Working with Persons with Disabilities:

An Indian Perspective

Priya E. Pinto and
Nupur Sahu

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And
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University at Buffalo
The State University of New York

Center for International Rehabilitation Research Information and Exchange
(CIRRIE)
515 Kimball Tower
State University of New York, University at Buffalo
Buffalo, NY 14214
Phone: (716) 829-3141 x 169
Fax: (716) 829-3217
E-mail: ub-cirrie@buffalo.edu
Web: http://cirrie.buffalo.edu

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Preface

Many people may be surprised to learn that persons from India currently comprise one of the largest foreign-born populations in the U.S. Because Indians are usually English speaking and do not tend to concentrate in distinct neighborhoods, they are not highly visible as a group. Moreover, because many Indians in the U.S. are highly educated, often with advanced degrees from U.S. universities, there may be a perception that their assimilation into American culture is an automatic by-product of that education. Not all Indians in the U.S., however, are highly educated, successful professionals. Even among those who do fit that profile, many maintain customs, traditions and values that they acquired in India prior to emigrating to the U.S.

It is not uncommon for Indians who have settled in the U.S. to bring aging parents to live with them either permanently or for extended visits. The parents may not have previously lived abroad, do not always speak English with fluency, and may find some aspects of life in the U.S. confusing or unsettling. Age related conditions might require them to seek rehabilitation services.

Regardless of their degree of sophistication or assimilation in the U.S., persons who have come from India have been the beneficiaries of an ancient and complex culture. Indian culture is very diverse, although common themes that run through it. Each region of India, and sometimes each state, has its own language, dress, diet and customs. It would be difficult for rehabilitation service providers to be well informed about all of these variations, but an understanding of certain core values underlying Indian culture would enable them to understand the needs and wishes of Indian consumers within the context of that culture. The purpose of this monograph is to provide such a perspective.

The authors are eminently qualified to guide readers though Indian culture and interpret it for us. The daughter of an Indian diplomat, Priya Pinto was born in China, but raised in India. She holds a master's degree in social work from the Delhi School of Social Work in New Delhi, India, and a master's degree in counselor education from Canisius College in Buffalo, New York. Ms. Pinto has two decades of experience in vocational rehabilitation. She recently worked as human resource and education consultant in the Regional Rehabilitation Continuing Education Program, Region II and is currently a rehabilitation counselor for Vocational and Educational Services for Individuals with Disabilities, the New York State vocational rehabilitation agency. Nupur Sahu was born in India, and lived many years in Kenya and in Zimbabwe where she received her bachelor's degree in occupational therapy. In addition to working as a therapist

in Zimbabwe, Ms. Sahu has held positions with occupational therapy service providers in Florida and New York. She is currently finishing her master's degree in occupational therapy at the University at Buffalo, State University of New York.

It is difficult to write about Indian culture. Because of its diversity and complexity, very few statements can be made without qualification. Writing for the busy rehabilitation service provider, the authors have attempted to concisely summarize selected aspects of Indian culture while avoiding oversimplification. The authors join me in acknowledging and thanking Maya Kalyanpur, Ph.D., Vathsala Stone, Ph.D. and Summana Silverheals, who reviewed the manuscript and provided valuable suggestions for strengthening it.

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John H. Stone, Ph.D., Director
Center for International Rehabilitation Research Information and Exchange
Series Editor

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Part I: Indian Culture

General Background About India

Overview

Understanding the culture of the recent immigrants to the United States is critical for rehabilitation service providers to work effectively with people with disabilities from these cultures. This monograph seeks to give rehabilitation professionals an overview of what can be described as a complex and diverse culture: the Indian way of life. Recent demographics show that India is one of the top ten countries of origin for immigration to the U.S. (Schmidley and Campbell, 1999). Thus, it is likely that rehabilitation service providers will be interacting more and more with people with disabilities from this culture, as well as their families.

Few countries can claim of such a rich and complex history as India. India was inhabited by a group of people called Dravidians three thousand years before Christ. The Dravidians were followed by the Indo-Aryans and Muslim sultans and kings, among others. Vasco Da Gama introduced colonialism in the 15th century. Many groups of people including the Portuguese, Dutch, French and British fought for trade rights throughout much of the Sixteenth century, with the British East India Company emerging supreme by the latter half of the eighteenth century. In 1859, India was formally annexed as part of the British Empire. After India fought for her freedom and became independent from the British on August 15th, 1947, the country was divided into India and Pakistan. In 1971 the eastern wing of Pakistan became the independent nation-state of Bangladesh (Joshi, 1997).

India is expected to become the most populated country of the world within the next two decades. For the present, it ranks second to China. Population crossed the one billion mark in May 2000. Probably one of the first impressions a new visitor to the country has is the teeming masses of people. It is rare to find a deserted street in India. To make matters more colorful and interesting, India's population is a bewildering mix of ethnic, religious and linguistic groups further sub-divided by the caste system. Although potentially overwhelming for the new visitor to the country, to the people of India, the numbers of people that comprise it's population add up to a feeling of being surrounded and connected, rather than one of suffocation or over crowding. There are always people coming and going, an air of activity, and the hustle and bustle of daily life lend a feeling of energy to the atmosphere. Probably one of the first struggles of the newly

re-located Indian is to try to recreate that same feeling of being connected and supported by a larger network. In a quiet U.S. suburban setting, that feeling may be hard to come by.

Climate in India is extremely diverse. When you speak of India's climate, you generally conjure up images of hot and hotter. However, parts of the northernmost regions of India (like Kashmir) are among the coldest inhabited places on earth. On the northern plains and the western deserts, temperatures can reach 120 degrees or more between May and June. The southern peninsula generally enjoys a moderate climate, though it can be hot between May and June.

Monsoons are central to the life of the country, bringing rain and sustaining the agriculture on which most Indians depend. The main southwest monsoon brings rain between May and September.

India is home to eighteen official languages, as well as hundreds of minor languages and dialects. Hindi is the major language, but, is not used in all parts of the country. English, for instance, is preferred in the south over Hindi, which is perceived as a northern language. English is also used in the government, the judicial system, the media, corporate activity and higher education. It is definitely the language of choice of India's middle and upper classes who are likely to study it from kindergarten through college. It is also the common language between India's linguistic groups. Mahatma Gandhi, the "Father Of The Nation" wrote in English, as did his disciple, Jawaharlal Nehru, India's first prime minister (Joshi, 1997). Most Indian immigrants working in the U.S. can speak English. However, their parents or older relatives may not be able to hold a conversation in English comfortably.

Sharp variations exist in the regional accents of spoken English. Some can be incomprehensible to the untrained American ear, comparable, perhaps to the British Cockney accent or the accents to be found in some regions of the U.S. To make matters more complicated, Indians sometimes speak incredibly fast, and liberally use what we may refer to as "Indianisms"- words of English origin adapted to suit the Indian tongue. Most Indians are bi- or multilingual.

