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Situating occupational injustices experienced by children with disabilities in rural India within sociocultural, economic, and systemic conditions

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Citation of this paper:

Benjamin-Thomas, Tanya Elizabeth; Rudman, Debbie; McGrath, Colleen; Cameron, Debra; Abraham, Vinod Joseph; Gunaseelan, Jeshuran; and Vinothkumar, Samuel Prasanna, "Situating occupational injustices experienced by children with disabilities in rural India within sociocultural, economic, and systemic conditions" (2022). *Occupational Therapy Publications*. 64.

<https://ir.lib.uwo.ca/otpub/64>

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Situating Occupational Injustices Experienced by Children with Disabilities in Rural India within Sociocultural, Economic, and Systemic Conditions

Journal:	<i>Journal of Occupational Science</i>
Manuscript ID	ROCC-2020-0093.R3
Manuscript Type:	Feature (research and review)
Keywords:	youth participatory action research, participatory filmmaking, critical disability theory, occupation-based social transformation, social justice

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Manuscripts

Abstract

This paper contributes to diversifying and situating understandings of occupational injustices through presenting findings from the knowledge generation phase of a participatory action research (PAR) project that utilized participatory filmmaking with children with disabilities in rural South India as co-researchers. Centering on situations of occupational injustices generated through a participatory analysis conducted with the child co-researchers, a critical theoretical analysis, informed by critical occupational science and critical disability perspectives, was carried out. This theoretical analysis of data generated through the participatory filmmaking process, as well as data generated with parents of children with disabilities, community members, and service providers, was used to elucidate forces shaping and perpetuating occupational injustices within the study context. Findings address the complex layers of sociocultural, economic, and systemic forces shaping occupational injustices, as well as ways contested responsibility and individualization of issues limited collective action. This paper illustrates the contributions that can be made through critical participatory approaches to enhancing understanding of the production and perpetuation of occupational injustices in ways that contribute to nuanced understanding of diverse human occupations. As well, issues of occupational injustice related to occupational marginalization, restricted occupational possibilities, occupational degradation, and non-sanctioned occupations are fore fronted.

Key Words: youth participatory action research, participatory filmmaking, critical disability theory, occupation-based social transformation, social justice

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3 Within occupation-based scholarship, perspectives of children¹ with disabilities,
4 particularly those from the Global South, remain at the margins, given the dominance of
5 Western, middle-class, Anglophonic, adult, female, able-bodied perspectives (Hocking, 2012;
6 Magalhães, Farias, Rivas-Quarneti, Alvarez, & Malfitano, 2019; Phelan & Kinsella, 2014).
7
8 Through critically attending to the perspectives of children with disabilities from the Global
9 South and situating their experiences of occupational injustices through participatory action
10 research (PAR), this article aims to add to more diverse understandings of the situated nature of
11 occupation and occupational injustices. In turn, such situated, diverse understandings are crucial
12 to inform social transformation efforts, particularly to guard against re-inscribing and
13 heightening injustices through continued imposition of knowledge and strategies generated in
14 Western contexts (Buckingham, 2011; Hammell, 2011; Magalhães et al., 2019).
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28 The potential of critically informed participatory methodologies to diversify situated
29 understandings of occupational injustices is illustrated through presenting findings from the
30 knowledge generation phase of a PAR project. This project employed participatory filmmaking
31 with a group of children with disabilities from a rural village in Southern India as co-researchers
32 to engage child co-researches and various stakeholders in a process aimed at deepening
33 understanding of contextual forces shaping and perpetuating the occupational injustices
34 prioritized by the children. The knowledge generated through the creation and dissemination of
35 the short film informed identification of key action strategies for social transformation, with
36 details regarding the methodological process and action steps taken in this on-going work
37 reported elsewhere ([REDACTED]).
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54 ^{1 1} The term ‘children’ is used to refer to all individuals below the age of 18 years (United Nations, 1989). We
55 acknowledge that the definitions for terms children and youth are approached differently within different contexts,
56 and addressing this debate is beyond the scope of this paper.
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3 Based on the central premise that participation in occupation is central to human well-
4 being (Wilcock, 1998), a key thread of occupational science scholarship has focused on
5
6 explicating individual and social implications of situations in which individuals and collectives
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8 face barriers to enact the right to occupation or face exploitation or oppression through
9
10 occupation, often framing such situations as occupational injustices (Durocher, Rappolt, &
11
12 Gibson, 2014; Hocking & Whiteford, 2012; Townsend & Wilcock, 2004). Critical occupational
13
14 science scholarship has deepened examination of such injustices, through attending to how
15
16 injustices are shaped and perpetuated through socio-political, cultural, economic, and other
17
18 forces (Bailliard, 2016; Kinsella & Durocher, 2016; Laliberte Rudman, 2013). In addition to
19
20 attending to how social power relations are embodied and enacted through such forces in ways
21
22 that perpetuate axes of privilege and disadvantage in relation to occupation (Laliberte Rudman,
23
24 2018; Njelesani, Gibson, Nixon, Cameron, & Polatajko, 2013), critical occupational science
25
26 scholarship has increasingly embodied a transformative intent to combine research and action
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28 (Farias, Laliberte Rudman, Magalhães, & Gastaldo, 2017).
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35 Growing attention to an emancipatory agenda has been accompanied by heightened
36
37 awareness of the centrality of ethical and culturally safe approaches to occupation-based
38
39 transformative work. Occupation-based scholars have engaged in critical reflexivity regarding
40
41 boundaries of knowledge production with increasing awareness of the need to avoid colonizing
42
43 effects, partly through attending to diverse perspectives on occupation and occupational
44
45 injustices from varied positionalities (Benjamin-Thomas & Laliberte Rudman, 2018; Laliberte
46
47 Rudman, 2018; Magalhães et al., 2019; Murthi & Hammell, 2020; Ramugondo & Kronenberg,
48
49 2015). In turn, scholarship has begun to generate more diverse understandings through critically
50
51 situating occupational injustices experienced by social groups from diverse geographical and
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3 cultural backgrounds (Benjamin-Thomas & Laliberte Rudman, 2018; Farias, Laliberte Rudman,
4 & Magalhães, 2016; Galvaan et al., 2015; Rivas-Quarneti, Movilla-Fernández, & Magalhães,
5
6 2018).
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10 Children with disabilities are a social group embodying heterogeneous experiences of
11 occupational injustices, with previous research demonstrating diverse ways these children can be
12 denied opportunities for occupation in play, school, home and broader community contexts
13
14 (AlHeresh, Bryant & Holm, 2013; Law et al., 1999; Tonkin, Ogilvie, Greenwood, Law, &
15 Anaby, 2014). The exclusion of children with disabilities from occupation, particularly amongst
16
17 those living in situations of poverty, is often greater within communities in the Global South,
18
19 given the complicated legacies of colonial forces (Rahman, Ali, & Kahn, 2019) where “they are
20 often condemned to a poor start in life and deprived of opportunities to participate in society”
21
22 (Parnes et al., 2009, p. 1176), and may experience increased violence and mortality rates
23
24 (Njelesani et al., 2018; Parnes et al., 2009). This article adds an occupational perspective to
25
26 scholarship attending to the injustices faced by children with disabilities within rural India
27
28 (Anees, 2014; Singh & Ghai, 2009), a context where British colonial rule has had immense
29
30 influence on social structures, institutions, and village systems (Rahman et al., 2019).
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40 **Research Approach and Methodology**

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42 We carried out a three-phased PAR, that included a preparatory, participatory research
43 and action phase, utilizing participatory filmmaking, a methodology rooted within Freire’s
44
45 (1993) work on consciousness raising to involve community members in creating videos to
46
47 document, explore, and critically engage with social issues ([REDACTED]
48
49 [REDACTED] Gubrium & Harper, 2013). In addition, we integrate
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51
52 principles and practices from Youth PAR (YPAR) in order to optimize the engagement of child
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3 co-researchers in examining issues of injustices in relation to their everyday experiences and
4
5 determining relevant actions (Camarota & Fine, 2008; Rodríguez & Brown 2009). Children
6
7 with disabilities were included as co-researchers in all phases of our research process. The
8
9 collaborative process of developing and disseminating the short film with the child co-
10
11 researchers provided a means to facilitate shared dialogue and mark out areas and actions for
12
13 social transformation addressing occupational injustices. Ethical approval was obtained from
14
15 relevant institutions. Detailed descriptions of various steps in this the PAR process, as well as the
16
17 negotiation of ethical and pragmatic issues have been described elsewhere ([REDACTED]
18
19 [REDACTED]).
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24 *Participants*

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26 **Child Co-Researchers.** Working with support from a community health department of a
27
28 medical college and hospital in Southern India, a village was selected based on this department's
29
30 records regarding the number of children with disabilities. This village had a population of just
31
32 under 5,000 people in approximately 1,000 houses, with one public elementary and high school.
33
34 In addition to being identified by a local health care provider or community member as
35
36 experiencing some form of impairment, inclusion criteria for child co-researchers included
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38 having the cognitive skills necessary to participate in the research process; the ability to
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40 communicate verbally in Tamil or non-verbally with or without an assistive device; and interest
41
42 in using a camera for sharing their experiences. The child co-researchers included six male
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44 children with disabilities, aged between 10-17 years, some of them formally diagnosed with an
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46 impairment (visual impairment, intellectual disability, speech and hearing impairment) and some
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48 without a diagnosis.
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3 **Secondary Participants.** Secondary participants encompassed two groups, the first
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5 group included parents and service providers (four teachers, eight parents, six health care
6
7 providers, and six special educators), who participated in group discussions (or individual
8
9 interviews when preferred) about the occupational experiences of children with disabilities. The
10
11 second group included parents, doctors, nurses, social workers, occupational therapists, and
12
13 occupational and physiotherapy students, who participated in discussions during eight screenings
14
15 of the short film. Data from secondary participants addressed factors shaping the occupational
16
17 injustices and community issues raised by the child co-researchers. As well, dialogue regarding
18
19 ways forward, that involved various stakeholders from dissemination meetings becoming
20
21 members of action teams to implement solutions generated through the PAR, occurred following
22
23 screenings.
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28 ***Data Generation***

29
30 A participant driven, dialogic group process (Gubrium & Harper, 2013) was used with
31
32 child co-researchers to generate and conduct participatory analysis of visual and verbal data
33
34 regarding barriers and supports to desired occupational participation at home, school, and
35
36 community. During approximately 35 group meetings, child co-researchers engaged in the
37
38 process of film making and engaged in shared dialogue regarding their everyday lives and
39
40 occupation-based issues they deemed as priorities for social transformation. This dialogic
41
42 process occurred in Tamil and was supported through the use of visuals such as culturally
43
44 relevant drawings of occupations and videos captured by the children. As well, drew upon the
45
46 SHOWeD approach (Wang, Cash, & Powers, 2000) that stimulated dialogue pertaining to the
47
48 following questions: What do you *see* here? What is really *happening* here? How does this relate
49
50 to *our* lives? *Why* does this problem, concern, or strength *exist*? What can we *do* about it? This
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3 dialogic group process supported child co-researchers in generating relevant themes and content
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5 for their short film to be shared ([REDACTED]).
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8 Data among secondary participants was generated through a total of five one-on-one
9
10 interviews with parents, three group meetings with different service providers (i.e., teachers,
11
12 special educators, health care providers) and eight dissemination meetings where the short film
13
14 was showcased. All meetings and discussions were audio recorded, and those conducted in
15
16 Tamil were translated to English by the first author with the support of a local retired
17
18 schoolteacher from a neighbouring community.
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20

21 ***Data Analysis***

22 Detailed reporting of the participatory thematic analysis results, carried out with child co-
23
24 researchers during the process of creating the short film, are provided elsewhere ([REDACTED]
25
26 [REDACTED]), and the short film is publicly available [REDACTED]. Within this paper, we focus on
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28 results generated through a subsequent theoretical analysis of all transcribed (and translated) data
29
30 from co-researchers and secondary participants. This analysis was carried out by the first author
31
32 to further explicate power relations and contextual forces shaping and perpetuating the
33
34 occupational injustices prioritized by the child co-researchers. In addition to being informed by a
35
36 critical occupational science perspective (Laliberte Rudman, 2018; Njelesani et al., 2013),
37
38 critical disability perspectives (Devlin & Pothier, 2006; Goodley 2013; Hosking, 2008;
39
40 Meekosha & Dowse, 2007; Meekosha & Shuttleworth, 2009) were utilized to draw attention to
41
42 disability related assumptions, as well as dominant languages and images associated with
43
44 disability. Analysis encompassed repeated rounds of theoretically informed coding (Miles,
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46 Huberman, & Saldaña, 2014), along with on-going collaborative dialogue between the first and
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48 second author.
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Researcher Positioning

This project was carried out as a part of the first author's PhD thesis. Her interests in collaborating with children with disabilities are rooted within her experiences as a pediatric occupational therapist in rural India. She was often a witness to situations of injustices that children with disabilities experienced in everyday life. Having completed her undergraduate education at the same local institution that supported this research, she was familiar with the local language, research context, and had an established relationship with the local institution. She spent eight months in India carrying out this project, but collaborations with co-investigators from the local institute were initiated many months prior to entering the field. Reflexive dialogue with researchers from the local setting and those from outside the setting provided an on-going means for the first author to navigate her positionality, as well as interrogate her initial assumptions and emerging analytic insights regarding the occupations of children with disabilities in context of rural India.

