Post Soviet Evolution of Disability Supports In Kyrgyzstan-Central Asia: A Case Study

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Introduction:
Funding for disability services in Kyrgyzstan has undergone a drastic shift since the fall of the USSR. This explanatory case study presents one of only four public schools that educate students with disabilities in the country. This paper first describes the Soviet medical model classification system used in Central Asia, and then explains how services are provided. This historical case study presents how facilities, personnel, equipment, and curriculum have evolved since the fall of the Soviet Union. Techniques including cross age and ability grouping were found to be useful techniques to support students in schools faced with significant financial restrictions.

Disability Classification Systems: Worldwide, the oppressive medical classification system for identifying and serving individuals with disabilities continues. Beyond classification and labeling, few similarities exist between Kyrgyzstan and North America in disability related services. This disparity is due to wealth, disability related laws, and legislation.

Post-Soviet Education in Kyrgyzstan: Drastic budget reductions have led to the closure of public boarding schools. The few institutions serving the severely disabled are inadequately supported and poorly managed. With Kyrgyzstan’s independence, children in remote villages no longer have access to free transportation. Further, survival for the poor dictates all family members must work regardless of age, very different than during USSR’s collective economy.

Methods:
This explanatory case study (Christ, 2014; 2013; 2010; Maxwell, 2005; Yin, 2003) describes a public school for hard of hearing students in Kyrgyzstan. Four staff at the school were purposefully selected for interviews as they all had worked continuously since it opened in 1974. Their perspectives provided the insight necessary to understand how the school evolved during and after Soviet oversight. Interviews were conducted in Russian and cross translated into English. The interviews, observations, secondary source documents from teachers, support staff, speech and language specialists, and students provided the information to summarize school supports.

Results:
School #21 established under Soviet rule was designed to teach students with poor hearing to communicate using their voice, not sign language, as occurs in Kyrgyzstan’s other specialized school for the deaf. Students are placed into three groups: (I-average intelligence, some hearing, II-average intelligence, poor articulation, III-children with mild hearing and speech impairments and “sub average intelligence”. Lessons are taught using verbal language, writing and occasional sign language letters. Signing is not taught, however, many of the students communicate using a form of sign created in the school. Teachers utilize a format of speaking first, writing, and then using single letter signs to express concepts. Verbal communication is emphasized as a way to teach the students to refine their verbal responses.

Conclusion:
Practical vocational education is taught in all public schools in Kyrgyzstan. Girls are introduced to home economics, boys taught shop skills. Vocational and life skills are emphasized in the curriculum matched to expected male and female roles in society. Art, music, singing, dance, theatre, or martial arts are incorporated into the curricula. Plays, musical performances, and holiday events provide opportunities to exhibit student successes to family and the general public. Cross ability peer tutoring was described by staff as a productive technique for various activities including language, art, and music. Peer tutoring was observed in classes and during holiday presentations. Students actively helped each other to master subjects and their verbal communication skills. Cross age, ability, and peer mentoring provided time to practice social, educational, vocational, and communicative skills under the supervision of a single teacher. Still, students with disabilities in Kyrgyzstan are at a disadvantage to their western counterparts due to funding, the medically driven categorical model of disability services, minimal supports, and government policies that do little to promote access. As the region struggles to support basic healthcare and education services, the disabled, infirmed, and elderly who contribute minimally to the tax base are seen as an economic low priority. Beyond physical barriers, individuals with disabilities face negative attitudes in part due to an archaic medical labeling system that perpetuates ignorance, fear, pity, misunderstanding or hate. Unlike social barriers in the west, those in Kyrgyzstan have virtually no opportunity to become employable. The combination of physical, social, and psychological barriers has created an environment so hostile that it is virtually impossible for an individual with disabilities to maintain work. Further, unlike in the west where technology has helped equalize conditions (Christ, 2007; 2008), funding for technology does not exist in Central Asia except for the wealthy few. Post graduation, few will pursue vocational training, and even less will enter postsecondary education. Even with specialized training or advanced education, most individuals with disabilities in Kyrgyzstan will remain under the support of their extended families or immediate community. Unless there are drastic changes to the way individuals with disabilities are labeled, treated, and warehoused, few options will be available for those interested in stepping out of a disabled caste system established over several generations. Without political, economic, and social activism working in concert to undermine the strong cultural stigmatization attached to the disabled, few if any individuals with disabilities living in Kyrgyzstan will have the opportunity to become independent and live lives similar to their non-disabled peers.