Religion is central to the Indian way of life. It spills on to the streets when Hindus visit temples, Muslims offer prayers, or when Christians and Sikhs have parades to celebrate holy days. As a personal perception of the authors of this monograph, religion can sometimes rule the air, with loudspeakers blaring hymns (often into the night) or calling the faithful to assemble for prayer. Privacy and respecting space are not major concepts in India, where being and feeling connected are far more important values than individualism.

In terms of religious distribution, Hindus form the majority. Apart from Hinduism, India also has a substantial Muslim minority. Christianity and

Judaism arrived via trade routes to the southern state of Kerala in 1 A.D. While the former flourished as the Syrian Christian denomination, the latter dwindled as many Jews emigrated to Israel. Two other significant religions are Jainism and Buddhism. While Jainism remained confined to India, Buddhism spread to China, Korea, Japan and Southeast Asia. Sikhism began as a reaction to Hinduism and Islam, but evolved in the Seventeenth century into a distinct religion. Sikh males wear beards and keep their hair long and wrapped in turbans. Although cutting one's hair is not permitted in the Sikh religion, today some Sikhs have short hair.

Since Indian culture is so complex and diverse, it seems appropriate to provide a deeper look into some of it's aspects. Few countries in the world have such an ancient and diverse culture as India's. For over 5000 years, India's culture has been enriched by successive waves of migration which were absorbed into the Indian way of life. It is this variety which is the special hallmark of India. Its physical, religious and racial variety is as immense as the diversity of its languages. Underneath this diversity lies the continuity of Indian civilization and social structure.

Family Structure

The basic unit of existence is the family. More often than not the term "family" does not refer to a single nuclear family, but includes several generations with grandparents and their married and unmarried children living in the same household, sharing a common budget. When an Indian says, "he's my brother," you can expect anything from a real brother to a distant cousin or simply a very close friend.

The system of familial closeness is under some pressure as more and more people flock to the cities in search of jobs. Nonetheless family bonds remain strong, and siblings try to live near each other and to meet frequently. Weddings, childbirth, festivals and funerals are occasions where extended families all come together (Joshi, 1997).

Indian society adopts patriarchal extended families, as well as nuclear families. Both joint and nuclear families exist in almost equal proportions in India, but reflect some geographic variations in family structure. In the south, about 60% of the families are nuclear, whereas this proportion is 42% in the northern part of the country. The joint family system is shrinking due to mechanization, industrialization, urbanization, increased mobility and increased influence from the Western world.

Four main types of families that exist in Indian society are:

1. Traditional joint family: includes the head of the house, usually a male figure, his extended family, his married brothers and their extended families.

2. Patriarchal extended family: includes the male head of the house, his wife, his married sons and their wives and children.
3. Intermediate joint family: consists of the male head of the house, his wife, unmarried children and one of his married son's nuclear family.
4. Nuclear family: the male head of the house, his wife and unmarried children.

A joint family is a group of people who generally live under one roof, eat cooked food at one hearth, hold property in common, participate in common family worship and are related to each other as kin. Joint property and household proximity are important criteria in keeping the large family group intact. The joint family is an institution that has great advantages for its members when they share a common occupation and a large household. The family structure of Indian society is by no means static or uniform. Individual families change. As new members are added to the family, as members die, as the social and economic position of the family changes, the family itself changes (Augustine, 1982). Economic considerations and the disruption of peaceful harmony between family members are also major critical forces in the disintegration of the joint family. During these transitions, a joint family may split into two or more units. Thus, an individual may pass through different types of families, e.g. nuclear and joint, in his life cycle. The senior male member of the family usually manages the family's finances and is recognized as the head of the household. Female children are expected to leave their natal families and reside in the homes of their husbands. Relations between most family members are marked by reserve and restraint. From an early age, children learn to behave circumspectly in the presence of their fathers. Children are expected to be obedient to their father's every command. Mothers are more indulgent. They typically accede to every desire of their sons and intercede for them with their fathers. Fathers are similarly more indulgent with their daughters, while mothers make an effort to teach them household management and proper deportment. When a member of the family is ill or disabled, it is important for the American health care provider to be aware of the main decision maker(s) in the family, usually the senior male member. The head of the family, not only has the most say in the decisions regarding health maintenance of the family members, but also in their future plans, because he usually bears most of the financial responsibilities.

In the Indian immigrant population in the United States, the nuclear family is the basic unit in the family organization. Some households may also have older parents or an unmarried brother or sister. Joint households among Indians are viewed only as temporary and are a result of family obligations and hospitality. It is recognized that moving in with kin is a temporary arrangement and that once the newly arrived persons are self-sufficient they will move out. Kinship obligations also go beyond the immediate family and secondary kin. Indians feel quite comfortable availing themselves of the hospitality of other Indians, whether related or not. This system works out quite well because at one time you are offering hospitality and at another time you are availing of it.

Religions

As mentioned earlier, religion is a way of life. It is an integral part of the entire Indian tradition. For the majority of Indians, religion permeates every aspect of life, from common-place daily chores to education and politics.

Common practices have crept into most religious faiths in India, and many of the festivals that mark each year with music, dance and feasting are shared by all communities. Each festival has its own pilgrimage sites, heroes, legends and even culinary specialties mingling in a unique diversity that is the very pulse of society.

Change is inevitably taking place as modern technology reaches further and further into the fabric of society. Nevertheless, rural India remains much the same as it has for thousands of years. So resilient are its social and religious institutions, that it has absorbed, ignored or thrown off all attempts to radically change or destroy them.

India's major religion, Hinduism, is practiced by approximately 80% of the population. It is the largest religion in Asia and one of the world's oldest. Hinduism has a vast pantheon of gods as well as a number of holy books. It postulates that everyone goes through a series of births or reincarnations that eventually lead to spiritual salvation. With each birth, a person can move closer to, or further from, eventual enlightenment; the deciding factor is karma. Karma means action and is related to the Western idea of destiny or fate. In this vision, karma is an accumulation of our past actions, which influence present and future circumstances in life. Some other distinguishing components of Hinduism are the practice of puja (worship), cremation of the dead and the rules and regulations of the caste system.

In addition to Hindus, there are more than 100 million Muslims (approximately 12% of the population) in India, making it one of the largest Muslim nations on earth. Islam, the religion of the Muslims, is the dominant religion in the neighboring countries of Pakistan and Bangladesh. There is also a Muslim majority in Jammu and Kashmir. Muslim influence in India is particularly strong in the fields of architecture, art and food.

The Sikhs in India number 18 million and are predominantly located in the Punjab, a northwestern state in India. The religion was originally intended to bring together the best of Hinduism and Islam. Its basic tenets are similar to those of Hinduism with the important modification that Sikhs are opposed to caste distinctions. The holiest shrine of the Sikh religion is the Golden Temple in Amritsar, the Punjab.

Jainism has as its central concept ahimsa or nonviolence towards all living creatures. Some strict Jains wear masks over their mouths so as not to kill germs by ingesting them. Jains are strict vegetarians. Like Jainism, Buddhism stresses nonviolence and nontheistic solutions to the riddle of human existence.

Caste

By and large, every person is expected to marry into the *jati* (caste or community) that he was born into and to follow a hereditary occupation. Among Hindus, the four major castes are: the *Brahmans* (the priests who are the highest caste), followed by the *Kshatriyas* (warriors), the *Vaisyas* (traders) and the *Sudras* (serfs and workers).

