

Attitudes of the Public in India towards People with Intellectual Disabilities

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INTRODUCTION

Over the last 60 years, India has evolved into an important player in the international arena. During this time, it has achieved a number of accomplishments including becoming a leader in computer and communications technology. Even more impressive, India boasts one of the fastest growing economies in Asia. Despite such progress, 25% of the population lives below the poverty line, 40% of the population is illiterate and approximately 70% of the population live in rural areas and lack access to adequate medical care and support services. Furthermore, India is still very enveloped by cultural standards and norms that have prevailed for hundreds of years. In a society of competing dualisms between rich and poor, urban and rural, developed and undeveloped, it is not hard to imagine the conditions and challenges that the most vulnerable members of society face. There are certainly many vulnerable groups present in India, but one of the easiest to forget are the 31 million individuals with intellectual disabilities (ID) in India (WHO, 2004)¹.

Presently, most individuals with ID in India have not been formally identified and even among those who have been identified, the majority are excluded by the rest of society. As a result, individuals with ID are not afforded the same opportunities as people without disabilities. To fully understand the challenges that individuals with ID are facing within the Indian society, there first needs to be some understanding that these barriers are primarily rooted in religious beliefs, cultural norms, and misinformation or a lack of information regarding disabilities in general.

The predominant religion in India is Hinduism, practiced by more than 80% of the population. Hindu's believe that an individual will be reborn or re-incarnated after death until they have attained salvation. With each birth, it is believed that if the individual has good karma, he/she will be born into a higher caste. If an individual has bad karma, he/she will be punished in their next birth, usually by entering a lower caste². Historically, disabilities have been considered punishments for sins committed in a previous life by an individual or their family members (Schlossar, 2004). In some cases, families regard their children as "cursed" and a burden that they must deal with, which at times leads to the neglect and rejection of the child; the child might even be hidden from the community as the family fears they might be rejected by the community (Girimaji, et al. 2001).

In addition, one of the most significant barriers to inclusion for individuals with ID in India is the rigid social structure within the society. India is structured in such a way that an individual's

¹ Although the legislative framework in India utilizes the scientific term of mental retardation, and most individuals in the country are moving towards the use of the term mentally challenged, this report uses the term individuals with intellectual disabilities (ID). Furthermore, this is consistent with Special Olympics use and promotion of the term.

² The caste system is essentially the social class system of India. Individuals are born into one of four castes, which determine their status in society. The castes are structured with Brahmins (holy people) at the top, followed by Kshatriyas (ruling class and warriors) , Vaishyas (merchants, artisans, businessmen), and finally Sudras (laborers). Outside of the caste system is a group of individuals known as untouchables, or outcastes. This system has been implemented throughout India for centuries, and essentially provides a strong system of order within the society. With each re-birth, individuals are believed to move into a higher caste if they were good in their previous life, or move downwards if they were bad (e.g. a Sudra could be reborn as a Vaishya if he was good, or an untouchable if he was bad).

capabilities can influence their position in society often times without regard to their caste membership. However, the perception of capability is not always based on competence, but rather on stereotypes of class, gender, religion, ethnicity, and language for example. There is also a lack of information available on intellectual disabilities that could help to demystify the cause of the disabling condition and allow for the questioning of existing stereotypes. At present, individuals with ID are seen by the majority of people in India as fundamentally “flawed” and perceived to have diminished capabilities, thereby placing them at the bottom of the social structure regardless of their caste identity (Ghai, 2002).

Further, there is clearly a lack of information regarding the number of individuals with ID within India. For example, during the last census, it became particularly evident that individuals with ID are not being identified. In 2002, the Census Bureau of India only reported 2 million cases of intellectual disabilities, compared to the WHO’s estimates of 31 million. The Census Bureau has identified two reasons for this discrepancy. First, people are unable to identify individuals with ID because they do not understand what intellectual disabilities are. In countries with high levels of illiteracy and predominantly rural/agrarian communities, individuals with mild ID are not easily recognizable because they seem to function like everyone else in the community (Girimaji, et al. 2001). Unlike individuals who have genetic disabilities, those with mild ID, often caused by environmental factors such as malnutrition and under stimulation, may have no physical features that distinguish them from others. Second, families tend to withhold this information because they fear being shunned or stigmatized by the community (Census Bureau, 2001).

The obstacles that individuals with ID face are multi-dimensional, and include not only the disability, but also the class, caste, and gender of the individual. It is for these reasons that the contributing barriers to inclusion are hard to deconstruct. However, it is possible to diminish the obstacles and replace them with knowledge and awareness. Specifically, the Indian government and NGOs (non-governmental organizations) are forces that can propel change. In the early 1990’s, the government was called to action by the UNESCAP (United Nations Economic and Social Commission for Asia and the Pacific) decade for persons with disability movement and India has made considerable efforts and contributions towards this endeavor.

Throughout the 1990’s, the Indian government developed policies to address the needs of individuals with ID and to better include them in society. These policy initiatives included an amendment to the Indian Constitution to include education as a fundamental right for all children from the ages of 6 to 14 years, including children with a disability, and the Rehabilitation Council Act in 1992, to regulate the quality of training of rehabilitation professionals. Further, the National Trust Act of 1999 to protect the interests of persons with cerebral palsy, autism, mental disability and multiple disabilities. The most significant of these reforms was the Persons with Disabilities Act (PWDA) of 1995 which advanced the equal rights and opportunities of all individuals with disabilities. More specifically, individuals with ID were guaranteed free education, special job allotments, and various other resources to assure their inclusion within society. Additionally, the PWDA created a Central Coordination Committee (CCC) whose role was to manage the funding and implementation of these laws, and generally oversee disability related issues (PWD Act, 1995).

In addition to the government, NGO's can also play an important role in supporting the inclusion of individuals with ID. These organizations have played a tremendous role in reaching out to individuals and communities, as well as increasing awareness throughout the country. They have established orphanages, vocational training programs, parental organizations, etc. in an attempt to empower individuals with ID. In fact, the majority of services and support groups are provided by NGOs.

Special Olympics Bharat (SOB), founded in 1989, is a major non-governmental organization dedicated to providing services for individuals with ID in India. It currently reaches out to 135,000 athletes who work with 3,600 coaches, across 23 states. The SOB program was awarded Priority Nation Status by Special Olympics Inc. because of their immense potential and ability to reach out to athletes across the country. The program has been asked to expand to 200,000 athletes by the end of 2005, and 500,000 athletes by the end of 2007.

Over the past 16 years, SOB has worked tirelessly on social initiatives to support individuals with ID. Efforts have been made to identify and collaborate with special schools, rehabilitation centers, community organizations, regular schools with special sections, and institutions. They have been responsible for bringing programs to India such as Healthy Athletes®, Unified Sports®, and Athlete Leadership Program® (ALPS). Special Olympics Bharat is also collaborating with special schools and institutions to compile data and assessments on potential athletes in an attempt to aid policy makers in identifying the needs of individuals with ID. Finally, they are using counselors to educate parents and communities in an attempt to create broad awareness throughout the country.

As part of their strategic plan, SOB has sought to document current attitudes towards individuals with ID and public awareness of Special Olympics. It is hoped that by understanding the various misconceptions regarding ID in India, SOB can play a more active role in policy making and work to develop programs that specifically target problem areas. To this end, Special Olympics International (SOI) commissioned the University of Massachusetts Boston to conduct a comprehensive study of public attitudes towards individuals with ID. The purpose of this study was to understand the current attitudes of the public towards individuals with ID, the obstacles to including individuals with ID in society, and the public's awareness of Special Olympics.

