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Mass media, the rights of the disabled people of Bangladesh: A critical overview

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Abstract:

The article explores how mass media can play a role in bringing awareness about the rights of disabled people in Bangladesh. In the light of models for studying mass media representation of rights of the disabled and related policies, the study attempts to unfold the interrelationship between mass media, society and persons with disabilities. It proposes a participatory conceptual model for the rights and policies of disabled people in Bangladesh.

Key Words: *Mass Media, Disability, Representation, Rights, Policy, Development*

Introduction:

In Bangladesh, there is an urgent need to raise awareness in society of the rights of disabled people in order to facilitate policy activities aimed towards integration of people with disabilities into society. The trend towards the isolation of disabled members of society still strongly dominates in Bangladesh. Health care practices violate the human rights of the disabled despite the fact that persons with disabilities in Bangladesh have all civic, political, economic and social rights. As almost 10% of the total population is disabled and this segment of population has very limited opportunity and access to participate in mainstream development process. The nation would not be able to achieve desired development goals without including the disabled population in the process.

Over the past 30 years, a substantial amount of research has been conducted to determine the effect of the mass media on the public's belief systems all over the world. These studies have concluded that the media's power to influence public perception and the degree to which people are exposed to media representations combine to make the mass media one of the most significant influences in developed and developing societies.

There have been fewer studies on public perceptions of disabled people and the effect these may have on government and mass media policies. But sufficient evidence exists to indicate that if the public considers people with disabilities to be violent or unable to care for themselves, government policies and resulting legislation will look more toward containment and control than toward recovery and community living. If public perception of the physically challenged is based on negative and false images perpetuated by the media, there is a danger that government responses will also be based on these false perceptions, rather than on the true needs and issues of people suffering from such illness (Cutcliffe and Hannigan, 2001).

Media portrayal is also viewed as an important element in forming and influencing community attitudes towards disability issues. The media can also affect public belief in relation to health information. It does seem likely that people make up their minds on health care by using their own experiences and the experiences of friends and relatives in the light of other information, from the media and their prior political and social views. There is a common perception that media's depiction of disability is overwhelmingly negative and inaccurate.

Disability is a complex phenomenon. It is not just a health problem. Disability reflects the interaction between features of a person's body and features of the society in which he or she lives. According to World Health Organization (WHO), disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Rights of Disabled People: Bangladeshi Perspective

Bangladesh has a population density of 867 people per square kilometer and a total population of 125 million people spread over 144,000 square kilometers. It has one of the highest densities of population in the world, with 80% of people living in rural areas. It has a Human Development Index ranking of 146 out of 174 countries, Gender Empowerment Ranking of 67 out of 70 countries and Human Poverty Index ranking of 70 out of 85 developing countries. The per capita income is US$ 350, life expectancy is 58.6 years, infant mortality is 79 per 1000 live births and adult literacy is 51.1% for males and 28.6% for females. It is a fertile country prone to frequent floods that cause economic damage and loss of human life. Muslims constitute 86% of the population with all people sharing the same Bengali culture and language. About half of the population is below 15 years of age due to a 2.1% growth in population. It has an unequal distribution of wealth with 10% of the population holding 60% of land. The country has a high rate of corruption, frequent political upheavals and is highly dependent on external debt (37% of the GNP).

The prevalence of disability is believed to be high for reasons relating to overpopulation, extreme poverty, illiteracy, lack of awareness, and above all, lack of medical care and services. Although disability is a major social and economic phenomenon in Bangladesh, there is very little reliable data available on this issue, especially in the absence of a comprehensive national survey on persons with disabilities. The Government of Bangladesh (GOB) surveys in 1982, 1986 and 1998 estimated a national prevalence rate of disability at 0.64%, 0.5% and 1.60% respectively. Action Aid-Bangladesh and Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) put the disabled population at 8.8% of the total population. Bangladesh ProtibandiKalayanSamiti records 7.8%. Most of the estimates generally appear to be underrated, sometimes excessively. The WHO's global estimate predicts approximately 10% of all people have a disability of one kind or another. This is also considered true in Bangladesh with some sources quoting a higher disability rate in rural Bangladesh (VHSS, 2000).

The number of people with disabilities in Bangladesh is high enough to merit special attention. Based on an assessment of the available figures and estimates by WHO and World Bank for developing countries, an overall disability prevalence of about 10% of the population remains a valid working estimate. The prevalence of disabilities in children below 18 years can be estimated to 6% and for the age group above 18 years the prevalence to about 14% or corresponding to 3.4 million children with disabilities and 10.2 million adults with disabilities (VHSS, 2000).

