A STUDY ON

The Influence of Social Stigma on Friendship among the Children with Intellectual Disability (ID) in Urban Settings, Guwahati, Assam

A Dissertation Submitted to the Department of Social Work for the partial fulfillment of the requirement for the award of the degree of Master of Social Work (MSW)

Submitted to:

Department of Social Work

MSSV, Guwahati Unit

Submitted by:

Prerona Konwar

MSW 4th semester

Registration No: MSSV-0023-008-001425

Roll No: MSW-11/23

Session:2023-2025

MAHAPURUSHA SRIMANTA SANKARADEVA VISWAVIDYALAYA

GUWAHATI UNIT, RUPNAGAR 781032, ASSAM

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CERTIFICATE

I have the pleasure of certifying that **Miss Prerona Konwar**, an MSW 4th semester student bearing Roll No. **MSW-11/23** and Registration No **MSSV-0023-008-001425** of 2023 has successfully completed her dissertation entitled **"A study on the Influence of Social Stigma on Friendship among the Children with Intellectual Disability (ID) in Urban Settings. Guwahati, Assam."** She has successfully completed this research on her own.

I wish her a bright future.

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মহাপুৰুষ শ্ৰীমন্ত শংকৰদেৱ বিশ্ববিদ্যালয়

MAHAPURUSHA SRIMANTA SANKARADEVA VISWAVIDYALAYA

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GUWAHATI CONSTITUENT UNIT

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CERTIFICATE OF SUPERVISOR

This is to certify that **Miss Prerona Konwar**, student of MSW 4th semester bearing Roll No. **MSW-011/23** with Registration No.**MSSV-0023-008-001425 of 2023**, MSSV, Guwahati unit has successfully carried out his/her dissertation entitled **"A study on the Influence of the Social Stigma on Friendship among Children with Intellectual Disability (ID) in Urban Settings, Guwahati, Assam"** as a student researcher under my supervision and guidance for the partial fulfilment of the requirement for the award of the degree of MASTER OF SOCIAL WORK (MSW).

The work reported in this research has not been submitted elsewhere, and the facts presented here are true to the best of my knowledge.

I wish her all the very best for her future endeavors.

Dr. Arpita Das

Assistant Professor

Department of Social Work

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Place: MSSV, Guwahati Unit

Date: 11/06/2025

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III

DECLARATION OF ORIGINALITY

I Prerona konwar student of 4th semester, Department of Social Work, Roll No. MSW 11/23 and Registration No. MSSV-0023-008-001425 of 2023, Guwahati Unit, Mahapurusha Srimanta Sankaradeva Viswavidyalaya (MSSV), Nagaon do hereby declared that this dissertation entitle "A Study on the Influence of Social Stigma on Friendship among Children with Intellectual Disability (ID) in Urban Settings, Guwahati, Assam" is an original work of mine and is result of my own intellectual efforts, under the guidance of Dr. Arpita Das, Assistant Professor, Department of Social Work, MSSV, Guwahati Unit. I have acknowledged and quoted the entire original source (i.e., original documents and names of the authors) whose work helped me in writing this research paper. I have not infringed copyrights of any author.

I do hereby also declare that the contents of this dissertation have never been submitted in this or any university (either in part or fully) for award of any degree.

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IV

ACKNOWLEDGEMENT

CHAPTER- I

INTRODUCTION

Disability is a long-term impairment that may be mental, physical, intellectual, or sensorial which construct it difficult for a person to take part in society. Disability means when a person is not able to perform his/her daily living activities because of their mental and physical conditions. Disability is such an act through which a person could have lifetime impairment. In this world, some people are born with a disability and some get a disability later in life, which means a person having disability from 0 year because of various causes such as toxin intake by the mother, genetic, lifestyle, brain injury of the child which delivering, unusual long-term illness like chickenpox, diabetes, lake of oxygen, underweight etc. And when a person having disability later in life it could be an accident, any severe long-term illness or neurological infection etc. Disabilities might impact on motor development, thinking, hearing, visual, intellectual, speaking or social interaction. Disabilities are of 21 types. Some disabilities who need high support including, Autism, Cerebral palsy, Intellectual disability are supposed   to use wheelchair because they cannot move from one place to another without seeking help and support. Like this, people with hearing impairment have difficulty in hearing or understanding so they might use hearing aids like Behind-the-Ear (BTE), In-the-Ear (ITE), or sign language, people with blindness who cannot see, they are use a Cane or Braille, and where as a person is having learning disabilities that creates reading, writing, learning, understanding, logical thinking, language and academic performance hard. Although, there are two types of disabilities, visible and un-visible. Some un-visible disabilities may include such as, Hemophilia, Thalassemia, Sickle Cell Disease etc., that makes a person struggle with social interaction, academic performance, mental health and work so forth into their day-to-day life. People with disabilities can perform each single thing comparison to people without disabilities if the environment is inclusive to them to take part in the society. They can go out, work, have friends, have families also they can perform variety of activities like dancing, music, sports, etc.

The inclusive indicates creating an environment and system that welcome and support everyone including people with disabilities and make sure that they get equal opportunities and access which includes, make safe places, infrastructure, promoting open communication, providing accommodations, acceptance and belongingness etc. that helps them to lead a barrier free environment and independent lives. There are many laws which protects the rights of people with disabilities in India. The rights highlights on ensuring equal opportunities, rights, dignity for persons with disabilities into the surrounding areas like accessibility, non-discrimination, non- judgmental, and participation in all direction of life. Respect, kindness, empathy, understanding, love and care are some of the values that are very important while dealing with the people having disabilities, and they also deserve equal opportunities in every sector of their life like economic, political, cultural, social so on. Most importantly, it needs to be understood that disability is just a condition not an obstacle, it does not define a person's ability, capacity and potential to live a meaningful life, achieving goals and success, or contributing towards the society. Disability is not same as incapability or inability, it means people with disabilities can lead an independent and happy lifestyle with fulfillment of their dreams, goals and objectives with the exact amount of encouragement, support, accessible environment and opportunities.

The Indian Constitution also promote the rights of persons with disabilities in various Articles such as Article 15,17 and 21 which talks about their protection and promotion of equality.

According to "The Rights of Persons with Disabilities Act, 2016" simply called the RPWD act, "promotes and protects the rights and dignity of people with disabilities in educational, social, legal, economic, cultural and political spheres. The RPWD Act, 2016 was enacted in 2016 and came into force in 2017. The Act was enacted to give effect to the United Nations Convention on the Rights of Persons with Disabilities and connected matters." This act facilitates various opportunities like inclusive, quality and free education (6-18), healthcare services, employment, social security etc. There are 21 types of disabilities

mentioned in this act including, Locomotor disability, Leprosy Cured Person, Cerebral palsy, Dwarfism, Muscular Dystrophy, Acid Attack Victim, Blindness, Low vision, Deafness, Heard of Hearing, Speech and Language disability and other remaining. The Government of India provide Disability Certificate and Unique Identity Disability Card (UDID) to the person with benchmark disability; it means a person with benchmark disability is someone who has a disability which is less than 40% in number and that have to certify by health professionals or medical expert/authority.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is "an international human rights treaty, which exists to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all disabled persons. It was adopted on 13 December 2006 at the United Nations Headquarters in New York, and opened for signature on 30 March 2007."

There are seven principles of this act which includes:

1. Respect for inherent dignity and individual autonomy.

2. Non-discrimination.

3. Full and effective participation.

4. Respect for human diversity.

5. Accessibility.

6. Equality.

7. Evolving capacity of children, so they can enjoy the human rights fully without any discrimination and inequality.

According to "World health Organization" (WHO) said that "an estimated 1.3 billion people experience significant disability. This represents 16% of the world's population, or 1 in 6 of us. Some persons with disabilities die up to 20 years earlier than those without

disabilities. Persons with disabilities have twice the risk of developing conditions such as depression, asthma, diabetes, stroke, obesity or poor oral health."

As per the "Census of India, 2011," "there are 26.8 million people with disabilities in India, which is 2.71 percent of the total population. The number of disabled persons in higher in the age group of 10-19 years. Among all disable population, 56 percent are males and 44 percent are females."

In "Assam," "PwDs constitute 1.8 percent of Assam's total population." The Assam's disable population are includes of both from urban and rural. "Persons with any type of disability have 1.8%, Persons with Locomotor disability have 0.9%, Persons with Visual disability have 0.3%, Persons with Hearing disability have 0.3%, Persons with Speech and Language disability have 0.2%, Persons with Mental Retardation/Intellectual disability have 0.1%, Persons with Mental Illness have 0.1%, Persons with other type of disability have 0.00%".

People with disabilities are the equal members of society like everyone else. They deserve equal respect, acceptance, opportunities, support like others. We should make a world which is full of love, kindness, fair, empathy, and inclusive. Guiding and helping them to reach the top of their own pink sky. Together, we can create a better future for All, including, people with dis abilities and no one should be behind of the world.

Intellectual Disability (ID) is a neurological disorder. Intellectual disability is defined as significantly sub average general intellectual functioning, associated with significant deficit or impairment in adaptive functioning. It manifests during the developmental period before the age of 18 years. This disability mostly affects in decision making, problem solving, reasoning, social interactions and communication. This can create trouble in managing their daily living activities. It a condition which limits intelligence and hinder capacities that necessary for a person to live independently. An intellectual disability is when limitations in brain functioning and capacities affect intelligence, interacting, learning, and doing

everyday life activities. This disability mostly affects in decision making, problem solving, reasoning, social interactions and communication. It means their brain development is slower than others. The impact of this disability can very broadly spread. Some people with this disability may experience minor effects but still they can lead an independent live. And some people may suffer from severity and need lifetime support, assistance and care. People with intellectual disability may have problem with work, or academic and social skills. They might require more time to learn and understand new things in every step of their lives.