METHODS

Participants were drawn from ten cities representing all four regions of India. Samples for each city were allocated in proportion to the adult population that met the Socio Economic Cutoff of "C" and above³. For each city a comprehensive list of the voting booths and their location from the most recent census (2000) was utilized. The first stage was to select a pre-fixed number of voting booths within each city. Using the right hand rule, households were selected with a random interval of 5. That is, every fifth household was approached for an interview. A

³ Socio-economic categories are determined by a number of factors including type of occupation, literacy, and education level. Categories range from A1-E2, with A1 being the highest category. Based on previous survey experience of Gallup, categories below C are considered ineligible for participation because lower literacy/education levels may compromise the comprehension of the questionnaire.

maximum of 10 such household interviews were completed per cluster (around each voting booth).

There were several reasons why the selection process did not include the rural areas of India, such as cost, expected quality of responses due to high illiteracy rates, and safety concerns. Further, the lower SEC categories were not considered because the population representing these categories also have generally lower literacy rates, and therefore might not understand the questions or be able provide meaningful responses.⁴ These methodological constraints, while applied for practical reasons, do limit the generalizability of the findings across all social and geographical strata of India.

The Gallup Organization conducted face-to-face interviews using the Multinational Survey of Public Attitudes (2003) with a final sample of 1,011 adults in India, 18 years or older. The survey included questions about perceptions of people with ID, knowledge of Special Olympics, and beliefs about inclusion.

The results of the survey are divided into four sections: 1) Public's exposure to and understanding of people with ID; 2) Public's beliefs about inclusion; and 3) Public's beliefs about the obstacles to inclusion. The discussion of the results is organized to place India within the global context provided by the Multinational Study of Public Attitudes. To date, eleven other countries have participated in this survey, representing diverse economical, cultural, and geographical differences.

RESULTS

Public's Exposure to and Understanding of People with ID

As part of the survey, participants were asked to evaluate their own interactions and involvement with individuals with ID. In India, over 70% of those surveyed had some type of contact with a person with ID. A considerable portion (34%), also knew someone with ID other than a family member. Furthermore, 11% reported that they had a relative who had ID, and 7% reported that they worked alongside an individual with ID (Figure 1). Only 23% of the population had no exposure to people with ID. This is important because it indicates that the participants are aware of people with disabilities in their everyday surroundings. However, although there seems to be a general awareness of individuals with ID in urban and even suburban areas, it is unclear how much exposure would be reported in more rural areas where the majority of India's population resides and most likely, a large number of individuals with ID.

⁴ It is important to note that the data collected for this study are based on a middle class sample representing ten cities throughout India and is not representative of rural India or the urban poor. Therefore, the data represent one of many perspectives in India and can not be considered a pan-Indian view.

Overall, India is similar to the other countries in terms of interactions with individuals with ID (see Figure 2). However, it is possible to assume that due to low visibility of people with ID in the general population (as suggested by the Census data), the public is more aware of people with moderate to severe impairments, as this group is more visible in society.

Figure 1: Indian Public’s Contact with Individuals with ID

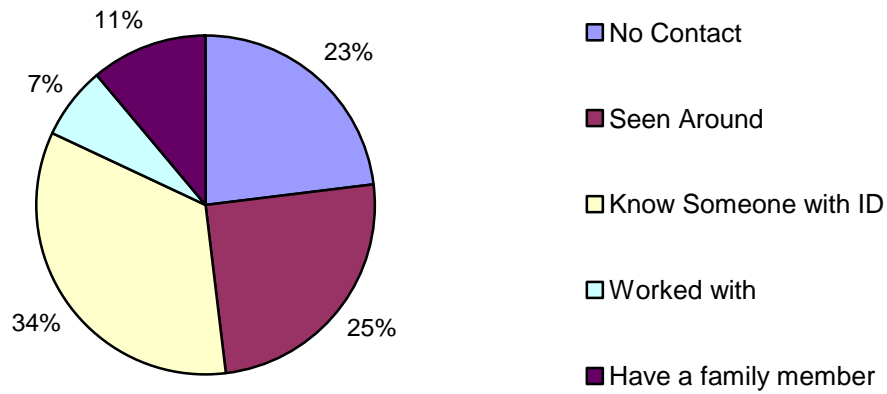
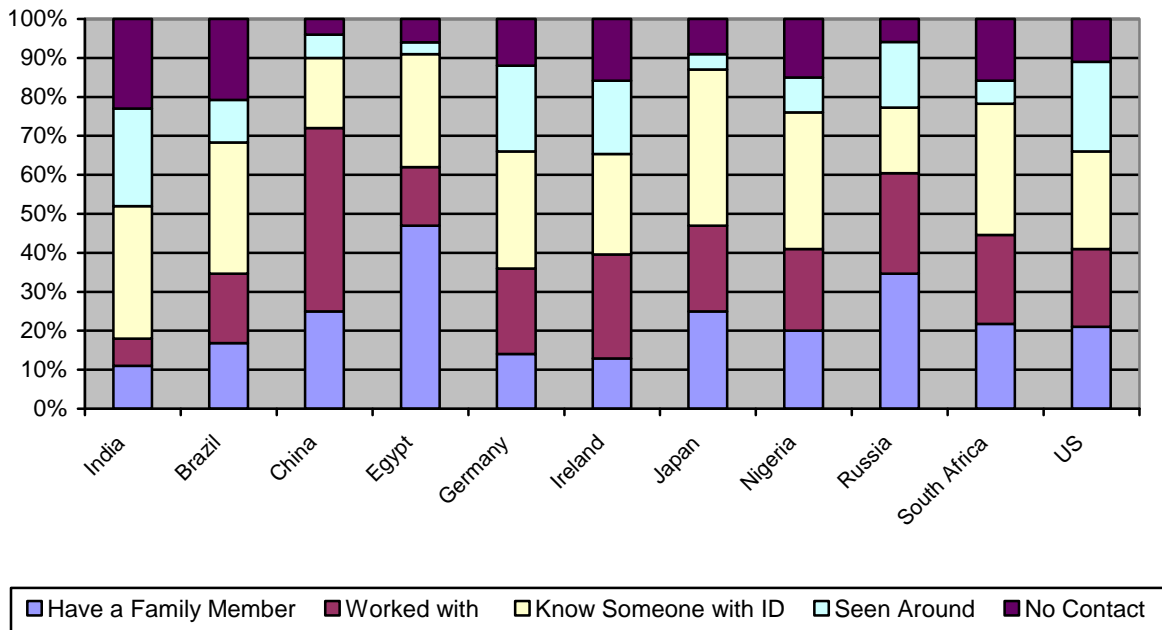


Figure 2: Comparison of Indian Public’s Contact with all other Countries



It is evident that those surveyed in India are aware of and often interact with people with ID in their everyday lives. However, despite interacting closely with individuals with ID, the majority of those surveyed were not aware of Special Olympics. In fact, as can be seen in Figure 3, 54% of those surveyed had no knowledge of Special Olympics, meaning they have never read anything, seen anything or heard anything about the program. Of the remaining 29% who had heard about Special Olympics, and only a small group (17%) report having some involvement in the program either through attending an event, volunteering at an event, or knowing an athlete. This lack of awareness and low involvement were similar to results found globally, with the exception of the United States and Ireland, which were the only countries where there were high levels of awareness and involvement with Special Olympics (see Figure 4).