Findings

To establish the underpinnings for the theoretical analysis, a brief summary of themes generated through the participatory thematic analysis are first presented, which specifically focuses on occupational injustices in the lives of the children and at the community level that the child co-researchers highlighted as problematic and presented within the short film (see Table 1 for example quotes). Following which, results of the theoretical analysis that situates these occupational injustices are focused on in greater detail.

Participatory Thematic Analysis: Prioritized Occupational Injustices by Child Co-Researchers

Occupational Injustices in the Lives of Children with Disabilities. Child co-researchers described occupations they engaged in that were important to them, such as playing

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3 local games and music with friends, worshiping in the temple, attending school and community
4 events, and doing chores at home, which provided enjoyment, connection, and a sense of
5 inclusion. At the same time, they discussed several barriers to occupation that were challenging
6 to navigate and described situations of occupational injustices by pointing to experiences of
7 marginalization, particularly in school but also within their homes and communities.
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15 Within the context of school, child co-researchers described restricted opportunities to
16 engage in extracurricular activities, such as participating in cultural programs at school functions
17 and sports activities, and negative assessments of their academic capabilities. The children
18 framed these exclusions and assessments as resulting from intentional acts of teachers, connected
19 to perceptions of their impairments and needs. These experiences affected the emotional, and in
20 turn, educational experiences of child co-researchers. Overall, despite these experiences of
21 marginalization, child co-researchers also expressed that school was a source of enjoyment and
22 that they desired the opportunity to study.
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34 Child co-researchers also indicated that experiences of marginalization extended into
35 their homes and communities. At homes, occupational marginalization was often linked to their
36 poor academic performance. Additionally, resistance from parents to support their child's
37 occupational participation was situated, by the child co-researchers, within parents' attempts to
38 protect them from violence or child trafficking prevalent within their community. Within
39 community settings, child co-researchers described being denied opportunities for participation
40 in games with other children, often being assigned to the role of onlooker rather than players or
41 teammates.
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52 **Occupational Injustices at the Community Level.** Child co-researchers also spoke of
53 larger community issues that not only impacted their own occupations but those of the broader
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3 community. In particular, they described occupational issues related to substance abuse and
4 inter-related forms of violence, including community fights and teasing and bullying among
5 children, as well as environmental issues related to occupational degradation and sustainability.
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10 Certain occupational practices, namely substance abuse, were positioned by child co-
11 researchers as contributing to violence prevalent within their communities, including domestic
12 violence, fights within the community, and bullying and teasing. These various forms of violence
13 were integrated into occupational patterns in the community.
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19 Substance abuse by adult men, perpetuated by poor household economic conditions, was
20 pointed to by child co-researchers as a predominant factor contributing to fights within
21 households between husbands and wives, and parents and children. Child co-researchers not only
22 shared personal experiences of household violence, but also shared how adults' patterns of
23 occupational engagement in substance use became engrained among children in the community
24 who consumed locally made alcohol, cigarettes, and drugs. Child co-researchers pointed to
25 parents as role models from whom children learned about substance use and spoke to being
26 exposed to these substances during local festivals. Additionally, child co-researchers connected
27 substance use by children to other occupational practices such as improper garbage disposal
28 within the community, as children experimented with these substances by picking up empty
29 bottles to take a sip or using fallen cigarette butts. Child co-researchers prioritized these
30 occupational patterns as requiring change and situated substance abuse as a systemic issue
31 contributed to by government-run businesses of selling substances, improper garbage disposal
32 practices, and entrenched patterns across generations.
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51 Child co-researchers also shared that fights in the community at large were common, with
52 violence being a key means to address conflicts and manage power relations. In some instances,
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3 fights amongst children were said to become a community issue, as parents were drawn in to
4 protect and stand up for their children. Child co-researchers also pointed to the presence of a
5
6 gang culture and conflicts within their community, specifically among young college going
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8 students. Additionally, community fights were also positioned as informed by caste differences,
9
10 present amongst people from different areas in the village.
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15 Within the community context in which adults engaged in various forms of violence,
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17 teasing and bullying among the children was also common during various forms of occupational
18
19 engagement. Child co-researchers described experiences of being teased by peers, because of
20
21 their impairment, the use of assistive devices, or when they performed occupations in ways
22
23 perceived as outside the normative standards in their community. Teasing was often described as
24
25 escalating into bullying, where children with disabilities were intimidated as well as mistreated
26
27 by other children both physically and verbally. In addition to bullying contributing to physical
28
29 fights amongst the children, children with disabilities were marginalized from opportunities to
30
31 participate in desired occupations because of teasing and bullying. Child co-researchers situated
32
33 teasing and bullying not only within the broader context in which violence was a common part of
34
35 daily interactions, but also within their observations that children who were different, be that in
36
37 relation to height or skin colour, were often discriminated against. Such issues of teasing and
38
39 bullying were situated as an issue experienced throughout the life course, with language used by
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41 adults viewed as not only permitting but also modelling these behaviours.
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47 Garbage accumulation within village public spaces, such as the local streets, rivers,
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49 temples, and public wells, was also an important concern for child co-researchers. The
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51 occupational issue of improper garbage disposal was seen by child co-researchers as not only
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53 affecting livestock, plants, and the health of community members, but also impacting
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3 occupational engagement of community members in leisure activities such as playing in fields or
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5 swimming. Improper garbage disposal practices were inter-related with substance abuse, with
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7 substance use contributing to garbage accumulation in public spaces and improper garbage
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9 disposal contributing to substance use among children. Overall, the issue of garbage
10
11 accumulation was situated as socio-political and systemic. Certain practices such as festivals
12
13 amplified disposal of garbage in public spaces, and systemic constraints related to irregularity of
14
15 garbage collecting vehicles did not allow community members to properly dispose garbage.
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19 Child co-researchers also identified issues related to occupational degradation in relation
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21 to deforestation activities, again pointing to consequences for flora, fauna, as well as for
22
23 occupational engagement. Reasons for deforestation were linked to occupations, such as the use
24
25 of wood for building houses and cooking and needs related to space for housing and ensuring
26
27 safety of electric wires. While child co-researchers acknowledged varied reasons contributing to
28
29 deforestation, some of which they framed as necessary, they expressed concern regarding the
30
31 consequences of deforestation, connecting it to, for example, water shortages as well less useable
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33 outdoor spaces for occupations.
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38 *Theoretical Analysis: Deepening Understanding of the Situated Nature of Inter-Related* 39 40 *Occupational Injustices*

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42 The theoretical analysis presented within this section explicates complex intersections of
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44 socio-cultural, economic, and systematic forces shaping and perpetuating the inter-related
45
46 occupational injustices prioritized by child co-researchers, namely taken-for-granted notions of
47
48 ‘disability’ within the socio-cultural context, economic constraints, and systemic forces. In
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50 addition, ways that issues of contested responsibility and individualization of occupational
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3 injustices within a community context marked by violence, substance abuse, and
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injustices within a community context marked by violence, substance abuse, and
disempowerment, contributed to limited social action are discussed.

Intersecting Sociocultural, Economic, and Systemic Forces shaping Occupational Injustices. Sociocultural beliefs associated with disability, within this South Indian rural context, often stigmatized and discredited children with disabilities, with stigmatizing attributes extending to their family members. Specifically, particular sociocultural understandings of ‘disability’ informed ways in which children with disabilities were positioned by family and community members, which contributed to the shaping of occupational injustices within homes, schools, and the community. Disability was not only expressed as being ‘not normal,’ but also, in many instances, the existence of a child with a disability was considered to be an outcome of sin. A social worker described, “The family who has got a special child, in the community, or in the house, they think it is a curse or an outcome of sin, so they don’t end up looking at the child as normal or can be compared to the others...” An occupational therapist also pointed out, “And even the other members in the community, they just think about some superstitious beliefs ...because of maybe ‘his father is not good’ or ‘his grandfather is not good’ ... ‘I don’t know what kind of thing his mom did.’ These negative attitudes towards children with disabilities (Anees, 2014; Singh & Ghai, 2009) and their perceived positions within society as dis-citizens (Devlin & Pothier, 2006) and of lower status and lacking abilities (Wolbring & Ghai, 2015) contributed to parents not disclosing, denying, or delaying the acceptance of supports for their child. A parent shared, “Some people are not aware of his difficulty, and to some people who ask we will explain, that because of a specific problem he has been asked to wear glasses. Apart from our family members not many people know about it. Even if people come and tell us that he is struggling to find things when walking, we still don’t tell them anything.” This resistance in

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3 taking on a disabled identity was also seen among children with disabilities. Child co-researchers
4 rarely identified themselves as having a ‘disability’ and often situated the issues they
5 experienced related to stigma and violence among larger issues of discrimination experienced by
6 many children within their community based on differences in attributes such as skin colour or
7 gender.
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15 In turn, these understandings of disability contributed to, and were drawn on to justify,
16 social isolation, differential care, and occupational marginalization of children with disabilities
17 within their homes and communities. An occupational therapist shared, “... children with
18 disabilities are kind of isolated from the family as well as the same age group people, and mostly
19 they are treated like untouchables.” Within home environments, parents were described as
20 sometimes providing less care to a child with disabilities when compared to children without
21 disabilities. A community health doctor described, “These mothers feel that only if there is a
22 very morbid stage, like they end up in a seizure, or end up having pneumonia, which is not
23 settling in one or two weeks, they come [to the hospital], they don’t come otherwise. Only for a
24 normal child, parents come even if the kids have a one-day fever. If the child has a disability,
25 they wait, and they are willing to wait even for like almost ten days.... The sense of neglect is
26 there in the family....” Neglect was also described in instances where children with disabilities
27 were denied basic resources like food and hygiene. A social worker shared, “Some families I
28 have seen, they don’t want to even give three meals because to be frank the mother says,
29 ‘anyways he will be passing stools if he has been over fed, so let him at least starve for one or
30 two times...’” The neglect of children with disabilities was sometimes seen as being pushed to
31 the extreme of “better dead than disabled” (Gupta & Singal, 2004, p. 23) as explained by a social
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3 worker, “If we ask very deeply, they [parents] will be alike ‘it’s okay sir, if they die, let them die,
4 that’s all’”
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8 Situations of neglect and occupational marginalization were also shaped by sociocultural
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10 notions of perceived ‘incapability’ of children with disabilities, notions that shaped social
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12 relations and practices (Meekosha & Dowse, 2007; Singal, 2010), as reflected in issues raised by
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14 child co-researchers when speaking about their school experiences. For example, Karthi shared,
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16 “... If I volunteer myself for something, they [teachers] say, ‘we don’t want you’ and call others.
17
18 They used to say, ‘you will not do it well’” Similar concerns were articulated by a
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20 government appointed special educator, who shared, “When we are able to get their [children
21
22 with disabilities] talents out, the teachers are surprised.” Furthermore, within larger community
23
24 contexts, teasing and bullying of children with disabilities were often taken-for-granted and
25
26 situated as permissible, being enacted by both children as well as adults. The village community
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28 health aide put it this way, “Like if they [children with disabilities] can’t see, or if they can’t
29
30 play, or play in a different way, or they can’t speak properly, what do the other children do?
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32 They tease and make fun and bully them.” Together, these socio-culturally shaped issues of
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34 stigma created situations of neglect and violence, and positioned children with disabilities as
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36 ‘incapable,’ leading to limits on occupational possibilities (Laliberte Rudman, 2010) and creating
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38 situations of occupational injustices.
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45 Issues of stigma led to devaluing and labelling children with disabilities as the ‘problem’
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47 (Watson, 2012; Vehmas & Watson, 2014). In turn, families turned to solutions aimed at ‘fixing
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49 the child,’ given the various consequences associated with having a disability. Within this rural
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51 context, parents turned to not only biomedical forms of treatment in search of a cure but visited
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53 traditional healers in search of “medical magical remedies” as stated by a social worker, as a
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3 means to ‘cure’ their child. A special educator claimed, “Children who are hyperactive, generally
4 get traditional medicine, which include giving them a burn, poking one ear hole to wear an
5 earring, and the traditional doctor goes to their house and gives them counselling and gets them
6 to do this.” This pursuit for cure is ongoing as an occupational therapist explained, “They
7 [parents] try different methods, like go to different traditional healers, they don’t stick on to one,
8 they keep going.”