In recent years, there have been some improvements and positive trends as a result of the efforts at both government and non-government levels; however the overall situation of Persons with Disabilities is still far from satisfactory. In fact, they are still granted the lowest priority in service provision in Bangladesh. The following article explains the current situation of each issue associated with handicaps, impairment and disability in Bangladesh. Throughout history, persons with disabilities have usually been considered 'fearful and superstitious beings'. The direct result of these beliefs 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. There are no systemic interventions to raise awareness of persons with disabilities at the community level.

Though many persons with disabilities are able to live and lead productive lives, they are neglected by society as a whole. Many people in the Bangladesh view persons with disabilities as a curse and a cause of embarrassment to the family. They are unsympathetic to the situation of persons with disabilities. Women with disabilities are particularly vulnerable to social discrimination and neglect. According to the little available data, about 70% of the disabled population has special needs for medical rehabilitation and social integration. In Bangladesh, the health care service delivery system does not include medical rehabilitation for persons with disabilities. Persons with disabilities in need depend largely on traditional healers. A minimal level of medical rehabilitation is available through NGOs, which are concentrated in urban areas.

Persons with disabilities are usually excluded from existing governmental and non-governmental development programs. Despite national policies that protect the rights of persons with disabilities (for example, a 10% job quota for persons with disabilities), in reality they face unfair competition or neglect. According to available estimates, the actual number of employed persons with disabilities may be less than 1% (VHSS, 2000). With the exception of a few initiatives by some organizations, there are very few job opportunities for persons with disabilities. Service facilities for rehabilitation therapy and medical care assistance for persons with disabilities are inadequate. Extra care and cost are required as the types and severities of disability are diverse, but many persons with disabilities and their families cannot afford such services.

The WHO figure of 10% prevalence is quoted in most reports on disability in Bangladesh. Surveys by different agencies however, yield figures from 0.5% to 14% due to differences in definition of disability used in methodology. Major causes of disability are communicable diseases and malnutrition. Unsafe birth practices and nutritional deficiencies also contribute to the incidence of disability. Accidents and old age related disabilities are now on the rise. People with speech and hearing problems constitute the major proportion of disabled people in the country, followed by physical disabilities.

The Bangladesh Constitution states that `no citizens shall, on grounds only of religion, race, caste, or place of birth be subjected to any disability, liability, restriction or condition with regard to access to any place of public entertainment, or resort, or admission, or to any educational institution'. In 1995 the first National Policy for the Disabled was approved by the government. The policy mainstreamed disability into the country's development agenda. An action plan to operate this policy was approved in 1996. In 2001, comprehensive disability legislation entitled `The Bangladesh Persons with Disability Welfare Act' was adopted by parliament. This document includes revised definitions of various disabilities, the formation, roles and responsibilities of legislative bodies at national and district levels, as well as the coordination between them. The Act lists ten specific priority areas: 1. Disability prevention, 2. Identification, 3. Curative treatment, 4. Education, 5. Health care, 6. Rehabilitation and employment, 7. Transport and communication, 8. Culture, 9. Social security, and 10. Self-help organizations.

Mass Media, Society and Persons with Disabilities

In a democratic society, equal opportunity to participate in all facets of that society should be a goal of government, private and public institutions, as well as the goal of the majority rule and one of the duties of the majority is to recognize the rights of those who are not in the majority. A smaller more diverse minority still struggles for recognition of their problems and acceptance in society all over the world. The group, known variously as disabled, handicapped, physically challenged or handicappers (all are persons with disabilities) includes those with visual handicaps (including the blind and partially sighted), hearing disabilities (deaf and partially hearing) and mobility characteristics. As a result of their economic, physical, architectural and attitudinal barriers, inclusion of these individuals has lagged behind that of minorities.

Mass media influences the visibility of minorities and can have an impact on the broad social recognition of the problems of the groups. The problems of acceptance, equal opportunity, access and employment for persons with disabilities in the 1980s are no less pressing than the situation was in the 1960s (Stroman, 1982). These individuals remained ignored or at least misunderstood, partly because of the lack of accurate portrayal in the media (Liebert, 1975; Hespenheide, 1988). Much has been written about how the public views individuals with disabilities. The social psychology and rehabilitation literature are rich with such studies. However, the mass communication studies have virtually ignored this issue.