Though the link between occupation and caste no longer exists, social mingling among the castes is still limited. By the eighteenth century, Brahmans were already dominating secular occupations such as administrators, teachers and clerks (Joshi, 1997). In the nineteenth century, they adopted English education. By the twentieth century, the Brahmans formed the core of the middle class along with the *Bania* (a mildly derogatory term, used mostly in the north, for members of the trading and business community).

Though most Indians claim to disapprove of the caste system, it still functions as a social support system and is more than a subtle influence in the lives of the Indian people. The Indian bureaucracy, for example, is riddled with caste divisions and with persons helping their caste members (Joshi, 1997). In the U.S. setting, this issue is not prominent. However it will be noticeable when people of higher castes are considered for placement in employment settings that their families may consider to be below their status in life (for example, janitorial work).

Approximately 15% of Hindus are members of the communities that are viewed as "impure" or "untouchable". This is because of their hereditary professions, such as removing garbage and human waste, catching rats, handling the dead to conduct cremations etc. The very touch of such a person is believed to pollute others - hence the term untouchables (Joshi, 1997). The other name for the untouchables is *harijans* (children of God) was coined by Mahatma Gandhi but the politically correct term is *dalit.* Untouchability was outlawed in 1950. Like racism in America, however, it is still practiced at many levels, covert and overt. India now has an extensive system of mandatory preferential quotas or positive discrimination (comparable to Affirmative Action) for placing members of these communities in institutions of higher education, government jobs and in Parliament.

As mentioned earlier, like racism in America, something being outlawed, does not imply its automatic demise. Many *dalits* still suffer persecution as their

ancestors did, and intercaste marriage with a *dalit* is virtually unheard of.

Among Hindus, the numerous castes and subcastes are arranged in a vertical hierarchical manner. The leaders of independent India decided that India would be a democratic, socialist and secular country. According to this policy, there is a separation of religion and state. Practicing untouchability or discriminating against a person based on his caste is legally forbidden. Indians have also become more flexible in their caste system customs. In general, the urban people in India are less strict about the caste system than the rural. In cities, one can see different caste people mingling with each other, while in some rural areas, there still is discrimination based on caste and on untouchability.

Both villages and in cities, there are sometimes violent clashes which are connected to caste tensions. The high castes may attempt to suppress the lower castes who have dared to try to uplift their status. As a result, the lower castes may retaliate.

In modern India, the term caste is used for *Jati.* The term caste was used differently by the British who ruled India until 1947. In order to rule India efficiently, the British made lists of Indian groups. They used two terms to describe these groups: castes and tribes. Tribes were those groups who lived deep in jungles, forests and mountains far away from the main population. Other groups that were hard to define as castes (for example, communities who made a living from stealing or robbery) were also denominated as tribes. The lists made by the British were used later by the Indian government to create lists of groups that who were entitled for positive discrimination.

The caste identity has become a subject of political, social and legal interpretation. Groups who are listed as entitled for positive discrimination are not removed from this list even if their social and political conditions improve. In many cases, the legal system decides if a person is entitled to positive discrimination. In spite of this positive discrimination policy, most of the communities who were low in the caste hierarchy remain low in the social order today. Groups who were high in the social hierarchy remain high in status as well as in the social hierarchy. Today, most of the menial jobs are done by the *Dalits,* while the *Brahmans* may often be found at the top of the hierarchy as the doctors, engineers and lawyers of India.

Art

Indian art is basically religious in its themes and developments. Its appreciation requires at least some background knowledge of the country's faiths. The highlights include classical Indian dance, Hindu temple architecture and sculpture (where one begins and the other ends is often hard to define), the military and urban architecture of the Mughals, miniature painting and Indian music.

Indians love the cinema. The Indian film industry, centered in Bombay (also known as Bollywood), is one of the largest and most glamorous in the world. The vast proportion of films produced here are dramas based on three vital ingredients: romance, violence and music.

Languages

Eighteen languages are officially recognized by the Indian constitution, with Hindi being the most widely spoken. Additionally, over 1600 minor languages and dialects were listed in the 1991 census. However, almost all of these 18 official languages include different dialects or variations of that language. Besides these 18 languages, there are other languages which are recognized by the central government but not as official languages. Unlike many other countries, there is no single Indian language per se, which is partly why English is still widely spoken more than half a century after the British left India. If an Indian person does not speak English, or another prominent language like Hindi, it is important to know that the person may not be able to communicate with another Indian person speaking a different dialect.

Language is a heavily politicized issue. Many state boundaries have been drawn on linguistic lines. Some of India's state boundaries were created based on the main Indian languages as recognized by the Indian constitution. States whose boundaries are based on languages are Kerala for Malyalam speakers, Tamil Nadu for Tamil speakers, Karnataka for Kanadda speakers, Andra Pradesh for Telugu speakers, Maharashtra for Marathi speakers, Orissa for Oriya speakers, West Bengal for Bengali speakers, Gujarat for Gujarati speakers, Punjab for Punjabi speakers, and Assam for Assami speakers. Some of these states like Bengal and Orissa were provinces during British rule. Though many states were created based on language boundaries, there are other states which were not created based on language boundaries. There are many language speakers who don't have their own state.

Major efforts have been made to promote Hindi as the national language and to gradually phase out English. A stumbling block to this plan is that while Hindi is the predominant language in the north, it bears little relation to the Dravidian languages of the south. In the south, fewer people speak Hindi. The Indian upper class cling to English as the shared language of the educated elite, championing it as both a badge of their status and as a passport to the world of international business. In truth, only a small percentage of Indians have a firm grasp of the English language. Language is one of the main seeds of a person's ethnic identity.

Diet

Contrary to popular belief, not all Hindus are vegetarians. Beef is strictly forbidden because Hindus realized from ancient times the life giving role cows played in society, from producing dairy products to pulling plows to providing fertilizer for the fields. Meats of choice are goat, lamb and chicken. Although vegetarians are found everywhere, strict vegetarianism is most prevalent in the south (which has been least influenced by meat-eating Aryans and Muslims) and in the Gujarati community. There are considerable regional variations from north to south, partly because of climatic conditions and partly because of historical influences. In the north, much more meat is eaten and the cuisine is often Mughal style, which bears a closer relationship to food of the Middle East and Central Asia. A staple part of the diet in the north are chappatis, which is the Indian counterpart of a tortilla. Pieces of it are broken off and used to scoop the curries from the plate and then eaten. The traditional Indian diet utilizes simple ingredients, such as lentils, cauliflower, peas, spinach, potatoes and other humble foods which are then cooked in a blend of spices. The emphasis is more on spices and less on chilli. Grains and breads are as popular as rice. In the south, more rice is eaten,there is more vegetarian food and the curries tend to be hotter. Another feature of Indian food is that silverware is often not used because the food is scooped up with the fingers. However, depending on the type of meal, silverware is quite common in the urban population.