There are three different levels and classification of measuring Intellectual disability based on the IQ test, which includes:

1. Mild (50-70%).

2. Moderate (35-50%).

3. Severe (20-35%).

4. Profound (20<%).

Mild cases are not so observable, but 85-90% population are suffering from this Mild level of Intellectual disability. While, severe and profound cases are need lifelong care and support. A common misconception about this condition that Intellectual disability is just a limitation on brain power or intelligence as estimated by a simple IQ test and an IQ test is just only one side of information because some people have a mild or above IQ but have problem with necessary abilities require to fulfilling a good life. But some people have lower than mild level of IQs but still have skills and capacities which are strong enough that they do not encounter the standard for Intellectual disability, or they encounter the standard for a milder structure of Intellectual disability than an IQ test indicates.

In the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders, fifth edition text revision (DSM-5-TR), the formal name for this condition is "intellectual developmental disorder." Although, to many individuals, the actual cause of

their Intellectual disability is unspecify, there are many causes of Intellectual disability but specially it taken place because of malfunctioning in brain expansion. And infrequently, it can happen for a reason that is might any kind of illness, head injury, or any kind of traumatic episodes experienced by an individual in a very young age, before 18 years old. Intellectual disability is not so common but universal in nature. Globally, it affects 1% - 3% to children and the rate of affecting population are more common in men followed by women.

There are many causes that can be leads to Intellectual Disability (ID) such as:

1. **Genetic (5%):** which includes, chromosomal abnormalities, inborn errors of metabolism, single gene disorder, and Cerebral palsy one of the leading genetic causes.

2. **Peri-natal (10%):** including, infections such as Rubella, Syphilis (bacterial infection by sexual intercourse), pre-maturity, birth trauma, placental abnormalities.

3. Acquired physical disorders in childhood like trauma, infection (bacterial/ viral), Cerebral palsy, psychotic disorder such as pervasive developmental disorders and childhood schizophrenia.

There are many signs and symptoms through which an individual can notice as Intellectual Disability such as:

1. Delayed or slow learning/ learner.
2. Difficulties in reasoning and logic.
3. Problems with judgment and critical thinking.
4. Difficulty in focusing and get easily distracted.

Along with some signs and symptoms of Adaptive Behavior including:

1. Slow learning of toilet training and self-care activities (bathing, grooming, eating).
2. Needing constant help from parental figure or other care giver.
3. Trouble in understanding concept like time and money management.
4. Little or no sense of fear for strangers.
5. Difficulty or limited understanding of social boundaries, any kind of love (parents), romantic relationship (partners/ love once).

Intellectual disability can diagnose in many ways, it means, any health professionals or medical experts can easily detect this disability by taking various initiative such as:

1. General physical examination (weight, height).
2. Detailed neurological examination (brain, spine).
3. Mental Status Examination (speech, gender appearance, mood and affect).
4. Investigation which includes, Routine examination (blood test, ultrasound), Urine test, Electroencephalography (EEG), City scan and MRI, Thyroid and liver functioning.

There are three categories of management of Intellectual disability named as, Primary prevention, Secondary prevention, Tertiary prevention.

1 Primary prevention cares:
    1.1. Improvement of socio-economic condition (nutrition to pregnant mother).
    1.2. Education of the general public (awareness).
    1.3. Medical measures for good peri-natal medical care.
    1.4. Universal immunization of children (BCG, polio).

2 Secondary prevention cares:
    2.1. Early detection of handicaps (sensory, motor or behavioral).
    2.2. Early detection and treatment of preventable disorders.
    2.3. Early treatment of disease or disorders that can be curable (infections).

3. **Tertiary prevention cares:**
   3.1. Adequate treatment of psychological and behavioral problems.
   3.2. Behavioral modification using the principles of positive and negative reinforcement.
   3.3. Rehabilitative measures (vocational, physical, social trainings).
   3.4. Parental counselling.

People with Intellectual disability have the equal rights to lead a life where no barriers can make hinder in their path of ocean. They can grow, learn, and enjoy the life just like everyone else with right amount of support and encouragement. Providing them accurate respect, care and love makes them feel that they are also play an equal role in the society.

Social stigma is understood as a negative attitude, prejudices which directed towards in individual, group or community based on their race, gender, culture, cast or any certain characteristics which leads to rejection, social exclusion and marginalization. Stereotypes and discrimination are some of the tags which are similar to social stigma. Social stigma involves the negative judgments and declines towards an individual or a group due to discerned differences or features which drift from social norms. These characteristics could be illness, appearance, certain disease, disability, ethnicity, socio-economic status etc. which lead to constant rejection and refuse from the society. Social stigma indicates when society visualize an individual or group of people into a negative manner because of somethings around them. When someone is stigmatized, people might treat them very vulnerably, unfairly, unequally, talk negatively and they also got avoided by the society. For examples, using slangs, jokes about physical and mental health condition, make assumptions, also people with disabilities and mental illness constantly face social stigma in their everyday life. The society or the people tag them as 'mental', 'stupid', 'crazy', 'abnormal', 'dangerous', 'weak', 'divyangjan', 'mentally disturbed' etc. that are absolutely in correct and wrong to introduce a person. Because of this treatment, the individual might feel ashamed, guilty, lonely, and isolated which makes afraid and shy to seek help from

others. Another social stigma can experience by an individual who suffer from HIV/AIDS or any minor and vulnerable groups. Society might label them as 'different', 'bad' etc. even they have done nothing in their life against the societal norms. This might hurt their self-respect. Therefore, they might get withdrawal from the societal participation and cannot live normal life. There are many kinds of stigma including, mental, physical, or social. While, mental health stigma seems to be very common to everyone. These tags and labels are so strong to handle and it can affect both mental and physical health which include physical violence, sexual violence, emotional violence, mental pressure, depression, anxiety, and stress of an individual.

There are many causes through which one can experience social stigma such as:

- **Labeling:** Labeling to an individual as "good" or "bad" is a natural way to avoid the effort involved in trying to understand someone else's experience, difficulties, or challenges.
- **Social Identity:** People based on their identities on the specific groups they belong to, so therefore recognize members of their group is less favorable. Stigmatizing members of the other groups can be a way to justify entitlement, exploit others for personal reason, or boost an individual's preeminent importance.
- **Terror management:** People are naturally terrified of developing a mental illness, disease, or disability. If the stigmatized individual can be blamed for their own condition, it may assuage fears that the state could happen to anybody or anyone.

There are three primary types of stigmas, which are first explained by the sociologist "Erving Goffman in 1963" including:

- **Mental illness stigma:** Mental health stigma or mental illness stigma is a negative attitude, beliefs or perception towards a mental health of an individual or group of people. For example, it associated to social disapproval of a person or group of people, suffer from mental illness such as depression, anxiety etc.

- **Physical deformation stigma:** Physical deformation stigma refers to a negative attitude, beliefs, or perception about characteristics of an individual or group pf people related to physical appearance, difference, or disability. This type of stigmas can lead to disapproval or serious negative effects towards a person or group of people.
- **Race, ethnicity, religion, ideology, etc., stigma:** Stigma associated with race, ethnicity, religion, ideology, etc., is a negative attitude, beliefs, perception about one of these, or similar, characteristics of an individual or group of people. This type of stigma can impact generations and has influenced laws and politics throughout history.

There are various effects of social stigma that one or group of people may experience through. Social stigma, or public stigma, happen when the society or the general public shares negative thoughts, or beliefs about an individual or group of people. People who are experiencing social stigma and discrimination. As a result, stigma can be harmed in multiple ways such as, both psychologically and in their every- day life.

For example, someone who has been stigmatized may:

- Felling of distress and loss of hope.
- Develop a low self- esteem.
- Stop doing treatment or decide not to seek treatment, etc.

Social stigma can make life very difficult and hard to make friends with children with Intellectual Disability (ID). When society, or the people treat them differently, inequitably, or unfairly because of their disability, it can cause them pain and make them feel left out from the society. Children without disability may not want to, or seem not ready to play with them, or make friends with them which lead to social withdrawal, isolation, and loneliness. Many times, including their parents, teachers, relatives etc., even may not want to believe, or understand their capacities, abilities, and needs or even may ignore their existence. These negative attitudes and behaviors can stop children with Intellectual Disability (ID) to participate in society. Such as, going to school, making friends,

participating in fun activities, etc. They may feel and experience shy, scared, demotivated, ignored, sad because of how the society or others see and treat them based on their disability. Because of these stigmatizations, even their families might feel stressed, ignored, embarrassed due to society's negative views, attitudes or perceptions. This can affect how much help and support the child gets at home and in the community. Because of social stigma, children with Intellectual Disability (ID) may not grow, develop, learn as much as they could to comparison with the children with intellectual Disability (ID). But when people are kind, understanding, positive, and supportive, the children with Intellectual Disability (ID) can be happy, learn well, and enjoy their life just like others. It is important to treat every child with Intellectual Disability (ID) or even without Intellectual Disability (ID) equally, with love, care, support, and respect to lead their life nicely and independently with inclusive and supportive environment.

1.1 OPERATIONAL DEFINITION

- **Intellectual Disability (ID):** Intellectual Disability (ID) is a neurological condition that characterized by certain limitations in cognitive functioning and adaptive behavior of an individual.
- **Social Stigma:** Social stigma is a prejudice and negative attitudes directed towards an individual or group of people based on their race, gender, culture, religion, cast or any certain characteristics that leads to rejection and social exclusion.
- **Friendship:** Friendship means a close relationship between two or more individuals that build upon trust, honesty, love, care, respect and a sense of unity.
- **Children:** Children indicate to a young boy or girl who are under the age of below 18 years.