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10 In some instances, attitudes and experiences of stigma combined with a lack of available
11 resources and the impossibility of ‘curing’ led to the institutionalization of children with
12 disabilities, an approach established through a historical colonial emphasis on a charitable care
13 model (Buckingham, 2011). For some parents, within existing structures, admission of their
14 children into a residential facility for children with disabilities became the best available option,
15 given restricted options for home support with limited resources and concerns regarding safety.
16 The father of Kumaran and Arun, who were living in a residential hostel for children with
17 disabilities, shared, “For them living in the hostel is only good... It is very difficult for us to even
18 manage them even for ten days when they come home... I think they are doing well. They are
19 safe there and I am satisfied.” Within a context of chronic poverty, parents were often not in a
20 position to prioritize the occupational needs of children with disabilities, even when children
21 voiced experiences of physical and occupational restrictions in institutions. For example,
22 Kumaran described, “They lock us inside the hostel and don’t let us out... They have the keys. If
23 we come out, they will hit us... We only play ball, nothing else. We have to sit quiet, if not, they
24 will hit us.”

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26 Economic constraints experienced by families of children with disabilities from a lower
27 socio-economic status also shaped occupational possibilities for children. Specifically, when

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3 parents needed to prioritize ways to meet basic needs such as providing food for the family, the
4 occupational needs and wants of the child with a disability were often positioned by parents as a
5 luxury. For instance, a parent shared: “He [child with disability] is very interested in music, and
6 he has been asking since he was young, but we are the ones not in a position to join him for
7 classes. If the cost was cheaper, we would have somehow struggled and joined him, but it is hard
8 to look after the first child as well as the second...”
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11 Moreover, economic constraints intersected within the broader context of violence
12 pervasive in the community and led parents to set further limits on the occupational participation
13 of children with disabilities outside of the home. Parents not only wanted to protect their child
14 from getting hurt within this context, but also wanted to avoid associated financial consequences.
15 For instance, Shivam described, “So when I am sitting quietly in school, they come and say, ‘hey
16 glasses, grandma glasses come and fight with me if you have courage’!! They simply annoy
17 me...they will also hit me, and I will also get angry and hit them back and then a fight will
18 begin.” Parents incurred additional costs when their child was hurt, for which they may not have
19 sufficient finances. A nurse shared, “... They [parents] don’t want anything to happen to the
20 child as it is kind of an extra burden... like if they go out of their house and something they hit or
21 fall or something happens, then it’s like an extra charge for them with additional medical issues
22 ...” This concern was further described by a parent, “He very often breaks his glass frame, at
23 least once in six months, and the frame and lenses costs... It is because of playing with the kids
24 only all these issues come, and if we tell him to stop, he won’t listen... But it is hard for us.”
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49 Within an Indian context, a legacy of British colonial rule is the continued persistence of
50 English-speaking private schools as the most socially valued form of education, with such
51 schools often differentially available along class and economic lines (Byrne, Clarke, & Rahman,
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3 2018). Within this study, the limited economic capacities of families often meant that the
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5 children with disabilities were systematically denied this form of schooling due to their
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7 additional medical expenses. In one example, Shivam's mother explained why he had been
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9 moved from an English speaking school, "Due to his surgery, we had to spend a lot of money,
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11 and we could only afford a Tamil school..." In turn, systemic issues related to insufficient
12
13 human and material resources with rural public-school systems shaped marginalization and
14
15 bounded occupational possibilities for children with disabilities.
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19 Although government policies mandated inclusion of children with disabilities in schools,
20
21 their realities embodied experiences of exclusion. Schools lacked necessary resources to support
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23 full participation of children with disabilities, leading to systemic barriers. As one example,
24
25 insufficient resources were directed towards teacher training addressing working with children
26
27 with disabilities. A public-school teacher shared, "They give general training to us but not
28
29 special training to deal with these children. If they give us special training, it will be good for
30
31 us..." Additionally, the government-appointed special educators articulated that they themselves
32
33 lacked sufficient training to be able to transfer skills to teachers. A special educator described,
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35 "First, there are trainings at the state level and then people who get the training come to the
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37 district level and train staff at the district level... if he has heard 75% of the information, only
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39 25% will get shared to staff in the next level, and by the time it reaches us at the block level only
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41 5% of the information is transferred. We at the block level are not able to use this information to
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43 conduct a five-day training with the teachers..." The lack of training for teachers and others
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45 working in the school was identified as a lapse in the system by a social worker, "The
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47 government yearly produces a lot of projects and schemes, but if you really ask the local district
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49 academic officers, they doesn't know anything; if you ask the school teachers and head
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3 mistress/master, they don't know about integrating a special child within the school... It is only
4 there in paper that they can integrate special children....”
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8 Moreover, the lack of human and other resources within the public school system,
9
10 sometimes resulted in relegating children with disabilities to segregated schools and residential
11 institutions. A special educator described, “The teachers keep telling us to put him in a special
12 school. So if we ask them ‘then why do you have this education/training?’ they say that ‘we have
13 so many children and we cannot do any individual care for them, so you are there for that
14 purpose only. You can see and take care of them.’” In addition, with only a handful of special
15 educators to provide services across multiple villages, schools were visited only on a monthly
16 basis and it was difficult to maintain continuity of support. A teacher shared, “Once a month,
17 they [special educators] come for half an hour to spend with the child. But 30 minutes isn't
18 sufficient... If there is no chance of bringing them daily, it is better for us to send the children to
19 the special school.” Overall, physical inclusion in schools, rather than inclusion within school
20 activities, was considered sufficient, and a teacher claimed, “Helping those children mix [within
21 the same physical space] with other children is a great thing, and that is all we can do.”
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38 Additionally, participants emphasized that policies and systems pertaining to children
39 with disabilities primarily addressed only the needs of people from urban and privileged
40 backgrounds. For instance, obtaining government benefits demanded a high degree of formal
41 documentation of disability, and financial contributions could sometimes be required given
42 embedded corruption. A social worker shared, “... the government's support through the
43 physically challenged pension, even to get that pension she [mother of a child with disabilities]
44 has to spend a lot... and also there is bribing and a lot of corruption... They need a lot of
45 certificates, and age proof and medical certificates, which are not that easy for anybody to
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3 get...they really struggle a lot.” She further described, “...when we compare the rural and urban,
4 the accessibility, resources, and things, availability of aids and appliances, any training, and any
5 institutions or anything, that is really very, very, very, much restricted in the rural areas.” As
6 such, disability is one among the multiple axes of oppression (Devlin & Pothier, 2006), and the
7 occupational injustices faced by children with disabilities from rural backgrounds in this study
8 appeared to result from intersections of having a disability, residing in a rural community, and
9 being from a low socio-economic background.

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19 **Contested Responsibility and Individualization.** Like children, secondary participants
20 also highlighted occupations, particularly related to schooling and vocational training, as
21 important for children with disabilities, and expressed concerns regarding situations of
22 occupational injustice. For example, secondary participants expressed concerns that experiences
23 of occupational injustices within schools often led to children with disabilities dropping out of
24 school, leading to future mental health implications, and perpetuating an entrenched cycle of
25 poverty. Given uncertainty about their children’s success within school, vocational training
26 opportunities, were considered as important by parents as well as service providers, but were also
27 described as neglected by governments. However, the contested attributions of responsibility and
28 individualization of issues, through placing the blame on particular types of individuals such as
29 teachers, parents, or children, obscured larger systemic barriers that shaped situations of
30 occupational injustices and worked against collective action.

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As one example, parents of children with disabilities were problematized by service
providers as the reason for the injustices experienced by children with disabilities. Parents were
often framed as failing to provide occupational experiences for their children with disabilities.
An occupational therapist shared, “They [parents] don’t train them [children with disabilities]

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3 and they don't take them to school, and even play activities, because of that they are isolated
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5 from the normal group." Similarly, a social worker shared, "Very rarely, the parents realize that
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7 the child has to be taken out and needs to be exposed to the sunlight and needs to engage with the
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9 other siblings and things like that..." Thereby, parents were often blamed by service providers
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11 for limiting occupational possibilities for their children with disabilities even when other
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13 contextual factors contributed to such situations.
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17 Children with disabilities were also seen as the 'problem' by teachers, community
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19 members, and parents, with their experiences of occupational injustices located in their
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21 impairments or behaviours. For instance, a teacher explicitly positioned children with disabilities
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23 as incapable of good academic performance, and shared, "They aren't able to keep up with the
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25 schoolwork." In a similar manner, a parent situated the problem in a child's behaviour and lack
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27 of abilities: "They [community members] say that 'he doesn't study, and he also spoils the other
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29 children who study' and they say that 'your child doesn't study well'. To help them study we
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31 [parents] are struggling, working hard and buying food and everything for them, but he is not
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33 able to study." Teachers, parents, and community members tended to blame the child for failing
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35 to succeed, without always acknowledging the various contextual barriers limiting opportunities
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37 for success.
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42 Interestingly, it appears that viewing the short film produced by the child co-researchers
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44 led various audience members to question their beliefs about the capabilities and potential
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46 contributions of children with disabilities. For example, adults within the community expressed
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48 amazement that children with disabilities positioned themselves as social actors and contributing
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50 members of the community within the short film. A social worker shared, "One thing I realized
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52 was that these children are aware of the mature issues that are happening in life with adults like
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3 alcohol, tobacco, and they have their own thing by sharing how the father beats the mother and
4 why... Small immature and mature issues were shared. I have realized that even they know about
5 all that because it is happening in their house..."
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10 Parents, service providers, as well as child co-researchers, often blamed teachers for the
11 occupational injustices faced by children with disabilities within schools. Specifically, teachers
12 were seen as having a lack of knowledge and skills related to working with children with
13 disabilities. Karthi shared, "They [teachers] are the ones who need to make the children study
14 properly. Some teachers don't teach properly at all. But they say the students don't study well
15 and hit them..." Teachers were problematized for not taking ownership or responsibility of
16 working with children with disabilities in schools. A special educator claimed, "There are no
17 teachers who will admit these mild, moderate, severe children and say, I will take care."
18 Additionally, teachers were blamed for 'othering' children with disabilities and blaming them for
19 the mistakes of other children. A special educator described, "Even if other kids do anything,
20 they will put the blame on these children. They say, 'because of him, the whole class is
21 disturbed.'" The teaching approaches used by teachers were also situated as needing change, as
22 articulated by a special educator, "The children who don't pay attention to them, pay attention to
23 us... They say that these kids don't obey them. Why don't they obey them? It is because of their
24 approach or their teaching method..." Furthermore, teachers' behaviours were positioned as
25 leading to school drop out of children with disabilities. Another parent described, "He then went
26 [to school] for ten days, and after that only all these issues happened, that is, the teacher hit him
27 and shouted at him because he wasn't able to learn English... and then he said he didn't want to
28 go." In spite of systemic barriers that prevented teachers from fully including children with
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3 disabilities in school activities, blame was placed on teachers for shaping occupational injustices
4 through their attitudes, incapacities, and acts of neglect and punishment.
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7 **Discussion**

