is to shift from a medical model to socio cultural model.

The socio-cultural factor is an umbrella term used to refer to cultural and social developments. Deborah and Peter (2002) defines the two terms in following ways -

*Society* relates to- A totality of the social relationships among human being. A group of humans broadly distinguished from other groups by mutual interest, participation in characteristic relationships, shared institutions and a common culture.

*Culture* can be explained as- The socially transmitted behaviour patterns, arts, beliefs, institutions and all other products of humans and their thought. It is also depicted as the patterns, traits and products considered as the expressions of a particular period, class, community or population.

The International Classification of Functioning, Disability and Health (ICF) is World Health Organisation (WHO)'s framework to measure the health and disability at both individual and population level. It presents the major conceptual models of disability. The *medical model* views disability as a feature of the person, directly caused by disease, trauma or other health condition. The *social model* of disability on the other hand, sees disability as a socially created problem and not at all an attribute of an individual because the problem is created by an unaccommodating physical environment brought about by attitude and other features of the social environment. ICF (2003) presents *biopsychosocial model* as more useful model of disability, which is an integration of medical and social model.

As culture is depicted as the patterns, traits and products considered as the expressions of a particular period, class, community or population, it can be said that behaviour expressed in one community can be labeled as- "the abnormal behaviour" but same can be considered as normal in other community setting. For example hugging, and kissing in public place as well as homosexuality is widely accepted in many European countries and United state of America but the same behaviours are seen differently in social and cultural situation in India and many other countries.

### **Significant determinant for successful inclusion**

- *The field of disability has not yet recognized the combined discrimination of gender and disability experienced by women who have disabilities.* (Dugan & brooks, 1985)

- *The policies and practices in the field of disability has not been designed to meet the specific needs of women with disability.*(Ane , Asch, Kutza and Rudrick,1989)
- *The double discrimination experienced by women with disabilities has profound effects on all major areas of their lives.*(Transtadottir, 1990)

In spite of major change in outlook, the condition of women in general is unsatisfactory and alarming in many places. In the year 1975, international year was observed for women but no significant change has taken place.

The important components which generally affect women with disabilities in Indian society are-Social policies, neglect family reactions, social adjustment, sexuality, employment/ work, education, abuse and exploitation

Cultural understandings of disability can influence the type of services provided within a community, the likelihood that parents will seek out schooling or medical interventions for their children with disabilities, and the degree of inclusion of people with disabilities (Mutua & Dimitrov, 2001; Danseco, 1997; Carnie & Orelove, 1988). In fact, cultural understandings of disability are so influential that Groce (1999) argues that people with disabilities are limited not so much by impairments or activity limitations, but more from the cultural interpretations of disability. Thus, cultural beliefs, myths and attitudes must be understood if states are to plan and implement policies and programmes with the intent of making a difference in the lives of their citizens with disabilities. Cultural beliefs about disability are related to their social beliefs about causality of disability, the valued and devalued attributes of people within that culture, and the anticipated adult status of a person with disability. For example, in some Asian countries that have cultural beliefs regarding reincarnation, disability can be seen as both a temporary condition related to this particular incarnation, as well as a condition caused by events in a previous life (Danseco, 1997; Leonard, 1985; Edgerton, 1981).

Haihambo (2004) found some myths about the causes of disability common among some ethnic groups were-

- Disability is contagious.
- If twins of the same sex are born to the same mother, one has to be killed; otherwise, misfortune such as disability or death will befall the family.
- A jealous rival who wanted the husband of the (expectant) mother bewitched the family.
- A specific family has a child with disability because they do not go to church.

- Fathers desert the family when a child with a disability has been born, because in their family history, there is no one with a disability.
- The child was bewitched while in the womb.
- If a child with albinism is born, s/he has to be killed and offered to the ancestors to remove the curse.

Ranjan and Kumar (2011) conducted a study on “Cultural beliefs regarding people with disabilities in Himachal Pradesh: implications for the inclusion of people with disabilities” and explored the themes related to the causes of disability centered mainly on myths about disability caused by supernatural causes and disability caused by improper relationships by the parents. The study present that the primary focus of community people was on supernatural causes which generally included myths about disability caused by witchcraft, ancestors or God. These beliefs about disability had both positive and negative connotations. In addition, many respondents in this study also talked about disability as being caused by improper relationships, usually by the mother of the child with a disability.

A key factor is that any programme that attempts to change attitudes regarding disability must be developed in the light of traditional notions of disabilities. A sensitization programme that focus on welcoming people with disabilities, without addressing strong traditional views that people with disabilities are cursed from a supernatural cause, will likely have no impact on its target audience. Without discounting traditional values or beliefs, traditional authorities, regional councils, disability organizations and the education and health sectors need to frame the notion of disability in a positive manner that must resonates with people having traditional values. A sensitization campaign that enlisted both pastors and traditional healers to help integrate beliefs and promote inclusion of people with disabilities might be an appropriate avenue for creating community change toward implementing the National Disability Policy 2006.