The Muslims are non-vegetarian but have strict prohibitions against alcohol and pork. Inclusion of any of these products in their meal can be seen as highly offensive. It is advisable to discuss meal requirements in any situation that may require in-patient treatment or an overnight stay, since individual preferences vary and are hard to generalize by group.

Customs

Forms of Address

Like the traditional greeting "*namaste*" (pronounced nu-musth-ay), the suffix "ji" (pronounced gee), is appropriate for both sexes, regardless of age, and for almost any occasion. It can be attached to a given name as in Michael-ji, Diane-ji or Jones-ji.

A more familiar (though more humble) suffix is "*sahab*" (pronounced Saab, like the car). For example an Indian might say "Smith Sahab has been kind enough to visit our operation here in New Delhi." This can also be used along with a title such as "Doctor- sahib" or "Professor-sahib."

People older than you are **never** addressed by first names alone. Their

names are often accompanied by an aunty or uncle after their names, *whether they are related to you or not.* So a friend's mother would never just be Sheila but would be Sheila Aunty. Teachers and professors are always Sir or Ma'am with these forms of address often persisting well after graduation out of respect for authority.

Greetings

The traditional Indian greeting "*nam*aste" is uttered while joining palms together, as if in prayer, under the chin, slightly nodding the head and looking down. However in business meetings, a firm handshake is most appropriate. When expressing sincerity or when saying goodbye, both hands may be used to clasp the other's hand. There is one caveat, however. Most Indian women are unlikely to follow suit. The simple rule of thumb is to wait for the woman to offer her hand in greeting. If she does not do so, respond with a polite half bow and a simple "Hello."

Indians are not in the habit of saying "Good Morning," "Good Night," or even "Thank You" as is customary in the Western world. The reason is that the greeting "*namaste*" is kind of a catch all and could pass for a "Thank you" or "See you soon" or even "Good Morning." Traditional greetings however, are still very important (a son touching his mother or father's feet in respect).

Embracing members of the opposite sex is unacceptable. However, members of the same sex may embrace or hold hands if meeting after a long time or on special occasions. In general, public displays of affection are not encouraged. Deliberately touching someone you do not know very well, even as a friendly gesture, will only serve to make an Indian uncomfortable.

Taboos

- The left hand is never used for eating, whether the person is left-handed or not. This hand is reserved for personal hygiene.
- While some Indians use silverware, many prefer to eat with their fingers. Remember,this culture pre-dates the invention of forks and spoons by thousands of years.
- There is a strong taboo, especially among upper caste Hindus, against eat ing and drinking from another person's plate or glass or using dishes that have been used by someone else. An Indian would never offer someone a bite of an apple that he has already bitten into or a taste of something he has already sampled.
- Many Indians are strict vegetarians and teetotalers. Strict Muslims do not consume alcohol. Sikhs follow religious injunctions against smoking.
- Hindus do not eat beef. Cows are considered sacred. What passes for beef in India is actually buffalo meat and Muslims shun pork. In 1996, McDonald's opened it's first beefless restaurant in New Delhi. It offered a "mutton burger" designed to appeal to both religious factions.

Marriage

Indian marriages are often arranged alliances negotiated between parents. Strategic issues are considered. Is the boy or girl from the right caste? From a good family? Does the potential groom have a good job, good character and reputation? What assets (jewelry, cash, furniture) does the bride bring in her dowry? Among the more educated and less traditional families, it now is more acceptable to choose a spouse on your own. However, arranged marriages, as well as the customary dowry, is still the norm.

Other Customs

The "*bindi*" or dot on women's foreheads, is an adornment comparable to wearing makeup. Today, not all women wear a "*bindi*" on a day to day basis, and doing so is often a matter of personal choice. Some Indian women decorate their hands and feet with patterns using *henna* (a red dye) to mark special occasions like weddings or festivals. This is a form of adornment.

Some upper caste men wear a multi-thonged thread over their shoulders, symbolizing that they have participated in *upnayan,* an initiation rite into manhood. The ingrained nature of sexism in Hindu society stems from the requirement that only a son who has gone through this thread ceremony can light the funeral pyre of his parents. Cremation of the dead is a normal Hindu and Sikh practice, often taking place on the banks of a river.

How Indians View Themselves As Well As Other Cultures

Indians generally view themselves as members of a religious group, a caste, a subcaste and an ethnic or linguistic community, and principally, as part of an extended community within which relationships and roles are sharply defined. Generally, Indians pride themselves on being friendly to all cultures. While their cultural tradition celebrates *ahimsa* (non-violence), Indians are no less violent than other cultures.

Attitude Towards Other Cultures

In a culture divided into so many groups, almost everyone is "other." Each of the groups finds something inferior about the others - "too dark," "crooks,"

"smelly," etc. Still, *coexistence rather than conflict,* is the norm.

With the British colonial experience as the back drop, which dubbed even the lowliest Englishman as a *sahib* (boss), the average Indian has an almost automatic admiration for things Western and an envy for Western riches and other signs of prosperity. However, the feeling towards people from the West is two fold. On the one hand, they are seen as outspoken, arrogant, self-centered, lacking in family and moral values. On the other hard, they are believed to be hard workers who play fair and judge others by their merits, not by their backgrounds. Towards non-Westerners who are not part of the Indian culture there is indifference, ignorance and even a sense of superiority.

Dating back to the Indo-Aryan conquest of India's indigenous peoples (and strengthened, no doubt, by British rule) color consciousness is another pervasive attitude. A fair complexion is considered beautiful (the fairer the better). A dark skinned complexion is looked down upon, particularly in women.

North Versus South

It is interesting to note that north- south differences exist as much in India as in the U.S. Often, first generation immigrants bring these perceptions with them. Southerners tend to be a shade or two darker than their northern neighbors, but there are dark skinned northerners and fair skinned southerners. Northerners see southerners as being dark complexioned and clever (sometimes too clever for their own good). In general, the northerners' perception of their southern brethren is unsophisticated and homely. Southerners see northerners as brash, somewhat uncouth and violent, yet, at the same time more worldly and sophisticated. As far as dietary variations are concerned, northerners eat chapatis (unleavened bread) and southerners eat rice. Also, tea is ore customary in the north, while southerners generally prefer coffee.

Work

The Work Environment

Generalizing about India's work environment is difficult because so many companies are family owned and company habits are determined by family members. Another factor is that the range of companies is so vast: from the small garment or craft makers to the MBA staffed business conglomerates that manufacture everything from toothpaste to trucks. While some modern offices are not very different from a work environment in the U.S., the more traditional private sector employs many more people who perform several roles at several different levels. For example, there are personal secretaries who manage appointments and schedules. Beneath them are the personal assistants or *babus*-

mostly male clerical workers who type letters and maintain files. At the lowest rung are cleaning personnel and the *chaprasi* (peons or tea boys) who act as gophers - retrieving files, serving tea, coffee and snacks, cashing or depositing checks, paying bills, running errands and similar tasks. The divisions are quite rigid, since Indians are status conscious people. It is not uncommon to see a senior executive leave work with a *chaprasi* carrying his briefcase. A babu will not fetch tea for the boss since that is the *chaprasi's* job. Crossing these unseen lines is considered unusual (Joshi, 1997). The implications for the service provider in the U.S. is that, Indians are often quite status conscious and may prefer to provide for the needs of their disabled family member rather than have the person take a non-status job.