1.2 STATEMENT OF THE PROBLEM

As all of us know that how friendship is important and essential for a child for their growth and development in both personal and academic settings. Friendship is such a beautiful and effective element, as it provides support, encouragement, comfort, and a sense of belonginess. But in reality, mostly in the urban settings, schools, or organization it is very difficult to make friends because of academic pressure and societal expectation. And one of the major problems that the children with Intellectual Disability (ID) faced in making friends because of social stigma in schools. Because of their uniqueness and different way of learning, this makes them treat differently by their classmates those are without disability. Many classmates may not understand them and their needs, and wants that they search in friendship. This can lead to rejection, bullying, discrimination, or being left out from their friends and friend circle. As a result, the children with Intellectual Disability (ID) may lose confidence, feel lonely, sad, and isolated which hamper in their learnings and academic life. Children with Intellectual Disability (ID) face many barriers and difficulties in the classrooms and school like, negative attitudes from peers, isolated from the peer circle, lack of fun and inclusive group activities etc. This kind of negative factors stop the children with Intellectual Disability (ID) to form strong and good friendships.

Another challenge they might face due to busy schedule of the parents both Mother and Father in urban settings like, job, business, entrepreneurship etc. many parents are not trained and aware properly to teach their children, support, encourage, motivate, and deal with them in the houses. Without proper knowledge, support, love, and care by the parents, it becomes more difficult to control them and create a welcoming, inclusive and accessible environment in their houses, society, mostly in classrooms and school which might limits in their friendships.

Friendship is a very important for the children with Intellectual Disability. It helps them to grow, develop, feel happy and motivated and also be a part of peer groups and the society. This study wants to find out how social stigma affects the friendships of children with

Intellectual Disability (ID) in urban settings. It also aims to explore how teachers, parents, school, and classmates can help make school a friendlier, inclusive and accessible place for them.

1.3 SIGNIFICANT OF THE STUDY

This study is significant because it clarifies the impact of social stigma on friendships of children with Intellectual Disability (ID) in urban settings. It focuses attention on how negative perspectives, ideas, attitudes can isolate these children, make them difficult to go to schools and form bonds, and friendships with their friends, peers, or classmates. One of the most important reasons of doing this research is it focus on the role of teachers and parents who are the one of the responsible in shaping a classroom and home environment which can either support or hinder to create inclusive and supportive friendships. Teachers not only influence the children's attitudes through their own behavior but also serve as guides, facilitators, instructors, mediator, communication, and understanding among children as well as parents. The study also point-out common barriers that children with Intellectual Disability (ID) face trouble in making friends, due to- bullying, discrimination, exclusion, harassment, abuse, and insufficient peer support in the classroom and school. These challenges indicate to a need for develop schools and classrooms that should more inclusive and equitable in nature and also the schools to develop more inclusive programs, policies, and practices within the classrooms to improve the quality of education as well as build friendships. By understanding these issues and barriers permit special educators and school authorities to take purposeful action to promote and encourage a more accepting, understanding, and empathetic environment.

Eventually, the findings of this study can help in enhancing teaching strategies, encourage peer support in both school and community, and foster meaningful social inclusion. By addressing social stigma and promoting acceptance, the schools and parents can help in ensuring, that all children with Intellectual Disability (ID) or without Intellectual Disability

(ID), irrespective of ability, have equal opportunities to create long-lasting, strong, and supportive friendships.

This study is also essential and in need because it highlights how friendships can help children with Intellectual Disability (ID) to build confidence and feel happier at their classrooms, schools, and communities. It indicates that strong friendships can improve their learning, adaptive, and social skills more efficient. This research also reminds us that when all children feel included, the school and the community become stronger and more caring towards the children with any disabilities and specially, Intellectual Disability (ID).

1.4 OBJECTIVES OF THE STUDY

- To access the strategies taken by the teachers to reduce social stigma among the Intellectual Disability (ID) within the classroom setting.
- To explore the awareness level and challenges faced by the parents in addressing the children with Intellectual Disability (ID).
- To identify the role of friendships among children with Intellectual Disability (ID) to manage social stigma.

1.5 RESEARCH QUESTIONS

This dissertation is navigated through various key research questions focused at addressing if the social stigma really influences the friendships among children with Intellectual Disability (ID). In addition, the study also aimed to analysis the awareness and understanding of social stigma that influence the friendships among children with Intellectual Disability (ID). So, the research questions focus to display the above subject matter, eventually contributing to a deeper understanding of the study. Here are the research questions that have been mentioned below:

i. What kind of social stigma do children with Intellectual Disability (ID) face in classroom?

ii.   What are the common challenges faced by children with Intellectual Disability (ID) in forming friendships due to social stigma in classroom?

iii.   What are the common causes of social stigma faced by the children with Intellectual Disability (ID) in school?

iv.   What are the common misconceptions about Intellectual Disability (ID) that contribute to social stigma?

v.   What kind of social stigma do children with Intellectual Disability (ID) face in your surroundings?

vi.   What kind of social stigma as a parent do you suffer from in your day- to- day life?

1.6 CHAPTERISATION

This research study is divided into five main chapters. The first chapter is the Introduction, where the researcher introduces the topic of study and explains what the research is about, purpose and the importance. The second chapter is the Literature Review, in this part, the researcher has included different studies and articles related to the research topic approach in qualitative research. The third chapter highlights on the Research Methodology, where, the researcher explains about the methods used to collect and analyze the data. In the fourth chapter, it is all about discussion and findings. In this part, the researcher explains about the result of the study. The final chapter is about suggestions and recommendations. In the last part of the study, the researcher will give helpful ideas for the improvement of the workplace security and will offer practical steps that can be taken for positive change.

CHAPTER-II

LITERATURE REVIEW

The researcher is going to conduct a study on the influence of the social stigma on friendships among children with Intellectual Disability (ID) in urban settings. Therefore, the researcher has reviewed some articles, thesis, and journals related to influence of social stigma on friendships which will help the researcher to get a primary idea of the research. The researcher has downloaded the articles, thesis, and journals from Google Scholar, Linked In, Google, Shodh Ganga and the researcher has used keywords like, the social stigma and influence on friendships with Intellectual disability (ID), social stigma and discrimination with Intellectual Disability (ID), Impact on friendships of Intellectual Disability due to social stigma etc. The researcher used thematic method to review the literature so that it will help her to understand the study in a proper manner. In the beginning of the review, the researcher is going through some articles which are related to Social Inclusion and Peer Relationships, Stigma and Societal attitudes, Intervention and Skill Development, and also Policy and Family Perspective to social stigma.

2.1 Social Inclusion and Peer Relationships

Global

Merrells J et al. (2019) in "We feel left out: Experiences of social inclusion from the perspective of young adults with intellectual disability" explore the social inclusion is important for young adults with intellectual disabilities. Many studies talk about inclusion, but few focus on the voices of people with intellectual disabilities. Researchers say that being part of the community helps people feel valued and improves their well-being. Support services try to help people participate in society, but challenges remain. Some people face barriers like negative attitudes, lack of opportunities, and limited support. Studies show that friendships, employment, and community activities help with inclusion. However, true inclusion means people feel accepted and have meaningful roles. More research is needed to understand how individuals with intellectual disabilities experience inclusion and what helps them feel truly included in their communities.

India

Naraian S and Natarajan P (2013) in "Negotiating Normalcy with Peers in Contexts of Inclusion: Perceptions of youth with disabilities in India" says that Inclusive education in India faces many challenges. Youth with disabilities struggle to form peer relationships in schools. They want to be part of peer groups but often find it difficult. Schools do not always provide them with enough opportunities to participate. Many students with disabilities are seen only as needing help. Their families also face difficulties. They work hard to make schools accessible but often feel isolated. Parents are hesitant to give up legal guardianship. This limits the self-determination of their children. The study highlights the need for better support systems. Educators and activists must address these challenges. More efforts are needed to create inclusive and welcoming school environments for students with disabilities

David R, Kuyini A (2012) in "Social inclusion: Teachers as facilitators in peer acceptance of students with disabilities in regular classroom in Tamil Nadu, India" identify the Inclusive education is important for students with disabilities. Teachers play a key role in making inclusion successful. Their attitudes, confidence, and teaching methods impact students with disabilities. Studies show that when teachers use good classroom practices, students with disabilities feel more included. The Inter-group Contact Theory explains that positive teacher actions help all students interact better. Research in Tamil Nadu, India, found that students with disabilities had a similar social status to their peers without disabilities. This means good teaching can improve social inclusion. More peer interaction leads to better school experiences. The study suggests that teachers can create positive changes in inclusive classrooms. This supports the idea that inclusion benefits both students with and without disabilities.

Singh R & Chopra G (2019) in "I am like everyone else…Voices of Children with Disabilities in school settings: A Literature Review" analysis the Inclusive education has made progress globally, but children with disabilities still face exclusion and stigma. True inclusion goes beyond structural changes; it also involves fostering social inclusion where

children with disabilities feel comfortable participating. To achieve this, it's essential to listen to their voices in schools, as their experiences can provide valuable insights for creating more inclusive environments. Children with disabilities are experts on their own experiences, and their input is vital for making informed decisions about social inclusion. Researchers, special educators, and policymakers must address these concerns to eliminate barriers to inclusion and ensure that all children, regardless of ability, can fully participate in education.

