



RESEARCH ARTICLE

KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS DISABILITY IN TRIPURA

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ABSTRACT

The purpose of this study was to conduct an assessment of knowledge, attitudes and practices among peoples of Tripura, India. A total of 2400 peoples (Rural – 70% & Urban – 30%) from 24 location covering of Tripura were interviewed in their own languages in order to understand their knowledge, attitudes and practices toward disability. A questionnaire was used for the study. Implications for practice are presented.

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INTRODUCTION

Understanding disability, throughout the history, has rested on make-belief ideas. The direct result of these stereo-typed imaging and consequential action by the society and polity on the persons with disabilities (PWDs) has been their neglect. This neglect bars persons with disabilities from normal economic, social and political activities in their families, communities, essential services and education, etc. The overall objective of the study is to uncover the types of thinking, attitudes, and behaviour that characterise a given population of Tripura, in order to be able to evaluate a particular social phenomenon as a process.

Objectives

1. Knowledge, attitude and practice of the people of Tripura towards the PWDs

METHODOLOGY

The present cross- sectional study was conducted June 2007– May, 2008 in the state of Tripura, India. A two-stage stratified sampling was followed in selecting final sampling units (fsu). In selecting fsu, the whole of Tripura was treated as universe that contains six divisions and each division was considered as a stratum which has two strata namely urban and rural. In the first stage, 4 enumeration areas (1 in urban and 3 in rural) obtained from Census Report 1991, were selected at random from each division. Thus 24 locations were selected from 6 divisions. A total of 2400 samples are surveyed throughout the state, which comprises 25% of urban people and 75% of rural populations. The sample size was calculated based on a Prevalence value is 30%.

From every division 1 ward from urban area and 3 villages from rural areas have been selected as the general principle of the followed statistical analysis. The formula used for estimating the sample size is $n = Z^2_{1-\alpha} (1-P) P/d^2$ Where, n=the desired sample size, α = level of significance=5%, $1-\alpha$ =confidence interval =95%, Z=the standard normal deviate, usually set at 1.96, which corresponds to the 95% confidence interval, P= proportion in the target population estimated to have a particular characteristics (Here it is .30), d=Absolute precision =.06, the estimated sample size is $n = 224 \times 1.75 = 392$ for each division and for 6 divisions the total sample size becomes $392 \times 6 = 2352 \cong 2400$ individuals.

RESULT AND DISCUSSION

Age limit starting from 19 to 63 and 19.2 % were children (below 18). To have a broad based views on issues relating to disability, respondent groups were formed from child with and without disabilities, adult with and without disabilities, local leaders/ influential persons, government officials etc. While majority of the respondents of the study are adult persons without any disability, around 13 percent respondents are from persons with disabilities. About 21.8 % respondents were from families having at least one person with disability. In the present study, urban respondents were one third of the rural counterparts. Such socio-demographic condition of respondents and also a broad classification of respondents in terms of gender, religion and occupation are presented in Table 1. A good number of respondents (78%) claimed that they have knowledge about disability but while responding to the cause of disability, majority blamed to the Congenital and birth problem is the principal cause of disability. About 17% expresses that the reason is a result of diseases and 16%

claims the disability as a result of accident. About 15% have their opinion on God's will. 78.8 % individuals opined that

Table-1 Information on socio-demographic condition of the respondents

	No. of Respondents	Percent
Age of the respondent		
Bellow 18	461	19.2
Adult	1778	74.1
Old	163	6.7
Sex of the Respondents		
Male	1595	66.5
Female	805	33.5
Occupation of the Respondents		
Service	88	3.7
Business	306	12.8
Unskilled Labour	338	14.1
Skilled Labour	23	1.0
Student	477	19.9
Unemployed	127	5.3
Self-employed	24	1.0
Housewives	555	23.1
Others		
Urban-rural classification of the Respondent		
Urban	609	25.3
Rural	1786	75.2
Religion of the Respondents		
Hindu	2054	85.6
Muslim	253	10.6
Others	93	3.8
Respondents' family with disability perspective		
Family with Disable	539	22.5
Family without Disable	1861	77.5