Figure 3: Public’s Awareness of Special Olympics

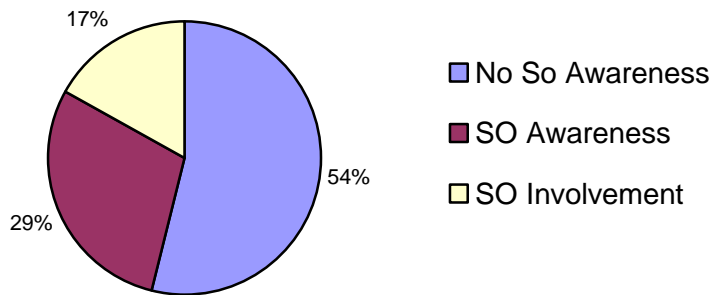
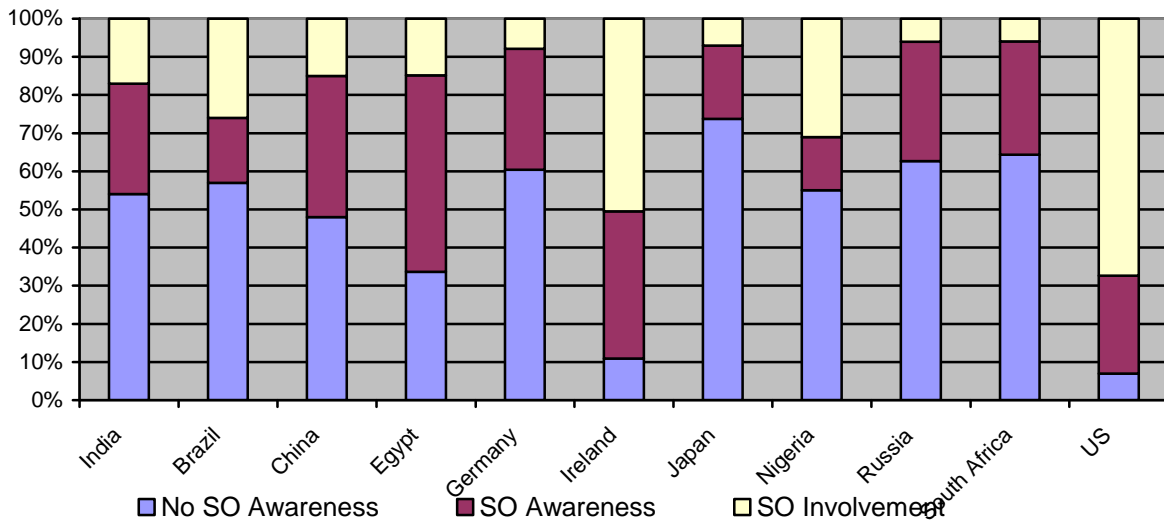


Figure 4: Public Awareness of Special Olympics Globally



To understand how contact and exposure have influenced the public’s perceptions of people with ID, the public was asked questions about the capabilities of individuals with ID. Overall, the respondents significantly underestimated what individuals with ID can do, and seemed to view individuals with ID as being more moderately to severely impaired. That is, those surveyed from India see individuals with ID as being limited in their ability to perform not only complex independent living skills, but also the more simple self-help skills.

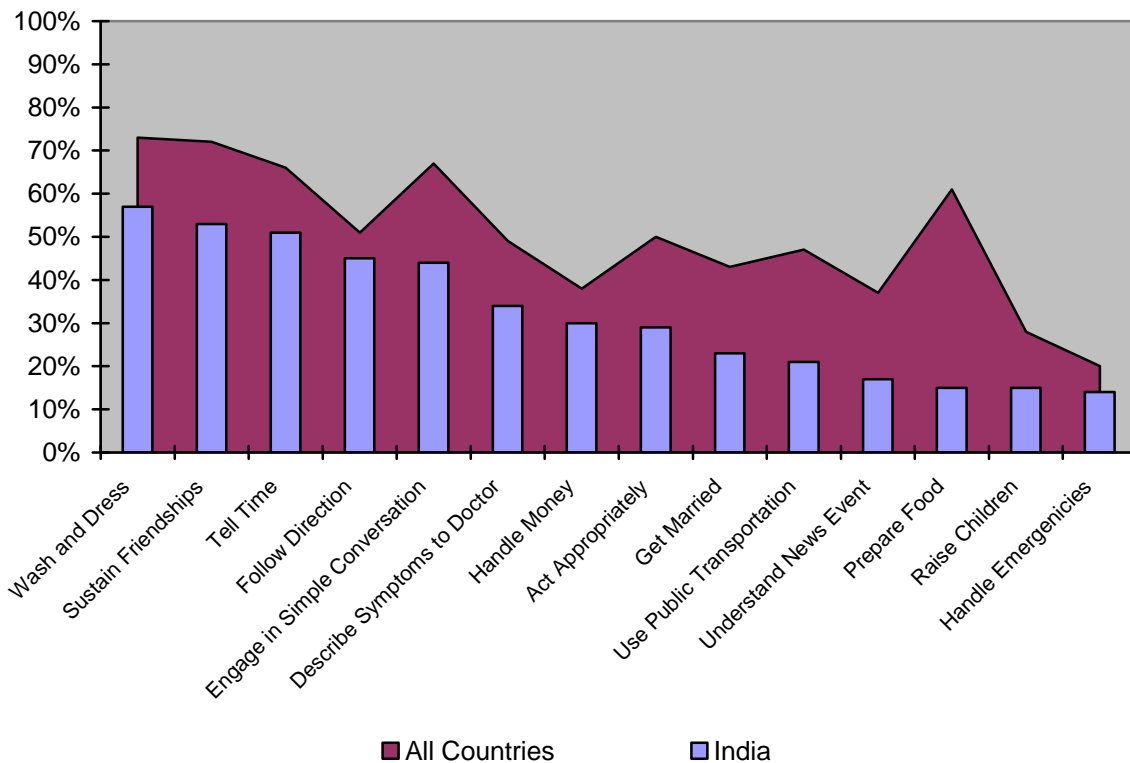
In terms of self-help skills, the respondents underestimate the ability of individuals with ID to perform simple activities like washing and dressing, following directions or engaging in a simple conversation. Only half, or even less than half of those surveyed believe that individuals with ID can engage in these activities. Further, and not surprisingly, fewer than 30% of those surveyed believed individuals with ID are able to carry out more complex skills such as handling money, using public transportation and acting appropriately with strangers. In actuality, the vast majority of people with ID are mildly impaired, and are able to carry out almost all self-help skills, interpersonal skills and even some complex independent living skills. These findings further illustrate the stereotype that exists among the Indian public that individuals with ID are less capable than their non-disabled peers and are more comparable to children (Ghai, 2002).

Figure 5: What are the public’s perceptions of the capabilities of individuals with ID?

Tasks	Percentage of Indians who said “Yes”
Wash and Dress	57%
Sustain friendships	53%
Tell time	51%
Follow directions	45%
Engage in simple conversation	44%
Describe Symptoms to Doctor	34%
Handle Money	30%
Act appropriately	29%
Get married	23%
Use public transportation	21%
Understand news event	17%
Prepare food	15%
Raise children	15%
Handle emergencies	14%

In comparison to other countries, Indians perceived the capabilities of people with ID to be much lower than the respondents from all other countries with the exception of Egypt. In countries like the US, Ireland, Russia, and Germany, more than 80% of the public believes that people with ID are capable of tasks such as engaging in simple conversations, washing and dressing themselves and even sustaining friendships. However, with regard to complex independent living skills, respondents from all countries did not seem to believe people with ID were capable of engaging in the skills necessary for independent living (see Figure 6).

