INVITED GUEST EDITOR

Leveraging Indian Socio-Cultural assets in Neurodevelopmental Intervention

Neurodevelopment is the acquisition of new skills for new functions commensurate with the age of the growing child. Normal Development depends on neuronal maturation as well as environmental sustenance. Neurodevelopmental disorders are group of conditions associated with an insult to the developing brain which results in impairment of normal neurological functional developmental skills.

While the role of genetic and biological factors is well recognised, the role of social risk factors is largely underestimated, inadequately addressed or submissively dismissed. In India, given the difference in family structures and values as well as societal norms, the entire gambit of social operation is significantly different, especially compared to developed countries. The latter have a completely different social milieu; it is pertinent to comprehend that the western journey of developmental disorders has been shaped in that mileu.

When we read western literature, we appreciate the methodologies for therapy. But we are confounded by the limitation of resources as prescribed by western methods- both professional and financial. To us, the battle then swings towards a socio-economic perspective and we set our measures of success by the ability to provide western methods in a 'resource-limited' 'lower and middle income country' setting. Indeed, these have now shaped our agenda- how best can we provide western interventions in an Indian setting. Our deliberations then veer towards awareness of this limitation, followed by provision within limited resources. Almost most research space is occupied by this struggle. Research is then set in the context of providing western methods in an Indian setting.

And hence, while there is a need to validate western methodologies to our population, there is a greater need to set up constructs and paradigms within our own socio-cultural mileu.

For example, if we consider ABA or sensory integration in autism, we set our measure of clinical success by how much we can provide ABA or sensory integration therapy with our limitation of trained personal and finances. Our efforts are driven towards bridging this gap, our success defined by our ability to provide them. To do this, we recruit the parents and families. We train our parents to 'do therapies'. Parents do their best to replicate the same methods. Involving families so deeply allows us to label these Endeavour's as holistic- another word which has been coined to lend credibility to our efforts. Thus, socio cultural strengths are leveraged to bridge socio economic liabilities. Local research proceeds to scientifically document the success of these measures, thus validating them. We have succeeded in providing western science in Indian settings. That becomes the outcome.

However, socio cultural differences have far greater strength than that which is being leveraged for. Mechanical mimicry is a low hanging fruit and does not make the intervention holistic. Holistic is when the intervention goes beyond engaging professional help. Cloaking family support in the garb of therapy is far from that. Holistic would truly mean using the inherent social strength of families to directly impact the difficulties the child has - not merely to repeat therapeutic activities. Can the ordinary and regular parents and families intervene with the child within the ambit of the home and neighbourhood to enable the child to overcome her difficulties, without turning into therapists first? - this then would make it truly holistic. This would be effectively leveraging socio cultural norms like family values and bonding in the Indian setting to make the intervention holistic, rather than just replicating professional therapy at lesser cost.

Western paradigms are far different from Indian ones, especially when it comes to developmental behavioural pediatrics. The effect of the behaviour of care givers is surely far greater than in other medical disciplines. The role of parents, families, homes, neighbourhoods, schools- indeed society, is of far greater impact than in say, pediatric cardiology or even neurology. The role of the chacha, bua, kaaki, maamaa (uncles and aunts) in promoting or restoring normal development is of enormous important. Even the norms and the questions that establish these normative evaluations, assessments and interventions – the very tools- need to be indigenised to reflect our environment.

Thus, harnessing the inherent and powerful mahashakti (great power) of families and the community in the Indian scenario is likely to be the next area of work in the field of neurodevelopmental disorders. The next decade will decide if we continue in approximating the methodologies of western science or indigenise intervention to leverage our socio cultural strengths. I am hopeful prudence will overcome.

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