

# ATTITUDES TOWARDS CHILDHOOD DISABILITY IN THREE AREAS IN JAMAICA

## *Abstract*

*A stratified survey in 3 areas in June 1993 to determine the existing attitudes and knowledge about disability prior to commencing a public education programme. The 3 areas had 300 persons each, of 5 age (15 to 59) and 12 occupational groups with a minimum of 30 in each group. The questions were divided into 5 main categories, namely, supernatural beliefs, misconceptions about behaviour and expectations for people with disabilities, denial of human rights, feelings of competency and willingness to help people with disabilities, and knowledge about disability services.*

*Supernatural beliefs were held by a significant minority of Jamaicans, with superstitions less prevalent (18%) than the idea that disabled children are "sent by God" (40%). These beliefs are significant if held by parents, because they may interfere with intervention efforts or may encourage isolation and "putting away the child". Perhaps these are also the reasons for some of the most pervasive misconceptions, that is, the preference for special schools and special homes. The most negative misconceptions were rejected by an average of 68% of persons, though a realistic 26% thought that disabled persons could be a burden sometimes. People are not aware that people with disabilities can get adequate training and rehabilitation in their own homes. The need for training seems to be well accepted, but the rights to full participation and equality of opportunity are not. Questions on job opportunities and the cost of services showed that only 50% of the respondents recognised the equal rights of people with disabilities to education and jobs. The positive assertion by 96% that programmes should be shared by the government and the community, was accompanied by an expression of personal willingness to help a neighbour or to volunteer if training was provided. It was concluded that the most significant barriers will be some persistent supernatural beliefs, lack of awareness of the possibility that community and home based services can be effective, the persistent belief that special institutions are best, and the lack of recognition of some human rights, particularly full participation, integration and equality of opportunity. There does however, appear to be a willingness to help.*

## **Introduction**

Full participation and equality of opportunity are internationally accepted goals for persons with disabilities. However, people with disabilities face many obstacles in trying to gain access to available services and in obtaining assistance to meet their special needs (1). Some of the barriers encountered are physical, but more often they are attitudinal. It is also likely that many of the physical barriers are due to negative attitudes, lack of knowledge, rejection of rights and misconceptions. Some of the negative attitudes are concerned with supernatural beliefs about the causes of disability and misconceptions about its effects, with disability stereotypes playing a large role in the way persons with disability are perceived by the public.

The only previous published study on Jamaican attitudes and practices was on health beliefs of a

group of parents in a community based rehabilitation programme in St Catherine, by Leavitt in 1987 (2). In this group, nearly 60% of caregivers showed little or no stigma attached to the child, a finding subsequently confirmed by Bischoff et al (3), though a large minority reported negative comments. The negative aspects were associated with willingness to accept a residential placement (even though none was available) in 30% of caregivers, the absence of males in the household and poor economic status. Two thirds of the children were allowed outside the home like normal children, while a few were restricted because of their behaviour.

At practically every forum discussing disability issues there are calls for public education to counteract the beliefs, misconceptions and discriminatory practices associated with disability. However, if public education is to be effective, it is important to know what beliefs are held and by whom, so that target specific strategies and messages can be designed, and the effectiveness of public education can be evaluated. Baseline and post- intervention data need to be collected.

With the above two goals in mind, and because of the plan for a fairly extensive programme of community based action on behalf of children with disabilities by the Government of Jamaica with UNICEF support, a survey was designed to determine knowledge, attitudes and potential practices in three areas in Jamaica. The specific aspects surveyed were supernatural beliefs, misconceptions about effects of disability and needs of persons with disability, views which violate human rights principles, knowledge, acceptance of community based approaches, and beliefs about people's own competence in a given situation.

## **Method**

A survey questionnaire of 33 questions was administered in three geographical areas comprising one urban area (Spanish Town), and two rural areas (Linstead/ Ewarton area in the parochial district of St Catherine and several sites in the parochial district of St Mary). A CBR programme, 3D Projects, was in place in Spanish Town and Linstead but not in St Mary at that time. A stratified sample of 300 persons in each area included specifically at least 30 teachers and 30 health care workers. There were five age groups: 15 to 20, 21 to 30, 31 to 40, 41 to 50 and over 50 years. The interviews were conducted by experienced field workers who were identified and supervised by a senior field supervisor from the Statistical Institute of Jamaica. Two questionnaires from St Mary had to be dropped because of incomplete data, giving a total of 898 responses for analysis. Data were stored in a dbase3+ file and analysed using SPSS/PC.