Figure 6: Comparison of India’s perceptions to other countries

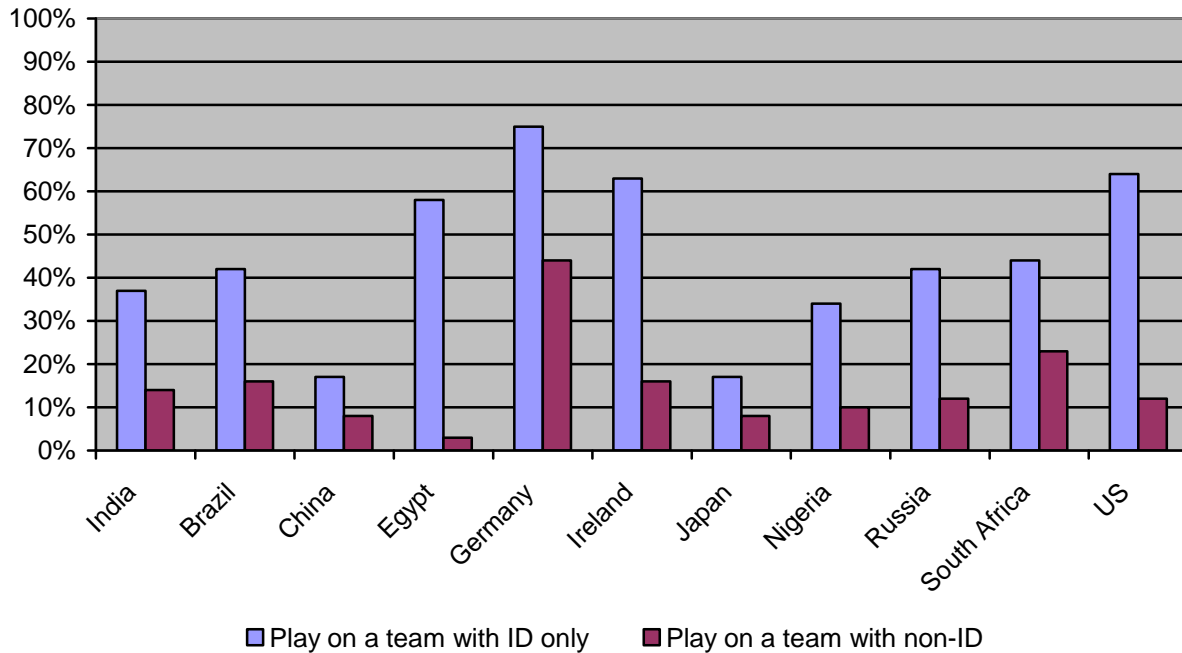


Sports can play a vital role in not only including people with ID in the community, but also showcasing the talents and abilities of individuals with ID for the community. To further understand the public’s image of people with ID, specifically in how it relates to Special Olympics’ mission of sports, respondents were asked about how capable individuals with ID are in playing on sports teams with and without individuals with ID. Only 37% of those surveyed believe that people with ID can play sports on a team with other people with ID, and fewer than 15% believed that people with ID can play sports on a team with players who do not have ID (see Figure 7).

When compared to countries like the United States and Ireland, where over 50% of the public believe that people with ID are very capable of playing sports with other people with ID, and other countries where very few believe people with ID are capable of playing sports, the beliefs of those surveyed place India somewhere in the middle. However, it is important to consider that

in countries like the United States and Ireland the public have high awareness of SO, which might explain their belief that individuals with ID can play on sports teams. On the other end, countries like Japan and China, had fewer than 15% of the public who said they could play on a team with individuals with ID, and fewer than 10% report that individuals with ID could play on a regular sports team. These countries also reported low levels of SO awareness, which might explain the perception of limited capability with regard to sports.

Figure 7: Can individuals with ID play on sports teams?



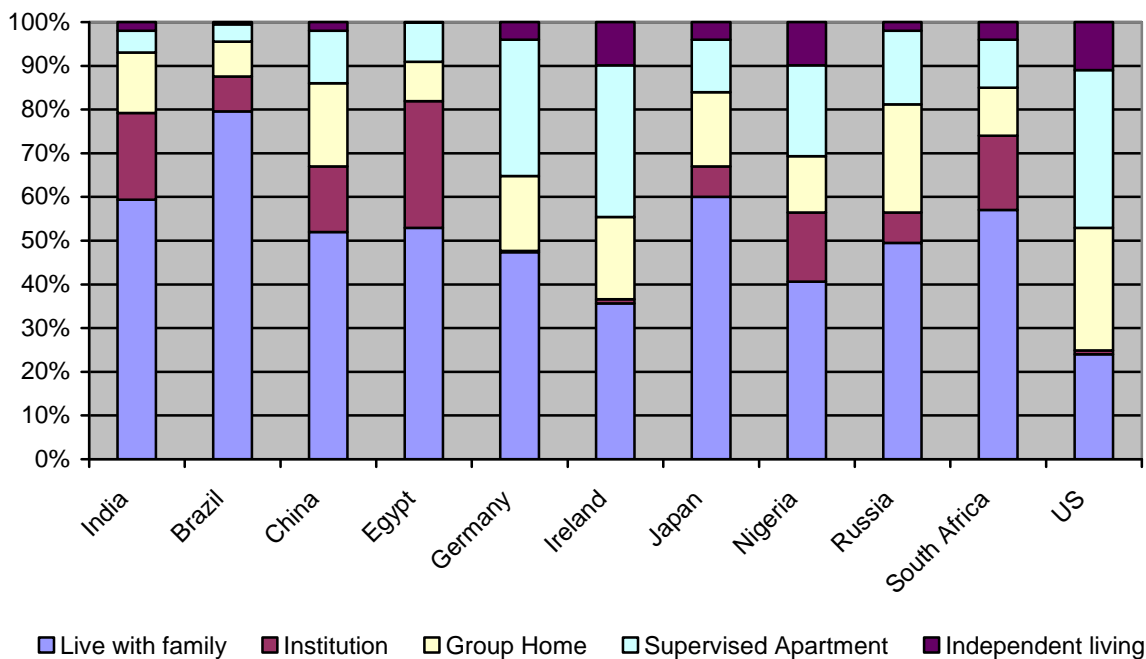
Public Beliefs about Inclusion

While it is important in any society to include all of its members, for the most part, in the past, individuals with ID have been segregated in India as a result of strongly held religious and cultural beliefs. As a result, it is not surprising that in addition to underestimating the ability of people with ID to carry out the simplest self-help tasks, the majority of those surveyed also believe that people with ID should not be included with the rest of society. Specifically, the majority of the respondents from India (over 60%) believe individuals with ID should live with their family, work in separate facilities, and be educated in separate schools. While these beliefs can most likely be traced to the fact that there is a perception that individuals with ID are not very capable and therefore should not be in the same work or school environment as everyone else, there is also the notion that people are uncomfortable with the presence of individuals with ID because of their religious or cultural beliefs. It is also important to consider the predominantly held belief in India that care for individuals with ID should be conducted by the family, including their educational needs (Peshawaria, 1991).

In terms of living arrangements, 60% of those surveyed believe that adults with ID should live within the care of their families (see Figure 8). This finding is not surprising in that it reflects the family values evident throughout India. That is, India has used the extended family system as a source of support for centuries, so, in many cases, adults with and without ID may reside with their parents. Only one other country, Brazil, felt more strongly about the family's role. Furthermore, within India there are a limited number of group homes and assisted independent living residences. For these reasons, it is hard to evaluate if those surveyed believe individuals with ID should be included within the community, but remain at home under the care of their family. Or, do those surveyed believe that individuals with ID should remain at home under the care of their family in an effort to keep them separate from the rest of the community.