Models of Disability Studies: Medical, Social, Pathology and Civil Perspectives

Researchers in the field of special education have developed a theoretical paradigm, which springs from two approaches to individuals with handicaps. Gliedman and Roth (1980) outlined three theoretical models of ways society views people with disabilities. One model, based on medical criteria, emphasizes an individual's physical functioning and may be the most common conception. Another perspective, the social pathology viewpoint, is the basis for many government assistance programs and emphasizes the perceived inability of persons with disabilities to support them economically in society. The third model rejects the assumptions of the first two– that person with limitations cannot function physically, mentally or economically. This minority/civil rights perspective view the person with a handicap as a member of a group, which is oppressed by the physical or attitudinal barriers of a society, which is prejudiced in favor of the needs of the non-disabled majority.

Probably the most prevalent concept society has of those with disabilities is the medical model. This stems from what Parson has called the 'sick role' as a form of deviant behavior (Parsons, 1951). Parsons noted that this role entails the individual's exemption from normal social obligations and from responsibility for his or her condition.

The medical model views disability as an aberration from the 'healthy' norm. The focus is on prescription and treatment of the individual, who is expected to give up autonomy to a health professional and to a medical support network. This model puts the focus of the problem on the individual's disability as a sickness that must either be cured or contained. No blame is put on any aspect of society. The consequences of this mode of thinking for the individual with a disability can be passivity, limited gains to individual physical recovery or maintenance, and severe limits on, if not outright suspension of, social activities.

The second model is based on the assumptions present in the medical outlook. Whereas, in the medical model the disability is thought of as a disease and the individual becomes the patient under the care of medical expert; in the social pathology model, the role of the individual with handicap is that of a stigmatized individual or deviant who is considered out of step with the rest of society. Again, the individual is labeled as inferior, this time as a disadvantaged client who must look to society for economic support. Unlike the medical model, blame for the disabling aspect of the individual is apportioned between the person with handicap, who cannot perform many types of jobs and activities in society and the social environment itself, whose free market economy is unable to accommodate the individual's employment and other needs.

The ramifications of this model, however, are only slightly different from those of the medical model. Specifically, Bogdan and Biklen (1977) noted that a cornerstone of the support system for persons with disabilities is that the service provided is a gift or privilege, not a right. Such support 'demeans its recipients by supporting the prejudice that the handicapped are inferior people' (p.23). They also postulated that the other major source of social services to the handicapped, governmental agencies, tend, in the interest of bureaucratic efficiency, to hold, label, and further stigmatize those individuals with various disabilities.

Both the medical and social pathology attitudes result in what Bogdan and Biklen (1977) refer to as 'handicapism', which is promotion of differential or unequal treatment of individuals because of physical, mental or behavioral differences. They add that at the societal level, these individuals are portrayed stereotypically by the media, are held back by physical as well as attitudinal barriers and are encouraged to be docile in order to receive support services from the government. The third model, the minority/civil rights perspective, is explicitly politically-based. It puts the blame for disabling aspects of a handicap not on the individual who cannot walk, see or hear, but on the inability of society to adjust to the specific needs of these individuals.

The idea of persons with disabilities as a minority group was advanced by Tenny (1953) when he proposed focusing on 'the limitations imposed by society upon handicapped individuals and groups.' Bowe (1978) noted that disabled have suffered more, economically, than other minority groups, with the highest rates of unemployment, poverty and welfare dependency in the world. They have also been segregated from the rest of society in housing, education, transportation and public accommodation. Gliedman and Roth (1980) assert the able-bodied people blame these economic and social problems on the physical limitations of disabled persons, not on social oppression.

A consequence of the minority or civil rights model is that those with disabilities expect and demand that society view them as equals and respect their opinions and input in all areas of society. The ultimate goal is to achieve a physical and societal environment useable by and accommodating to all. The goals of the minority/civil rights model are similar to the focus of minority group theory. Both concentrate on the need of society in general to accommodate members of different groups. The medical and social pathology models, like deviance theory, focus on the differences between individuals and society. The traditional definition of the deviant as being a flawed individual coincides with medical model. The social pathology model also concentrates on the individual's differentness and seeks to solve problems caused by this differentness by funneling resources (charity, government aid etc.) to allow persons with disabilities to survive in an arena separate from (and most likely unequal to) the rest of society.

Critical Framework for Studying Media Representations of Persons

with Disabilities

While Mass Communication researchers have studied media representations of minorities, little research has been done on media treatment of persons with disabilities. So to develop theoretical framework of this research, deviance theories and the minority group theory, three models of disability and some models for studying media representations of persons with disabilities are discussed.

In a democratic society, equal opportunity to participate in all facets of that society should be a goal of the government, private and public institutions. In the majority rule, one of the duties of the majority is to recognize the rights of those who are not in the majority. Mass media influence the visibility of minorities and can have some impact on the broad social recognition of the problems of those groups. There were some modern models of media representations of persons with disabilities developed by J. S. Clogston and Beth Haller. Clogston (1991) developed Supercrip model, Cultural Pluralism model, and Haller developed a Legal model and a consumer model of media representations of persons with disabilities.