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10 This research responds to calls for transformative occupation-based research (Farias &
11 Laliberte Rudman, 2016; Hocking & Whiteford, 2012; Laliberte Rudman, 2014; Laliberte
12 Rudman et al., 2019) by working with children with disabilities from rural Southern India as co-
13 researchers in identifying, situating, and addressing situations of occupational injustices. As well,
14 this work contributes to methodological expansions within occupational science (Bailliard, 2015;
15 Laliberte Rudman, 2012; Magalhães et al., 2019) by utilizing participatory filmmaking as a
16 research methodology to work towards inclusive research practices with children with
17 disabilities ([REDACTED]). Diverse perspectives from children with disabilities,
18 along with perspectives from their parents, service providers, and community members, further
19 facilitated situated understandings of occupational injustices.
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33 Adding to occupational science scholarship expanding beyond individualistic
34 perspectives, the findings support a conceptualization of occupational choice as a socio-political
35 rather than an individual phenomenon (Galvaan, 2015). For example, all parents of child co-
36 researchers were from low-income backgrounds, and were disadvantaged in terms of lacking
37 educational and other occupational opportunities. In turn, they longed for their children to have
38 better access to education as means to transform their situations of poverty. However,
39 commensurate with Buckingham's (2011) analysis of barriers to educational opportunities for
40 children with disabilities in India, our findings illustrate ways socio-political systems often failed
41 to support the full inclusion of children with disabilities in schools, often pushing children with
42 disabilities to drop out of school and, in turn, perpetuating the cycle of poverty. Thereby, socio-
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3 politically shaped patterns of occupational ‘choice’ of children with disabilities further
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5 perpetuated social inequalities (Galvaan, 2015). Additionally, occupational ‘choices’ of children
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7 and adults related to engaging in substance abuse and violence were engrained within family and
8
9 cultural practices, shaped through structural violence associated with the legacy of colonialism
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11 (Byrne et al., 2018) and continued persistence of socio-economic inequalities through which
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13 everyday violence is reproduced within on-going structurally shaped marginalization (Rylko-
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15 Bauer & Farmer, 2016). Engaging in substance abuse and violence were expressed as
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17 “predictable occupational choices” (Galvaan, 2015, p. 46) for the young and old people of this
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19 community, and were situated as taken-for-granted, immutable ways of doing even when
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21 considered as problematic. As such, these findings emphasize the importance of participatory
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23 methodologies for raising consciousness of broader structural and systemic forces to shift away
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25 from individualizing the blame for the persistence of such non-sanctioned occupations, and
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27 raising collective and occupational consciousness (Ramungondo, 2015) of the legacy of
28
29 colonialism and on-going forces of structural violence in order to move towards more just and
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31 inclusive societies (Byrne et al., 2018; Rylko-Bauer & Farmer, 2016).
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38 In addition, child co-researchers challenged dominant understandings on occupation that
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40 tend to positively link it to health and well-being, contributing to scholarship addressing ‘non-
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42 sanctioned’ occupations (Kiepek, Phelan, & Magalhães, 2014). Specifically, occupations
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44 associated with violence, substance abuse, garbage disposal, and deforestation, were positioned
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46 as negatively affecting other occupational possibilities, social cohesion, health, and well-being.
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48 As well, occupations were described as contributing to occupational degradation, and child co-
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50 researchers pointed to the need to promote occupational sustainability by proposing solutions
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52 that pointed to occupations that managed and restored the “health of land, water, air and food for
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3 everyone” (Townsend, 2015, p. 395). Overall, child co-researchers not only highlighted non-
4 sanctioned and damaging occupations that often remain silenced or obscured within their
5 communities and within the occupational science scholarship (Kiepek, Beagan, Laliberte
6 Rudman, & Phelan, 2018), but situated these from a non-Western perspective as resulting in
7 occupational injustices impacting the community as a whole rather than solely as issues of
8 individual autonomy. As such, these findings illustrate the importance of attending to non-
9 sanctioned occupations as collective occupations “engaged in by individuals, groups,
10 communities, and/or societies in everyday contexts” and how “these may reflect an intention
11 towards social cohesion or dysfunction, and/or advancement of or aversion to a common good”
12 (Ramugondo & Kronenberg, 2015, p. 10).
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26 The findings from this PAR highlighted, in detail, occupational issues that have been
27 previously brought forth by adolescents with disabilities from an urban and rural Central Indian
28 context (Gulati, Paterson, Medves, & Luce-Kapler, 2011) and an urban South Indian context
29 (Kembhavi, 2009). In this study, child co-researchers not only acknowledged similar issues, but
30 also, along with secondary participants, situated them within contextual forces. For instance,
31 adolescents with disabilities from Gulati and colleagues (2011) pointed to family members as a
32 barrier to their leisure occupations. In this project, child co-researchers and secondary
33 participants situated such parental resistance within issues of violence prevalent within their
34 communities, highlighting how parents limited their occupational possibilities, especially in
35 leisure, as a means of protection. As another example, the teasing and bullying of children with
36 disabilities during play was highlighted in studies by Gulati and colleagues (2011) and
37 Kembhavi (2009). This PAR also addresses such experiences and explicates contextual
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3 contributors as well as the emotional and occupational impacts teasing and bullying have on
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5 children experiencing this violence.
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8 Key factors shaping the occupational experiences of children with disabilities were
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10 related to the social construction of disability and their attributed disabled identity (Phelan &
11
12 Kinsella, 2014), which the children involved within this PAR did not explicitly take on. This
13
14 absence of addressing disability within conversations among child co-researchers was also seen
15
16 within Phelan and Kinsella 's (2014) work who articulated that children with disabilities tended
17
18 to discuss aspects of their lives that were similar to lives of other children. Within the South
19
20 Indian rural context of this PAR, as highlighted by parents and service providers, there was an
21
22 embedded cultural striving for normalcy, informed by both sociocultural and biomedical
23
24 conceptualizations of disability. Parents took up various actions as means to 'fix' the
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26 impairments of children with disabilities, within a context in which the stigma of disability
27
28 extended from individuals to families. Through engaging in a participatory process, children with
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30 disabilities spoke of and enacted alternative identities they embraced as occupational beings,
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32 social actors, and active citizens of their community. Their expression of alternative identities
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34 through the disseminated short film sparked dialogue that challenged some of the taken-for-
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36 granted assumptions related to the capabilities and positioning of children with disabilities held
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38 by the audience members.
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45 In relation to conducting research on occupation and disability outside of a Western,
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47 individualistic perspective, this PAR was carried out within a community that embodied a
48
49 collectivist way of being and doing. In turn, child co-researchers preferred to carry out a group
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51 video project rather than work on individual videos ([REDACTED]). This
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53 collectivist way of being was also made apparent by adolescents with disabilities within Gulati
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3 and colleagues' (2011) work who, "wanted to be known for their achievements and contribution
4 to the group effort rather than be romanticized for individual performances" (p. 75). A
5
6 collectivist worldview also informed issues identified as problematic by child co-researchers,
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8 which were predominantly community issues rather than solely individually experienced
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10 occupational injustices. Additionally, disability related experiences of occupational injustices
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12 that children shared were not as much about their independence, but rather, their needs for
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14 inclusion within occupations alongside their peers and to contribute to their communities. Such
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16 findings work against a long-standing prioritization of independence as a marker of success,
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18 well-being, and quality of life that pervades theories of occupation informed by Western
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20 epistemology (Hammell, 2011). As noted by Buckingham (2011), the development of
21
22 approaches to support people with disabilities within the Global South needs to shift away from
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24 dominant Western narratives of disability and conceptualizations of stigma and be based on
25
26 "understanding of the historical and cultural specific of the disability experience" (p. 421). As
27
28 such, there is a need within occupational science to further attend to historical and contemporary
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30 constructions of disability within diverse contexts and to unpack how these constructions,
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32 embedded in systems and social relations, shape occupational possibilities for people with
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34 disabilities.
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42 The findings of this PAR also illustrate the potential of a critical occupational lens to
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44 inform participatory approaches aimed at deepening understanding and raising consciousness of
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46 hegemonic power relations shaping everyday life (Ramugondo, 2015). Drawing on a critical
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48 occupational perspective to analyze data generated with child co-researchers and secondary
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50 participants enabled attention to ways in which occupational injustices were embedded in and
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52 perpetuated through contextual forces, such as socioeconomic conditions, systemic corruption,
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3 and contested responsibility. Moreover, the findings support the need to further embrace
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5 decolonizing theoretical and methodological approaches in occupational science so as to attend
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7 not only to historical and on-going legacies of colonialism, but also to work with communities
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9 based on their strengths and in ways aligned with ways of doing, being, belonging and becoming
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11 embedded within communities (Baillard, 2016; Ramugondo, 2015; Rivas-Quarneti et al., 2018).
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15 Although the critical occupational science perspective created avenues for unpacking the
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17 situated nature of occupational injustices that children with disabilities and their communities
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19 faced, critical disability perspectives strengthened this analysis. Working against individualized,
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21 often biomedical, conceptualizations of disability dominant in occupation-based scholarship
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23 (Hammell, 2015), taking up critical disability perspectives enabled consideration of disability as
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25 socially, politically, and culturally shaped and perpetuated. For instance, taking up this
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27 perspective illustrated how the meaning of disability, and how children with disabilities were
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29 subsequently viewed and related to within the study context, was shaped through cultural and
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31 religious influences with stigma extending to family members.
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35 Overall, this research took up the argument that participatory methodologies need critical
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37 underpinning along with a commitment for enacting social transformation, and that these
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39 three interacting elements cannot be viewed as independent or utilized independently (Farias et
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41 al., 2017). For example, without grounding in a critical perspective, there is the potential even
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43 within PAR to reduce collective, socio-politically shaped, issues of injustices to individual
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45 attributes, which in turn, may lead to efforts of ‘fixing’ individuals rather than addressing
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47 systemic forces shaping such injustices (Farias et al., 2016). Additionally, a lack of commitment
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49 to enacting social transformation dilutes the promise of PAR to span the knowledge
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51 generation to action continuum (Benjamin-Thomas, Corrado et al., 2018).
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Strengths and Limitations

There were indeed several strengths and boundaries to this work. First, the first author's familiarity with the local language, culture, and the geographic context where this project was carried out supported relationship building with the child co-researchers as well as their extended community, which was an essential part of the PAR process. Additionally, all meetings with child co-researchers and with some secondary participants were carried out in Tamilthe local language, to supportwhich facilitated better participation of child co-researchers and participants, andand was translated to English for analysis and dissemination. Although there may have been information lost within this process (Temple & Young, 2004), the first author's consistent involvement in leading data collection as well as conducting the translation process, allowed for better contextualization of information during the theoretical analysis process. Furthermore, Lastly,In terms of crystallization and contextualization of generated information, this research drew upon multiple types of participants including children with disabilities, parents/caregivers, and service providers, to gain diverse understandings of contextual features and influences.

Lastly, -

First, girls with disabilities were not identified within this village by health care providers or community members to be involved within this project, and their additional perspectives would have enabled insights into the gendered nature of occupational injustices. Additionally, all meetings with child co-researchers and with some secondary participants were carried out in Tamil and was translated to English for analysis and dissemination. Although there may have been information lost within this process (Temple & Young, 2004), the first author's consistent involvement in leading data collection as well as conducting the translation process, allowed for better contextualization of information during the theoretical analysis process.

Conclusion

~~In conclusion,~~ This paper presents findings from the knowledge generation phase of a PAR that utilized participatory filmmaking as a research methodology to involve children with disabilities as co-researchers, and provides a critically informed analysis of the situated nature of occupational injustices experienced by children with disabilities and their extended communities in a rural village in Southern India. The findings that points to not only the complex intersecting layers of sociocultural, economic, and systemic forces shaping occupational injustices but also to ways that contested responsibility and individualization of issues limited collective action. This paper also illustrates the potential of a PAR process with children, informed by YPAR, to generate understandings of occupation that extend beyond the doings and meanings of people who are Western, Anglophonic, and middle class, and place occupational injustices prioritized by child co-researchers at the centre of community dialogue and our subsequent theoretical analysis.