The Indian work ethic varies. Peasants, craftsmen and private sector employees work hard. Mmany do not hesitate to put in long hours out of a sense of self esteem and duty. At a government level, this ethic seems to disappear with employees arriving late and leaving early as a matter of routine.

Women in Business

Traditionally, Indian women were homemakers. The upper castes (especially in the north) were kept in *purdah* with heads and faces covered, and in private were confined to certain portions of the house where outsiders, particularly males, were prohibited. Today *purdah* is no longer generally observed.

Women do not usually remarry should their spouse die, and widowhood is considered the end of normal life! No such remarrying restrictions apply to men, however.

On the agricultural front, men may only plow the land. Women do virtually everything else from sowing, tending, harvesting, seeking firewood and water, often walking miles to do so. Upon returning home, they are responsible for all family meals and cleaning up afterward, while bearing babies and tending to them as well. Females (including children and pregnant women) eat last and least, and receive less medical care than males. While the lot of the peasant woman remains relatively unchanged, middle class women are moving into every profession, including government service, law, accounting and management. This is quite a change from the 1950's, when teaching was considered the only proper profession for middle class women. Still, vast areas of middle and upper management are all male.

Time

Any first generation Indian in the U.S. can tell you many stories adjustment to this country, but getting used to being time conscious is probably one of the biggest challenges ever. Indians are among the least time conscious people in

the world. Call it philosophy or cosmology, but the average Indian believes things will happen when they have to happen. Perhaps it is because the bulk of India's population lives in villages or the countryside where time is measured by seasons, not by calendar dates or wristwatches (Joshi, 1997).

The Concept of Disability Within the Culture

Many families are reluctant to report disability, particularly in view of the prevailing negative attitudes toward people with disability in most communities. In the absence of any detailed accurate census report on the disabled population in India, it is estimated that about 90 million people with disabilities live in India. About 78% of this population lives in rural areas. The major shifts in thinking about people with disabilities that have occurred in the West for the past three or four decades have only started taking place in India in the recent past. Persons with disabilities constitute a highly marginalized group Exposure to disabled people in India is a common occurrence; but the contact is of a very different nature than that in Western society. Walking the street in India exposes one to people with leprosy, amputations or visual impairments who often use their impairments to solicit money. This type of contact may cause the person with a disability to be viewed as a person to be pitied, shunned or supported by charity. Negative attitudes result from this type of contact in which people with disabilities are viewed as inferior. Furthermore, most adult Indians have not attended school with people with disabilities since integration is only beginning to be implemented in Indian schools (Paterson, Boyce & Jamieson, 1999).

In some villages, people with disabilities are shunned, abused, or abandoned at birth, since parents are ashamed of their disabled child, cannot envision a viable future for the child, and fear social isolation themselves. This may be due to the religious beliefs that may attribute the cause of disabilities as punishment for past deeds. Thus, disabilities are hidden from the public whenever possible. Also, in cities environmental barriers are so severe (few sidewalks, pedestrian traffic signals, curb cuts, or ramps) that most people with disabilities are simply not able to go out in public (Paterson, Boyce & Jamieson, 1999).

Views on Acquired Versus Lifelong Disabilities

Although families go through the natural process of shock and grief when a child is born with a disability, in Indian culture, it is accepted as one's fate or destiny. The belief in karma, or payment for past deeds, underlies the accepting spirit. Because rehabilitation services are not easily available to the majority of the population in India, little help is sought for children with lifelong disabilities. Economic hardship, poor transport facilities and a lack of education make it harder for the parents to access services for their child (Singhi, Goyal, Pershad, Singhi & Walia, 1990).

Indians also see their children as investments for the future. So, when a child is born with a disability, they do not see that child as a source of support or income in the future. Hence, they would rather spend their income on the healthy children, especially the male children.

When a person acquires a disability, people are more sympathetic since they think of the person's level of function prior to the illness or injury. If there is hope that the person will be fully functional again, efforts are made to provide services. For instance, in one particularly wealthy family, the male member, also the breadwinner of the family, was involved in a train accident and had to have both his lower limbs amputated. The family saw to it that he got proper medical treatment, had his prosthetic limbs manufactured and fitted, and got his car adapted for him so that he would be fully functional again. In the same family, a child was born with severe physical deformities. Although the family has taken care of that person all his life and attended to all his basic needs, they never consulted a rehabilitation professional to seek to make him more independent.

The Concept of Independence Within the Culture

Disabilities are not only problems for the person with the disability but, in a real sense, are family disabilities. The family copes with the demands and special needs of the person by providing daily care, rearranging schedules and ensuring compliance with treatment. The stress is shared by the whole family, especially the women in the household. Significant disruption of family routine, leisure and interaction can be expected (Singhi, Goyal, Pershad, Singhi & Walia, 1990). However, it is not uncommon for the male members of the family to leave the care of the person with the disability to the women in the house. Hence, the mother, wife, sister or daughter of the person with the disability takes over the daily care. Empowerment of the individual, as seen in the Western context, is perceived as being selfish and undesirable. Being altruistic for the sake of the family and for the larger society has a higher value. The term "empowerment" can at best be interpreted only as a right to access provisions and services on an equal footing as others.

Women, much more than men, carry society's cross on their backs. However, the cross with which disabled women are burdened all through their lives is three times more heavy because of their gender, their disability and their being the most deprived group. The most severe expressions of gender discrimination are found in the field of disability, frequently cutting across social, economic, political and cultural dimensions. Women and girls with disabilities are excluded from mainstream gender equality programs. Children and young people with disabilities face overwhelming barriers to participation in education and skill development programs. Most disabled persons are poor, but few poverty alleviation programs include provisions for their participation. Despite international and national advocacy movements led by dedicated and courageous fem-

inists and disability activists, as well as the support for women's issues extended by Indian policymakers and concerned organizations, the plight of disabled girls and women remains virtually unchanged. They continue to fall through the cracks in the elaborate network of the country's services and plans.

Rehabilitation Services Typically Available in India

The needs and expectations of people with disabilities in India are changing, and in response, policies and practices in India have also slowly undergone change.

Role of Non-Governmental Organizations (NGOs)or Not-For-Profits

Non-governmental organizations (NGOs), have played a major role in disability and disability services in India and are a just cause of pride.

Over the years, many dedicated men and women have voluntarily given their time, wealth, skills and energies to provide caring services to add to or enhance already too-far-stretched statutory services. The history of the disability movement in India over the last 50 years is a testimony to the commitment and determination of these individuals. However, it is embarrassing to acknowledge that a vast number of NGOs remain starved for resources, staffed by extremely underpaid personnel who additionally perform services in very unsatisfactory conditions. As a consequence of loose or non-existent organizational structures, the output of many of these organizations tends to be haphazard, uncoordinated and dependent on the goodwill of a few founding members. As the demand for services provided by the voluntary sector in India is increasing, it is facing serious challenges. The dedicated idealists are being expected to accomplish rather difficult professional tasks by the funding agencies, the government and the consumers of services.