In the Supercrip model, the person with a disability is portrayed as deviant because of 'superhuman' feats or as 'special' because they live regular lives 'in spite of' disability. This role reinforces the idea that disabled people are deviant, that the person's accomplishments are amazing for someone who is less than complete. In the cultural Pluralism model, person with disabilities are seen as multifaceted persons and their disabilities do not receive undue attention. They are portrayed as non-disabled people would be

(Clogston, 1990). In the business model, the people with disabilities and their issues are presented as costly to society and business, especially. Making society accessible for people with disabilities is not really worth the cost and overburdens businesses. It is not good value for society or business. Accessibility is not profitable (Haller, 1995). Another is the Legal model (Haller, 1995). It is illegal to treat persons with disabilities in certain ways. They have legal rights and may need to sue to guarantee those rights. Various national and international laws were presented as illegal to halt discrimination (Haller, 1995). Haller developed another model for studying media representation of people with disabilities. It is called the consumer model. In consumer model, people with disabilities are shown to represent an untapped consumer group. Making society accessible could be profitable to businesses and society in general. If disabled people have access to jobs, they will have more disposable income. If disabled people have jobs, they will no longer need government assistance, (Haller, 1995). These models have been used in both quantitative and qualitative studies of media representations of person with disabilities.

Prospective Models for Studying Mass Media and Rights of Disabled People

Discussing above models, it is clear to us that the study of media representations of persons with disabilities is an area, thus far, largely untouched by mass communication researchers. Still the theoretical perspectives reviewed above provide the basis for theoretically grounded inquiries into media representations of persons with disabilities. These theories: normative deviance, labeling and stigma, the medical and social pathology models of disability, minority group theory and minority/civil rights model of disability; will now be briefly summarized for applications to mass media studies.

Normative deviance theory holds that persons with non-behavioral characteristics (e.g. a physical or mental disability) which violate social norms will be stigmatized by society. Mass media researchers might then ask if representations of handicapped individual in news and entertainment fare are consistent with this perspective. For example, does news coverage focus on the triumphs of an individual who overcomes an explicitly emphasized disability to perform some feat while implying that those with disabilities who do not perform such feats are less than fully human? Do newspapers portray persons with disabilities as unable to function in ways not related to their disability? The above studies based on normative deviance and stigma theory would predict that if predominant social attitudes determine media portrayals, individuals with disabilities would be portrayed in ways tied to their disability, or would be covered primarily as human-interest feature subjects.

Labeling theorists hold that an individual is stigmatized when he or she is called deviant. In this instance, researchers could view mass media representation of persons with disabilities as an independent variable (the labeler) or as a dependent variable (reflecting society's designation of a person with a disability as a deviant). For example, does the news refer to persons with disabilities using terms that emphasize their difference from normal members of society? Do visual portrayals in news, television entertainment and advertising do the same? Do advertisers avoid portrayal of persons with disabilities because of the negative and deviant ramifications of their 'sicknesses'? The medical model would predict that these individuals would appear most often in some variation of sick role in both news coverage and entertainment programming, and would be invisible in advertisements.

The social pathology model of disability, also drawn from deviance concepts, views the disabled individual as a disadvantaged client, dependent on society for economic support. In the social pathology model, people with disabilities are presented as disadvantaged and must look to the state or to society for economic support, which is considered a gift, not right (Clogston, 1990). Researchers could look at whether news coverage of persons with disabilities focuses on government welfare or private charity programs to help them. Do telethons and fundraising programs portray these individuals as objects of pity, who need help from monetary donations? Do disabled characters reflect this role of the recipient of help, or of the economically needy individual who is in that state because of his or her disability? The social pathology model would predict that disabled individuals would be portrayed as economically disadvantaged and in need of help and would be more likely to appear in the news as the subject of political debates over social welfare programs.

Minority group theory holds that persons with handicaps are identifiable, have less political power, receive differential pejorative treatment and have group awareness. Researchers cold ask if this identifiable group receives pejorative treatment from the media by being excluded from news stories, entertainment programs and advertising, or by portrayal in stereotypical (possibly reflecting the medical or social pathology models) ways. Does news coverage of persons with disabilities concentrate on the differential power of these individuals as well as their political demands for societal changes that would allow them to take part in everyday life? Minority group theory would predict that news coverage and portrayals of these individuals would reflect these political aspects of disability.