2.2 Stigma and Societal Attitudes

Global

Green S et al. (2005) in "Living Stigma: The Impact of Labeling, Stereotyping, Living Stigma, Separation, Status Loss, and Discrimination in the Lives of Individuals with Disabilities and Their families" identify the Stigma affects people with disabilities in many ways. Link and Phelan (2001) explain that stigma includes labeling, stereotyping, separation, status loss, and discrimination. Research shows that stigma can cause emotional and social harm, but its effects vary. Some studies find that people with disabilities and their families experience stigma differently. Felt stigma comes from personal shame, while enacted stigma includes discrimination from others. However, many people find ways to resist stigma, such as building support networks and challenging stereotypes. The impact of stigma depends on cultural and social factors. Understanding these experiences helps in creating better policies and support systems for individuals with disabilities.

Weeghel J et al. (2019) in "Stigma research in the field of intellectual disabilities: a scoping review on the perspective of care providers" said that this literature review explored how care providers may have shown stigma toward individuals with intellectual disabilities (ID), and how this affected the quality of care provided. It was based on 40 studies, mostly conducted in Western countries, which primarily used surveys with Likert-type scales to measure explicit attitudes of staff members. The findings revealed that care providers often

held more negative attitudes toward individuals with high support needs. A few studies also indicated that staff members might have stigmatized people with ID based on other social identities such as race or gender. The review found that many care providers were skeptical about including people with high support needs in community life. They often felt conflicted between protecting individuals with ID and empowering them to make independent decisions. Overall, the review indicated that stigma from care providers may have negatively influenced the quality of care and support offered to people with ID. It recommended future efforts focus on increasing awareness, sharing power with individuals with ID, avoiding diagnostic overshadowing, and translating policies clearly into everyday practice.

Scior K et al. (2012) in "Stigma, public awareness about intellectual disability and attitudes to inclusion among different ethnic groups" explained that many studies had looked at attitudes toward including people with intellectual disabilities (ID), but there was less information about public awareness and stigma. The relationship between attitudes, knowledge, and stigma was not well understood. A study in the UK explored this by using a story (vignette) that showed someone with mild ID, without using any diagnostic label. It included 1,002 working-age participants. Participants were asked to name the difficulties shown in the vignette and answer questions about social distance and inclusion attitudes. The study found that people had mostly positive views on inclusion. However, they were unsure about having close contact with people with ID. Inclusion attitudes and social distance were only somewhat related. Only 28% of the participants correctly identified signs of mild ID. Those who did had more positive attitudes and showed less stigma.

Ozturk M and Alemdar D (2023) in "The care burden of mothers of children with disability: Association between family quality of life and fatigue" said that many studies have focused on the challenges faced by mothers of children with disabilities. One study investigated the relationships between care burden, family quality of life, and fatigue in these mothers. The study included 280 mothers from special education and rehabilitation centers in Turkey.

Fatigue levels among mothers were also measured. This meant that as the care burden increased, the quality of family life was affected. Additionally, there was a weak negative correlation between care burden and fatigue, indicating that higher care burden was linked to higher fatigue. Family quality of life also had a weak negative correlation with fatigue, meaning lower family quality of life was related to higher fatigue. Regression analysis revealed that care burden significantly influenced both family quality of life and fatigue severity. The study concluded that when mothers experienced a greater care burden, their family quality of life decreased, and their fatigue increased.

2.3 Intervention and Skill Development

India

Kalgotra R et al. (2019) in "Social development of children with mild and moderate Intellectual Disability at special schools in India" identify the children with Intellectual Disabilities (ID) often struggle with social skills, making communication and friendships challenging. Research highlights the importance of structured social skills training to support their development. Various methods, such as role-playing, modeling, video modeling, and reinforcement techniques, have been used to improve social interactions. Applied Behavior Analysis (ABA) is considered highly effective, using step-by-step teaching and rewards to encourage positive behaviors. Studies show that interventions in schools, special education programs, and the use of technology, like mobile apps, can enhance social skills. Overall, while stigma persists, efforts to foster belonging and acceptance are evolving, with a focus on cultural context and inclusive approaches.

2.4 Social Network and Friendships

Global

Abigail R et al. (2021) in "Social network and people with intellectual disabilities: A systematic review" explain that social networks are important for health and happiness. However, little is known about how adults with intellectual disabilities in the U.K.

experience their social lives. This review looked at studies from 1990 to 2019 to understand their social networks. Different types of studies were included, such as those using numbers (quantitative), personal stories (qualitative), and a mix of both (mixed methods). Researchers found key factors that affect social networks. People with intellectual disabilities spoke about their identity, feeling powerless, being included or excluded, family, and support. Two theories help explain their experiences: stigma and normalization. Stigma means they are often treated as different or less important. Normalization suggests they want to have relationships like everyone else but face barriers. Many people with intellectual disabilities struggle to build friendships because of these challenges.

Webster A et al. (2007) in "Social relationships and friendships of children with developmental disabilities: implications of inclusive settings. A systematic review" says that the engagement of children with developmental disabilities (DD) in social relationships with typically developing peers is a crucial aspect of inclusive education. As inclusive practices have become more widespread, research has focused on understanding the nature of these relationships. Many studies indicate that while children with DD do engage in social interactions, they often experience difficulties in maintaining reciprocal relationships. Another important focus is the types of social relationships and roles that children with DD assume. Research suggests that they often take on passive roles in peer interactions, with typically developing children acting as helpers or facilitators rather than equal partners.

India

Reddy S et al. (2021) in "Barriers in Accessing Social Welfare Benefits for Families of Children with Intellectual and Developmental Disorders in Rural Karnataka: A Situation Analysis" explored that the studies in India showed that although many government schemes were created to support families of children with intellectual and developmental disabilities (IDD), these schemes were often not used, especially in rural areas. One study conducted a situation analysis in a rural community to understand the

barriers faced by such families. The researchers interviewed 20 families of children with IDD, 5 state-level education officials, 5 local welfare officials, and 3 NGO representatives working with children with IDD. They used qualitative thematic analysis to identify the problems in accessing government welfare schemes. The findings revealed several barriers. Many families and officials lacked awareness of existing schemes. In rural areas, welfare services were often unavailable or very limited. There was also a lack of social auditing to ensure that support reached the right people. The application and approval process for financial help under the National Trust schemes was found to be very complicated and strict. The study showed that despite the presence of welfare programs, rural families struggled to access them due to structural and informational challenges. It concluded that families needed to be empowered, local officials needed better training, and strong advocacy was required to improve the implementation of National Trust schemes in rural Karnataka.

2.5 Stigma and Inclusion

Global

Scior K et al. (2020) in "Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe" state that many studies have not explored how people across the world feel about individuals with intellectual disabilities (IDs). This study aimed to understand if people still stigmatize individuals with IDs and what efforts exist to promote their inclusion. Researchers gathered information through an online survey, reaching 667 experts and organizations from 88 countries. The survey was shared by four global disability organizations and was available in five languages. The results showed that while many people support including individuals with IDs in society, negative attitudes still exist. In many regions, people with IDs continue to face stigma and are denied their basic rights. Some places have programs to fight stigma, but they are often not enough, especially where they are needed most. In many countries, individuals with IDs have very limited opportunities, and their families bear most of the responsibility for their care and advocacy.

Aldersey H M et al. (2020) in "Stigma, Acceptance and Belonging for People with IID Across Cultures" explains that the people with Intellectual and Developmental Disabilities (IDD) often face stigma. This stigma makes it harder for them to feel accepted in their communities. Research from 2017 onwards shows that stigma exists in many cultures. It affects both people with IDD and their families. Some studies explore how stigma is experienced in different cultures. Others focus on ways to reduce stigma and increase acceptance. Many strategies are being used to support people with IDD. These include education programs, community activities, and media campaigns. Such efforts aim to help people understand IDD and promote kindness and inclusion. Recent research highlights the role of culture in shaping stigma. It also shows that cultural differences must be considered when creating interventions. More researchers now agree that people with IDD should help design programs that support them.

UK

Cooney G et al. (2006) in "Young people with intellectual disabilities attending mainstream and segregated schooling: perceived stigma, social comparison and future aspirations" explore that in mainstream schooling is seen as a key way to help young people with learning disabilities feel included in society. However, there is little research on how students leaving mainstream schools compare to those in segregated schools in terms of their self-image and future hopes. A study involving 60 students with mild to moderate intellectual disabilities explored their experiences. Among them, 28 attended mainstream schools, while 32 were in segregated schools. The study focused on stigma, social comparisons, and their expectations for the future. Both groups reported facing stigma in their local communities, but mainstream students also felt additional stigma at school. When comparing themselves to others, students in both groups felt more capable than those with more severe disabilities and saw themselves as similar to non-disabled peers.

India

Mourya R et al. (2016) in "Stigma in the Social Life among Mothers Having Children with Intellectual Disabilities: Challenges and Suggestions" explained that several studies examined how the severity of intellectual disability in children affected their social lives and the stigma experienced by their parents. Researchers often used correlational designs to understand these relationships. For example, a study focused on mothers of children with intellectual disabilities aged 3 to 15 years. These mothers were selected from rehabilitation centers and special schools. They completed different assessments measuring their child's personal care abilities, the stigma they felt, and how much their social life was restricted. The findings showed that children who had more severe activity limitations tended to have mothers who experienced higher stigma. This stigma was also linked to greater restrictions in the mothers' social life. The results highlighted that stigma and activity limitations both contributed to reduced social participation for these families. This research suggested the importance of interventions that combined behavioral and psychosocial support for families.