Table 2. Knowledge of the respondents on disability issues

Idea about disability issues	No. of Respondents	Percent
Idea about disability issues		
Yes	521	21.7
No	1879	78.3
Knowledge about disability		
Very good	162	6.3
Good	531	21.7
Acceptable	860	35.4
Poor	847	34.3
Knowledge about causes of disability		
God's will	989	15.0
Cure on family	191	2.9
Due to Disease	1113	16.9
Hereditiy	190	2.9
Due to accident	1047	15.9
Congenital or birth problem	1179	17.9
Natural Aging	192	2.9
Malnutrition	717	10.9
Wrong treatment	472	7.2
Ignorance	134	2.0
Negligence	166	2.5
Insolvency	136	2.1
Others	50	0.8
knowledge about the rehabilitation programs taken for the disabled		
Yes	1972	82.2
No	316	13.2
Not response	112	4.7
Prevention of disability		
Yes	53	2.2
No	1910	79.6
Observation Unavailable	437	18.2

they did not have any idea whether disable people were getting help from any organization. Most of the respondents replied that the PWDs get help from their own family. About 73 percent of them knew that PWDs did not get any health

care facility. In health sector, there are some degree of

Table 3. Attitude of people towards disables

	No. of Respondents	Percent
Behaviour to disabled person		
Extra privileged	469	19.5
Well accepted	1319	55.0
Tolerated	267	11.1
Excluded	29	1.2
Roughly	4	0.2
Information Unavailable	312	13.0
Treating disability as a curse		
Yes	320	77.3
No	1855	13.3
Information Unavailable	225	9.4
Thinking disable people burden to the family		
Yes	423	17.6
No	1511	63.0
Information Unavailable	466	19.4
Willingness to employ the disabled		
Yes	1430	59.6
No	357	14.9
Information Unavailable	613	25.5
Willingness to make relationship with the disabled		
Yes	1370	57.1
No	490	20.4
Information Unavailable	540	22.5
Thinking the basic needs for the disabled		
Yes	1765	88.5
No	230	11.5
Information Unavailable	405	16.9

Table 4. Practice by people regarding disability

	No. of Respondents	Percent
Practice to accept marriage with visual impaired person		
Yes	1019	42.5
No	808	33.7
Information Unavailable	573	23.9
Practice to accept the disabled children as a classmate of own children		
Yes	1580	65.8
No	223	9.3
Information Unavailable	597	24.9
Inclusion of the disabled in different policy design and process		
Yes	693	28.9
No	832	34.7
Information Unavailable	875	36.5

delivery related health care, polio, leprosy, and epilepsy treatment, removal of vitamin deficiency and iodine deficiency. Some participants also cited programmes related to pollution control, noise control, accident prevention and government provided free and accessible health care. About 35% knew about vaccination program. While responding to the attitude of people towards the PWDs It is observed that about 55% respondents accept disables well and about 20% give extra privilege to the disables. Very few are found behave roughly with the disables. When asked, is social relation with the disable people permissible, most of the participant would permit to make friendship with the disable but never permits to marry. Few people think that if such environment is created, only then they agree but did not mention what's the environment. Many people think that disables are outcast, so

the social relation with them is untenable and nobody wanted to talk details about this. Only a few people say that if their children agree to marry a disable person then they don't mind because they will maintain their family. The majority of respondents (63 percent) think that PWDs are not burden to the family. They should get extra security on road, reserve seat in the public transport like bus, train etc., separate hospital, health centre, and in schools, these are the attitude that should prevail in the society. Even an educated person also badly treats disable persons. No one wants to make relationship with any disable person. When asked, whether disable people be given extra preference, they were of the view that they should give extra preference, in that case government and rich persons should come first, Many people propose to give interest free loan, extra preference in education system, Donation from the poor fund and establish aid organisation in every block, district, and division. Some people expresses that, disabled persons should get registered and then considering their problem and counting their ability they should get extra preference. Government should enlist the disable person and also manage their better treatment. Government should make employment opportunity and give extra facility in social and other organizational field. They should get opportunity through free of cost schooling and priority in medical treatment. Disable shouldn't get equal opportunity because they have not equal quality like an able person.

Conclusion

The constraints on PWDs as activists are far greater and more debilitating than other groups. If development is self-realization through social agency as well as material improvement, then the condition of PWDs provides sets of sensitive indicators. Responses to the issues of concern of PWDs requires changes in public policies. Public policies need to be packaged in such a manner as to establish a logical path to escape from poverty and vulnerability. Gender disparity and the rights and potential of children with disabilities require special attention. While, approaches towards social capital investment in development efforts by encouraging the widening of social responsibility and networks need to be developed, support services for PWDs need to be provided across a range of government departments. The challenge of integrating and including persons with disabilities in the development agenda calls for policies guided by standard rules on the equalization of opportunities for disabled persons. Disability concerns should not be left to the social welfare sector alone. Rather, every sector has a primary responsibility for the disability issues arising in the sector concerned. The awareness of planners and government agencies of the existence and needs of PWDs in their target groups should be improved. The orientation of development support should be systematically geared towards an enabling and empowering approach rather than a passive safety net approach that does not involve support for efforts to escape from poverty, disability and vulnerability nexus exist in the state.

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