The minority or civil rights model of disability, a further specification of minority group theory, holds that persons with handicaps are held back primarily by society's unwillingness to open up physically and attitudinally to this minority group. Clogston (1990) noted that in minority/Civil rights model, people with disabilities are seen as members of the disability community, which has legitimate political grievances. They have civil rights that they may fight for, just like other groups. Accessibility to society is a civil right. Media researchers might ask whether news coverage focuses on debates over social changes called for by disability rights activists.

Proposed Model for Studying Rights of Disabled People of Bangladesh in Mass Media

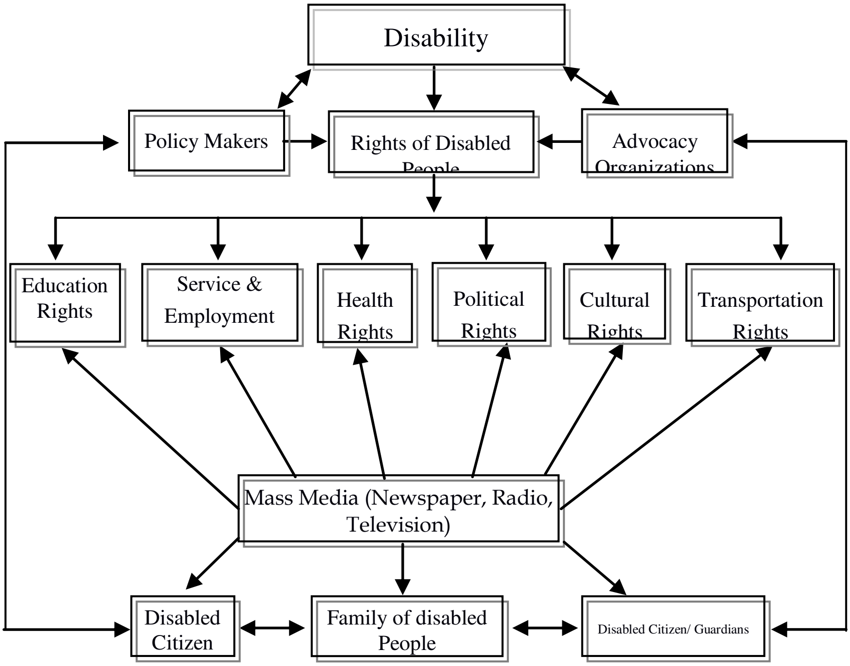

Figure: The participatory conceptual model of portraying rights and policies of disabled people of media in Bangladesh.

The figure shows that the position of mass media is the central point. In addition, the top of the figure shows disability. According to the figure, policy makers and advocacy organizations take ideas about rights (education, service, employment, health, political) of disability and formulate policies. Mass Media will reflect the rights and disseminate information about disabled people, the family of disabled people and their parents.

Conclusion

Mass media has been widely recognized as an important factor that facilitates both negative and positive attitude towards people with disabilities problems, there is no published evidence that mass media representations, rights, policies and society's attitude towards people with disabilities and illnesses have been studied or discussed in Bangladesh so far. In Bangladesh, there is an urgent need to raise awareness in society of the rights of disabled people in order to facilitate policy activities aimed towards integration of people with disabilities into society. The trend towards the isolation of disabled members of society still strongly dominates in Bangladesh. The nation would not be able to achieve desired development goal without including the disabled population in the process.

Persons with disabilities in Bangladesh are socially isolated in specialized hospitals and social care homes that usually are established far away from community. Moreover, 'because of the shortage in health care funding, care hospitals and social care houses for people with disabilities, often provide inappropriate care and substandard living conditions' (Leimana, 2000). Others spend the majority of their time at their homes because of the lack of community-based services. As a result, disabled people in Bangladesh who constitute around 10% of the whole population are excluded from society; they represent an 'invisible population'- a population whose rights are not widely recognized and respected. Moreover, even if some limited actions towards inclusion of people with mental disabilities into society (mainly supported by the Mental

Disability Advocacy Program) do exist, public in Bangladesh is rather uninformed about them. Bangladesh still has an opportunity to use mass media to strengthen public awareness of the rights of people with disabilities and prepare a general public atmosphere for community based health care policies. Such a proactive approach would allow reducing the probability of occurrence of a situation where mass media feeds a negative attitude and consequently supports or even facilitates more controlling disability policies.

However, instead of simple quantitative saturation of mass media of Bangladesh with information on disability issues, carefully targeted, prepared, and tested actions are needed for two main reasons. Firstly, actions should be carefully targeted in order to use effectively the extremely limited resources of interest groups. Secondly, the strategy and content of representation of mental disability issues should be tested before being implemented in order to achieve the expected positive outcomes. Even more important, activities should be tested in order to avoid negative unintended consequences.

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