

Attitude of the General Public Towards Person with Intellectual Disability with Special Reference to Manachanallur Block, Tiruchirappalli District

Mr.Thomas Ebenezer¹, Dr.T.Giftson²

¹Director, INTACT Trichirappalli

²Assistant Professor of Social Work, Bishop Heber College, Trichirappalli

Abstract: Intellectual disability, also called Intellectual Development Disorder (IDD) and formerly known as Mental Retardation, is a defective neurodevelopment characterized by impaired intellectual and adaptive functioning which is defined by an IQ score below 70 as well as a delay in general daily living skills. Other common symptoms include speech delays and lack of social functioning. By most definitions intellectual disability is more accurately considered a disability rather than a disease. Intellectual disability can be distinguished in many ways from mental illness, such as schizophrenia or depression. Currently, there is no "cure" for an established disability, though with appropriate support and teaching, most individuals can learn to do many things. More than the disability, the attitude of the general public and their ignorance about their condition and fundamental Human Rights, make s the Person with Intellectual Disability (PWID) as handicapped. This faulty attitude makes the PWID as completely dependent and blocks their self developments. This study provides the information about the attitude of people towards Persons with Intellectual disability. It is very significant to assess the need for effective policy and program in accordance with community people's response. The Major findings and conclusion will be discussed in the full paper.

Keywords: Person with Intellectual Disability, Attitude, Community

I. Introduction

Intellectual disability, also called Intellectual Development Disorder (IDD) and formerly known as Mental Retardation, is a defective neurodevelopment characterized by impaired intellectual and adaptive functioning which is defined by an IQ score below 70 as well as a delay in general daily living skills... Person with Intellectual Disability (PWID) is a generalized disorder appearing before adulthood, characterized by significantly impaired cognitive functioning and deficits in two or more adaptive behaviors. Once focused almost entirely on cognition, the definition now includes both a component relating to mental functioning and one relating to individuals' functional skills in their environment. As a result, a person with a below-average intelligence quotient (BAIQ) may not be considered mentally retarded. Syndromic mental retardation is intellectual deficits associated with other medical and behavioral signs and symptoms. Non-syndromic mental retardation refers to intellectual deficits that appear without other abnormalities.

Mental retardation is a subtype of intellectual disability, although that term is now preferred by most advocates in most English-speaking countries as a euphemism for MR. However, intellectual disability is a broader concept and includes intellectual deficits that are too mild to properly qualify as mental retardation, too specific (as in specific learning disability), or acquired later in life, through acquired brain injuries or neurodegenerative diseases like dementia. Intellectual disabilities may appear at any age. Developmental disability is any disability that is due to problems with growth and development. This term encompasses many congenital medical conditions that have no mental or intellectual components, although it, too, is sometimes used as a euphemism for MR (Lawyer, Liz 2010).

II. Review Of Literature

The Hindu (2005) published in Andrapradesh by a special correspondents entitled "Call for change to attitudes towards the mentally challenged" had the following to reveal: Expressing concern over the denial of equal rights to the physically and mentally challenged the supreme court judge, Arjit Pasayat, has stressed the need for a change of attitude in understanding them to enable them to become participants in day to day life. "A tremendous amount of informal support by families and friends of the challenged is necessary and it would go a long way in creating a caring society to change the quality of life of the people with disabilities" .

Brenda P (2005) in his study explain the Mental retardation: struggle, stigma, science the following were the observations: Some six million Americans struggle with mental retardation, clinically defined as an IQ score below 70 to 75, significant limitations in the skills for independents living and appearance before adulthood. Our society has far to go in accepting and accommodating those with intellectual disabilities while scientists push ahead with the complex job of understanding how thousands of causes of mental retardation genetic, environmental and others work in the brain. Much is now about some kinds of mental of mental retardation and the search is on for treatment that will target the underlying neurobiology.

Shambhu Upadhyay and Anju Singh (2009) discussed the impact of level of mental retardation of children on the perception of psychosocial problems and needs by parents of mentally retarded children in providing care to them. The study was conducted on a purposive sample of 100 parents (100 mothers and 100 fathers) of mentally retarded children. These samples were collected from various clinics and hospitals having the facility to provide treatment and care for mentally retarded children in Varanasi city. The responses of parents of mentally retarded children were recorded on structured questionnaire and analyzed. Result of the present research shows that the level of psychosocial problems faced by the parents of mentally retarded children increases with the level of mental retardation of the child. Parents of moderately retarded children registered more problems, in all aspects, compared with parents having mildly retarded children. The parents of mildly and moderately retarded children expressed fulfillment of different needs. The needs expressed by the parents of mildly retarded children were more of preventive and adjustment nature whereas parents of moderately retarded children were more concerned with life long adjustment and financial security, including government help, of their child.