According to a recent count, there are over 1600 voluntary organizations in India working for the cause of disability services and engaged in the service of disabled people. These range from the very professional, well managed, high profile national organizations that are immensely successful, to the well-meaning, small neighborhood organizations, with much goodwill but lacking in hard resources. These two diametric opposites continually compete for resources that are very scarce. The struggle for the survival for these organizations is fierce and although cooperation, coordination and a joint vision is the strongest need, it appears to many to be an unattainable dream. In order to create a caring society, as well as a comprehensive system of services for people with disabilities in India, networking and coordination have become a necessity and are no longer a matter of choice.

National Information Center on Disability Research and Rehabilitation

The government of India, with the assistance of the National Institute of Disability, Research and Rehabilitation (NIDRR), a U.S. government organization, has set up the National Information Center on Disability and Rehabilitation in Delhi, an apex center for information relating to various aspects of disability. The Center collects, classifies and stores data on twelve different aspects of disability. The Center has the responsibility to undertake gathering, updating and disseminating information on the following:

- Concessions and facilities provided to the disabled by the central and the state governments;
- Organizations and institutions working for the disabled;
- Professionals working for the disabled;
- Statistics about beneficiaries of various rehabilitation schemes and programs;
- Demographic statistics about the disabled;
- Aids and appliances available for the disabled;
- Statistics about national awards and awardees;
- Scholarship-programs;
- Assistance program for purchase/fitting of aids/ appliances;
- Program of assistance to organizations working for the disabled;
- Employment statistics;
- Research and development projects.

Media Coverage

There is a noticeable lack of coordination between media professionals and those working for the disabled. This is responsible for the lack of involvement of media in the cause of disability welfare. Besides lack of suitable material, there is also a general indifference to this cause. Most of the media's efforts are attempts to please the ruling political party or bureaucrats. Since programs on disability are primarily to appease the authorities, the producers pay little attention to audiences' needs for information and the media's moral responsibility to help in policy formulation and implementation. Therefore, although there are a few media efforts to address disability needs and to promote disability awareness, there is general indifference to the cause of integration of people with disabilities into mainstream society. In fact, integration has not even been identified as a goal.

Doordarshan (TV) and All India Radio telecasts programs promoting prevention and rehabilitation of people with disabilities. Programming focuses on assistive devices available for persons with disabilities as well as on integration of children with disabilities in normal schools.

Doordarshan also telecasts "News for the Deaf" in sign language. Doordarshan in its "Institution of Excellence" program has covered all national institutions and major voluntary organizations working in the area of disability. Doordarshan has also shown interviews of eminent people working for the cause of disability. All India Radio broadcasts a few programs on disability awareness. The four national institutes working in the area of disability publish quarterly newsletters.

In addition to national level voluntary organizations, literally hundreds of voluntary and non-profit organizations exist in all parts of the country. These organizations offer a whole gamut of services from counseling, day treatment, community education and referral networks for people with mental health problems to programs aimed at integrated education for children with disabilities and a focus on vocational training for all adults with disabilities. Mainstreaming is done by organizing integrated cultural and sports activities. The main emphasis of many of these organizations is on early intervention in the management of disabled children.

Vocational Rehabilitation

Considerable emphasis is given to vocational rehabilitation and its pivotal role in comprehensive rehabilitation services with a focus on training and employment of people with disabilities. Although the words sheltered workshop are not used, it seems to be an implicit assumption that people with disabilities work directly for the institutions that provide the training rather than in a community based job. For example, in a training center for the blind in Bangalore, instruction is provided in producing corrugated packing boxes for a big tea company in India. Training is also provided in silk weaving, and this unit is linked with the local silk industry corporation for the marketing of the finished goods. In New Delhi, there is a trust that has established a watch repair unit to train people with disabilities in watch repair. This unit is also linked with a major watch company. However, in all these instances, none of the people with disabilities work for the actual companies and again we see the lack of emphasis on community integration.

Community Care

During the last two decades, in India, as well as in most other countries of the world, there has been a growing realization that institutional care for the disabled, as well as for other groups requiring long-term residential services, is not

entirely suitable for their individual needs, dignity and independence. There has been relentless advocacy for community care. It is generally recognized that those who have been in such institutions for a long time must be discharged, and those waiting to get admitted must be prevented from doing so. A number of governments have actually succeeded in achieving a noticeable reduction in the numbers of in-patients in institutions. These people however have now been sent into communities that do not have adequate provision of services and facilities. Or, they never leave, staying on for years, and in some cases, decades. Ironically, most of them have at one time been certified fit for discharge, but they stay on since they have nowhere to go. The stigma of having a mental patient at home is very great. (Rashkrishnan, 1998)

In a traditional country like India, where informal support is the norm and has been, the only form of available care for thousands of years, great caution must be exercised to understand the real implications of the community care model being offered, in spite of how impressive it sounds. The developing country is under pressure from the West, since this concept has the support of most UN agencies. There are many definitions of community care. The layman's definition of this terminology may assume that help is provided by family members, friends, neighbors, colleagues in school/college and workplace, volunteers and lay members of society. This form of care implies care in community and not by the community. However, community care should include formal and professional arrangements, medical and surgical facilities and equipment, aids and appliances, medicines and drugs and other rehabilitation services. Without these services and supports, the concept of community care becomes reduced to non-professional and cost free help given by a set of self appointed and untrained caregivers in non-institutional settings without responsibility or accountability. Some criterion for performance of services in the community should be assured and insisted upon as in institutions. When community care as a concept is offered to developing countries, the whole picture has to be grasped in order to be able to comprehend why India, as well as other developing countries, has not reached par with the West in this dimension.

Community Based Rehabilitation Programs

At the international level, mostly on behalf of and for the disabled, instead of by them, a number of efforts are underway to help persons with disabilities become integrated in the mainstream of society. One of the major programs of the United Nations Development Programs is community-based rehabilitation (CBR) guided by Einar Helander who states that "'CBR is a learning process, not a blueprint or ready-made solution" (Dalal,1998).

Community Based Rehabilitation is a "strategy for enhancing the quality of life for the disabled people by improving service delivery, by providing more equitable opportunities and by promoting and protecting their human rights."

Community Based Rehabilitation additionally may be defined as "a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities". CBR is implemented through a joint effort between people with disabilities, their families and communities, and the appropriate health, education, vocational and social services. In the history of social services in India, no other concept has become so popular in such a short time as CBR. It began as an international movement with the growing realization that institutional services are not only considerably more costly, but additionally, do not integrate people with disabilities into the societal mainstream. CBR was regarded as a new approach in which families and communities are given the responsibility for the welfare of their members with disabilities. The success of CBR lies in encouraging people with disabilities, their families, and the local community, to join in this program (Dalal, 1998).

CBR is very appropriate in the Indian cultural setting, where social and community bonds are quite strong and deep-rooted. The challenge is to harness the potential of these bonds for rehabilitation related social action programs. The emerging view today is that CBR programs need to draw their resources from existing community development programs and should integrate with them.