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Table 1. Example Quotes: Participatory Thematic Analysis

Occupational Injustices in the Lives of Children with Disabilities			
<i>Marginalization in School</i>	<i>Marginalization at Home</i>	<i>Marginalization in Community</i>	
<p>“They don’t include me in school cultural programs, like in dancing. They say, ‘your glasses will fall off when you dance as you have to jump up and down when dancing, they don’t include me in anything! ... They don’t include me as well as in competitions like running, jumping, and others...” - Shivam</p>	<p>“At home, they marginalize you and don’t treat you well if you don’t go to school.” - Karthi</p>	<p>“If I make a small mistake while playing with the other boys, they treat me like my hands don’t work and my mouth does not work, they say, ‘we don’t want you’ and ask me to leave...But if they do the same mistake, they won’t say anything, but if I ask them why, they will come to hit me...I will usually be sitting, and everyone used to give their things to me to watch and take care.” - Karthi</p>	
Occupational Injustices at the Community Level			
<i>Substance Abuse and Household Violence</i>	<i>Teasing and Bullying among Children</i>	<i>Fights within Communities</i>	<i>Occupational Degradation</i>
<p>“When they are fully drunk, they fight with their wives and children at home, they vomit and also ask the mother and children to clean up and then they also break things at home...” - Sanjith</p>	<p>“They keep calling me ‘glasses, grandma glasses, cooking batter to make idlis [round shaped rice cake]’... and they never call me [name], that is by using my name.” - Shivam</p>	<p>“Once someone tells me, ‘you don’t talk to me,’ and puts me aside, we [brother and I] will go away sad, and that is why the parents get into a fight with each other close to home.” - Sanjith</p>	<p>“People eat in the shop and then just throw garbage right there and leave... chocolate wrappers, fruit skins, chicken legs and packets... If we go via this [name] road, there is garbage collected like a mountain.” -Sanjith</p> <p>“... Because of cutting down trees, we don’t get rain that much, and we don’t get enough water. Even in my house we get water only once every two days...” - Karthi</p>

Note. Karthi, Sanjith, Shivam, Arun, Kumaran, and Velu (pseudonyms) refer to child co-researchers.

Abstract

This paper contributes to diversifying and situating understandings of occupational injustices through presenting findings from the knowledge generation phase of a participatory action research (PAR) project that utilized participatory filmmaking with children with disabilities in rural South India as co-researchers. Centering on situations of occupational injustices generated through a participatory analysis conducted with the child co-researchers, a critical theoretical analysis, informed by critical occupational science and critical disability perspectives, was carried out. This theoretical analysis of data generated through the participatory filmmaking process, as well as data generated with parents of children with disabilities, community members, and service providers, was used to elucidate forces shaping and perpetuating occupational injustices within the study context. Findings address the complex layers of sociocultural, economic, and systemic forces shaping occupational injustices, as well as ways contested responsibility and individualization of issues limited collective action. This paper illustrates the contributions that can be made through critical participatory approaches to enhancing understanding of the production and perpetuation of occupational injustices in ways that contribute to nuanced understanding of diverse human occupations. As well, issues of occupational injustice related to occupational marginalization, restricted occupational possibilities, occupational degradation, and non-sanctioned occupations are fore fronted.

Key Words: youth participatory action research, participatory filmmaking, critical disability theory, occupation-based social transformation, social justice

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3 Within occupation-based scholarship, perspectives of children¹ with disabilities,
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5 particularly those from the Global South, remain at the margins, given the dominance of
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7 Western, middle-class, Anglophonic, adult, female, able-bodied perspectives (Hocking, 2012;
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9 Magalhães, Farias, Rivas-Quarneti, Alvarez, & Malfitano, 2019; Phelan & Kinsella, 2014).
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11 Through critically attending to the perspectives of children with disabilities from the Global
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13 South and situating their experiences of occupational injustices through participatory action
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15 research (PAR), this article aims to add to more diverse understandings of the situated nature of
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17 occupation and occupational injustices. In turn, such situated, diverse understandings are crucial
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19 to inform social transformation efforts, particularly to guard against re-inscribing and
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21 heightening injustices through continued imposition of knowledge and strategies generated in
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23 Western contexts (Buckingham, 2011; Hammell, 2011; Magalhães et al., 2019).
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28 The potential of critically informed participatory methodologies to diversify situated
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30 understandings of occupational injustices is illustrated through presenting findings from the
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32 knowledge generation phase of a PAR project. This project employed participatory filmmaking
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34 with a group of children with disabilities from a rural village in Southern India as co-researchers
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36 to engage child co-researches and various stakeholders in a process aimed at deepening
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38 understanding of contextual forces shaping and perpetuating the occupational injustices
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40 prioritized by the children. The knowledge generated through the creation and dissemination of
41
42 the short film informed identification of key action strategies for social transformation, with
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44 details regarding the methodological process and action steps taken in this on-going work
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46 reported elsewhere ([REDACTED]).
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54 ¹ The term ‘children’ is used to refer to all individuals below the age of 18 years (United Nations, 1989). We
55 acknowledge that the definitions for terms children and youth are approached differently within different contexts,
56 and addressing this debate is beyond the scope of this paper.
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3 Based on the central premise that participation in occupation is central to human well-
4 being (Wilcock, 1998), a key thread of occupational science scholarship has focused on
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6 explicating individual and social implications of situations in which individuals and collectives
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8 face barriers to enact the right to occupation or face exploitation or oppression through
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10 occupation, often framing such situations as occupational injustices (Durocher, Rappolt, &
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12 Gibson, 2014; Hocking & Whiteford, 2012; Townsend & Wilcock, 2004). Critical occupational
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14 science scholarship has deepened examination of such injustices, through attending to how
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16 injustices are shaped and perpetuated through socio-political, cultural, economic, and other
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18 forces (Bailliard, 2016; Kinsella & Durocher, 2016; Laliberte Rudman, 2013). In addition to
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20 attending to how social power relations are embodied and enacted through such forces in ways
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22 that perpetuate axes of privilege and disadvantage in relation to occupation (Laliberte Rudman,
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24 2018; Njelesani, Gibson, Nixon, Cameron, & Polatajko, 2013), critical occupational science
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26 scholarship has increasingly embodied a transformative intent to combine research and action
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28 (Farias, Laliberte Rudman, Magalhães, & Gastaldo, 2017).
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35 Growing attention to an emancipatory agenda has been accompanied by heightened
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37 awareness of the centrality of ethical and culturally safe approaches to occupation-based
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39 transformative work. Occupation-based scholars have engaged in critical reflexivity regarding
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41 boundaries of knowledge production with increasing awareness of the need to avoid colonizing
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43 effects, partly through attending to diverse perspectives on occupation and occupational
44
45 injustices from varied positionalities (Benjamin-Thomas & Laliberte Rudman, 2018; Laliberte
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47 Rudman, 2018; Magalhães et al., 2019; Murthi & Hammell, 2020; Ramugondo & Kronenberg,
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49 2015). In turn, scholarship has begun to generate more diverse understandings through critically
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51 situating occupational injustices experienced by social groups from diverse geographical and
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3 cultural backgrounds (Benjamin-Thomas & Laliberte Rudman, 2018; Farias, Laliberte Rudman,
4 & Magalhães, 2016; Galvaan et al., 2015; Rivas-Quarneti, Movilla-Fernández, & Magalhães,
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6 2018).
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10 Children with disabilities are a social group embodying heterogeneous experiences of
11 occupational injustices, with previous research demonstrating diverse ways these children can be
12 denied opportunities for occupation in play, school, home and broader community contexts
13 (AlHeresh, Bryant & Holm, 2013; Law et al., 1999; Tonkin, Ogilvie, Greenwood, Law, &
14 Anaby, 2014). The exclusion of children with disabilities from occupation, particularly amongst
15 those living in situations of poverty, is often greater within communities in the Global South,
16 given the complicated legacies of colonial forces (Rahman, Ali, & Kahn, 2019) where “they are
17 often condemned to a poor start in life and deprived of opportunities to participate in society”
18 (Parnes et al., 2009, p. 1176), and may experience increased violence and mortality rates
19 (Njelesani et al., 2018; Parnes et al., 2009). This article adds an occupational perspective to
20 scholarship attending to the injustices faced by children with disabilities within rural India
21 (Anees, 2014; Singh & Ghai, 2009), a context where British colonial rule has had immense
22 influence on social structures, institutions, and village systems (Rahman et al., 2019).
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40 **Research Approach and Methodology**

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42 We carried out a three-phased PAR, that included a preparatory, participatory research
43 and action phase, utilizing participatory filmmaking, a methodology rooted within Freire’s
44 (1993) work on consciousness raising to involve community members in creating videos to
45 document, explore, and critically engage with social issues ([REDACTED]
46 [REDACTED] Gubrium & Harper, 2013). In addition, we integrate
47 principles and practices from Youth PAR (YPAR) in order to optimize the engagement of child
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3 co-researchers in examining issues of injustices in relation to their everyday experiences and
4 determining relevant actions (Camarota & Fine, 2008; Rodríguez & Brown 2009). Children
5
6 with disabilities were included as co-researchers in all phases of our research process. The
7
8 collaborative process of developing and disseminating the short film with the child co-
9
10 researchers provided a means to facilitate shared dialogue and mark out areas and actions for
11
12 social transformation addressing occupational injustices. Ethical approval was obtained from
13
14 relevant institutions. Detailed descriptions of various steps in this the PAR process, as well as the
15
16 negotiation of ethical and pragmatic issues have been described elsewhere ([REDACTED]
17
18 [REDACTED]).

23 *Participants*

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25
26 **Child Co-Researchers.** Working with support from a community health department of a
27
28 medical college and hospital in Southern India, a village was selected based on this department's
29
30 records regarding the number of children with disabilities. This village had a population of just
31
32 under 5,000 people in approximately 1,000 houses, with one public elementary and high school.
33
34 In addition to being identified by a local health care provider or community member as
35
36 experiencing some form of impairment, inclusion criteria for child co-researchers included
37
38 having the cognitive skills necessary to participate in the research process; the ability to
39
40 communicate verbally in Tamil or non-verbally with or without an assistive device; and interest
41
42 in using a camera for sharing their experiences. The child co-researchers included six male
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44 children with disabilities, aged between 10-17 years, some of them formally diagnosed with an
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46 impairment (visual impairment, intellectual disability, speech and hearing impairment) and some
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48 without a diagnosis.
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3 **Secondary Participants.** Secondary participants encompassed two groups, the first
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5 group included parents and service providers (four teachers, eight parents, six health care
6
7 providers, and six special educators), who participated in group discussions (or individual
8
9 interviews when preferred) about the occupational experiences of children with disabilities. The
10
11 second group included parents, doctors, nurses, social workers, occupational therapists, and
12
13 occupational and physiotherapy students, who participated in discussions during eight screenings
14
15 of the short film. Data from secondary participants addressed factors shaping the occupational
16
17 injustices and community issues raised by the child co-researchers. As well, dialogue regarding
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19 ways forward, that involved various stakeholders from dissemination meetings becoming
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21 members of action teams to implement solutions generated through the PAR, occurred following
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23 screenings.
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28 ***Data Generation***

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30 A participant driven, dialogic group process (Gubrium & Harper, 2013) was used with
31
32 child co-researchers to generate and conduct participatory analysis of visual and verbal data
33
34 regarding barriers and supports to desired occupational participation at home, school, and
35
36 community. During approximately 35 group meetings, child co-researchers engaged in the
37
38 process of film making and engaged in shared dialogue regarding their everyday lives and
39
40 occupation-based issues they deemed as priorities for social transformation. This dialogic
41
42 process occurred in Tamil and was supported through the use of visuals such as culturally
43
44 relevant drawings of occupations and videos captured by the children. As well, drew upon the
45
46 SHOWeD approach (Wang, Cash, & Powers, 2000) that stimulated dialogue pertaining to the
47
48 following questions: What do you *see* here? What is really *happening* here? How does this relate
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50 to *our* lives? *Why* does this problem, concern, or strength *exist*? What can we *do* about it? This
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3 dialogic group process supported child co-researchers in generating relevant themes and content
4
5 for their short film to be shared ([REDACTED]).
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8 Data among secondary participants was generated through a total of five one-on-one
9
10 interviews with parents, three group meetings with different service providers (i.e., teachers,
11
12 special educators, health care providers) and eight dissemination meetings where the short film
13
14 was showcased. All meetings and discussions were audio recorded, and those conducted in
15
16 Tamil were translated to English by the first author with the support of a local retired
17
18 schoolteacher from a neighbouring community.
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21 ***Data Analysis***

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23 Detailed reporting of the participatory thematic analysis results, carried out with child co-
24
25 researchers during the process of creating the short film, are provided elsewhere ([REDACTED]
26
27 [REDACTED]), and the short film is publicly available [REDACTED]. Within this paper, we focus on
28
29 results generated through a subsequent theoretical analysis of all transcribed (and translated) data
30
31 from co-researchers and secondary participants. This analysis was carried out by the first author
32
33 to further explicate power relations and contextual forces shaping and perpetuating the
34
35 occupational injustices prioritized by the child co-researchers. In addition to being informed by a
36
37 critical occupational science perspective (Laliberte Rudman, 2018; Njelesani et al., 2013),
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39 critical disability perspectives (Devlin & Pothier, 2006; Goodley 2013; Hosking, 2008;
40
41 Meekosha & Dowse, 2007; Meekosha & Shuttleworth, 2009) were utilized to draw attention to
42
43 disability related assumptions, as well as dominant languages and images associated with
44
45 disability. Analysis encompassed repeated rounds of theoretically informed coding (Miles,
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47 Huberman, & Saldaña, 2014), along with on-going collaborative dialogue between the first and
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49 second author.
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Researcher Positioning

This project was carried out as a part of the first author's PhD thesis. Her interests in collaborating with children with disabilities are rooted within her experiences as a pediatric occupational therapist in rural India. She was often a witness to situations of injustices that children with disabilities experienced in everyday life. Having completed her undergraduate education at the same local institution that supported this research, she was familiar with the local language, research context, and had an established relationship with the local institution. She spent eight months in India carrying out this project, but collaborations with co-investigators from the local institute were initiated many months prior to entering the field. Reflexive dialogue with researchers from the local setting and those from outside the setting provided an on-going means for the first author to navigate her positionality, as well as interrogate her initial assumptions and emerging analytic insights regarding the occupations of children with disabilities in context of rural India.

