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To Assess the Cognitive Social Capital among Persons with Disabilities in Chandigarh: A Case Study

Parineeta Jindal[1], Anuradha Sharma[2]

[1]Research Scholar, Department of Community Education and Disability Studies, Panjab University, Chandigarh, India
Corresponding author Email: *flowersheaven99[at]gmail.com*

Professor, Department of Community Education and Disability Studies, Panjab University, Chandigarh, India

Abstract: ***Cognitive social capital is what and how people think and feel. The present study aimed to assess cognitive social capital of persons with disability (PWD) living in Chandigarh. Descriptive survey method with snowball sampling technique was used. Twenty-five Persons with Disabilities below 60 years were included in the sample. The researchers adapted the questionnairesof Chen et al. (2009) and Jenny and Bullen (2000). Questionnaire containedeleven items through which it was found that majority PWDs preferred to live and play in the same place with the rest of the community whereas few of them undergo a lack of acceptance in the society. The study concluded that there is lack of inclusive acceptance of PWD in the society.***

Keywords: Cognitive Social Capital, Persons with Disabilities, Descriptive Survey, Snowball Sampling, Inclusive acceptance

1. Introduction

International conventions define “disability” as “an evolving concept and claim that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”[6]. Disability is a complex concept. There are medical and social factors involved in disability which make it complex to understand [15]. It has also been found that persons with disabilities are not considered a part of mainstream society. They are discriminated against, segregated and isolated by imposing physical and social barriers [19].

Persons with disability have often been considered unlucky and needy [6]. Keefe stated that disability is considered as a social stigma within the community as well as in society. Many studies revealed that very few opportunities were given to people with disability for their full social and economic participation even within their own families [7], [12].

The Census report (2011) indicated that the total population of India is 121 crore and about 2.68 crore persons are ‘disabled’ which is 2.21 percent of the total population. As per the Census report, the proportion of disabled persons to the total population is 1.4 percent in Chandigarh. The literacy rate among the disabled population vis-à-vis the literacy rate of the total population in Chandigarh is 67.66 percent and 86.43 percent respectively (Census 2011). Twenty-nine percent of disabled children in the age group 5-19 years have not been attending educational institutions [11].

Many different characteristics are considered in disabilities like physical disability, hearing impairment, visual impairment, chronic neurological condition, a blood disorder, intellectual disability, mental behaviour, etc.[10].In the process of understanding the complicated nature of the disability, the definition and concept of disability have undergone many changes. It has been understood that persons with a disability must have full and effective participation and inclusion in society. It is one of the main principles of the Convention conducted on the Rights of Persons with Disabilities [15].

Social capital has a great role in developing and sustaining the inclusion of people with disabilities in social life. Social capital generally includes relationships, support, trust, reciprocity, and the resources they can afford; these concepts and resources exist within communities and may also support the development of communities [4]. There are mainly two dimensions of social capital i.e. structural and cognitive social capital. Structural social capital can be seen by the existence of network ties, rules and procedure. On the other hand, cognitive social capital cannot be seen because it is what and how people think and feel [2]. Cognitive social capital has two dimensions which include a sense of trust and strength of relationships [18].

Considering the research studies done in this area so far, it was found that studies regarding social capital of persons with disabilities are very few. Hence, the researcher endeavoured to study their social capital, particularly, cognitive social capital viz. sense of trust and strength of relationships since it is very important for mental well-being [17]. Hence, the rationale behind conducting the present investigation is to understand the cognitive social capital among persons with disabilities(PWD) because if there is more social capital, there will be more transitional outcome among PWD which will affect their social well-being, avoid psychological abnormalities and, thus, facilitate in leading a healthy life. In this context, the researcher tried to assess the cognitive social capital among persons with disabilities in society.

2. Objectives of the study

The primary aim of the present investigation was to study the cognitive social capital of persons with disabilities. Two approaches were adopted: Quantitative and Qualitative. Hence, objectives of the study are:-

Quantitative Approach

1) To know the sense of trust among persons with disabilities.
2) To understand the strength of relationships among persons with disabilities.

Qualitative Approach

1) To know the challenges faced by persons with disabilities for their lack of cognitive social capital
2) To seek the views of parents to get an insight into the responses given to the items.

3. Method and Procedure

Method: Descriptive survey method was used in the present study.

Sample: Convenient, purposive and snowball sampling technique was used. Assent/consent from the participants or their parents were taken. Confidentiality was maintained. In total 25 subjects below 60 years were included in the study. Researcher in-person collected the sample from the community.The study was delimited to persons with disabilities living in Chandigarh.