The concept and practice of CBR has come down a long road in India. With the initial euphoria subsiding, now there is a better appreciation of the problems and prospects of CBR in action. Much experience has been gained in trying to implement this concept. This experience should help in meeting the challenges that are unique to the Indian social reality. For the success of CBR in India, it is crucial that professionals in India learn from success, as well as from failure.

Many of the voluntary and non-governmental programs that are in existence in India are organizations that have existed for a number of years and have received substantial funding and attention from within and outside the country. However, looking more closely at the programs shows several disparate factors. For example, several authors on the topic of rehabilitation programs in India have stated that many of these programs and organizations receive recognition and are funded because of their *activities* rather than *achievements.* These authors claim that a closer look at these programs show that they often are merely sets of activities without a real goal or long term viability. They are noted to be usually cost-intensive, but rarely cost-effective, which makes them continuously dependent on donors, and makes it difficult to replicate the programs, especially if the donors were to stop funding them (Thomas, 1998). In most instances, the original program plan does not have mechanisms for determining the outcome of activities and their costs, or a system of regular monitoring and evaluation based on some quantifiable values. This anomaly exists largely because many of the programs are fund driven rather than need driven. Such programs become counter productive to the cause of development of rehabilitation services in the long run. At the most, it supports the people associated with a program, but the program itself has little long term viability. In a few instances, it

has resulted in a ridiculous situation where the professed goals of the program shifts from one ideology to another according to the shift in the priorities and attitudes of the donors because the organization cannot survive without the donors' goodwill. Repeated failures of this nature reduce the confidence of consumers in the effectiveness of welfare activities.

With this kind of haphazard approach, there are several pitfalls. In the early stages of a program, it raises expectations among the consumers that are far beyond what it can achieve because the planners have not planned for quantitative measurements of outcomes and have not estimated the expected achievements. Instead, the program remains as a set of activities without any clearly identifiable vision, mission or objectives. In the course of time, these activities are enumerated once again to prove the point that the outcomes were in fact very good, quoting a few biased qualitative examples of good outcomes. The danger here is that the consumers do not always accept them as easily as the donors and the consumers believe only in tangible results. This leads to a situation where consumer acceptance of the program diminishes over time and the program becomes entirely donor driven, ultimately closing down as soon as the donors leave (Thomas, 1998).

In developing countries like India, disability is strongly linked to poverty. The prevalence of disability, particularly polio and blindness, is at least four times more among those who are below the poverty line than those who are above it. The success of preventive and rehabilitative measures is largely dependent on the success of community development programs. In this context, improving the quality of life of people with disabilities and their families would also benefit a large disadvantaged section of society.

Typical Patterns of Interaction Between Consumers and Service Providers in India with Implications for Service Provision in the U.S.

While developing this monograph, the authors have been in touch with several professionals in the field of rehabilitation in India via the Internet. In response to the question about patterns of interaction between clients and providers, one person listed the variety of services his organization provides, including, but not limited to monthly meetings for the parents, screening for the presence of disabilities house visits to provide counseling on coping skills, etc., medical rehabilitation in the form of provision of assistive aids and appliances and referral services. He also went on to say that in all these services, the service provider has a direct rapport with the client, the family and the community concerned. The service provider as an organization has experts in terms of qualified personnel to administer these services, the client appeared to have little choice about services.

Indians respect the authority of the health care providers and feel their own role is passive. Consumers generally assume the role of the obedient recipient of services. In reviewing the literature, it becomes apparent that the traditional medical model in which the rehabilitation practitioner is the primary decision maker, with less emphasis on choice making by the client, is still the norm. Depending on the level of acculturation, the relationship with the provider in the U.S. can be expected to remain at a formal level. For example, the consumer or the family may not ask a lot of questions or dispute the recommendations made by the provider because that would be seen as impolite and culturally inappropriate. If the Western treatment is at odds with the family's belief system, rather than voice their opinions or question the provider, they are likely to simply ignore the suggestions and stay with tradition. This silent decision might be observed in overt actions such as missed appointments or excuses for not following the treatment plans.

Clients and families expect the provider to be confident in proposing the treatment plan and to be concrete about the treatment process. For example, in the case of the amputee mentioned earlier, recommending prosthetics as opposed to a wheelchair or using crutches might be seen as preferable by the consumer because this constitutes a concrete solution. Indians are generally not accustomed to being informed of every aspect of a particular treatment. The Western model of informing patients can lead to confusion and fear. By offering a variety of choices of treatment the provider may be seen as incompetent for not knowing the right one.

With respect to the concept of *karma,* it is possible that disabilities and chronic illnesses are viewed as out of personal control, because of on destiny or actions in a past life. This may contribute towards a low or delayed rate of referrals in certain situations. For instance, for children requiring services in early intervention programs, compliance may be difficult to establish as the family may see this situation as a test of their responsibility and duty towards caring for their child as opposed to making the child work towards maximizing his potential and ability.

During medical procedures, it is important for Indians to have same sex health care providers. This is especially true for procedures or exams involving genitals, rectal or pelvic exams, etc. In the rehabilitation process, a male client is more likely to accept a male service provider and the same would hold for a female client.

Matters of personal hygiene are a delicate subject. Some people may choose to wash themselves instead of using toilet paper. People often prefer to shower instead of bathing in a tub, which is considered unsanitary. Daily showers, sometimes more, are the norm. The focus is on being clean rather than on body odors. As a result, using deodorants is not so common, except for those who

have become acculturated. Generally, odors are not seen as a potential offense. Another example of this is in the often strong odor of Indian cooking that may be absorbed by the client's clothes.

In the case of mental health, there might be a higher incidence because of the stresses of adapting to a new culture and the lack of family support systems. However, because of the shame associated with mental health problems, families often refuse to seek professional help until a state of crisis is reached. The healthcare provider should be prepared to make an immediate assessment.

Part II: Indian Immigrants in the U.S.

History of Indian Immigration to the United States

As an ethnic group in the United States, Indians are a group of people with a common history, tradition, beliefs, values and other traits that unify them and set them apart. An ethnic minority is a group of people that differs from the majority group in language, race, color (sometimes), national origin and often religion (Khare, 1997). Ethnic groups are different from the dominant groups. Because of the increasing number of ethnic minorities, there is an urgency to understand and to become culturally conscious, in a way that emphasizes unity rather than separatism.

About 19 percent of the United States population is made up of immigrant ethnic groups. (Khare, 1997) This percentage has increased considerably since the 1965 legislative modification of the law governing immigration and naturalization. This has enabled people from developing countries to come to the U.S. One of the fastest growing ethnic groups has been the hispanic community. The next fastest growing group are minorities from Asian countries.

Historically, immigrants from all over the world have arrived in the U.S. to realize their dreams in the promised land. A few thousand Indian farmers and laborers first came to the U.S. in the early 1900's. However, the majority of present Indians came to the U.S. since 1965 after the Reformed Immigration Act. In contrast with the early immigrants who were less educated, the new immigrants were young college educated, urban, middle class, professional men and women, some with young children, all with great diversity in religion, region of origin, and linguistic background (Sheth, 1997). In 1997 there were 748,000 foreign-born Indians in the U.S. (Schmidley and Campbell, 1999).