Furthermore, 20% of those surveyed believe that individuals with ID should live in an institution. Only those surveyed in Egypt (29%) believed more strongly that individuals with ID should live in an institution. In the other countries, the belief that people with ID should reside in institutions is less than 10%. This shows that there are still many people in India who believe that individuals with ID should be totally separated from the community. It is also possible that people are fearful of the hidden cost of supporting individuals with disabilities. In particular, for low-income families, the cost of having a family member stay home to care for an individual with ID is prohibitive. The only alternative for these families is to place the individual in an institution, so that all family members can work.

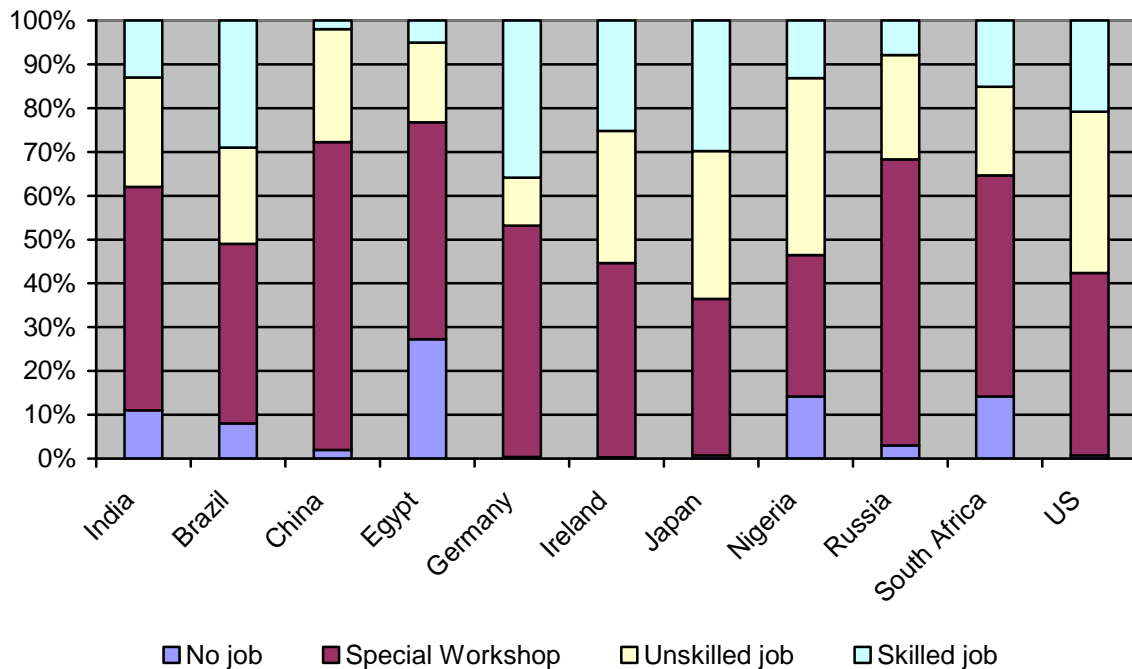
Figure 8: Public's Beliefs about Inclusion –Where should people with ID live?



With regard to employment, approximately 51% of those surveyed believe that individuals with ID should work in special workshops. Further, 11% indicated that individuals with ID should not work at all. This belief that people with ID should work in sheltered workshops could be a reflection of the government's current practices, in which they encourage individuals with ID to

work in protected work environments (International Labor Organization, 2003). It also could be an indication that people are not comfortable working alongside an individual with ID. The remaining third of the respondents believe that people with ID are best employed in integrated environments, doing either unskilled or skilled labor. In comparison to the other countries surveyed, India is most comparable to South Africa in terms of where they believe individuals with ID should work (see Figure 9). However, the attitudes of those surveyed in India towards including individuals with ID in the work environment were generally more negative than other countries surveyed. For example, countries like Japan, Ireland, and the United States were extremely positive, with over 55% of respondents in each of these countries indicating that individuals with ID could work in skilled or unskilled work environments.

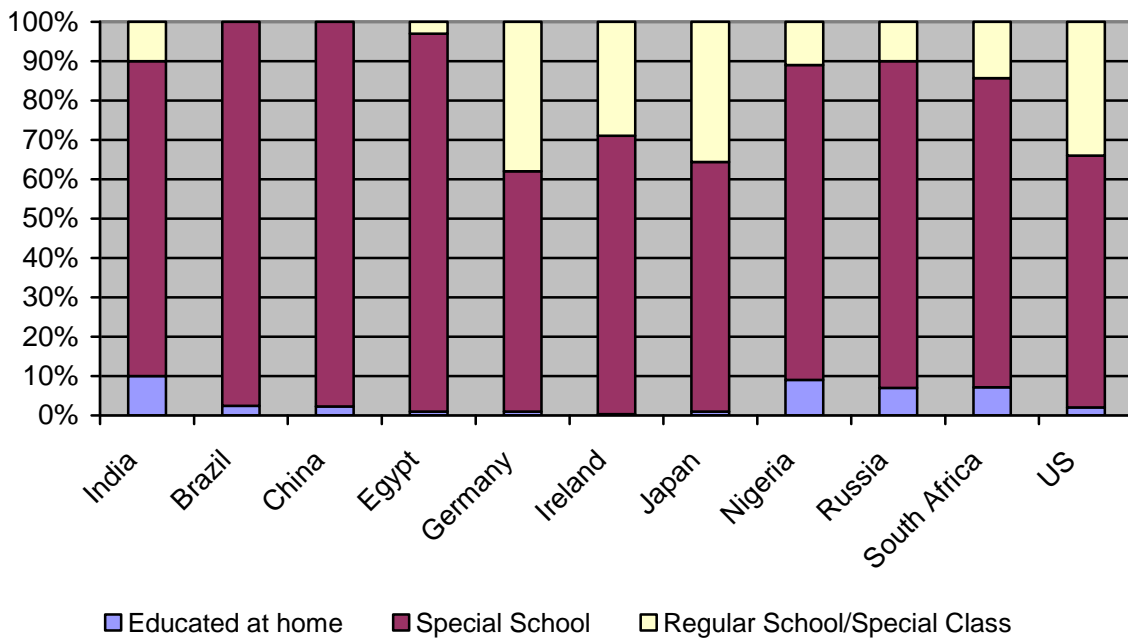
Figure 9: Public’s Beliefs about Inclusion – Where should individuals with ID work?



When asked about education, an overwhelming majority of those surveyed (80%) believe that children with ID should be educated in special schools. This finding may be due to the fact that within India, there is a premium placed on education and a strong competitiveness in the school systems. Those surveyed believed that children with ID would detract from the learning environment, further explaining why they would prefer them in a separate school. However, India is no different than other countries, as the public world wide believes that children with ID are best educated in special schools. In fact, those surveyed in India are not that different from the US, where legislation and policies have been in place for many years (see Figure 10). This could be attributed to people’s concern that there is a lack of resources available for students with ID, which will be discussed in the next section. Furthermore, special education in India is handled entirely by the Ministry of Social Justice and Empowerment, rather than the Ministry of Education. Since it is handled as a welfare issue, and coordination between the Ministries is

often difficult, national programs for inclusive education have been slow to develop. However, there are a few programs (i.e. Integrated Child Development Services and Sarva Siksha Abhyan), that are currently being implemented in some areas.

Figure 10: Public’s Beliefs about Inclusion – Where should children with ID attend school?



