



Israeli children's attitudes toward children with and without disabilities



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ABSTRACT

Using a multidimensional perspective, we examined and compared kindergarten children's attitudes toward children with a physical disability, a hearing impairment, or no disability. Attitude scales, based on picture cards, were administered face-to-face to 106 kindergarten children in Israel. Each reported their attitudes toward each of three target children. More positive attitudes were reported toward a child without a disability as compared with a child with a physical disability or a child with a hearing impairment. More negative cognitions were reported toward the child with a hearing impairment compared with the child with a physical disability. Furthermore, moderate correlations were found between the three attitude components. The findings call for the provision of knowledge regarding disabilities, especially those disabilities that are less clearly understood by young children, as well as opportunities for contact between children with and without disabilities.

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Introduction

Attitudinal barriers act as strong forces in the participation and inclusion of individuals with disabilities in society (Ditchman et al., 2013). The UN Convention on the Rights of Persons with Disabilities (CRPD) (UN General Assembly, 2007) requires nations to promote equality, accept individuals with disabilities as part of human diversity, and prohibit discrimination on the basis of disability. According to the CRPD, fostering positive attitudes should start early with children at all levels of the education system. This is important because studies have shown that attitudes learned at early ages are internalized by children and are held throughout their lifetime (Dunham, Chen, & Banaji, 2013). Furthermore, children with disabilities may be negatively influenced by other children's negative attitudes, i.e. influencing acceptance and peer relationships within and outside of the classroom environment, thus hindering their inclusion in society (Han, Ostrosky, & Diamond, 2006; Laws & Kelly, 2005).

The main aim of this study was to examine kindergarten children's attitudes toward children with disabilities by comparing

attitudes toward children in three groups: those with a physical disability, those with a hearing impairment, and those without a disability.

Attitudes of children toward peers with disabilities

Children's attitudes toward peers with disabilities are highly important because positive attitudes promote acceptance and inclusion of the child with a disability within the classroom and in society (de Boer, Pijl, Post, & Minnaert, 2013; Vignes et al., 2009). It has been shown that these attitudes frequently emerge in the preschool years and intensify throughout childhood, with the kindergarten years being a critical point at which a child's sensitivity and negative attitudes toward disabilities become more apparent (Dyson, 2005).

Most theoreticians agree that the study of attitudes should consider a multidimensional perspective (Fidler, Vilchinsky, & Werner, 2007) by differentiating among three main components: cognitive, affective, and behavioral (Olson & Zanna, 1993). The cognitive component refers to the individual's ideas, thoughts, perceptions, beliefs, opinions, or mental conceptualization of another individual. The affective component is said to reflect the emotional underpinnings of an attitude (Antonak & Livneh, 1988), that is, the amount of positive or negative feelings toward the individual. Finally, the behavioral component relates to the individual's intent or willingness to behave in a certain manner toward another, or

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the actual behavioral response (Cook, 1992). According to the literature on multidimensionality of attitudes, a moderate correlation between attitude components reflects that they have a common core, while at the same time representing separate and distinct entities (Findler et al., 2007).

Despite acknowledging the importance of multidimensionality, most previous studies do not focus on all three attitude components. Some research has focused on the cognitive component but most have focused on the behavioral component. Studies assessing the cognitive attitude component have focused on children's identification and understanding of disabilities and on children's perceptions of the competency of those children with disabilities (Yu, Ostrosky, & Fowler, 2012). For example, Dyson (2005) found that, overall, typically developing children had positive attitudes toward individuals with disabilities. Further, Diamond, Hestenes, Carpenter, and Innes (1997) found that children rated a doll with a physical disability as having lower motor skills than dolls representing typically developing children or children with a visual or hearing impairment. A doll with a hearing impairment received lower competency ratings for language skills than did dolls representing other disabilities or a typically developing child.

Research on behavior has shown that both children with and without disabilities preferred to play with children without disabilities (Han et al., 2006). Furthermore, even if the children reported positive attitudes toward children with disabilities, only half of them were willing to acknowledge that they have a friend with a disability (Dyson, 2005; Laws & Kelly, 2005). Differences in the type and intensity of the behaviors displayed toward children with disabilities were also reported. Whereas most kids were willing to say hello or give candy to a child with a disability, only a few of them intended to develop a strong bond with the child (Roberts & Smith, 1999). In line with this, an additional study found that although, overall, children held positive attitudes toward peers with disabilities, less positive attitudes were held in relation to activities that required their personal involvement (Magiati, Dockrell, & Logotheti, 2002). Moreover, children who held more positive attitudes tended to have closer and more meaningful interactions with classmates who have disabilities (Dyson, 2005).