Kumari R et al. (2024) in "Impact of Children with Disability on Caregivers: A Cross-sectional Study in Rural Area of Jammu, UT of Jammu and Kashmir, India" explored that several studies focused on the impact of having a child with intellectual disability on caregivers. It was found that children with intellectual disabilities depended heavily on their parents for daily care. This dependency increased the burden on caregivers, leading to emotional distress such as anger, depression, and feelings of stigma. Researchers aimed to explore both the positive and negative effects on caregivers who cared for disabled children. They identified all disabled children and interviewed their parents using a standardized tool called the National Institute of Mental Health-Disability Impact Scale. Caregivers also reported difficulties related to the physical care of their child and their own health issues. The study concluded that caregivers needed more support and empowerment to better care

for their children with disabilities. Empowering caregivers was seen as a key step towards helping these children be included in society.

2.6 Education and Relationship Learning

UK

Brown M et al. (2024) in "Learning for life, friendships and relationships from the perspective of children and young people with intellectual disabilities: findings from a UK wide qualitative study" says that this study looks at how children and young people with intellectual disabilities learn about relationships and sexuality. Many schools teach Relationships and Sexuality Education (RSE), but these lessons often do not give enough information to students with intellectual disabilities. The study aimed to understand what these students know and need, along with the views of their caregivers and teachers. Researchers interviewed 37 students from special schools across the UK. The study found that children and young people with intellectual disabilities want better education and support. Current RSE programs do not fully meet their needs. Special schools teach some RSE, but a better program is required. The study suggests that RSE should continue even after school, helping young people as they grow into adulthood.

Davys D et al. (2017) in "Fathers of people with intellectual disability: A review of the literature" said that the literature on fathers of people with intellectual disabilities (ID) was limited but growing. This review aimed to collect and study research focused on fathers of individuals with ID. Researchers used electronic databases and citation tracking to find relevant studies. They searched using terms like fathers, intellectual disability, learning disability, mental handicap, and developmental disability. The selected articles were compared to find both similarities and differences. From the review, eight main themes were found. These included fathers' reactions to diagnosis, their different emotional responses to their child's condition, and their concerns about the future. Other themes were related to work-life balance, family roles, and changes in relationships. The review also looked at how

fathers influenced their child's development and how they interacted with service providers. It found that fathers often had specific needs and used different coping strategies. A major gap in the research was noted—very few studies focused on fathers of adults with ID. The review showed that fathers were often left out by service systems, even though they played an important role. It concluded that service providers should involve fathers more and that more research was needed to better understand their experiences and needs.

Modula M (2022) in "The support needs of families raising children with intellectual disability" stated that the research from different parts of the world showed that children with intellectual disabilities (ID) were increasingly being cared for at home instead of institutions. This shift placed many demands on families, who often faced physical, social, and emotional challenges. A study in the Capricorn District of Limpopo province, South Africa, explored the kinds of support families needed while raising children with ID. Researchers conducted in-depth interviews and focus group discussions with 26 families. They used thematic analysis to organize the information. The study found that families needed more information on how to care for and manage children with ID. They also wanted help from professionals to ensure the safety of their children. Families requested greater community involvement and better living conditions. Most of the households were led by women and had low incomes, so they also required financial support. The study showed that families felt unsupported and isolated, leading to the marginalization of both the children and their caregivers. The researchers concluded that families had complex and unique needs. They recommended a multi-layered support system that involved different sectors and organizations to improve the quality of life for these families and their children.

Atutxa G et al. (2025) in "The Impact of Programs Aimed at Raising Awareness About Children with Intellectual and Developmental Disabilities in Schools: A Systematic Review" explained that the research on school inclusion for children with intellectual and developmental disabilities (IDD) received increasing attention in recent years. Many schools worked on building inclusive environments, and awareness programs

became important tools to improve students' attitudes toward peers with disabilities. A study reviewed nine research articles found through a systematic search in databases like WOS, Scopus, PubMed, and ERIC, following the PRISMA guidelines. These articles were written in English or Spanish and focused on primary and secondary education. The review showed that awareness programs generally helped improve students' views of classmates with disabilities. However, students were more aware of physical, visual, or hearing disabilities than of intellectual and developmental ones. The most successful programs included direct interaction with peers with disabilities and sharing information. Simulation activities also showed positive results. Still, the study noted some challenges. In many cases, teachers and school staff were not fully involved in the programs. There was also a lack of plans to keep these programs running over time. The researchers recommended future studies to look at the long-term impact of these programs and how well they work in different types of schools.

2.7 Stigma and Identity Management

Global

Niedbalski J (2021) in "Managing Stigma-the Experiences of Parents of Children with Intellectual Disability" state that this study examines how parents of children with intellectual disabilities manage the stigma associated with their child's condition. Drawing on Erving Goffman's concept of stigma, the research highlights the emotional and social burdens experienced by parents, emphasizing how stigma affects not only the individual with a disability but also their close family members. The research underscores the complexity of stigma management, suggesting that it involves ongoing negotiation between personal experiences and social perceptions. Using qualitative methods, particularly unstructured interviews, the study collects rich, in-depth data, which is analyzed through grounded theory to uncover patterns and meanings in parents' narratives. Overall, the study offers important insights into the lived experiences of parents, shedding light on the broader social dynamics of disability, stigma, and identity.

Desbrow J et al. (2024) in "stigmatizing young people with intellectual disability: Perceptions of the main stakeholders at a Spanish university" says that in this study looks at how people in universities view young individuals with intellectual disabilities. It focuses on public and self-stigma in higher education. The researchers used a survey with 306 people, including students, teachers, and staff. They wanted to understand how these groups see and feel about students with intellectual disabilities. The results show that women see less stigma than men. Also, students who have disabilities are more aware of stigma than those without disabilities. These students often feel judged by others or even judge themselves. The study highlights the need for programs and actions to make universities more inclusive. Helping students with intellectual disabilities feel confident and accepted can improve their emotional health. More support can also help them become more independent. This research shows that change is needed to make higher education more open to everyone.

Pelleboer H et al. (2021) in "Public stigmatization of people with intellectual disabilities: a mixed-method population survey into stereotypes and their relationship with familiarity and discrimination" explain that this study looked at how the general public in the Netherlands sees people with intellectual disabilities. It focused on common stereotypes and how these might lead to discrimination. Researchers used a survey with 892 people. They found that people with intellectual disabilities are often seen as "friendly," "in need of help," and "unintelligent." A fourth stereotype, "nuisance," was not common. These views may not lead to open discrimination but can still cause hidden harm. For example, people may have fewer choices or chances to be independent. The study suggests that even positive stereotypes can limit people's lives. It recommends that anti-stigma efforts should include protests and education to show the unfair treatment people with disabilities face. Support staff should also help people talk openly and positively about their lives. By sharing their strengths, people with intellectual disabilities can fight stigma and feel more empowered in society.

Mathanga D et al. (2018) in "Prevalence of psychological distress among parents of children with intellectual disabilities in Malawi" said that many children with intellectual disabilities lived worldwide, and their numbers were increasing as more children survived. The World Health Organization reported that about 1 to 3 percent of children globally had intellectual disabilities. However, studies from Malawi showed a much higher rate, around 26 percent. Research from Europe and the United States found that about half of the parents of children with intellectual disabilities experienced psychological distress. But no studies had been done on this issue in African countries like Malawi. A study was done in Malawi in 2015 to find out how many parents of children with intellectual disabilities suffered from psychological distress and what factors caused it. The study involved 170 parents whose children were diagnosed by psychiatric clinical officers. The researchers used a tool called the Self-Reporting Questionnaire (SRQ) to measure psychological distress. They also asked questions about the parents' social and economic background.

Sevgi G et al. (2024) in "Investigating the caregiving burden and stress of mothers with children with special needs" explained that several studies examined the challenges faced by mothers caring for children with special needs. Research showed that these mothers often experienced a high caregiving burden and stress. One study conducted in eastern Turkey between 2022 and 2023 included 324 mothers of children attending special education centers. The study found that most mothers were aged 30-39 and many had children with intellectual disabilities. Results revealed that mothers with higher caregiving burdens also reported higher stress levels. Factors such as the mother's age, education, income, and the child's type of disability influenced the caregiving burden. Additionally, where the mothers lived and the number of disabled children affected their stress levels. The study found a clear positive relationship between caregiving burden and perceived stress. These findings highlighted that as the demands of caregiving increased, so did the mothers' stress. The research suggested that economic support and better information and training about child care could help reduce mothers' burden and stress. Overall, it

emphasized the need to support mothers of children with special needs to improve their well-being.

2.8 Friendships and Social Inclusion

Global

Jackson I et al. (2024) in "How do people with intellectual disabilities understand friendship? A systematic meta-synthesis" says that this paper presents a systematic review that focuses only on the friendships of people with intellectual disabilities, not their romantic relationships. The authors reviewed research that included the voices and experiences of people with intellectual disabilities talking about their friendships. The study shows that people with intellectual disabilities really value their friendships and try to maintain them through mutual support. It also discusses what is missing in current research and gives ideas for future studies. This review helps us understand the importance of friendship in the lives of people with intellectual disabilities and shows that they are active in building and managing these relationships.

Athamanah L et al. (2019) in "Chapter One- Understanding friendships and promoting friendship development through peer mentoring for individuals with and without intellectual and developmental disabilities" explore that in this chapter looks at how friendships help people with intellectual and developmental disabilities (IDDs) have better lives and feel more included in their communities. Friendships are important for happiness and participation in everyday life. However, friendships between people with and without IDD are still rare. This is because there are not enough chances for them to meet and build relationships. The chapter talks about what friendship means for people with IDD, including important parts like trust, sharing, and being happy in the friendship. It also looks at problems that make these friendships harder, such as personal challenges and wider social barriers. To help solve these problems, the chapter explains how peer mentoring programs

can help. These programs bring people with and without IDD together in schools, workplaces, and other places, helping them talk, connect, and become friends.