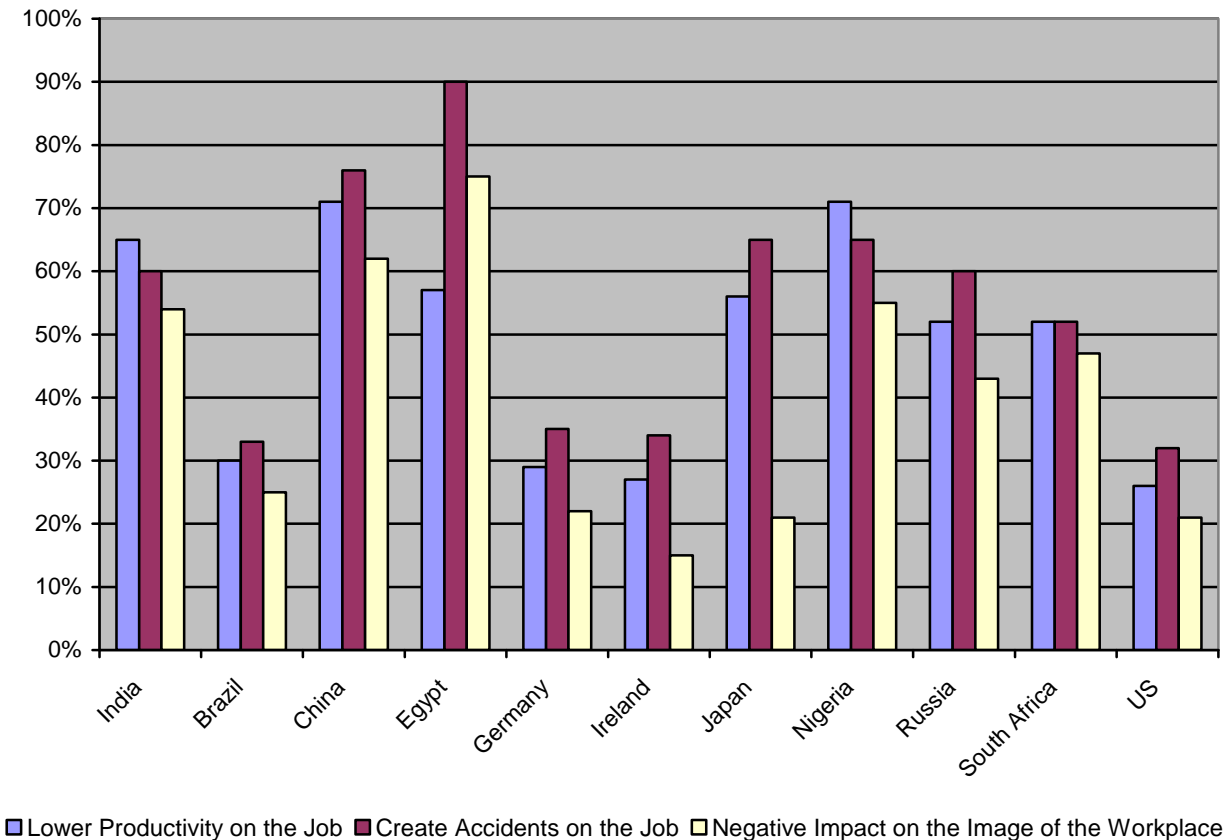
Public’s Beliefs about the Obstacles to Inclusion

It is clear that the respondents from India view people with ID as lacking competence, even when it comes to the most basic living skills, and that they believe that people with ID should live, work and go to school in environments separate from the rest of society. The questions that remain are: Why do they believe that people with ID should not be included into society and, what do they believe is preventing inclusion from happening? Overall, those surveyed recognized three types of barriers to inclusion. First, because they perceive individuals with ID as lacking the necessary skills to work in competitive employment and learn in a regular classroom, they expect that inclusion will have negative consequences on the environment. Second, they also believe that there are external obstacles, such as a lack of services, which prevent inclusion from happening. Finally, respondents believed that inclusion is hindered by negative attitudes harbored by many individuals in India.

The beliefs of those surveyed, that people with ID should not be included into society, are magnified by their expectations that there will be negative consequences if inclusion were to happen. More than half of the respondents in India expect that if inclusion occurred, it would disrupt the workplace (see Figure 11). Over 50% of those surveyed believe that having a person with ID on the job would lower the productivity of other workers and create safety problems for

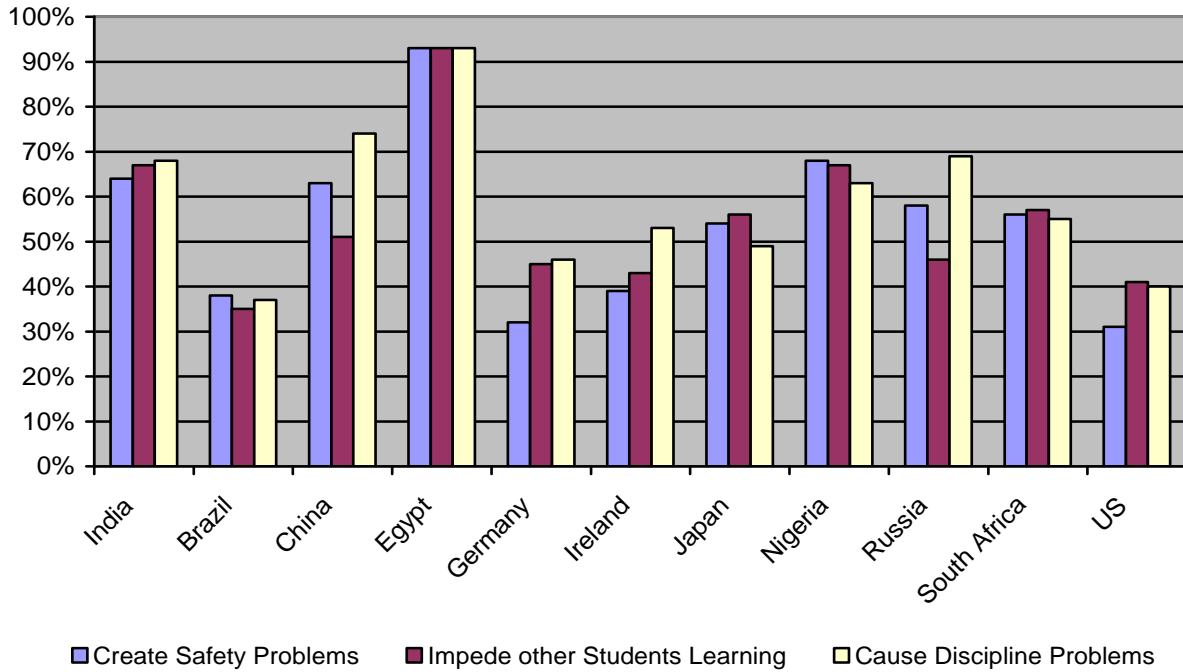
the individual and for others. In a global sense, those surveyed in India perceive greater negative consequences from an inclusive workplace, more so than most of the public of other countries. This belief may reflect the strong work ethic of the Indian population and their desire to further develop as an industrial and economic leader. Because India is a developing country that places a premium on productivity, it is not entirely surprising that people would be concerned with the integration of individuals that they perceive to be less capable in the workplace.

Figure 11: What does the public expect will happen if inclusion were to occur in the workplace?



With regard to schools, more than 60% of those surveyed believe that the presence of a child with ID would cause safety problems, disciplinary problems, and impede the learning of other students (see Figure 12). The educational system in India, especially for urban, middle-class students, is very structured, and distraction in this environment would not be tolerated. Those surveyed communicated the fear that individuals with ID would cause discipline problems and decrease the productivity of other students, and as a result, believe they belong in separate schools. Overall, those surveyed from India believe there will be more negative consequences to integration than those in most other countries.

Figure 12: What does the public expect will happen if inclusion were to occur in the school?