Tool and Statistical Technique: Researcher adapted social capital tools developed by Chen et al. (2009)[1] and Jenny and Bullen (2000)[8]. It was verified by the experts in the field. The questionnaire contained 11 items. Eleven items were divided into two dimensions of cognitive social capital viz. sense of trust and strength of relationships. Sense of trust contained six statements and strength of relationships contained five statements. The statements were to be answered on a 3-point scale. Subjects had to choose one answer out of the three given options i.e. very often/always; sometimes; never. The questionnaire was translated in Hindi. The collected data was then statistically analysed by calculating frequencies, percentages and mean and thereafter, interpreted.

Procedure: Researcher made a rapport. The questionnaires were filled by the researcher. Responses for subjects who were hearing impaired or had a disability of autism or were below 10 years of age were filled with the support of their parents.

4. Results and Discussion

Demographic profile of persons with disability: A little less than half (40%) of the subjects were in the age group of 16yrs-20yrs. Males constituted little more than three-fourth i.e. 76 per cent of the sample.The mode of education of almost fifty percent (52%) of the participants was from special school/institute because their disability was moderate to severe.

Table 1: Demographic profile of persons with disability

Demographic profile	Frequency	Percent
Age groups		
05yrs-10yrs	2	8
11yrs-15yrs	4	16
16yrs-20yrs	10	40
21yrs-25yrs	5	20
26yrs and above	4	16
Gender		
Male	19	76
Female	6	24
Mode of Education		
Special School/institute	13	52
Regular/General School/College/ University/Institution	11	44
No formal education	1	4

Distribution based on types of disability: The pattern of different types of disability that was available in the sample is arranged in ascending order. Very few i.e. four percent each were with a disability like autism, intellectual disability having cerebral palsy, locomotor disability, learning disability, mental illness and thalassemia. Two persons (8%) were leprosy-cured; 12 percent had an intellectual disability with autism and 12 percent had a hearing impairment. About one-fifth (20%) of the subjects were intellectually disabled. Majority i.e. 6(24%) subjects were visually impaired.

Table 2: Distribution based on types of disability

Type of Disability	Frequency	Percent
Autism	1	4
Intellectual Disability having Cerebral Palsy	1	4
Locomotor Disability	1	4
Learning Disability	1	4
Mental Illness	1	4
Thalassemic	1	4
Leprosy Cured	2	8
Intellectual Disability having Autism	3	12
Hearing impairment(Deaf and Dumb)	3	12
Intellectual Disability	5	20
Visual Impairment	6	24

5. Sense of Trust among Persons with Disability

The first objective of the present investigation was to know the sense of trust among persons with disabilities. Trust helps to build positive relationships within the community and gather resources so that it can be utilized at the time of emotional need [9].

Quantitative approach

The questionnaire contained six statements. The statements and the response to the statements of the subjects are given below in Table- 3.

Table 3: Information regarding a sense of trust among persons with disability

S.No.	Questions	Responses (Options)		
		Very often/ Always	Sometimes	Never
1.	**Praise about me**:			
a)	• When required	20(80%)	5(20%)	0
b)	• My habits	18(72%)	5(20%)	2(8%)
c)	• My behaviour	20(80%)	5(20%)	0
2.	**I can roam safely in community**	17(68%)	4(16%)	4(16%)
3.	**The local community does:**			
a)	• Respect me	15(60%)	8(32%)	2(8%)
b)	• Accept me	21(84%)	3(12%)	1(4%)
c)	• Tell truth about me	21(84%)	1(4%)	3(12%)
d)	• Encourages others to talk to me	20(80%)	4(16%)	1(4%)
e)	• Encourage others to be friends with me	20(80%)	4(16%)	1(4%)
4.	Growth of person with a disability is stopped by revealing his/her disability in the society	3(12%)	10(40%)	12(48%)
5.	I feel equal to others	14(56%)	11(44%)	0
6.	I can contribute positively in society	15(60%)	8(32%)	2(8%)

Qualitative approach

Challenges faced by participant with mental illness: Some of the subjects said that repeatedly talking about disability means only reliving the burden and stigma of mental illness which leads to deterioration of the person with a disability and his family [5]. It can only be overcome through its correct and healthy understanding. Revealing the disability to other people may leadto making of fun of the person with mental illness.Participants said that the growth of person with a disability is stopped by revealing his/her disability in the society and it affected the growth of persons with disability.

Challenges faced by parent of person with learning disability: During the interview, the parent of person with learning disability explained that their ward is made fun of in school because she cannot cope with or understand the subject. The parent further revealed that her child avoids meeting people even close relatives.

Challenges faced by parent of person with learning disability: One of leprosy-cured respondent stated that she cannot contribute much to society.

Views of parent/s: During the interview, one of the parents of a child having an intellectual disability with the associated condition of autism mentioned that everyone in the community praises their ward. A parent of a child with autism mentioned that their child is very young so others do not complain about him.
Views of parent/s: When asked about the reason for not being able to roam safely in the community, the parent of a person with an intellectual disability said that the area in which they live is not safe.

