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Attitudes towards people with intellectual disability in the UK and Libya: A cross-cultural comparison



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ABSTRACT

Background: The attitude of the general population towards people with intellectual disability (ID) provides important background for policy development. Furthermore, because of changes in attitudes across cultures, it is vital to ground policy development for each country in data from that country.

Aims: This paper aimed to undertake a cross-cultural study, investigating attitudes to people with ID in Libya in the year 2011, and to compare the Libyan data with those for the UK.

Methods and procedures: This paper provides a cross-cultural analysis of attitudes to people with ID, using a questionnaire study of three groups in Libya and in the UK: science students, psychology students and professionals in ID support. The questionnaire used was the established Community Living Attitude Scales for Mental Retardation (CLAS-MR). **Outcomes and results:** In terms of the four CLAS-MR sub-scales, the Libyan sample showed significantly less favourable scores on Empowerment, Similarity and Exclusion than the UK sample, but no significant difference on the Sheltering sub-scale. Within-country analysis indicated no main effects of gender on all four sub-scales in Libya and the UK. **Conclusions:** This study is the first to undertake quantitative analysis of attitudes to people with ID in Libya. The attitudes were in general less favourable than in the UK and other Western countries, but showed similarities with studies of attitudes to people with ID in Pakistan.

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What this paper adds

This is the first study:

- To assess quantitatively attitudes to people with ID in Libya.
- To assess the attitudes of two sectors – staff working with people with ID, and University students.
- To compare attitudes to people with ID in Libya and in the UK, and the study therefore extends the considerable corpus previously established using the CLAS-MR.
- The paper provides baseline information that allows future researchers who collect data on attitudes to people with ID to evaluate the changes occurring as a consequence of interventions or events.

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1. Introduction

Every cultural group has its own way of thinking and feeling, and consequently acting and reacting. The study of how culture differs among groups, communities and societies typically necessitates a position of cultural relativism. Judging a society and how it acts towards specific events should be preceded by establishing evidence about the nature of cultural differences of that society and about the roots of those differences and their consequences.

Attitudes towards people with intellectual disability (ID) are a key factor both for education and for society, in that these attitudes lead to important consequences for the approaches taken politically, together with the consequent outcomes. Attitudes are influenced by a number of factors – physical, intellectual, social and emotional – and the experiences of the individual or the group. Positive attitudes can lead to decisions such as social and psychological acceptance of the person who has a disability (Tervo, Azuma, Palmer, & Redinius, 2002; Werner, Peretz, & Roth, 2015), improving programmes for people who have a disability – educational (Tindall, MacDonald, Carroll, & Moody, 2015); social (Kam & Wong, 2008; Keith, Bennetto, & Rogge, 2015); medical (Boyle et al., 2010; Ryan & Scior, 2014); and occupational (Tsang, Chan, & Chan, 2004; Uysal, Albayrak, Koçulu, Kan, & Aydin, 2014). By contrast, negative attitudes can lead to decisions such as rejection (Daruwalla & Darcy, 2005; de Boer and Munde, 2014; Hassanein, 2015), segregation (Keith et al., 2015; Keller & Siegrist, 2010), and degradation (Panek & Jungers, 2008). The importance of knowing the attitudes of individuals towards people who have a disability can be summarised as: contributing to making programmes for individuals with disabilities more successful; attempting to make the attitudes of the individuals towards disability more positive; and the education and enlightenment of the public to adjust any incorrect concepts and to try to make the attitudes more positive (Eberhardt & Mayberry, 1995; Golding & Rose, 2014; Werner, Stawski, Polakiewicz, & Levav, 2012). Raven and Rubin (1983) have pointed out that attitudes are not inherited but acquired and learned, with the individual acquiring them from the prevailing societal culture through socialisation.

Culture refers to the joint collection of characteristics that is passed between generations and which distinguishes one society from another (Dickson, Aditya, & Chhokar, 2000; Tindall et al., 2015). Several researchers have tried to determine the influences cultures exert on attitudes (similarities and differences) by assessing their effect(s) on individuals' behaviour (El-Keshky & Emam, 2015; Fatimilehin & Nadirshaw, 1994; Florian, 1982; Gaad, 2004; Kagawa-Singer, 2004; Scior, Kan, McLoughlin, & Sheridan, 2010). Some of these studies have shown that there were more positive attitudes towards people with ID in the developed countries than in the developing ones, other studies tend to find more positive attitudes towards people with ID in western countries than in eastern ones (Florian, 1982). Several studies have identified a tendency to find more positive attitudes towards people with ID in societies characterised by values of individualism rather than in societies characterised by values of collectivism (Bi, 2010; Black, Mrasek, & Ballinger, 2003; Rao, Horton, Tsang, Shi, & Corrigan, 2010).

The existing (mostly Western) literature has found that attitudes to people with ID are affected by the predominant culture, formal education (Gasteiger-Klicpera, Klicpera, Gebhardt, & Schwab, 2013; Schwartz & Armony-Sivan, 2001; Symons, Morley, McGuigan, & Akl, 2014), previous personal contact with people with disabilities (Li & Wang, 2013; Scior, Potts, & Furnham, 2013) and by gender (Maha, 2013; Panek & Jungers, 2008; Scior et al., 2013). The most used assessment tool for these studies has been the Community Living Attitudes Scale for Mental Retardation (CLAS-MR) (Henry, Keys, Jopp, & Balcazar, 1996; Henry, Keys, & Jopp, 1999). Originally developed in the United States, the CLAS-MR scales have been validated on the initial US sample for their reliability and validity and have been used by many researchers in several countries including the USA, the UK, Israel, Japan, Pakistan and China. The CLAS-MR scale is widely used and shown to be valid, reliable and relevant. The scale is a questionnaire with 42 items, each in 6-point Likert format ranging from 1 = strongly Disagree to 6 = strongly Agree. The scale contains four subscales. The 15 item Empowerment subscale items relates to the policies and decisions that affect the lives of people with ID reflect the idea that they should be enabled to make their own opinions. The 7 item Exclusion subscale assesses desire to exclude people with ID from community life. The 6 item Sheltering sub-scale assesses the extent to which the daily lives of people with ID must be supervised by others and/or to protect them from community life's dangers. The 14-item Similarity sub-scale assesses the respondent's view on how similar people with ID are to typically-achieving people in the community. Scores are averaged for each sub-scale. Each sub-scale therefore has a minimum score of 1 and a maximum score of 6. For the Empowerment, Sheltering and Similarity sub-scales, a higher score represents more empowering, more supportive, more similar attitudes respectively, whereas for the Exclusion subscale a higher score indicates a less inclusive attitude.

Table 1 summarises the cross-cultural findings to date. It may be seen that there is considerable heterogeneity between the different countries and the different populations sampled within each country. Of particular interest is the study by Patka, Keys, Henry, and McDonald (2013) of attitudes in Pakistan, where it is evident that attitudes were very much less positive than in the other countries sampled.

It is also evident from Table 1 that there is a dearth of information about attitudes to people with ID in Arab countries. Several researchers recommend the need for research in this field in developing countries and specifically in the Arab countries (Alborn, Gaad, & Emirates, 2012; Haimour, 2012; Keller, & Al-hendawi, 2014). The current study contributes to this literature by measuring and comparing attitudes towards ID in the UK and in Libya.

Libya is a north-African country situated on the southern coast of the Mediterranean Sea bordered by Egypt to the east, the Sudan to the southeast, Chad and Niger to the south Algeria to the west and Tunisia to the north-west. The population of Libya is 6.5 million, with the majority being Sunni Muslims.

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