Findings

To establish the underpinnings for the theoretical analysis, a brief summary of themes generated through the participatory thematic analysis are first presented, which specifically focuses on occupational injustices in the lives of the children and at the community level that the child co-researchers highlighted as problematic and presented within the short film (see Table 1 for example quotes). Following which, results of the theoretical analysis that situates these occupational injustices are focused on in greater detail.

Participatory Thematic Analysis: Prioritized Occupational Injustices by Child Co-Researchers

Occupational Injustices in the Lives of Children with Disabilities. Child co-researchers described occupations they engaged in that were important to them, such as playing

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3 local games and music with friends, worshiping in the temple, attending school and community
4 events, and doing chores at home, which provided enjoyment, connection, and a sense of
5 inclusion. At the same time, they discussed several barriers to occupation that were challenging
6 to navigate and described situations of occupational injustices by pointing to experiences of
7 marginalization, particularly in school but also within their homes and communities.
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15 Within the context of school, child co-researchers described restricted opportunities to
16 engage in extracurricular activities, such as participating in cultural programs at school functions
17 and sports activities, and negative assessments of their academic capabilities. The children
18 framed these exclusions and assessments as resulting from intentional acts of teachers, connected
19 to perceptions of their impairments and needs. These experiences affected the emotional, and in
20 turn, educational experiences of child co-researchers. Overall, despite these experiences of
21 marginalization, child co-researchers also expressed that school was a source of enjoyment and
22 that they desired the opportunity to study.
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34 Child co-researchers also indicated that experiences of marginalization extended into
35 their homes and communities. At homes, occupational marginalization was often linked to their
36 poor academic performance. Additionally, resistance from parents to support their child's
37 occupational participation was situated, by the child co-researchers, within parents' attempts to
38 protect them from violence or child trafficking prevalent within their community. Within
39 community settings, child co-researchers described being denied opportunities for participation
40 in games with other children, often being assigned to the role of onlooker rather than players or
41 teammates.
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52 **Occupational Injustices at the Community Level.** Child co-researchers also spoke of
53 larger community issues that not only impacted their own occupations but those of the broader
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3 community. In particular, they described occupational issues related to substance abuse and
4 inter-related forms of violence, including community fights and teasing and bullying among
5 children, as well as environmental issues related to occupational degradation and sustainability.
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10 Certain occupational practices, namely substance abuse, were positioned by child co-
11 researchers as contributing to violence prevalent within their communities, including domestic
12 violence, fights within the community, and bullying and teasing. These various forms of violence
13 were integrated into occupational patterns in the community.
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19 Substance abuse by adult men, perpetuated by poor household economic conditions, was
20 pointed to by child co-researchers as a predominant factor contributing to fights within
21 households between husbands and wives, and parents and children. Child co-researchers not only
22 shared personal experiences of household violence, but also shared how adults' patterns of
23 occupational engagement in substance use became engrained among children in the community
24 who consumed locally made alcohol, cigarettes, and drugs. Child co-researchers pointed to
25 parents as role models from whom children learned about substance use and spoke to being
26 exposed to these substances during local festivals. Additionally, child co-researchers connected
27 substance use by children to other occupational practices such as improper garbage disposal
28 within the community, as children experimented with these substances by picking up empty
29 bottles to take a sip or using fallen cigarette butts. Child co-researchers prioritized these
30 occupational patterns as requiring change and situated substance abuse as a systemic issue
31 contributed to by government-run businesses of selling substances, improper garbage disposal
32 practices, and entrenched patterns across generations.
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51 Child co-researchers also shared that fights in the community at large were common, with
52 violence being a key means to address conflicts and manage power relations. In some instances,
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3 fights amongst children were said to become a community issue, as parents were drawn in to
4 protect and stand up for their children. Child co-researchers also pointed to the presence of a
5 gang culture and conflicts within their community, specifically among young college going
6 students. Additionally, community fights were also positioned as informed by caste differences,
7 present amongst people from different areas in the village.
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15 Within the community context in which adults engaged in various forms of violence,
16 teasing and bullying among the children was also common during various forms of occupational
17 engagement. Child co-researchers described experiences of being teased by peers, because of
18 their impairment, the use of assistive devices, or when they performed occupations in ways
19 perceived as outside the normative standards in their community. Teasing was often described as
20 escalating into bullying, where children with disabilities were intimidated as well as mistreated
21 by other children both physically and verbally. In addition to bullying contributing to physical
22 fights amongst the children, children with disabilities were marginalized from opportunities to
23 participate in desired occupations because of teasing and bullying. Child co-researchers situated
24 teasing and bullying not only within the broader context in which violence was a common part of
25 daily interactions, but also within their observations that children who were different, be that in
26 relation to height or skin colour, were often discriminated against. Such issues of teasing and
27 bullying were situated as an issue experienced throughout the life course, with language used by
28 adults viewed as not only permitting but also modelling these behaviours.
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47 Garbage accumulation within village public spaces, such as the local streets, rivers,
48 temples, and public wells, was also an important concern for child co-researchers. The
49 occupational issue of improper garbage disposal was seen by child co-researchers as not only
50 affecting livestock, plants, and the health of community members, but also impacting
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3 occupational engagement of community members in leisure activities such as playing in fields or
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5 swimming. Improper garbage disposal practices were inter-related with substance abuse, with
6
7 substance use contributing to garbage accumulation in public spaces and improper garbage
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9 disposal contributing to substance use among children. Overall, the issue of garbage
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11 accumulation was situated as socio-political and systemic. Certain practices such as festivals
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13 amplified disposal of garbage in public spaces, and systemic constraints related to irregularity of
14
15 garbage collecting vehicles did not allow community members to properly dispose garbage.
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19 Child co-researchers also identified issues related to occupational degradation in relation
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21 to deforestation activities, again pointing to consequences for flora, fauna, as well as for
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23 occupational engagement. Reasons for deforestation were linked to occupations, such as the use
24
25 of wood for building houses and cooking and needs related to space for housing and ensuring
26
27 safety of electric wires. While child co-researchers acknowledged varied reasons contributing to
28
29 deforestation, some of which they framed as necessary, they expressed concern regarding the
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31 consequences of deforestation, connecting it to, for example, water shortages as well less useable
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33 outdoor spaces for occupations.
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38 ***Theoretical Analysis: Deepening Understanding of the Situated Nature of Inter-Related***
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40 ***Occupational Injustices***
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42 The theoretical analysis presented within this section explicates complex intersections of
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44 socio-cultural, economic, and systematic forces shaping and perpetuating the inter-related
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46 occupational injustices prioritized by child co-researchers, namely taken-for-granted notions of
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48 ‘disability’ within the socio-cultural context, economic constraints, and systemic forces. In
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50 addition, ways that issues of contested responsibility and individualization of occupational
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3 injustices within a community context marked by violence, substance abuse, and
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6 disempowerment, contributed to limited social action are discussed.

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8 **Intersecting Sociocultural, Economic, and Systemic Forces shaping Occupational**
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10 **Injustices.** Sociocultural beliefs associated with disability, within this South Indian rural context,
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12 often stigmatized and discredited children with disabilities, with stigmatizing attributes
13
14 extending to their family members. Specifically, particular sociocultural understandings of
15
16 ‘disability’ informed ways in which children with disabilities were positioned by family and
17
18 community members, which contributed to the shaping of occupational injustices within homes,
19
20 schools, and the community. Disability was not only expressed as being ‘not normal,’ but also, in
21
22 many instances, the existence of a child with a disability was considered to be an outcome of sin.
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24 A social worker described, “The family who has got a special child, in the community, or in the
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26 house, they think it is a curse or an outcome of sin, so they don’t end up looking at the child as
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28 normal or can be compared to the others...” An occupational therapist also pointed out, “And
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30 even the other members in the community, they just think about some superstitious beliefs
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32 ...because of maybe ‘his father is not good’ or ‘his grandfather is not good’ ... ‘I don’t know
33
34 what kind of thing his mom did.’ These negative attitudes towards children with disabilities
35
36 (Anees, 2014; Singh & Ghai, 2009) and their perceived positions within society as dis-citizens
37
38 (Devlin & Pothier, 2006) and of lower status and lacking abilities (Wolbring & Ghai, 2015)
39
40 contributed to parents not disclosing, denying, or delaying the acceptance of supports for their
41
42 child. A parent shared, “Some people are not aware of his difficulty, and to some people who ask
43
44 we will explain, that because of a specific problem he has been asked to wear glasses. Apart
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46 from our family members not many people know about it. Even if people come and tell us that
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48 he is struggling to find things when walking, we still don’t tell them anything.” This resistance in
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3 taking on a disabled identity was also seen among children with disabilities. Child co-researchers
4 rarely identified themselves as having a ‘disability’ and often situated the issues they
5
6 experienced related to stigma and violence among larger issues of discrimination experienced by
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8 many children within their community based on differences in attributes such as skin colour or
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12 gender.
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15 In turn, these understandings of disability contributed to, and were drawn on to justify,
16
17 social isolation, differential care, and occupational marginalization of children with disabilities
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19 within their homes and communities. An occupational therapist shared, “... children with
20
21 disabilities are kind of isolated from the family as well as the same age group people, and mostly
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23 they are treated like untouchables.” Within home environments, parents were described as
24
25 sometimes providing less care to a child with disabilities when compared to children without
26
27 disabilities. A community health doctor described, “These mothers feel that only if there is a
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29 very morbid stage, like they end up in a seizure, or end up having pneumonia, which is not
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31 settling in one or two weeks, they come [to the hospital], they don’t come otherwise. Only for a
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33 normal child, parents come even if the kids have a one-day fever. If the child has a disability,
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35 they wait, and they are willing to wait even for like almost ten days.... The sense of neglect is
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37 there in the family....” Neglect was also described in instances where children with disabilities
38
39 were denied basic resources like food and hygiene. A social worker shared, “Some families I
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41 have seen, they don’t want to even give three meals because to be frank the mother says,
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43 ‘anyways he will be passing stools if he has been over fed, so let him at least starve for one or
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45 two times...’” The neglect of children with disabilities was sometimes seen as being pushed to
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51 the extreme of “better dead than disabled” (Gupta & Singal, 2004, p. 23) as explained by a social
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3 worker, “If we ask very deeply, they [parents] will be alike ‘it’s okay sir, if they die, let them die,
4 that’s all’”
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8 Situations of neglect and occupational marginalization were also shaped by sociocultural
9
10 notions of perceived ‘incapability’ of children with disabilities, notions that shaped social
11
12 relations and practices (Meekosha & Dowse, 2007; Singal, 2010), as reflected in issues raised by
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14 child co-researchers when speaking about their school experiences. For example, Karthi shared,
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16 “... If I volunteer myself for something, they [teachers] say, ‘we don’t want you’ and call others.
17
18 They used to say, ‘you will not do it well’” Similar concerns were articulated by a
19
20 government appointed special educator, who shared, “When we are able to get their [children
21
22 with disabilities] talents out, the teachers are surprised.” Furthermore, within larger community
23
24 contexts, teasing and bullying of children with disabilities were often taken-for-granted and
25
26 situated as permissible, being enacted by both children as well as adults. The village community
27
28 health aide put it this way, “Like if they [children with disabilities] can’t see, or if they can’t
29
30 play, or play in a different way, or they can’t speak properly, what do the other children do?
31
32 They tease and make fun and bully them.” Together, these socio-culturally shaped issues of
33
34 stigma created situations of neglect and violence, and positioned children with disabilities as
35
36 ‘incapable,’ leading to limits on occupational possibilities (Laliberte Rudman, 2010) and creating
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38 situations of occupational injustices.
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45 Issues of stigma led to devaluing and labelling children with disabilities as the ‘problem’
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47 (Watson, 2012; Vehmas & Watson, 2014). In turn, families turned to solutions aimed at ‘fixing
48
49 the child,’ given the various consequences associated with having a disability. Within this rural
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51 context, parents turned to not only biomedical forms of treatment in search of a cure but visited
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53 traditional healers in search of “medical magical remedies” as stated by a social worker, as a
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3 means to 'cure' their child. A special educator claimed, "Children who are hyperactive, generally
4 get traditional medicine, which include giving them a burn, poking one ear hole to wear an
5 earring, and the traditional doctor goes to their house and gives them counselling and gets them
6 to do this." This pursuit for cure is ongoing as an occupational therapist explained, "They
7 [parents] try different methods, like go to different traditional healers, they don't stick on to one,
8 they keep going."