III. Research Methodology

Objectives of the study

The main objective of the study is to understand the attitude of the general public towards Persons with Intellectual disability (PWID) in the villages in which the awareness activities were implemented, thereby assessing the reach of the project in those villages.

Universe & Sampling

Universe of the study was 13 villages belonging to Manachanallur Taluk, where the INTACT project was implemented. These 13 villages were identified with the help of INTACT. The sampling technique adapted for this assessment study was Non probability Convenience sampling. One Hundred samples were selected from each village based on their availability, in the ratio of 40:40:20. That is 40 males, 40 females and 20 children. The total sample size was 1300.

Tools for Data Collection

A self prepared questionnaire was developed by the research team which consists of 52 items with the sub dimensions, Opinion on health status, Education and Skill enhancement, Vocational training & occupation, Marriage Sexuality, and Opinion on Government Schemes towards the PWID

Data Collection and Analysis

The data collection was done by a team of Post graduate social work students who had attended the special training sessions conducted for this purpose. The data was collected in the month of September 2014. The collected data was statistically analyzed using SPSS software and was accordingly interpreted.

Limitations of the study

Due to the floating nature of the population the research team was not able to identify who had attended the awareness campaigns on intellectual disability; hence, the data was collected from whomever available in the corresponding village using non probability convenience sampling technique.

IV. Findings And Suggestions

Table 1: Socio Demographic Details

S.No	Variables	Frequency	Percentage
		1300	
I	Age		
	Less than 19	256	19.69
	20-29	213	16.38
	30-39	357	27.46
	40-49	245	18.85
	50-59	130	10
	Above 60	99	7.62
II	Sex		
	Male	650	50
	Female	650	50

III	Marital Status		
	Married	883	67.92
	Single	392	30.15
	Divorcee	24	1.85
	Widow	1	0.08
IV	Nature of family		
	Joint Family	501	38.54
	Nuclear Family	799	61.46
V	Education		
	Illiterate	831	63.92
	Primary Education	253	19.46
	Higher Secondary	151	11.62
	College(University)	65	5.00
VI	Occupation		
	Bread Winner	217	16.69
	Student	283	21.77
	Agriculture	502	38.62
	Coolie (Labour Daily)	266	20.46
	Govt Employee	31	2.38
	Retired	1	0.08
VII	Religion		
	Hindu	930	71.54
	Christian	248	19.08
	Muslim	122	9.38
III	Prevalence of PWID in the Family		
	Yes	125	9.62
	No	1175	90.38
IX	Participation in Training Programme		
	Yes	726	55.85
	No	574	44.15
IX.A	Type of Programme		
	School Programme	224	30.85
	Street Play	227	31.27
	Open House	96	13.22
	Media/Other	179	24.66

The table 1 elicits the distribution of the respondents by their socio demographic details. 18.85% of the respondents are from the age group of 40-49 years and 27.46% of the respondents are from the age group of 30-39 years. 67.92% of them were married. 38.54% of the respondents were from Joint family. 63.92% respondents were Illiterate. When the occupation of the respondents is seen 38.62% of them are in agriculture. 71.54% of the respondents were Hindus. 9.62% of the respondents had a PWID in their family. 55.85% of the respondents have participated in the training programmes, 31.27% of the respondents have attended training through Street Play, 30.85% have attended School training programmes and 24.66% have got awareness through media.

Table 2 General Attitude Towards Pwid

S.No	Variables	Frequency	Percentage
I	Encounter the PWID		
	Yes	895	68.85
	No	405	31.15
II	Member Relationship with PWID they encountered		
	Family Member	129	14.41
	Stranger	359	40.11
	Friends	204	22.79
	Others	203	22.68
III	Prevention before Birth		
	Yes	586	45.08
	No	714	54.92
IV	Detection after Birth		
	Yes	626	48.15
	No	674	51.85

V	Positive Attitude of Indian Society towards PWID		
	Yes	664	51.08
	No	636	48.92
VI	Enhancing Skills of PWID on early detection		
	Yes	889	68.38
	No	411	31.62
VII	Different Categories of PWID Possessing same Skill Sets		
	Yes	305	23.46
	No	995	76.54
VIII	PWID have Psychiatric Problems		
	Yes	700	53.85
	No	600	46.15

68.85% of the respondents have encountered the PWID in their life, 14.41% of them belonged to their friends and 22.79% of them belonged to their friends. 54.92% of the respondents have recorded their opinion that birth of PWID cannot be prevented. 51.85% had a opinion that they cannot detect PWID after birth. 51.08% of them responded recorded that the society has a good attitude towards them. 68.38% of the respondents had a opinion that they can enhance their skills even on detecting early, 23.46% of the respondents had a opinion that PWID have different skills as normal person and 46.15% of the respondents believe that not all PWID have psychiatric problems.