There was a somewhat unequal distribution in the five age groups with 14-18% each under 20 years and over 50years, and 23-29% in the middle age groups. Fifty seven percent of the sample were female and 43% were male. There was an excess of young persons in the student and unemployed categories, an excess of females in housewives, teachers, health care workers and students, and an excess of males in civil servants, skilled and agricultural workers. Seventy two percent of respondents knew someone with a disability and of these persons, 56% were related to a person with a disability.

## Results

### 1. Supernatural beliefs

Fig.1

PERCENTAGE OF PERSONS HAVING SUPERNATURAL BELIEFS

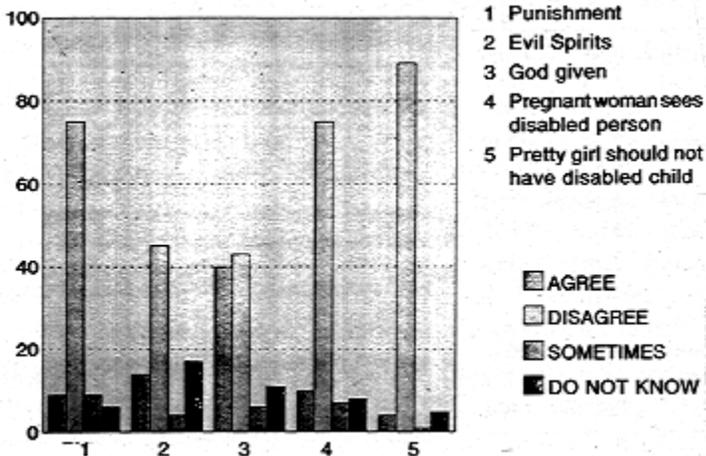
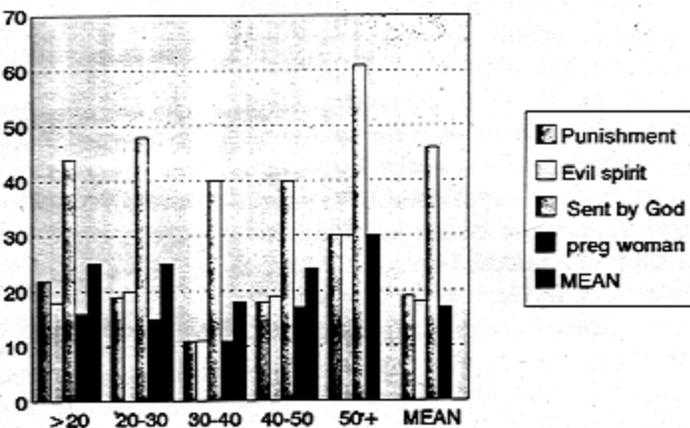


Figure 1 shows the responses to questions on supernatural beliefs. An average of 18% of the sample reported that they agreed fully or "sometimes" with the statements that disability was caused by evil spirits, punishment or a pregnant woman seeing a disabled person. Seventeen percent of the sample reported that they did not know. The statement that disabled children are sent by God to show our charity had the highest level of agreement at 40%, with 6% saying "sometimes".

### Effect of age

Fig.2

SUPERNATURAL BELIEFS BY AGE GROUP(%)



The respondents of the youngest and the oldest age groups held more supernatural beliefs. On all the questions except the one on disabled children being sent by God, the differences were significant, as shown in Table 1.