The 1990 census report indicated 815,447 Indians in the U.S., (both foreign-born and U.S.-born) representing a ten-fold growth since 1970 (Sheth, 1997). The projected population for the year 2030 is over two million. Increasingly, the

vibrant Indian community, with its second generation entering adulthood, wants to participate in all aspects of American society, while maintaining their culture and essential uniqueness.

Early Indian Immigrants

The early Indian immigrants can be divided into two general groups: the less educated farmers, manual laborers, and working class people and 2) a few middle class students, political refugees, and merchants. Between 1820 and 1870, only 196 Indians came to this country. By 1910, their number had reached approximately 5,000, and by 1924, it had risen to 13,000. Among these early immigrants were one thousand students who arrived in the 1920's, mostly on the West Coast. After India's independence in 1947, a large number came to study science and technology to help hasten India's development. Most of these early immigrants lived in the major cities on the east and west coasts. Many voluntarily returned to India, but a steady stream kept coming to stay (Joshi, 1997).

Among these early Indian immigrants were Indian traders who had made their way to the U.S., as well as some export-import businessmen on the West Coast. The decision to emigrate from India in the early 1900's was influenced by a variety of complex factors. The reasons for the push included financial hardships and the desire to help India's independence movement. In direct relation to the increase in Indian immigration came a series of discriminatory measures against Indians, by the U.S. government as well as Canada, to, in effect, nip Indian immigration in the bud.

The Barred Zone Act of 1917 and the subsequent Asian Exclusion Act (1882-1924) were also expanded to include Indians along with other Asian and third world nationals of color. These Acts prohibited them from immigrating to the United States. After many court battles, Indians received the right of naturalization in 1946. They were the last group to receive citizenship following other Asian Americans. This was made possible through the Luce Celler Bill (Sheth,1997).

The New Indian Immigration

In 1965, the reformed immigration law eliminated the racial bias in immigration against the people of the third world. This move was necessary in helping to further U.S. programs in science and high technology and responding to changing global and economic conditions.

The change that occurred was dramatic. In 1962, only 582 Indians came to the U.S., but in 1966 almost five times as many arrived. This ethnic group further increased in the 1970's and 1980's and, in 1990, was more than 800,000. The estimate for 1996 was 1.5 million Indians, and the 2000 census should provide

even greater numbers (Sheth, 1997)

During the 1970's and the 1980's, Indians in general did not wish for naturalization. Those who did opt for it seemed motivated by jobs and benefits, rather than being eligible to vote. However, this has changed as well.

Of the more than 400,000 foreign students who entered the country between 1990-1991, approximately seven per cent were from India. The motivation for such immigration was primarily education but also adventure and escape from strict Indian tradition.

General Profile of Indian Immigrants

The profile of new immigrants continues to change in response to how the immigration law changes. Roughly 83% are Hindu, reflecting their proportion in India. Another 14% are Muslim and other religious groups form about 3%. Post 1965, Indians who came to the U.S. were urban, well educated and spoke English reasonably well.

In terms of geographical distribution, the 1990 census shows the highest numbers of Indians in the Northeast. California has the highest Indian population of any state followed by New York and then New Jersey. In the last ten years, the highest demographic increase has taken place in the west and in Florida, possibly because of climate and job opportunities (Sheth, 1997).

Most Indian immigrants live in urban areas. Both working class and middle class Indians have developed their respective *desi* networks (*desi* means from the country of origin) to help them find jobs, places to live and for other needs.

Education

Prior to their arrival in the U.S., most Indian immigrants were of upper middle class professional backgrounds. Foreign-born Indians have had the highest levels of education in all categories in any time period in the history of immigration in the U.S. Based on the 1990 census, the percentages of Indians who had bachelor's and master's degrees was 71%, the highest of any group in the country (Sheth, 1997). The educational achievements of the Indian group in the U.S. is due to a large percentage of select immigrant professionals, who chose to leave India and come to the U.S. for better opportunities for themselves and their children. For Indian parents, the single most important reason to immigrate is career and their own professional advancement, as well as opportunities for their children.

A majority of Indian immigrants work in professions similar to those they worked in India. In recent years, many have changed professions due to changes

in the labor market and to avoid discrimination by American employers. Hundreds of Asians own and repair taxi-cabs in the nation's large metropolitan cities, especially New York. Many news-stands and small businesses are run by this same group. Many new Indians immigrants work very hard in low capital, low financial and high risk small businesses in order to make a living.

Income

To what extent are Indian professionals financially successful? Because of high educational levels, Indians generally have high levels of occupation and, consequently, high income. In 1979, the median Indian family income was approximately $25,000. In 1989, it went up to almost twice that. The foreign-born immigrants seemed to have higher incomes than the native-born (second generation and onwards), because of immigration law requirements for selected professionals. The greatest income increases came with doctorate degrees. The mean salary of Indian corporate males for all degrees was $45,709; for doctoral degrees, $83,895 (Sheth, 1997). Nevertheless, when other factors were controlled, whites earned more than Indians in all categories, except in self employed professions, where Indians have the highest proportion of educated professionals. Despite the appearance of high income, Indians have not achieved parity with the whites.

Recommendations to Rehabilitation Service Providers

1. When addressing the client, it is safest to start with a formal introduction as well as an inquiry as to how they would like to be addressed. Indians generally do not use first names, except amongst peers. As the relationship progresses, the provider can determine if the formality can be relaxed. Endearments such as "sweetie" or "honey" are inappropriate.
2. Embracing or unnecessary physical contact will only serve to make an Indian client uncomfortable.
3. Verbal exchanges with the client and the family should be direct and simple because the patient or family will seldom ask questions. Offer opportunities to ask questions, but do not push it.
4. Ambiguous suggestions or too many options should be avoided because there is a strong preference for a concrete solution. The provider's opinion will be given high regard and is preferred.
5. When explaining the treatment plan, the risks should be discussed with many positive reassurances.
6. For clients who need hospitalization, family members must be consulted. They sometimes play a bigger role in determining the progression of the treatment program than the client himself.
7. Because of the taboos surrounding mental illness, providers should be prepared for a crisis at the very first meeting.
8. Refusal to eat a Western diet in a hospital setting may not necessarily be non-compliance or evidence of depression, but may reflect a genuine preference for their own foods.

Ways In Which a Service Provider Can Become More Familiar With This Culture

The information provided here is for background only. Although some general principles may apply, broad statements about Indians are virtually impossible because of the diversity within the country itself. You may find a client who comes from a very progressive and educated family, to whom many of the suggestions made above do not apply. Or you may find just the opposite. In general, Indians are flattered and open to inquiries about themselves, their culture, habits and customs. Please ask. Indians are very hospitable by nature, so do not be surprised by invitations to eat with the family or to come to their house, particularly when progress is made or some good thing has happened. Places of worship, such as temples and gurudwaras are open to the public and may provide some valuable insight into the role of religion in Indian culture.

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