Shikarpurya S et al. (2024) in "Peer perspectives on friendships among peers with and without intellectual and developmental disabilities: A pilot mixed methods study" state that this study looks at how friendships grow between people with and without intellectual and developmental disabilities (IDD) in inclusive college courses. While research shows that these kinds of friendships are helpful for everyone, we still don't know much about how they happen in college settings. First, researchers collected numbers from 44 people (quantitative data), then spoke in-depth with 8 people (qualitative data). By combining both types of information, they developed early ideas for a theory about how these inclusive friendships work. The results showed that two types of relationships and one important factor can affect how socially involved peers feel. These themes show how people connect, support each other, and create meaningful bonds in inclusive college environments. The study gives helpful ideas on how to support inclusive, equal friendships in college for people with and without IDD.

Mitter N et al. (2018) in "Stigma experienced by family members of people with intellectual and developmental disabilities: multidimensional construct" stated that the researchers noticed that there were not many good tools to measure the stigma felt by family members of people with intellectual and developmental disabilities. They wanted to create a tool that could help understand how stigma affects these families. To do this, they developed a new tool called the Family Stigma Instrument (FAMSI). This tool was tested with 407 family caregivers. More than half of them cared for a person with both intellectual disability and autism. The study also looked at how stigma was related to other things like caregiver stress, happiness, self-esteem, and social support. The results showed that FAMSI worked well and had strong reliability. It showed five main areas related to stigma. The researchers found that the strongest links to family stigma were how much stigma families felt, how burdened they felt, and how happy they were in general. This new tool helped researchers better

understand how stigma affects families. It could also help explore how factors like background, emotions, and support systems impact families' experiences.

Conclusion of the Chapter:

From the above literature reviews, the researcher will able to get a basic idea regarding life of children with Intellectual Disability (ID) and the influence on friendships due to social stigma. The children with Intellectual Disability (ID) face various problems and issues at their classrooms and schools. Through, they are the equal part of the society but people are discriminated them based on their disability and difficulty. From all these above literature reviews, the researcher believes that she got enough ideas regarding how the children with Intellectual Disability (ID) face various difficulties in maintaining friendships in their classrooms and schools.

CHAPTER-III

RESEARCH METHODOLOGY

In the previous chapter, the researcher has studied many literature reviews. All the reviews were organized by themes. In this third chapter the researcher will explain the research methodology. Methodology is a term which means the way of study is implemented and performed. It consists the rules and steps followed by the researcher to study a problem. Research methodology is used to collect and study data and information on a particular topic. It will help the researcher to recognize and explain the research problem.

A methodology might encompass different tools including reading books, articles, and journals, carrying out interviews and surveys. It can also include studying past and present data and gathering information. "According to Kothari (2004), research methodology is a method to analytically explain the research problem." Additionally, "research methods are the tools and techniques for doing research. Research is a term used liberally for any kind of investigation that is intended to uncover interesting or new facts." (Walliman, 2011).

3.1 THEORETICAL FRAMEWORK

Labeling Theory (Howard Becker):

Howard Becker's (1963) idea is that deviance is a consequence of external judgments, or labels, that modify the individual's self-concept and change the way others respond to the labeled person. The central feature of labeling theory is the self-fulfilling prophecy, in which the label corresponds to the label in terms of delinquent behavior. It has been criticized for ignoring the capacity of the individual to resist labeling and assuming that it is an automatic process. Labeling theory recognizes that labels will vary depending on the culture, time period, and situation. David Rosenhan's study On Being Sane in Insane Places (1973) provides a striking demonstration of the power of labeling and the importance of context.

This theory says that the children with Intellectual Disability (ID), the society gives them negative labels like, 'slow', 'crazy', 'abnormal', 'different' etc., these labels are given to them, because the children with Intellectual Disability (ID) may learn, behave, and act in

such a way that is not same like other children without Intellectual Disability (ID). These kinds of label become a part of how society sees and think about them. In every urban setting, where schools, social environment, and social expectations are high, competitive, action-oriented, and performance-driven. In this case, these labels can become so stronger in urban settings. As a result, children with Intellectual Disability (ID) have to face various challenges and barriers from their classmates, teachers, even from the parents knowingly or unknowingly. This kind of labeling or negligence will make it difficult for the children with Intellectual Disability (ID) to build good relationship with their friends, parents, and teachers.

Social Theory (Erving Goffman):

Sociologist Erving Goffman pioneered the theory of "social stigma" with his 1963 book Stigma: Notes on the Management of Spoiled Identity. Through case studies and interviews, Goffman aimed to show how individuals manage their social identities when they find themselves disqualified from full social acceptance.

He took the term "stigma" from Ancient Greece:

"The Greeks, who were apparently strong on visual aids, originated the term 'stigma' to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor- a blemished person, ritually polluted, to be avoided, especially in public places" (Goffman, 1963).

Some social stigmata are visual, much like the markings in Ancient Greece. However, many stigmata are invisible, which is often the case in mental illness. This exhibit aims to examine how stigma plays a role in the social understanding of mental illness and neurodivergence. We will explore how various methodologies have been used to establish visible stigmata for mental illness and how these easily identifiable markers partake of a society's ongoing attempt to define what is "normal" and "abnormal."

This theory explains that stigma occurs when the society treat an individual in a way that is considered negative or shameful. When the children of Intellectual Disability (ID) are often considered as different from other children. Because of their disability, they may learn, speak, behave, act in such ways that are not viewed as 'normal' by others in the society. This types of differences or discriminations can lead to social stigma and a kind of negative attitude or judgment that someone have towards the child. In urban settings, where expectation, performance, success, and social behaviors are high, in this case, the social stigma can be even stronger. Because of social stigma and discrimination, children without Intellectual Disability (ID) may not want to make friends with the children with Intellectual Disability (ID) and it makes very difficult for them to maintain their daily living activities.

3.2 UNIVERSE OF THE STUDY

Guwahati is the largest city in Assam, which is located near Brahmaputra River. It is one of the prime urban centers of North-East. Sishu Sarothi organization was the area of study. The location and the area of the study was selected purposefully by the researcher as this was the organization that deals with Persons with Disabilities. So, the researcher has targeted to gather information regarding the challenges face by the children with Intellectual Disability (ID) due to social stigma and maintaining friendships in schools and classes in urban settings.

3.3 RESEARCH DESIGN

The researcher used qualitative research design in conducting the survey as in this design the researcher asked open-ended questions because it was flexible in nature. The research design helps in ensuring the validity, efficiency of a survey and provide a significant conclusion to the study. The researcher used descriptive researcher design within qualitative research. A structured interview was conducted to collect the data from the teachers and parents from the special schools with the help of tools like survey and interviews.

3.4 SAMPLE TECHNIQUE

Purposive sampling under non-probability sampling was used to select the respondents who have applicable knowledge and information about children with Intellectual Disability (ID), and problems occurs in maintaining friendships because of social stigma in classrooms and schools in urban settings. The sample technique used to select a representative sample of individuals or unit from huge population to study and it can give valuable understanding into the research questions. The respondents consist of both the teachers and parents of children with Intellectual Disability (ID).

3.5 SAMPLE SIZE

The total sample size of the study was 20. From these sample size, 10 respondents were the teachers, who are teaching and guiding the children with Intellectual Disability (ID) and other 10 respondents were consist of patents, who are the support system and care givers of their children with Intellectual Disability (ID). Both the respondents are equally essential and responsible for giving a dipper understanding regarding to the study.

3.6 DATA COLLECTION AND ANALYSIS

In this study, both the primary and secondary data were used to collect information. Primary data is collected firsthand by the researcher for a specific purpose (Kothari,2004). On the other hand, secondary data is already available, collected by someone else for a different purpose (Kothari, 2004). In this study, primary data was collected from the teachers and parents of children with Intellectual Disability (ID) and secondary data was gathered from various sources like, articles, journals, books, websites etc.

In this study, unstructured interview schedule was used to collect data from the respondents. In addition to, all the interviews were recorded and later on transcription, and translation from Assamese to English were done. Thematic analysis was used as a tool to analysis the quantitative data collected from the respondents. Throughout this study, the names of the respondents were hide to maintain confidentially.

3.7 DATA COLLECTION (TOOLS/TECHNIQUES)

- **Interview:** The researcher collected data and information by using a qualitative tool called as interview. Interviews were conducted respectfully and with prior informed consent from both the parents and teachers of children with Intellectual Disability (ID). These interviews focused to gather in-depth understanding into their experiences, perspectives, challenges, and barriers concerning to the care services, support, education, and inclusion of the children with Intellectual Disability (ID).
- **Observation:** The researcher used the technique called observation to understand the insights behaviors and interactions of children with Intellectual Disability (ID) within classroom settings. Observations were executed in the classrooms of the organization, where the children's participation, interactions, and full involvement were attentively observed by the researcher. Special emphasis was given to the teaching methods and classroom strategies used by the teachers, permitting the

researcher to obtain a deeper insights of the inclusion practices carried out in the school settings.

3.8 RESEARCH GAP

During the review of existing literatures and articles, the researcher found a significant gap in studies that focusing on 'the influence of social stigma on friendship among children with Intellectual Disability (ID), particularly in urban settings.' Although a number of studies were available on various aspects of Intellectual Disability (ID), such as parental challenges, educational experiences, or inclusion practices, very few addressed the specific interaction of social stigma and friendship. The topic of friendship among children with Intellectual Disability (ID) was found to be rarely explored in comparison to the other commonly studied themes related to disabilities. Most available research either focused on broader issues or generalized social experiences without giving adequate attention to how stigma directly impacts the formation and maintenance of friendships. Furthermore, studies specifically set in urban contexts were extremely limited.