**Table 1: Significance of Variables in relation to Supernatural Beliefs**

Belief	Variable	Chi Sq	Significance
Punishment for sins of parents	Comunity	4.84	.0889
	Urban/rural	4.33	.036
	Age	19.48	.0006
Evil Spirits	Community	7.21	.1249
	Age	26.52	.0009
God given	Community	4.3663	.1127
	Age	15.63	.0035
Pregnant woman sees disabled person	Community	6.367	.0116
	Age	27.69	.0000
Pretty girl should not have disabled child	Community	9.61	.0082
	Urban/rural	8.34	.0039
	Age	23.8867	.0001

### Effect of occupation

**Fig.3  
SUPERNATURAL BELIEFS BY TYPE OF OCCUPATION**

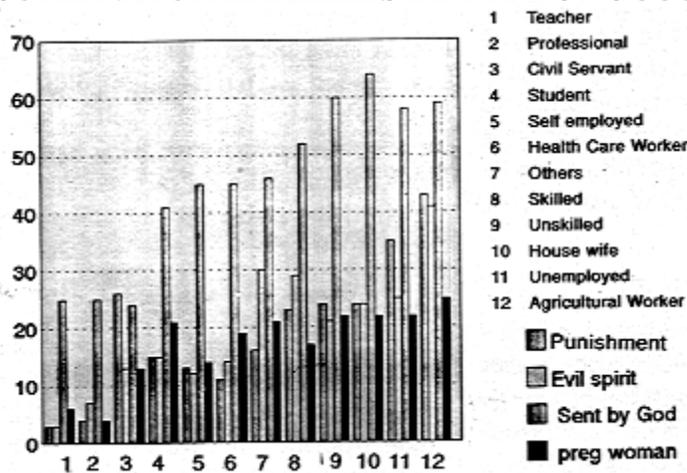


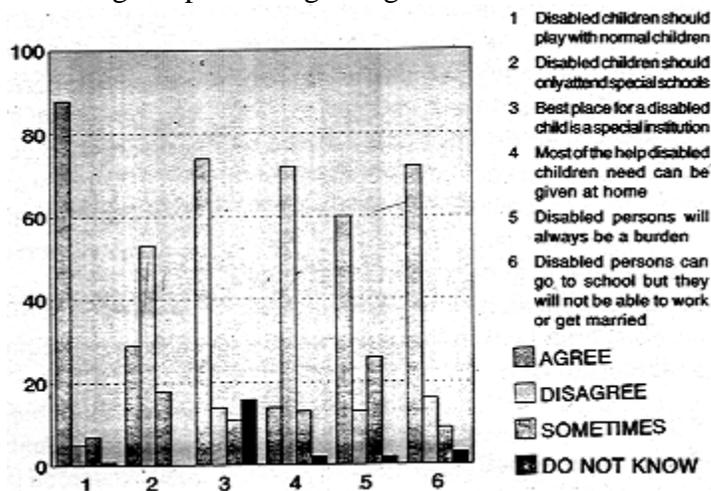
Figure 3 shows that the lowest level of supernatural beliefs was consistently found in the professional and teacher groups, while the most superstitious groups were housewives, unemployed persons and agricultural workers. Twenty two percent of health care workers held superstitious beliefs, with 19% of them believing that a disabled child could be the result of a pregnant woman seeing a disabled person.

## 2. Misconceptions

**Fig. 4**

### MISCONCEPTIONS ABOUT NEEDS OF PERSONS WITH DISABILITES

Percentage of persons agreeing with statements



The most frequently reported misconceptions were "disabled children can go to school but they will not be able to work or get married", with 72% agreeing; "disabled persons will always be a burden", with 60% agreeing; and "the best place for a handicapped child is a special institution" with 72% agreeing and 13% saying "sometimes." Fifty three percent agreed that "Handicapped children should only attend special schools", while 18% said "sometimes". In contrast 80% agreed that disabled children should play with normal children, and 74% disagreed with the statement "my child should not go too close to a disabled child". However, 69% said they "don't really like to look at or listen to disabled children."