Variables affecting the formation of attitudes among children

Several variables are cited in the literature as being related to the formation of attitudes toward individuals with disabilities. The most important ones are the type of disability and gender.

The type of disability has been consistently found to be one of the central variables in the formation of attitudes. The existence of a disability stigma hierarchy, i.e. an order of preference for some disability groups over others, emerges consistently, with less visible disabilities being the most accepted, whereas visible disabilities (e.g., cerebral palsy), disabilities involving mental functioning (e.g., psychiatric illness), or disabilities for which the individual is perceived to be morally responsible (e.g., alcoholism) were the most stigmatized (Tringo, 1970). Within this hierarchy, hearing impairment is rated in the middle of the scale whereas physical disabilities are rated lower, i.e. greater acceptance was attached to hearing impairment while greater social distance was attached to physical disabilities (Tringo, 1970; Westbrook, Legge, & Pennay, 1993). Consistent with these studies, a more recent study, including 344 high-school and university students, found that participants reported more positive attitudes toward individuals who were hard of hearing or blind, more negative attitudes toward individuals who had a physical disability, and the most negative attitudes toward individuals with intellectual disability (de Laat, Freriksen, & Vervloed, 2013).

However, note that most of these studies have been conducted with adult participants. Literature regarding the role of the type of disability in the formation of attitudes among children is less conclusive. Some studies found negative attitudes toward peers with physical (Bracegirdle, 1995) and other visible disabilities (Woodward, 1995), most probably as a result of visually salient distinctions supporting social biases (Bigler & Liben, 2007). For example, in a study including 69 pre-school-aged children, it was found that participants tended to prefer befriending a peer who was photographed without a wheelchair rather than a peer in a wheelchair (Huckstadt & Shutts, 2014). In line with this, in a study conducted among 100 elementary school children in Canada (aged 4 to 11), negative attitudes were found toward children with intellectual and combined intellectual/physical disabilities (Nowicki, 2006). However, in contrast with the above research, in this latter study, the attitudes toward a child with a physical disability versus a child without a disability did not differ.

These varying findings may be related to the difference in the age of the children included in the studies and their cognitive developmental stage. According to Piaget's theory of development, children aged 4 to 6 (which are at the focus of the current study) are in the preoperational thought stage of development. This stage features the flourishing use of mental representations and the beginning of logic (intuitive thought) (Cook & Cook, 2005). Although logic is emerging, it is based only on personal experience. Children reason according to what things "seem like," according to their personal experience with the objects and events involved. Further, children do not recognize that some logical processes can be reversed. In addition, children have not yet developed logical thought on abstract concepts such as truth, fairness, and morality (Cook & Cook, 2005).

This framework suggests that the thought processes of children aged 4–6 years, are based mainly on their daily experiences and concrete actions (Dyson, 2005). Children at these ages find it easier to understand disabilities that can be seen concretely, such as the use of a walking aid or of sign language, whereas disabilities such as intellectual disability and behavioral difficulties are more difficult to understand (Diamond & Kensinger, 2002). In addition, young children may believe that some disabilities are temporary, for example, use of a wheelchair until a broken leg heals (Tamm & Prellwitz, 2001).

Studies have also examined the role of gender in the formation of attitudes toward children with disabilities, although the findings were inconsistent. Some studies have shown that girls tend to hold more positive attitudes than do boys (Nowicki, 2006), for example, wanting to help a child with a disability and showing greater compassion (Han et al., 2006). Other studies found no differences between the genders (Tamm & Prellwitz, 2001), whereas others found that boys hold more positive attitudes (Nabuzoka & Ronning, 1997).

Moreover, several studies found that the differences between boys and girls were related to the type of disability. For example, in a study that examined the effect of knowledge on the attitudes of 9-to-12-year-old children toward disabilities, it was found that compared to boys, girls hold more positive attitudes toward children with physical disabilities, whereas no differences were found in attitudes toward children with behavioral difficulties (Laws & Kelly, 2005). Furthermore, Nowicki (2006), in the above-mentioned study, found that the differences between boys and girls varied according to the attitude component examined, with girls holding more positive cognitions than do boys but with no differences between boys and girls regarding the affective and behavioral component of their attitudes toward children with physical, intellectual, or combined physical and intellectual disabilities.

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