Due to the scarcity of relevant and focused literature on this particular area, the researcher found it challenging to locate sufficient academic sources to fully support or justify the research topic. This highlighted a clear need for more in-depth exploration and empirical study in this under-researched domain.

3.8 ETHICAL CONSIDERATION AND CONSENT

- **Informed Consent:** The researcher clearly explained all the potential risk associated with the research study to the participants. The researcher should highlight both positive and negative aspects of the participation were highlighted during the consent process. The aim, objective, nature, duration, and other essential information of the research were reviled to the participants.
- **Confidentiality:** The researcher should strictly maintain the privacy and confidentiality of the participants. Data collection was handled with consent and

respect. No personal attacks were made against any individual, groups, or religion. The participants were given the option to rejecting any use of data gathering devices, such as audio recorders.

- **Authorship:** Proper credit was given to everyone involved in the research. All individuals listed as authors had contributed significantly to both the research and writing of the manuscript.

- **Avoid Plagiarism:** The original sources were properly cited, and the researcher respected copywrites, intellectual property rights, and patents. Self-plagiarism, coping one's own previous work, was strictly avoided at any cost by the researcher.

3.9 LIMITATIONS

- The study was limited to an organization called *Sishu Sarothi*, located in Biru-Bari, Guwahati, Assam.

- The research focused only on children with Intellectual Disability (ID) between (6 to 18) years.

- There was a limited number of articles and literatures available on the research topic, especially those focused on 'friendship'.

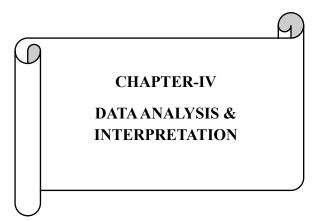- For research, data collection was limited to parents and teachers only.

3.10 INCLUSION AND EXCLUSION CRITERIA

- **Inclusion:**
  1. Only children identified with Intellectual Disability (6-18) years were included in the research.
  2. Parents and teachers were included for the data collection process in the research.
  3. Sishu Sarothi organization was included only for the research.

- **Exclusion:**
    1. Children with other 20 types of disabilities (above 18) years were excluded from the research.
    2. Apart from teachers and parents, the other caregivers of children with Intellectual Disability (ID) were excluded from the study.
    3. Other organizations were excluded in the study.

CHAPTER-IV

DATA ANALYSIS &
INTERPRETATION

After discussing methodology part in the 3rd chapter, the study has come to the next chapter called data analysis and interpretation. In this chapter, the researcher brought out the findings of the study through the collected data from the field using the methods discussed in the previous chapter. This chapter is going to highlights the discussion through using thematic analysis. After discussion, this chapter points to discover the remarkable findings throughout the collected data by the researcher.

4.1 Awareness and Understanding about Intellectual Disability (ID)

All 10 parents had some level of understanding of Intellectual Disability (ID), through an insight of knowledge mixed from one parent to another parent. Most of the parents shared that they became aware regarding Intellectual Disability (ID) after their children were diagnosed by the medical professionals and doctors. Their understanding of this disability came from their personal experiences, conversations with health care professionals, and observation of their child's difficulties. Most of the parents described Intellectual Disability or (ID) was a condition where the child has difficulty and problem in thinking, understanding, learning new things, interacting, and doing their daily living activities without help. The parents had a thinking that children with Intellectual Disability (ID) learned slower comparison to other children without this disability and needed extra time and support for almost everything in every-day life.

Many parents noticed that their children had trouble with conversation, thinking, decision making, and even in academic life. Some parents like (respondents 1,4,8, and 10) gave a clearer and more specific explanation about Intellectual Disability and on the other hand, others parents like (2,5, and 9) had a limited understanding of Intellectual Disability (ID) such as, they only came to know about the term but no forgoing knowledge. All patents mainly focused on how the disability affected their child's day-to-day functioning like eating, brushing, toileting, grooming, studying, and social interaction.

Respondents who gave clearer and specific explanations of Intellectual Disability (ID) were:

Respondent 4 (parent) said during the interview that *"she knows the meaning of Intellectual Disability (ID), it means lack of brain development through which the child is getting hampered doing every day task."*

Respondent 8 (parent) said that *"she knows what is Intellectual Disability (ID). She thinks that when a child is limited to perform and constant support to perform his daily living activities it called Intellectual Disability."*

Respondents who had limited understanding of Intellectual Disability (ID) were:

Respondent 2 (parent) said that *"Yes, now I know about Intellectual Disability (ID). But I came to know after her diagnosis in hospital a few months ago."*

Respondent 7 (parent) said that *"She said that, Intellectual Disability (ID) means when a child did not able to work on his own, he need help in every work, or when the child is very slow and need more time to understanding thinks and instructions."*

4.2 Awareness and Cause of Social Stigma

All the parents were aware of social stigma to some scale, most of them shared personal and emotional experiences regarding social stigma they faced in their daily lives. The awareness came from their personal and lived experiences, social interactions, and how society and people treated their children with Intellectual Disability (ID). All the respondents had various levels of awareness, but all of them experienced stigma in many ways like,

Respondent 1 (parent) said that *"She knows that social stigma means people see her child with a different eye like her child does not look same and act same as other children."*

Respondent 3 (parent) said that *"she often faces from the society, it means when someone makes you feel low, passing negative comments to each another etc."*

Some parents were felt judged, avoided, and disrespected by people and neighbors, and blamed them for their child condition. Many of them believed that social stigma was linked with curse, superstitious, cultural beliefs, or result of past mistakes made by parents, but the same society, there were few people who were very supportive and tried to include their own children with them. Social stigma leads to emotional disturbance, social exclusion, and feelings of loneliness within their children lives and also towards parents.

4.3 Negative Social Reactions and Emotional Impact

All the parents shared their personal experiences of facing negative reactions from the people or society. Their responses and comments showed that stigmatization, exclusion, blame were very common and painful in different ways such as, family, society, school at large.

4.3.1   Stigma and Blame

Most of the respondents were blamed by the people and society for their child's condition, constantly hearing that the disability was due to parent's past actions and as a punishment their children had to suffer in this life.

Respondent 2 (parent) said that *"she heard that people say negatively sometimes and pass comments, says bad words to her child and her family because her child is different from others normal child. She constantly heard from the people that giving birth to this kind of child not something not good and sometimes it's parents fault, not practiced norms and rituals when the baby was in the mother womb."*

Respondent 6 (parent) also said that *"She said that, people believe that as a mother and father, they did something wrong in their personal lives which now their son is suffer from*

this disability. People think that being born with disability is a curse or it is an act of evil which now hampered the child's personality."

4.3.2 Exclusion and Isolation

The families were constantly excluded and isolated from the social events and programs, even gatherings. Neighbors and sometimes relatives avoided communication with them due to their child's disability.

Respondent 4 (parent) said that *"Not every time, but she hears whispers when she passes by people which makes her feel sad, ashamed and low."*

Respondent 8 (parent) said that "She said that, not all but some parents are there who tell their children to stay away from her son because of his disability. They think that meeting her child, making friendship with him, sharing food with them etc. will transfer the disability from her son to their children. She said that, she and her son feel left out from the societal activities or during functions and isolated themselves in home."

4.3.3 Bullying and Mocking

In their neighborhood and school, the children with Intellectual Disability (ID) were teased, mocked, or ignored by peers and classmates, which directly leads to fear, sadness, behavioral changes such as being angry, crying, staying alone and silent.

Respondent 2 (parent) said that *"Every time she feels very uncomfortable and ashamed when people tease and stare her and her child like so hurt which make her feel very low and sad."*

Respondent 10 (parent) said that *"Because of people's negativity, avoidance, stigmatization, her daughter gets affected like anything, for example; whenever she meets unknown people, she shows signs like she suddenly got afraid, crying, and start irritating her mother on the spot and she starts shouting if she is not enough comfortable even with her classmates."*

4.3.4 Emotional Impact on Parents

The parents felt ashamed, sad, isolated, ignored, and even emotionally stressed but, many of the parents tried to stay strong, motivated, while some of them accept their condition and admitted to carrying, feeling guilty and hopelessness.

Respondent 6 (parent) said that *"People also stigmatized family and her son because of his different behaviors and appearance. And neighbors feel hesitate to talk openly with her family and her son. It really hampered their emotional well-being because it is difficult to maintain distance from the society even though it was not fault of her son and her family."*

4.3.5 Emotional Impact on Children

All children with Intellectual Disability (ID) experienced fear, loneliness, silence, crying, afraid, often turning to their parents when exposed to negative social reactions. This kind of emotional explosion made their daily procedure even more challenging for the both children and their families. Negative social reactions created emotional pain and stress for both families and children, creating their day-to-day life more challenging and isolating.

Respondent 4 (parent) said that *"She said that when her son saw people and his friends not willing to play with him or talk with him, then he got angry, hits himself, made loud noises and cried."*

4.3.6 Labelling and Tags

In classrooms, the children with Intellectual Disability (ID) had to experience various tags like, 'mad', 'crazy', 'mental', 'slow', 'abnormal', 'incapable' etc., given by their own classmates, which could lead to negative impact on their lives. They felt different, incapable, alone, isolated and cut off all connections with their classmates. Labels and tags built social barriers and lead to negative judgements.