## 3. Rights

**Fig. 5**

### VIEWS ON RIGHTS OF PERSONS WITH DISABILITY

Percentage of persons agreeing with statements

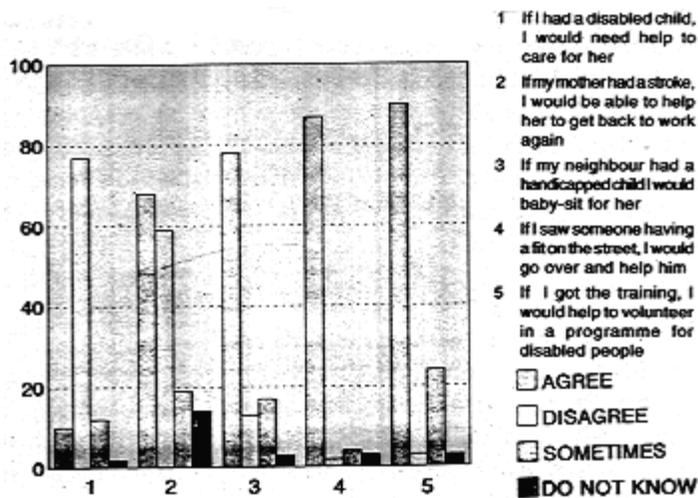
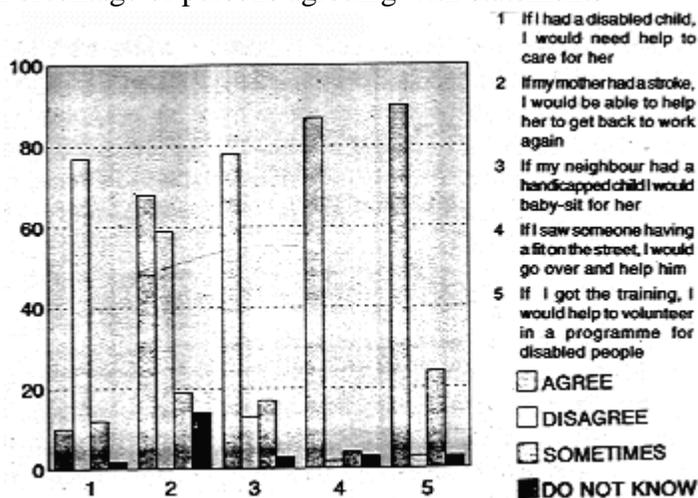


Figure 5 shows inconsistent variation in responses to questions on rights of people with disabilities. While 74% agreed that "training is more important than special institutions", 72% held that "the best place is a special institution". The responses showing least agreement with human rights principles were those referring to costs of services, access to jobs and the issue of a mentally retarded child going to the same school as other children, where respectively 37%, 29% and 35% agreed with discriminatory policies against persons with disabilities, with 15% saying "sometimes" and 13% saying "do not know".

#### 4. Competency and the helping spirit

**Fig. 6**  
**FEELINGS OF COMPETENCE IN DEALING WITH PWDS**  
 Percentage of persons agreeing with statements



In Figure 6 the items on caring for a child and helping a mother with a stroke seemed contradictory. Seventy seven percent said that they need help in caring for a child, while 68% reported that they were competent to help a stroke patient. As these two were consecutive questions, the possibility of misinterpretation of the second statement must be considered. Otherwise, the responses to the notions of helping a neighbour (with 78% agreeing), helping a person in a fit (with 87% agreeing) and volunteering to train persons with disabilities (with 90% agreeing) were very positive.

## **5. Knowledge of services**

The responses to these questions indicated inaccurate knowledge in 46% and 44% of the sample. Interestingly, although persons who knew or were related to a person with a disability had somewhat better knowledge, the differences were not significant.

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## **Discussion**

Supernatural beliefs are held by a minority of Jamaicans, with superstitions being less prevalent (in 18% of the sample) than the idea that disabled children are "sent by God" (held by 40% of the sample). These findings confirm those of Leavitt (2). These beliefs are significant if held by parents, because they may interfere with intervention efforts or may encourage isolation and "putting away" of the child. Perhaps these beliefs are the reason for the preference for special schools and special homes.

The more significant finding is that nearly a quarter of health care workers held supernatural beliefs, particularly since these workers are responsible for informing and educating parents about their disabled children. Although this influence might, in theory, be counteracted by teachers being better informed, facts about disability are not part of the school curriculum, so the "old wives' tales" of grandmothers are passed on to young mothers without correction by health care workers or teachers.

The most negative misconceptions, namely "not going too close to a disabled child", "disabled always a burden", "I don't like to look at disabled" and "disabled children would not be able to work or marry" were rejected by an average of 68% of persons, though a realistic 26% thought that disabled persons could be a burden sometimes. Age was a significant factor only with respect to superstitious beliefs.