Views of parent/s and participants: The parent of a learning disabled child reported that their child's disability has not been revealed to the relatives.Participants said that a healthy family and social support play a great role in replenishing life which is equally important for living a healthy life for people with no disability. They further revealed that medical help, psychological help, inspirational talks, co-curricular and curricular activities and job opportunities with proper working conditions help in improving the quality of life.Proper working conditions are as important for PWD's as for persons without disability.

Strength of Relationships among Persons with Disability

Relationships are social bonds wherein close relationships lead to mutual co-operation and weak ties help in obtaining information [16]. In this context, the researcher tried to find out the strength of social bonds among persons with disability.

Quantitative approach

The following five statements and the responses are in Table 4.

Table 4: Information regarding the strength of relationships among persons with disability

S.No.	**Questions**	**Responses (Options)**		
		Very often /Always	**Sometimes**	**Never**
1.	**Stand up for my rights:**			
a)	• Family	22(88%)	2(8%)	1(4%)
b)	• Relatives	12(48%)	9(36%)	4(16%)
c)	• Neighbours	9(36%)	9(36%)	7(28%)
d)	• Friends	12(48%)	5(20%)	8(32%)
2.	**Like my other peers, I need from the community:**			
a)	• Support and encouragement	15(60%)	7(28%)	3(12%)
b)	• Guidance and counselling	13(52%)	8(36%)	3(12%)
3.	**Inclusive area(Living with other people in society):**			
a)	• Park	10(40%)	8(32%)	7(28%)
b)	• Accommodation	13(52%)	4(16%)	8(32%)
4.	**Feel an unburden in family by family members**	17(68%)	8(32%)	0
5.	**I am involved in family decisions**	18(72%)	5(20%)	2(8%)

Qualitative approach

Family plays a strong role in the lives of persons with disability. The data gains support from the study which stated that family members are the core support of social, emotional and financial assistance for people with disabilities throughout their lives [14].

Challenges faced by subjects with intellectual disability and leprosy-cured: They expressed their uneasiness in the inclusive park because they feel humiliated due to their inability to match the level of their peer group and sometimes peer group makes fun of them. Also, peer group did not involve them in play activities.

Challenges faced by PWD: Some of the PWD's expressed their desire to have a job so that they could live independently.

Views of parent/s: They revealed that peers of subjects don't mix up with them. Hence, they felt that they need a separate park for persons with disability to roam about and play. A few family members mentioned that there should be separate accommodation for persons with a disability, but not for their families.

From the above observations, it is concluded that people with disability are at high risk of social isolation and loneliness and they often have smaller social networks that consisted primarily of family members and support staff [3], [13].

Views of parent/s: A parent of a child with intellectual disability having autism explained that it is difficult to express by their child whether he feels that family feels that he is a burden on the family.

Views of parent/s:1.Parents/guardians of the participants having an intellectual disability, autism and hearing impaired explained that the participant had a limitation in understanding the whole situation. 2. A parent of a respondent having thalassemia explained that their family has never treated their child differently nor ever have they been made to feel that they are thalassemic. 3. A parent of a child having autism explained that persons with autism remain with themselves and don't get involved in the group and they talk only when they like to conversate because this is their disability. The parent explained that some people tease them but persons with autism do not understand. 4. The parents of subjects with hearing impairment mentioned that these children remain busy with themselves.

6. Conclusion

From the results, it is seen that 77 percent persons with disabilities were praised for their good qualities. 78 percent persons with a disability got respect, acceptance, the truth was told about them and society was encouraged to talk and be friends with them. On an average 55 percent felt that family, relatives, neighbours and friends will stand up for their rights; on an average, 56 percent felt the need of support and encouragement and guidance and counselling just like their non-disabled peers. 46 percent preferred to play in the park and live in the accommodation with the rest of the community members.

Therefore, it is concluded that though majority PWD's are respected, praised and supported yet there is lack of inclusive acceptance by the society. Society has a very big role to play in the development of cognitive social structure among persons with disabilities to lead a very healthy life. Society can work as a facilitator for the well-being of persons with disabilities (PWD). It is important to educate the society and the administrators about the feelings of PWD so that all can live a healthy life. PWD is a part of the society i.e. society develop a sense of trust and strengthens the relationship in the person with a disability.

Persons with disabilities understand their limitations butPWD's can contribute positively to society. Programs and policies should be made so that PWD's grow. PWD's and their parents/guardians should be given guidance and counselling and employment opportunities to encourage their full and effective participation and inclusion in society.

7. Future Scope

The study was delimited to PWD living in Chandigarh. The sample was small. It was a preliminary study. The study could be conducted on a large sample of PWD from each type of disability. It could be carried out at other places in the world. It would enable to assess the cognitive social capital of each type of disability.

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