V. Discussion

This study has been undertaken in various villages to understand the change in people's attitude towards the Persons with Intellectual disability. Various villages were selected and results were generated. From the results, it is clearly evident that there is a change in the attitude of the masses towards Persons with Intellectual disability but is the change sufficient to bring about a better understanding of the Persons with Intellectual disability and their needs and inclusion is the question to be ponder about. Data were collected on various domains like general attitude of people towards Persons with Intellectual disability, health and status of Persons with Intellectual disability, education and skill enhancement of Persons with Intellectual disability, vocational training and occupation of Persons with Intellectual disability, marriage and sexuality of Persons with Intellectual disability and the various Government schemes and reservations for Persons with Intellectual disability. The results generated under these domains are discussed here.

VI. Attitude Towards Persons With Intellectual Disability

In all the villages the people have encountered a Persons with Intellectual disability in their life time and most of them were their own family members and relatives. Some of the other members whom they encountered were distant relatives, friends of friends, etc. when they encountered such Persons with Intellectual disability their first reaction was shock and then people felt pity on them. When the respondents were asked how they reacted when they encountered a Persons with Intellectual disability many of the respondents reported that they felt pity over them and wanted to help them. Yet another set of respondents reported that they felt a strange feeling and they were very anxious and fearful towards them. The respondents also felt that the birth of Persons with Intellectual disability can be prevented if the pregnant woman was careful enough to take care of her health and by appropriate screening technologies during trimester they can be prevented. But still many of the respondents believed that the birth of Persons with Intellectual disability cannot be prevented and it is the fate of the parents to have such a child and they were really sinned to have such a child. Similarly when the respondents were asked whether mental retardation can be detected after birth many of the respondents opined that it cannot be detected. Particularly in CR Palayam village nearly 72% of the respondents said that they cannot detect mental retardation after birth. Similarly in Devimangalam village 64%, Konalai 68%, Valaiyur 79%, Thathamangalam 68%, Siruganur 91%, 14% from Kariamanimam, kanniakudi 89% reported that mental retardation cannot be detected after birth. This statistics shows that even though many people have attended various training programmes and the Government has brought in lot of awareness programme still people are not aware about the causes and detection of mental retardation.

The respondents shared their opinion about what can be done to establish equal rights for the Person with intellectual disability. Many of the respondents were of the opinion that only a good education can bring in equal rights for the Persons with Intellectual disability and proper reservation of jobs will help. The respondents also quoted that proper sensitization to the people about mental retardation and the rights of the Persons with Intellectual disability will help them in establishing equal rights. People still confuse over mental retardation and mental illness. Still many people believe that all Person with intellectual disability are psychiatric patients and they try to distance themselves from them. This is very evident from the results. 24% of respondents from CR

Palayam, 42% from Devimangalam, 67% from Konalai, 24% from Valaiyur, 16% from thatamangalam, 12% from Siruganur, 12% from kanniakudi, 89% from Ayamputhur, 92% from Ethumalai, 80% from Oliyur, 89% from Salaputhur, shows that still people believe that mental retardation and mental illness are same. Though there is a drastic change in the attitude of people still there is a long way to go, because proper clarity of health concepts will bring a desired change in the attitude of people. Social constructions plays a major role here, were beliefs and understandings taken to be objectively real by people in daily encounters, are more accurately seen as subjective constructions of thoughts, words, and interactions which will have a direct effect on their attitude.

VII. Conclusion

Acceptance of Person with intellectual disability in every walks of life and recognizing and respecting their rights is a biggest challenge people face. The names used for talking about the person with intellectual disability in everyday life are strongly pejorative and prove general lack of understanding and negative emotional reactions. It may also be the effect of social unawareness and helplessness to the problems of Mental health. Negative tone of social imagination of mental illnesses, which very often causes anxiety and is connected with permanent and consequent assigning cognitive attributes, suggests that it functions as a social stereotype. One of the unfavorable functions of such stereotype is the tendency to create distance between challenged and healthy people. With the help of Government and NGO's concrete step in eradicating stigma and providing awareness about Persons with Intellectual disability, there has been a significant change in the attitude of people. The attitude of the people has changed from aversion to sympathy towards Person with intellectual disability. But it is a long way to go. We need the people to be empathetic towards Persons with Intellectual disability. Government and NGO's should first try to understand the attitude of the people and their health belief model and the IEC materials should target their belief model. The NGO's can make use of the social work College(University) to help them in spreading awareness about Person with intellectual disability.

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