The effect of occupation on the responses was very variable. The groups showing most differences were professionals and agricultural workers at each end of the spectrum, with teachers and health care workers coming after professionals. Among agricultural workers, only 75% agreed that "handicapped children should play with normal children", against a mean of 88%. Only 31% disagreed with the statement that "the disabled are always a burden", while 60% agreed. Ninety percent thought that a special home was the best place for disabled children, against the mean of 72%. Professionals held the opposite view, with 57% agreeing that a special

home was the best option, and 72% disagreeing with the statement that disabled persons were a burden. Sixty two percent of professionals disagreed with "not going too close to a disabled person", against a mean of 74%. Teachers took the strongest position on "all disabled children should go to a special school" with only 33% agreeing, as opposed to a mean of 53%. They also disagreed most strongly (93%) with the statement that disabled children could not work or marry.

The geographical area of the study did not seem to affect the attitudes on supernatural origins of disability, or competency and willingness to help. However, it did appear that knowledge of some rights was better and misconceptions were less in the parochial district of St Catherine as opposed to St Mary. This might be ascribed to the presence of a CBR programme there; on the other hand, awareness of the programme did not seem to be high in St Catherine except in health care workers.

The main differences were found in the occupational groups, where on the whole, the professional groups were more enlightened and knowledgeable than the others, as might be expected. However, their confidence and willingness to help were much the same as in all the other groups.

The need for training of people with disabilities appeared to be well accepted, but the rights to full participation and equality of opportunity were not. People were not aware that persons with disability can get adequate training and rehabilitation in their own homes; they continue to hold the assumption that special schools and homes are the best option. Furthermore, the questions on job opportunities and the cost of services showed that only 50% of the respondents recognised the equal rights of people with disabilities to these opportunities.

## **Conclusion**

This study has shown the areas of strength and weakness in knowledge and attitudes about disability, and has provided a baseline for change in knowledge, attitudes and practice in community based services for children with disabilities. The main barriers affecting the development of community based services as identified in the study were persistent supernatural beliefs in the less educated and older groups; lack of awareness of the possible effectiveness of community and home based services; the persistent belief that special institutions are best; and the lack of recognition of some human rights, particularly to full participation, integration and equality of opportunity. However, there appears to be a generous willingness to help. This must be interpreted with caution. As Bischoff et al, (3) point out, enthusiasm must be tempered by the recognition that there are culturally defined limits as to what would be acceptable in volunteering time.

To tackle supernatural beliefs, three main approaches could be suggested. For parents of disabled children, discussions about beliefs, illustrated by drama, may be a useful strategy. For the general public, airing of topics on disability through different media and possible spot messages could be tried. For professional groups and health care workers, the results of the study could be discussed in training sessions. Misconceptions are also a matter for public attitude change and professional training. The general perception of people with disabilities as dependent, a burden and objects of charity, needs to be changed. Successful changes in stereotypes of negatively regarded groups

have been brought about by depicting them in very positive (contributing and independent) ways in the popular media and other programmes. The press needs to be educated in the way they present disability to the public, so that positive and not degrading (or super-achieving) images are presented.

If community based services are to be successful and self sustaining, the public has to believe that this is "the way to go". So, if well-known organisations for disability are still setting up, raising money for and sponsoring segregated buildings and schools, the public will believe that is what the experts think as best. Persons with disabilities and their parents will need to come out more strongly on full participation and equality, and what it means, so that the public will hear from the "horse's mouth" what people with disabilities really want. This will require empowerment of parents.

Correct information needs to be disseminated in public discussion and correct facts need to be provided to professionals (especially those in the media, health and teaching fields) and policy makers. While the right to training is recognised by most persons, their rights to equal treatment, services, jobs and social integration are not. As there are many groups in the Jamaican society whose rights are abused, discussion of human rights for all people, including those with disabilities, is necessary.

Knowledge about services can be provided by means of printed material and during training courses for persons in the community who need to be knowledgeable on these matters. If communities, as opposed to families, are really to become involved in disability programmes, they will need to be educated as to appropriate ways in which they can help. Families will need to be more open in sharing their children with others so that people have a chance to satisfy their curiosity and to allow their natural good will towards less fortunate persons to be expressed.

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Source: <http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/z13jo0100/z13jo0107.html>