### **Consideration of the socio-cultural issues and Planning for inclusive education**

Further, when people with disabilities and their families live within cultures that have negative views of disability, there is a need for counseling programmes and support groups for both the children with disabilities and their families. Successful persons with disabilities from various ethnic groups and rural areas need to become integral role players in such sensitization and/or support programmes, as the notion that people with disabilities are *useless* will fade if communities see successful people with disabilities from their own ethnic backgrounds. This will be especially useful for people with disabilities themselves, who are in need of positive role models.

## **Dealing with socio-cultural issues for persons with Disabilities and role of teacher**

A special educator has a major role to play not only in educating persons with mental disabilities but also in restoring them back into the society and help them in becoming an active and productive member. As the major aim of a special educator is to make the individual with MR independent as far as possible and bring him in to mainstream, a special educator has a significant role in preparing the individual and also the society to meet the challenges.

In order to be a real helper and restorer of socio – culture equality, the special educator needs some attributes such as personnel warmth, client respect, sensitivity, empathy and competency to meet the challenges and be of a true spirit in order to fight with the condition of injustice that in our context a person with disabilities (Kuhlman and Sales, 1988).

*Some of the basic attributes that a special educator needs to possess can be as under:*

*Empathy-* Empathy is a form of human communication that involves both listening and understanding of the client. The special educator should show empathy to his student and understand his problems from the respective of the student.

*Influencing skills-*Most work of the educator relies on the influence he/she develop in the community and society through orientation and awareness programme so as to educate them about the rights and equality of women with mental retardation. Influencing others is an activity which involves a great deal of responsibility.

*Collaboration-*It is important for a special educator to build up good relation with social workers, community law enforcers and lead and collaborate and co-ordinate so as to enforce strict laws and official ways to deal with negative attitudes of the society.

*Education and creating awareness-*It is also important for an educator to be a person who projects the expected behaviour in himself practically to convey the message to the society. The teacher should play a proactive role in creating a positive attitude and awareness and be as real example to the onlookers. They should contribute effectively in developing state and regional networks for support and response for intervention and empowerment of persons with mental retardation, especially for women with mental retardation.

*Service provider-* The special educator needs to demonstrate knowledge about cultural difference as well as the ability to apply the knowledge in the instructional setting. The role also implies in having some degree of knowledge about language systems and multicultural education systems (Fradd.et.al, 1988). The special educator who serves culturally different students and the student's family as a service provider and also as a collaborator can bring a change among non-disabled students and their family.

*Collaborator-*The special teacher who works with culturally different students also needs to be an effective collaborator. The understanding of one's own culture and cultural biases is an important step in the development of the flexibility and open mindedness that characterize effective collaboration.

*Educating the parents-* Teaching the parents is a major responsibility of the teacher as children stay with their parents, they must be in a position to train their child. This is possible only if they themselves are trained and know the condition of their children or wards. The parents should be trained to accept the child with disability and treat them as they treat their other siblings.

### **Suggested readings**

Carnie, I. & Orelove, F. (1988). Implementing transition programs for community participation. In B. Ludlow, A. Turnbull & R. Luckasson (Eds.), *Transitions to adult life for people with mental retardation: Principles and practices*. (pp. 137-158). Baltimore, MD: Paul H. Brookes.

Dansec, E. (1997). Parental beliefs on childhood disability: Insights on culture, child development and intervention. *International Journal of Disability, Development and Education*, 44, 41-52.

Deborah,L.,C.,& Peter M.,V.(2002).Cultural considerations in assessment,diagonosis,and intervention, manual of diagnosis and professional practice in mental retardation. John,W.,Jacobson & James, A.Mulick(eds.), Washington,D.C., APA,

Groce, N. (1999). Disability in cross-cultural perspective: Rethinking disability. *Lancet*, 354, 756-757.

Haihambo C. K., (2004). Beliefs and Myths regarding Disability in Namibia. Paper presented at NERA Conference, Windhoek, Namibia.

Heward, W., L. (2006). Exceptional Children –An introduction to special Education, New- Jersey, Pearson Merrill Prentice Hall.

Jacobson, J., W., & Mulick., J., A. (2002). The social ecology of mental Retardation. Sharon Landsman Ramey, Ellen Dossett, and Karen Echolos (Eds.). Washington, APA, 55-65,

Ramey, S., L., Dossett, E., and Echols, K. (2002), The social ecology of mental retardation. John, W., Jacobson & James, A. Mulick (eds.), Washington, D.C.,

Ranjan & Kumar (2011). Cultural beliefs regarding people with disabilities in Himachal Pradesh: implications for the inclusion of people with disabilities. Paper presented at national seminar on inclusive education for persons with mental retardation, Coimbatore, FDMSE, RKMVU

United Nations. (1975). The United Nations Declaration on the Rights of the Disabled. New York: The United Nations.

World Health Organization. (2005). Disability and Rehabilitation WHO Action Plan 2006 – 2011. Department of Injuries and Violence Prevention (VIP). Accessed 10 May 2008 from: [www.who.int/disabilities/](http://www.who.int/disabilities/).

UNICEF (2004) Official Summary: The State of the World's Children 2004, New York:

Walsh P., N., & Heller, J. (2002). Health of woman with Intellectual disabilities. Denmark, Blackwell Publishing Company,