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17 In some instances, attitudes and experiences of stigma combined with a lack of available
18 resources and the impossibility of 'curing' led to the institutionalization of children with
19 disabilities, an approach established through a historical colonial emphasis on a charitable care
20 model (Buckingham, 2011). For some parents, within existing structures, admission of their
21 children into a residential facility for children with disabilities became the best available option,
22 given restricted options for home support with limited resources and concerns regarding safety.
23 The father of Kumaran and Arun, who were living in a residential hostel for children with
24 disabilities, shared, "For them living in the hostel is only good... It is very difficult for us to even
25 manage them even for ten days when they come home... I think they are doing well. They are
26 safe there and I am satisfied." Within a context of chronic poverty, parents were often not in a
27 position to prioritize the occupational needs of children with disabilities, even when children
28 voiced experiences of physical and occupational restrictions in institutions. For example,
29 Kumaran described, "They lock us inside the hostel and don't let us out... They have the keys. If
30 we come out, they will hit us... We only play ball, nothing else. We have to sit quiet, if not, they
31 will hit us."

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52 Economic constraints experienced by families of children with disabilities from a lower
53 socio-economic status also shaped occupational possibilities for children. Specifically, when
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3 parents needed to prioritize ways to meet basic needs such as providing food for the family, the
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5 occupational needs and wants of the child with a disability were often positioned by parents as a
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7 luxury. For instance, a parent shared: “He [child with disability] is very interested in music, and
8
9 he has been asking since he was young, but we are the ones not in a position to join him for
10
11 classes. If the cost was cheaper, we would have somehow struggled and joined him, but it is hard
12
13 to look after the first child as well as the second...”

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17 Moreover, economic constraints intersected within the broader context of violence
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19 pervasive in the community and led parents to set further limits on the occupational participation
20
21 of children with disabilities outside of the home. Parents not only wanted to protect their child
22
23 from getting hurt within this context, but also wanted to avoid associated financial consequences.
24
25 For instance, Shivam described, “So when I am sitting quietly in school, they come and say, ‘hey
26
27 glasses, grandma glasses come and fight with me if you have courage’!! They simply annoy
28
29 me...they will also hit me, and I will also get angry and hit them back and then a fight will
30
31 begin.” Parents incurred additional costs when their child was hurt, for which they may not have
32
33 sufficient finances. A nurse shared, “... They [parents] don’t want anything to happen to the
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35 child as it is kind of an extra burden... like if they go out of their house and something they hit or
36
37 fall or something happens, then it’s like an extra charge for them with additional medical issues
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39 ...” This concern was further described by a parent, “He very often breaks his glass frame, at
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41 least once in six months, and the frame and lenses costs... It is because of playing with the kids
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43 only all these issues come, and if we tell him to stop, he won’t listen... But it is hard for us.”

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49 Within an Indian context, a legacy of British colonial rule is the continued persistence of
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51 English-speaking private schools as the most socially valued form of education, with such
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53 schools often differentially available along class and economic lines (Byrne, Clarke, & Rahman,
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3 2018). Within this study, the limited economic capacities of families often meant that the
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5 children with disabilities were systematically denied this form of schooling due to their
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7 additional medical expenses. In one example, Shivam's mother explained why he had been
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9 moved from an English speaking school, "Due to his surgery, we had to spend a lot of money,
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11 and we could only afford a Tamil school..." In turn, systemic issues related to insufficient
12
13 human and material resources with rural public-school systems shaped marginalization and
14
15 bounded occupational possibilities for children with disabilities.
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19 Although government policies mandated inclusion of children with disabilities in schools,
20
21 their realities embodied experiences of exclusion. Schools lacked necessary resources to support
22
23 full participation of children with disabilities, leading to systemic barriers. As one example,
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25 insufficient resources were directed towards teacher training addressing working with children
26
27 with disabilities. A public-school teacher shared, "They give general training to us but not
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29 special training to deal with these children. If they give us special training, it will be good for
30
31 us..." Additionally, the government-appointed special educators articulated that they themselves
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33 lacked sufficient training to be able to transfer skills to teachers. A special educator described,
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35 "First, there are trainings at the state level and then people who get the training come to the
36
37 district level and train staff at the district level... if he has heard 75% of the information, only
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39 25% will get shared to staff in the next level, and by the time it reaches us at the block level only
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41 5% of the information is transferred. We at the block level are not able to use this information to
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43 conduct a five-day training with the teachers..." The lack of training for teachers and others
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45 working in the school was identified as a lapse in the system by a social worker, "The
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47 government yearly produces a lot of projects and schemes, but if you really ask the local district
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49 academic officers, they doesn't know anything; if you ask the school teachers and head
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3 mistress/master, they don't know about integrating a special child within the school... It is only
4 there in paper that they can integrate special children....”

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8 Moreover, the lack of human and other resources within the public school system,
9
10 sometimes resulted in relegating children with disabilities to segregated schools and residential
11 institutions. A special educator described, “The teachers keep telling us to put him in a special
12 school. So if we ask them ‘then why do you have this education/training?’ they say that ‘we have
13 so many children and we cannot do any individual care for them, so you are there for that
14 purpose only. You can see and take care of them.’” In addition, with only a handful of special
15 educators to provide services across multiple villages, schools were visited only on a monthly
16 basis and it was difficult to maintain continuity of support. A teacher shared, “Once a month,
17 they [special educators] come for half an hour to spend with the child. But 30 minutes isn't
18 sufficient... If there is no chance of bringing them daily, it is better for us to send the children to
19 the special school.” Overall, physical inclusion in schools, rather than inclusion within school
20 activities, was considered sufficient, and a teacher claimed, “Helping those children mix [within
21 the same physical space] with other children is a great thing, and that is all we can do.”

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38 Additionally, participants emphasized that policies and systems pertaining to children
39 with disabilities primarily addressed only the needs of people from urban and privileged
40 backgrounds. For instance, obtaining government benefits demanded a high degree of formal
41 documentation of disability, and financial contributions could sometimes be required given
42 embedded corruption. A social worker shared, “... the government's support through the
43 physically challenged pension, even to get that pension she [mother of a child with disabilities]
44 has to spend a lot... and also there is bribing and a lot of corruption... They need a lot of
45 certificates, and age proof and medical certificates, which are not that easy for anybody to
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3 get...they really struggle a lot.” She further described, “...when we compare the rural and urban,
4 the accessibility, resources, and things, availability of aids and appliances, any training, and any
5 institutions or anything, that is really very, very, very, much restricted in the rural areas.” As
6 such, disability is one among the multiple axes of oppression (Devlin & Pothier, 2006), and the
7 occupational injustices faced by children with disabilities from rural backgrounds in this study
8 appeared to result from intersections of having a disability, residing in a rural community, and
9 being from a low socio-economic background.

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19 **Contested Responsibility and Individualization.** Like children, secondary participants
20 also highlighted occupations, particularly related to schooling and vocational training, as
21 important for children with disabilities, and expressed concerns regarding situations of
22 occupational injustice. For example, secondary participants expressed concerns that experiences
23 of occupational injustices within schools often led to children with disabilities dropping out of
24 school, leading to future mental health implications, and perpetuating an entrenched cycle of
25 poverty. Given uncertainty about their children’s success within school, vocational training
26 opportunities, were considered as important by parents as well as service providers, but were also
27 described as neglected by governments. However, the contested attributions of responsibility and
28 individualization of issues, through placing the blame on particular types of individuals such as
29 teachers, parents, or children, obscured larger systemic barriers that shaped situations of
30 occupational injustices and worked against collective action.

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As one example, parents of children with disabilities were problematized by service
providers as the reason for the injustices experienced by children with disabilities. Parents were
often framed as failing to provide occupational experiences for their children with disabilities.
An occupational therapist shared, “They [parents] don’t train them [children with disabilities]

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3 and they don't take them to school, and even play activities, because of that they are isolated
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5 from the normal group." Similarly, a social worker shared, "Very rarely, the parents realize that
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7 the child has to be taken out and needs to be exposed to the sunlight and needs to engage with the
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9 other siblings and things like that..." Thereby, parents were often blamed by service providers
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11 for limiting occupational possibilities for their children with disabilities even when other
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13 contextual factors contributed to such situations.
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17 Children with disabilities were also seen as the 'problem' by teachers, community
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19 members, and parents, with their experiences of occupational injustices located in their
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21 impairments or behaviours. For instance, a teacher explicitly positioned children with disabilities
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23 as incapable of good academic performance, and shared, "They aren't able to keep up with the
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25 schoolwork." In a similar manner, a parent situated the problem in a child's behaviour and lack
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27 of abilities: "They [community members] say that 'he doesn't study, and he also spoils the other
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29 children who study' and they say that 'your child doesn't study well'. To help them study we
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31 [parents] are struggling, working hard and buying food and everything for them, but he is not
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33 able to study." Teachers, parents, and community members tended to blame the child for failing
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35 to succeed, without always acknowledging the various contextual barriers limiting opportunities
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37 for success.
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42 Interestingly, it appears that viewing the short film produced by the child co-researchers
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44 led various audience members to question their beliefs about the capabilities and potential
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46 contributions of children with disabilities. For example, adults within the community expressed
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48 amazement that children with disabilities positioned themselves as social actors and contributing
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50 members of the community within the short film. A social worker shared, "One thing I realized
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52 was that these children are aware of the mature issues that are happening in life with adults like
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3 alcohol, tobacco, and they have their own thing by sharing how the father beats the mother and
4 why... Small immature and mature issues were shared. I have realized that even they know about
5 all that because it is happening in their house..."
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10 Parents, service providers, as well as child co-researchers, often blamed teachers for the
11 occupational injustices faced by children with disabilities within schools. Specifically, teachers
12 were seen as having a lack of knowledge and skills related to working with children with
13 disabilities. Karthi shared, "They [teachers] are the ones who need to make the children study
14 properly. Some teachers don't teach properly at all. But they say the students don't study well
15 and hit them..." Teachers were problematized for not taking ownership or responsibility of
16 working with children with disabilities in schools. A special educator claimed, "There are no
17 teachers who will admit these mild, moderate, severe children and say, I will take care."
18 Additionally, teachers were blamed for 'othering' children with disabilities and blaming them for
19 the mistakes of other children. A special educator described, "Even if other kids do anything,
20 they will put the blame on these children. They say, 'because of him, the whole class is
21 disturbed.'" The teaching approaches used by teachers were also situated as needing change, as
22 articulated by a special educator, "The children who don't pay attention to them, pay attention to
23 us... They say that these kids don't obey them. Why don't they obey them? It is because of their
24 approach or their teaching method..." Furthermore, teachers' behaviours were positioned as
25 leading to school drop out of children with disabilities. Another parent described, "He then went
26 [to school] for ten days, and after that only all these issues happened, that is, the teacher hit him
27 and shouted at him because he wasn't able to learn English... and then he said he didn't want to
28 go." In spite of systemic barriers that prevented teachers from fully including children with
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3 disabilities in school activities, blame was placed on teachers for shaping occupational injustices
4 through their attitudes, incapacities, and acts of neglect and punishment.
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7 **Discussion**