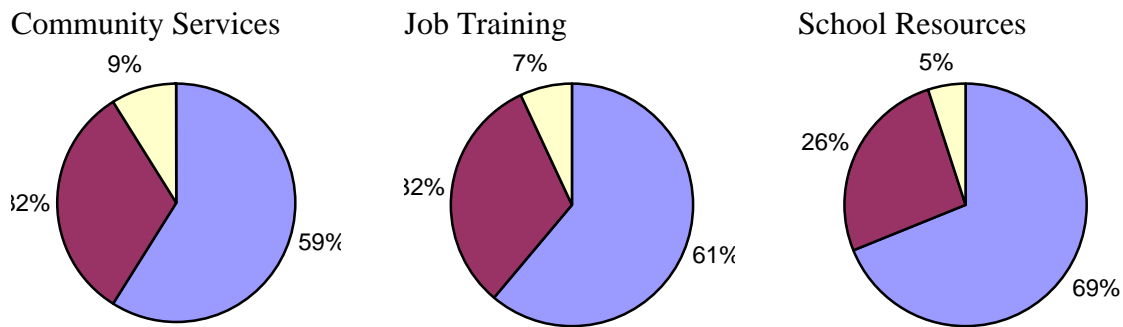


The second reason why the public expects negative consequences to inclusion is because they do not believe that there are resources available in India to provide the supports necessary for success in the inclusive workplace or schools. Over half of the respondents from India recognize that there is a lack of services in the community, employment sector and in schools, and that this lack of resources and services is a major obstacle to including people with ID into society (see Figure 13). In the community, for instance, 59% of those surveyed believe that the lack of community resources (health, transportation, etc.) presents a major obstacle to inclusion in the community. Further, 61% cited the lack of job training programs as a major obstacle to inclusion in the work force, and 60% believe that regular schools do not have proper resources to teach students with special learning needs, and that teachers are not adequately prepared to accommodate them.

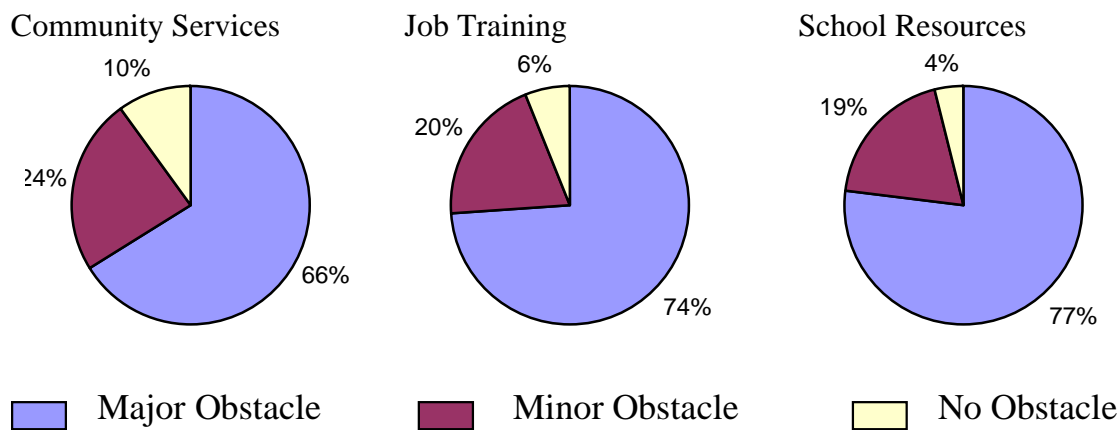
It is important to point out that when comparing the responses of those surveyed in India as to their beliefs about these major obstacles to those surveyed from other countries, India is on the low end. In countries like Germany, Ireland and Japan, for example, over 75% of the population believe that the lack of job training programs and special resources in schools were significant barriers to inclusion in the workforce and school environments. One explanation for this is that social services in India are limited compared to the number of individuals in need of these services, so the respondents may not perceive special resources as a viable option for ensuring successful inclusion. Another explanation is that inclusion in the work and school environments are extremely difficult due to the diversity that exists within India, and the various groups currently vying for inclusion. Further, employers and teachers face pressure from various groups and social priorities are often directed elsewhere.

Figure 13: What are the major obstacles to inclusion? The lack of services

India:



All other Countries:



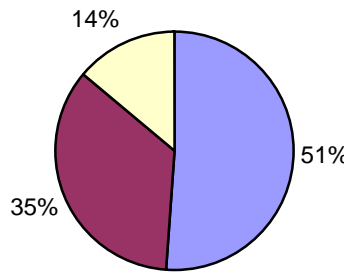
While the respondents identified several negative consequences and obstacles to inclusion, the majority of respondents also indicated that society as a whole is not very accepting of individuals with ID and has negative attitudes towards them (Figure 14). Specifically, more than half of those surveyed believe that neighbors’ negative attitudes are a major obstacle to community inclusion, workers negative attitudes are a major obstacle to integrated work environments, and students’ negative attitudes are a major obstacle to integrated school environments. Given the religious and cultural beliefs of the society, more specifically the age-old belief that individuals with ID have bad karma and that individuals with ID are less capable and belong at the bottom of the social hierarchy, it is not surprising that the respondents identified negative attitudes and lack of acceptance as a major obstacle. However, being able to identify the consequences of negative attitudes as a barrier to inclusion is a necessary first step toward combating the problem. In

India, almost half of those surveyed still do not realize that negative attitudes of society create significant barriers to inclusion for individuals with ID.

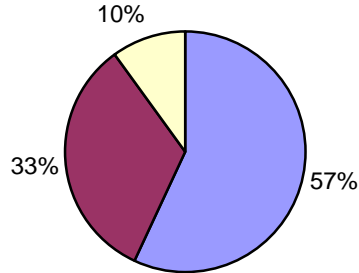
Figure 14: What are the major obstacles to inclusion? Other people have negative attitudes

India:

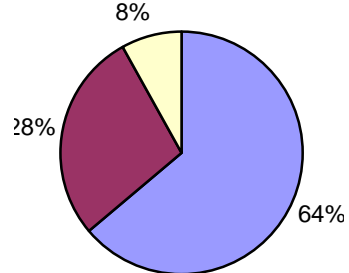
Neighbors' Attitudes



Employees' Attitudes

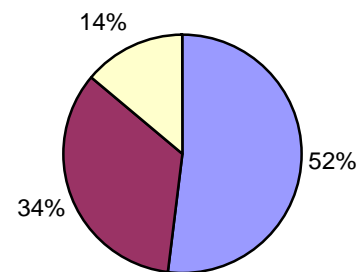


Student's Attitudes

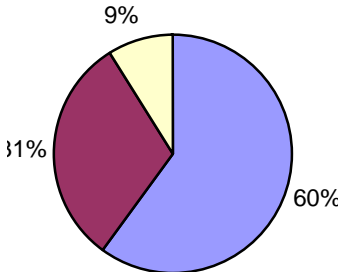


All other Countries:

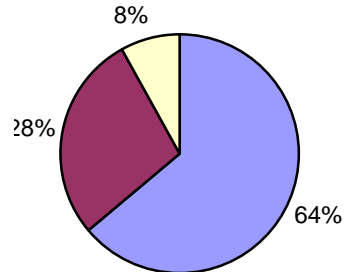
Neighbors' Attitudes



Employees' Attitudes



Student's Attitudes



Major Obstacle

Minor Obstacle

No Obstacle

SUMMARY AND RECOMMENDATIONS

There are a number of important and relevant findings from this study, all of which have valuable implications for Special Olympics Bharat. The first, is that over 50% of the respondents, representing the **urban middle class in India**, are aware of SO with 17% having been involved with SO, either as a volunteer or knowing an athlete. We believe that this awareness has grown in conjunction with the rapid expansion Special Olympics has undergone in the last two years in India. Furthermore, more than 70% of those surveyed have had contact with people with ID. These findings are important as they suggest that the public has had substantial exposure to individuals with ID in their everyday surroundings.

However, as it has been noted, the public seems to underestimate the capabilities of people with ID. The results from the survey showed that almost half the population does not believe that individuals with ID are capable of engaging in simple tasks, including self help skills, or more complex living skills. Further, very few believed that individuals with ID are capable of playing sports on teams with people with or without ID. Because the public underestimates what people with ID can do, the assumption can be made that the exposure has been primarily with people with moderate to severe impairment. It is also possible that that public's underestimation is the result of the strongly held stereotype that exists among the Indian public that individuals with ID are less capable than their non-disabled peers (Ghai, 2002).

With regards to the issue of inclusion, the majority of those surveyed think that people with ID should reside with the family, work in separate workshops and attend special schools. There are a number of possible explanations for this view. First, this may be a reflection of the widely held belief in India that care for an individual with a disability is the responsibility of the family. Second and quite related, those surveyed recognized that there are major obstacles to inclusion including a lack of proper resources and the public's negative attitudes. Third, the public expects that including a person with ID in the workplace or regular school will have negative consequences because they do not see people with ID as having the skills necessary to live away from their family, work in skilled jobs, and go to school beside their peers. In short, they do not see people with ID as competent enough to be part of society. Given that this study is a reflection of the urban middle class, this finding is not surprising, since the middle class is driven by strong work ethic and high productivity. As a result, individuals with ID are faced with many obstacles to overcome if inclusion is to be realized.

The results of this survey provide a snapshot as to the attitudes of the public toward people with ID. Supporting inclusion and disseminating information that dispels the misperceptions of people with ID are important endeavors for Special Olympics Bharat, particularly in light of these findings. As Special Olympics expands and grows throughout the communities in India, it has the opportunity to influence the public's attitudes and acceptance of people with ID. In doing so, Special Olympics can succeed in getting their message heard and become a leader in

the movement towards greater respect, dignity and value for people with ID at all ages. Therefore, the following are suggested recommendations based on the results of this study.

First and foremost, Special Olympics, as they continue to expand, needs to focus on bringing greater awareness to the public. Between 2003 and 2004, the SOB's total number of participants grew from 37,546 to 101,985. This represents remarkable growth on SOB's behalf, however, a large portion of the population still does not have any awareness of Special Olympics, and a limited number of people are involved directly. Further, there are also some individuals who have not had any exposure to people with ID. It is evident that the public in India needs to be educated about the capabilities of people with ID and about Special Olympics. The public also needs information that will help them revise the negative image they hold of people with ID. As Special Olympics continues to expand, it needs to actively reach out and communicate with the public by using the media, and other forms of publicity. This communication must include information on who is involved in SO (athletes, volunteers, coaches, families), the types of activities the program offers, the mission and goals of Special Olympics Bharat, and its current achievements. Further, as the public learns about Special Olympics and its constituents, it is important that there are more opportunities for people in India to witness the capabilities of people with ID. The public needs to be educated as to the capabilities of individuals with ID, and, that there is great variability that exists among people with ID. In doing so, it is important to stress that the athletes are not homogeneous, and that in fact, they are just as diverse as the general population in appearance, ability, and talent. The common denominator among the athletes is their ability and desire to participate and excel in sports. Further, it needs to be made clear that not all people with ID fall into the moderate to severely disabled category. In fact, most people with ID are not physically distinguishable from their non-disabled peers.

Another strategy for promoting change in attitudes about inclusion and change in knowledge about the capabilities of people with ID is the Special Olympics Unified Sports® Program. Programs such as Unified Sports provide a dynamic model for inclusion in the community by creating the opportunity for individuals with and without ID to participate in sports side-by-side in an effort break down existing stereotypes. A recent evaluation of the Unified Sports Program in the US (Siperstein, Hardman, Wappett & Clary, 2001), suggests that the program improves the self-esteem and confidence of people with ID. Further, people without ID come away from the experience with a positive view of their teammates along with a better understanding of ID. Building the self-esteem and confidence of its athletes, and providing partners without ID a structured environment to witness athletes' competence, can go a long way in effecting a positive change in attitudes and creating a more accepting environment.

The above suggestions are strategies for more broad public support, however, there are ways in which Special Olympics can work specifically with certain groups. The family is an important and critical stakeholder in an awareness campaign. Special Olympics needs to provide more support for the family because, currently, they shoulder much of the responsibility for the care of people with ID in the Indian society. Programs like the Special Olympics Family Support Network are an important tool to help families feel supported and, in turn, empowered. In addition, Special Olympics can educate families about their children's potential, because it is largely the family that is responsible for the degree to which their children are exposed to the community. It is important that families begin to realize that disabilities are not punishments for

bad deeds and that there is no need to feel shamed or burdened by the presence of a family member with disabilities. As families become more knowledgeable about the capabilities of their children with ID, they will also begin to expect more from the community. Special Olympics can support them in their new role as advocate for the rights of people with ID in the community.

Another group that SOB should consider working with are schools, as it is children who are the future. Special Olympics can help children and teachers learn more about intellectual disabilities and about differences in an effort to create a more inclusive environment. Special Olympics Bharat can be involved in this area by doing what it does best – demonstrating the athletic ability and determination of their athletes, and emphasizing one of the guiding principals of SO, which is to come together on the commonality of sport. The Special Olympics *SO Get Into It*[®] program could be a useful tool for helping the youth of India better understand people who are different in their community. The program promotes better understanding and acceptance of individuals with ID and aims to increase participation and involvement in Special Olympics, potentially increasing interest in volunteering. This is especially important given the most recent findings from the United States and Japan that youth are not knowledgeable about intellectual disabilities and moreover, are reluctant to interact with their peers with ID (Siperstein, Norins, & Matsumoto, 2005).

Finally, as Special Olympics continues to champion the rights of people with ID, Special Olympics Bharat can work to build alliances with other NGOs in an effort to confront the issues that have a bearing on inclusion. India is a diverse country with many marginalized groups and the issue of disability itself is multi-dimensional. Therefore, it must be addressed not only across type of disability, but also with consideration of class, gender, and caste, for example. By forging alliances with other NGOs, this will, in effect, create broad support and a critical mass for advocating the inclusion of people with ID.

The results of this survey provide a snapshot as to the urban public's understanding and attitudes toward people with ID. The recommendations suggest various ways to combat negative stereotypes and misconceptions about people with ID, and ultimately create a more inclusive society. It is important to emphasize that attitudinal barriers have an impact on all aspects of the inclusion of people with ID. For instance, the current societal attitudes towards people with ID partially dictate the importance the government places on the issue. Special Olympics Bharat is already playing a key role in aiding policy makers by conducting attitude studies to measure India's progress towards inclusion. However, because of the limits of this survey, due to sampling design, the findings may not reflect the current situation throughout India. It is therefore important to supplement these findings with additional data which includes those populations that may not have been reached. Further, what is evident from research conducted in eleven other countries is that response patterns vary with regard to SES. Therefore, it is important that when making estimates of the national population, particularly for planning and program implementation purposes, that those populations characterized by lower socioeconomic status are included.

Since its founding, Special Olympics has been striving to establish a degree of equity for people with intellectual disabilities. To this end, SOB must closely examine growth efforts within India

to be sure that those who might be the neediest, and most able to benefit from Special Olympics, are not overlooked. In addition, in the future, research should be expanded to include rural areas, the urban poor, and potentially even India's youth, all of which will have a tremendous impact on the total inclusion of people with ID in society. In doing so, Special Olympics can succeed in getting their message heard and become a leader in the movement towards greater respect, dignity and value for people with ID of all ages.

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