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10 This research responds to calls for transformative occupation-based research (Farias &
11 Laliberte Rudman, 2016; Hocking & Whiteford, 2012; Laliberte Rudman, 2014; Laliberte
12 Rudman et al., 2019) by working with children with disabilities from rural Southern India as co-
13 researchers in identifying, situating, and addressing situations of occupational injustices. As well,
14 this work contributes to methodological expansions within occupational science (Bailliard, 2015;
15 Laliberte Rudman, 2012; Magalhães et al., 2019) by utilizing participatory filmmaking as a
16 research methodology to work towards inclusive research practices with children with
17 disabilities ([REDACTED]). Diverse perspectives from children with disabilities,
18 along with perspectives from their parents, service providers, and community members, further
19 facilitated situated understandings of occupational injustices.
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33 Adding to occupational science scholarship expanding beyond individualistic
34 perspectives, the findings support a conceptualization of occupational choice as a socio-political
35 rather than an individual phenomenon (Galvaan, 2015). For example, all parents of child co-
36 researchers were from low-income backgrounds, and were disadvantaged in terms of lacking
37 educational and other occupational opportunities. In turn, they longed for their children to have
38 better access to education as means to transform their situations of poverty. However,
39 commensurate with Buckingham's (2011) analysis of barriers to educational opportunities for
40 children with disabilities in India, our findings illustrate ways socio-political systems often failed
41 to support the full inclusion of children with disabilities in schools, often pushing children with
42 disabilities to drop out of school and, in turn, perpetuating the cycle of poverty. Thereby, socio-
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3 politically shaped patterns of occupational ‘choice’ of children with disabilities further
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5 perpetuated social inequalities (Galvaan, 2015). Additionally, occupational ‘choices’ of children
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7 and adults related to engaging in substance abuse and violence were engrained within family and
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9 cultural practices, shaped through structural violence associated with the legacy of colonialism
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11 (Byrne et al., 2018) and continued persistence of socio-economic inequalities through which
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13 everyday violence is reproduced within on-going structurally shaped marginalization (Rylko-
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15 Bauer & Farmer, 2016). Engaging in substance abuse and violence were expressed as
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17 “predictable occupational choices” (Galvaan, 2015, p. 46) for the young and old people of this
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19 community, and were situated as taken-for-granted, immutable ways of doing even when
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21 considered as problematic. As such, these findings emphasize the importance of participatory
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23 methodologies for raising consciousness of broader structural and systemic forces to shift away
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25 from individualizing the blame for the persistence of such non-sanctioned occupations, and
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27 raising collective and occupational consciousness (Ramungondo, 2015) of the legacy of
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29 colonialism and on-going forces of structural violence in order to move towards more just and
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31 inclusive societies (Byrne et al., 2018; Rylko-Bauer & Farmer, 2016).
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38 In addition, child co-researchers challenged dominant understandings on occupation that
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40 tend to positively link it to health and well-being, contributing to scholarship addressing ‘non-
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42 sanctioned’ occupations (Kiepek, Phelan, & Magalhães, 2014). Specifically, occupations
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44 associated with violence, substance abuse, garbage disposal, and deforestation, were positioned
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46 as negatively affecting other occupational possibilities, social cohesion, health, and well-being.
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48 As well, occupations were described as contributing to occupational degradation, and child co-
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50 researchers pointed to the need to promote occupational sustainability by proposing solutions
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52 that pointed to occupations that managed and restored the “health of land, water, air and food for
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3 everyone” (Townsend, 2015, p. 395). Overall, child co-researchers not only highlighted non-
4 sanctioned and damaging occupations that often remain silenced or obscured within their
5 communities and within the occupational science scholarship (Kiepek, Beagan, Laliberte
6 Rudman, & Phelan, 2018), but situated these from a non-Western perspective as resulting in
7 occupational injustices impacting the community as a whole rather than solely as issues of
8 individual autonomy. As such, these findings illustrate the importance of attending to non-
9 sanctioned occupations as collective occupations “engaged in by individuals, groups,
10 communities, and/or societies in everyday contexts” and how “these may reflect an intention
11 towards social cohesion or dysfunction, and/or advancement of or aversion to a common good”
12 (Ramugondo & Kronenberg, 2015, p. 10).
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26 The findings from this PAR highlighted, in detail, occupational issues that have been
27 previously brought forth by adolescents with disabilities from an urban and rural Central Indian
28 context (Gulati, Paterson, Medves, & Luce-Kapler, 2011) and an urban South Indian context
29 (Kembhavi, 2009). In this study, child co-researchers not only acknowledged similar issues, but
30 also, along with secondary participants, situated them within contextual forces. For instance,
31 adolescents with disabilities from Gulati and colleagues (2011) pointed to family members as a
32 barrier to their leisure occupations. In this project, child co-researchers and secondary
33 participants situated such parental resistance within issues of violence prevalent within their
34 communities, highlighting how parents limited their occupational possibilities, especially in
35 leisure, as a means of protection. As another example, the teasing and bullying of children with
36 disabilities during play was highlighted in studies by Gulati and colleagues (2011) and
37 Kembhavi (2009). This PAR also addresses such experiences and explicates contextual
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3 contributors as well as the emotional and occupational impacts teasing and bullying have on
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5 children experiencing this violence.
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8 Key factors shaping the occupational experiences of children with disabilities were
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10 related to the social construction of disability and their attributed disabled identity (Phelan &
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12 Kinsella, 2014), which the children involved within this PAR did not explicitly take on. This
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14 absence of addressing disability within conversations among child co-researchers was also seen
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16 within Phelan and Kinsella 's (2014) work who articulated that children with disabilities tended
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18 to discuss aspects of their lives that were similar to lives of other children. Within the South
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20 Indian rural context of this PAR, as highlighted by parents and service providers, there was an
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22 embedded cultural striving for normalcy, informed by both sociocultural and biomedical
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24 conceptualizations of disability. Parents took up various actions as means to 'fix' the
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26 impairments of children with disabilities, within a context in which the stigma of disability
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28 extended from individuals to families. Through engaging in a participatory process, children with
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30 disabilities spoke of and enacted alternative identities they embraced as occupational beings,
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32 social actors, and active citizens of their community. Their expression of alternative identities
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34 through the disseminated short film sparked dialogue that challenged some of the taken-for-
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36 granted assumptions related to the capabilities and positioning of children with disabilities held
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38 by the audience members.
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45 In relation to conducting research on occupation and disability outside of a Western,
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47 individualistic perspective, this PAR was carried out within a community that embodied a
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49 collectivist way of being and doing. In turn, child co-researchers preferred to carry out a group
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51 video project rather than work on individual videos ([REDACTED]). This
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53 collectivist way of being was also made apparent by adolescents with disabilities within Gulati
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3 and colleagues' (2011) work who, "wanted to be known for their achievements and contribution
4 to the group effort rather than be romanticized for individual performances" (p. 75). A
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6 collectivist worldview also informed issues identified as problematic by child co-researchers,
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8 which were predominantly community issues rather than solely individually experienced
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10 occupational injustices. Additionally, disability related experiences of occupational injustices
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12 that children shared were not as much about their independence, but rather, their needs for
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14 inclusion within occupations alongside their peers and to contribute to their communities. Such
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16 findings work against a long-standing prioritization of independence as a marker of success,
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18 well-being, and quality of life that pervades theories of occupation informed by Western
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20 epistemology (Hammell, 2011). As noted by Buckingham (2011), the development of
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22 approaches to support people with disabilities within the Global South needs to shift away from
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24 dominant Western narratives of disability and conceptualizations of stigma and be based on
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26 "understanding of the historical and cultural specific of the disability experience" (p. 421). As
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28 such, there is a need within occupational science to further attend to historical and contemporary
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30 constructions of disability within diverse contexts and to unpack how these constructions,
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32 embedded in systems and social relations, shape occupational possibilities for people with
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34 disabilities.
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42 The findings of this PAR also illustrate the potential of a critical occupational lens to
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44 inform participatory approaches aimed at deepening understanding and raising consciousness of
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46 hegemonic power relations shaping everyday life (Ramugondo, 2015). Drawing on a critical
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48 occupational perspective to analyze data generated with child co-researchers and secondary
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50 participants enabled attention to ways in which occupational injustices were embedded in and
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52 perpetuated through contextual forces, such as socioeconomic conditions, systemic corruption,
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3 and contested responsibility. Moreover, the findings support the need to further embrace
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5 decolonizing theoretical and methodological approaches in occupational science so as to attend
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7 not only to historical and on-going legacies of colonialism, but also to work with communities
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9 based on their strengths and in ways aligned with ways of doing, being, belonging and becoming
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11 embedded within communities (Baillard, 2016; Ramugondo, 2015; Rivas-Quarneti et al., 2018).
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15 Although the critical occupational science perspective created avenues for unpacking the
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17 situated nature of occupational injustices that children with disabilities and their communities
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19 faced, critical disability perspectives strengthened this analysis. Working against individualized,
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21 often biomedical, conceptualizations of disability dominant in occupation-based scholarship
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23 (Hammell, 2015), taking up critical disability perspectives enabled consideration of disability as
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25 socially, politically, and culturally shaped and perpetuated. For instance, taking up this
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27 perspective illustrated how the meaning of disability, and how children with disabilities were
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29 subsequently viewed and related to within the study context, was shaped through cultural and
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31 religious influences with stigma extending to family members.
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35 Overall, this research took up the argument that participatory methodologies need critical
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37 underpinning along with a commitment for enacting social transformation, and that these
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39 three interacting elements cannot be viewed as independent or utilized independently (Farias et
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41 al., 2017). For example, without grounding in a critical perspective, there is the potential even
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43 within PAR to reduce collective, socio-politically shaped, issues of injustices to individual
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45 attributes, which in turn, may lead to efforts of ‘fixing’ individuals rather than addressing
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47 systemic forces shaping such injustices (Farias et al., 2016). Additionally, a lack of commitment
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49 to enacting social transformation dilutes the promise of PAR to span the knowledge
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51 generation to action continuum (Benjamin-Thomas, Corrado et al., 2018).
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Strengths and Limitations

There were indeed several strengths and boundaries to this work. First, the first author's familiarity with the local language, culture, and the geographic context where this project was carried out supported relationship building with child co-researchers as well as their extended community, which was an essential part of the PAR process. Additionally, all meetings with child co-researchers and with some secondary participants were carried out in the local language, which facilitated better participation, and was translated to English for analysis and dissemination. Although there may have been information lost within this process (Temple & Young, 2004), the first author's consistent involvement in leading data collection as well as conducting the translation process, allowed for better contextualization of information during the theoretical analysis process. In terms of crystallization and contextualization of generated information, this research drew upon multiple types of participants including children with disabilities, parents/caregivers, and service providers, to gain diverse understandings of contextual features and influences. Lastly, girls with disabilities were not identified within this village by health care providers or community members to be involved within this project, and their additional perspectives would have enabled insights into the gendered nature of occupational injustices.

Conclusion

This paper presents findings from the knowledge generation phase of a PAR that utilized participatory filmmaking as a research methodology to involve children with disabilities as co-researchers, and provides a critically informed analysis of the situated nature of occupational injustices experienced by children with disabilities and their extended communities in a rural village in Southern India. The findings point to not only the complex intersecting layers of

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3 sociocultural, economic, and systemic forces shaping occupational injustices but also to ways
4 that contested responsibility and individualization of issues limited collective action. This paper
5 also illustrates the potential of a PAR process with children to generate understandings of
6 occupation that extend beyond the doings and meanings of people who are Western,
7 Anglophonic, and middle class, and place occupational injustices prioritized by child co-
8 researchers at the centre of community dialogue and our subsequent theoretical analysis.
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