Respondent 1 (parent) said that *"Some people thought that children with disabilities were very dangerous, crazy, mental and could harm someone else."*

Respondent 5 (parent) said that *"Some of the common challenges faced by her child in classroom were due to social stigma. Her friends called her by various names like, 'bail gadi', 'turtle', 'loser' etc."*

Respondent 6 (parent) said that *"Many classmates bullied him, teased him, and called him various names like, 'donkey', 'hippopotamus', 'slow', 'lazy', 'mad' etc.*

4.4 Child's Abilities and Daily Challenges

The analysis of the responses from ten parents revealed that the children with Intellectual Disability (ID) had a combination of capacities and challenges in their day-to-day lives. Most of the children were able to perform some basic self-care tasks such as brushing, eating, dressing, bathing, and using the toilet.

Respondent 5 (parent) said that "*her daughter could eat herself, wear cloths, going to the toilet, switch on TV and fan. She was also good at drawings and sketching's, along with other basic daily living activities."*

Respondent 4 (parent) said that *"her son was well enough at list to perform his basic daily living activities such as eating, toileting, bathing, grooming. He also understood and knew basic conversations and tried to communicate with everyone."*

Although, the level of independence diverse, on the other hands, some children could not manage their daily living activities without someone's help and required constant remainders from their parents and teachers. A few children could manage certain works on their own with a little help. Many children manifested their interest in basic activities like writing, drawing, singing, playing, or helping parents with household works, that gave the children a way to express their emotions and feelings toward their parents and others. Although, academic works, interaction, conversation, social skills were extremely difficult for most children with Intellectual Disability (ID). The children frequently faced difficulties to follow instructions, got distracted quickly, and needed repeated support to complete works. Most of the children experienced fear, anger, anxiety, discomfort, particularly in

public places, gatherings, or school settings. Covering all the respondents, it was very clear that even though the children had many strengths but due to lack of acceptance and support they could not perform basic works. The children with Intellectual Disability (ID) also faced many difficulties in managing their daily living activities, particularly in social gatherings. Their parents played a significant role in supporting, guiding, encouraging, motivating as much as they could, and also practiced with them to help cope with new daily challenges so that the children with Intellectual Disability could function more comfortably in day-to-day life.

4.5 Support from Teachers and School

All respondents expressed their points that the children with Intellectual Disability (ID) received positive support from the teachers as well as from the school. Most of the respondents said that the teachers helped their children feel accepted and included in the classroom. The teachers supported and encouraged friendships by creating an inclusive classroom environment where children sit together, shared things and tiffin's, played games, and took part in exciting class activities such as role play, drama, storytelling, and watching cartoons.

Respondent 7 (parent) said that *"Definitely, the teachers helped the children in building friendships by applying various classroom strategies like group work/activities such as group study, group games, group drama, etc."*

Respondent 10 (teacher) said that *"Our school conducted disability awareness campaigns, offered training for staff on inclusive practices, and implemented programs that educated students about the significance of diversity and acceptance. These efforts were aimed at fostering a more inclusive and supportive school environment. Teachers adopted group learning approaches, established buddy systems, and created activities that showcased each student's strengths"*.

Many respondents expressed that the teachers showed patience and gave extra time to every child with disability. Most of the respondents said that their children-built self-esteem and confidence due to the teachers gave them small tasks and responsibilities to perform in the classroom. The school authorities also collaborated with the parents to help their children with various disabilities to understand social interaction, social skills, and the need for friendship. The school organized various awareness programs, meetings, counseling service, and celebrated diversity programs like 'World Disability Day', 'World Day of Cultural Diversity', etc., to help the parents understand the needs and importance of each child, whether with or without disability. The children with disabilities had the right to live as others did. Many of the respondents admitted that they frequently talked with the school authorities and teachers through these programs and meetings.

In general, the support from school and teachers had a powerful and positive effect on the lives of children with Intellectual Disability (ID). It helped the children participate in classroom tasks, make good and supportive friends, and feel accepted by the other classmates.

One respondent (parent) said that *"Their teachers were very expert in dealing with children who needed high support, so teachers helped to create group games and group activities to engage both children with and without disabilities for friendship development and team work."*

4.6 Parental Coping and Emotional Support

Most of the parents encountered emotional challenges and difficulties after knowing about their child's disability, like Intellectual Disability (ID). The parents experienced feelings of guilt, sadness, shame, worry, stress, depression, and many times, loneliness and isolation due to the challenges of rising a child who required special care, more support, special needs, and mainly dealing with people negative thought processes and social stigma. Most of the parents expressed that they tried to stay strong and positive for their child and family.

The parents used many procedures to deal and cope with their emotions, like consulting with school counselors, meeting psychologist, or special educators. Some of the parents engaged in support group activities and volunteered with various disability organizations like Ashadeep, Day Care Rehabilitation Center, Destination etc., to feel associated and supported.

Most parents also said that they depended on their close relatives and family members for emotional support. Some of the parents practiced various tasks to cope with negative emotions and stress, such as practicing yoga and meditation, going for long walks, and reading books to manage their mental health. Each and every parent regularly attended parent-teacher meetings to remain involved in their child's achievements and to communicate difficulties with teachers and counselors within the school settings. Most of the parents said that the establishment of friendships and inclusive relationships helped their child to overcome their own tensions and worries. Watching their child happy and accepted by the other classmates gave the parents a sense of aspiration and strength. Through-out, every parent showed flexibility by looking forward to information, support, guidance, and by managing hope, even when they faced social stigma and negligence from society regarding their child's disability and difficulties.

One of respondent (parent) said that *"She read books and novels for refreshment and also sometimes worked with an organization voluntarily whenever she got free from her work, and also to cope with the social stigma and stress."*

4.7 Role and Value of Friendship

All respondents said that they understood friendship as a very important and valuable relationship for the children with Intellectual Disability (ID). Parents believed that friendship helped their child to grow, feel happy, supported, and accepted both at school and in the neighborhood. Most of the parents expressed that friendship permitted their children to share happiness, love, care, and support. They believed friendship was a way

for their children to develop emotionally and socially. Many parents pointed out that friendships helped their children to feel motivated to go to school regularly and improve their social interaction and personal skills. The parents expressed that the teachers played a significant role in shaping and encouraging their children's friendship by organizing various group works such as, group games and practicing teamwork in classrooms. These types of group activities helped the children with Intellectual Disability (ID) to become associated and attached with their classmates and feel accepted. Most of the parents described that their children encountered trouble in making friends due to social stigma or lack of understanding and support from their classmates. Most of the children were prohibited and mocked, which made them feel lonely, isolated, scared, or unhappy.

Even with these challenges, parents tried their best to teach their children the importance of kindness, sharing, good manners, respect, and also polite behaviors to build good friendships with their classmates. Overall, the parents believed that friendship was an important and necessary element for their child's emotional well-being, social recognition, and for holistic growth and development. Parents saw friendship was a source of trust, joy, happiness, and also mutual support or joint support, which provided a meaningful life for their children.

One of respondent (parent) said that *"She thought that friendship was one of the very special relationships that every child needed to grow and develop properly in their life. Without friendships the school session was quite boring, disturbing, and not attractive in order to learn and go to school regularly."*

4.8 Challenges in Friendship and Peer Interaction

Most of the parents explained that their children with Intellectual Disability (ID) had to encounter various challenges in their daily lives in making friends both in classroom and the neighborhood. These kinds of challenges and difficulties were mainly related to social

stigma and discrimination, lack of understanding and support, and lack of awareness which created problems in communication and social interactions. Many children with Intellectual Disability (ID) experienced rejection, ignorance, avoidance, and bullying from the other peers who has no idea or did not understand their behaviors and disability. Most of the classmates made fun of them, teased them, laughed at them, and also bullied them in the classroom, which directly affect their mental health and really hurt their feelings. They felt lonely, scared, and sad when their classmates ignored and avoided them from various group tasks because of their differences or disability. Some parents observed that their children had difficulties joining group works, found it hard to connect with their classmates during group activities like group games, group study etc., and were unable to make friends. Many parents also expressed that negative behavior and actions highly affected their child's confidence and, because of this, sometimes it led to withdrawal and isolation from the classroom.

As whole, the major challenges and difficulties in friendships or peer engagements for the children with Intellectual Disability (ID) were social stigma, exclusion, bullying, ignorance, and rejection, which led to feelings of isolation, guilt, and heart break for both the children and parents.

One respondent (parent) explained that *"When people and her son's classmates said negative things about him and made fun of the way he learned and talked, it created barrier for her son to make friends in the classroom as well as in the society because they did not want to understand his situation and condition. Her son was left out from their group during lunch time and had to sit alone and have lunch."*

4.9 Efforts to Promote Bonding and Friendship

All parents explained a mix of various efforts made by themselves. Most of the parents expressed that teachers constantly encouraged and supported friendships through various group activities like group study, group games, group drama, and also solidarity efforts.

This kind of group activities really helped the children with Intellectual Disability (ID) to feel included, accepted, and supported by their peers in classrooms. Many parents described that teachers paid special and specific attention to help their children make friends and feel comfortable and pleasant in the classroom. The teachers constantly used various teaching techniques such as pairing children with and without disabilities to work together in group activities, which helped the children build good relationships with their classmates. Most of the parents encouraged and support their children at home by practicing polite gestures, greetings, social skills such as saying 'hello', 'thank-you', 'welcome', and make eye contact while speaking and communicating to others. Most of the parents rewarded their children with their favorite treats like outing, going to park, watching cartoons, giving toys etc., when they performed in a good and positive way.

These kinds of effort focused to reduce their children's social isolation and creating more possibilities for friendship both in classroom and society. As a whole, the combined efforts of teachers and parents promoted understanding and focused on making inclusive social surroundings in school, classroom, and home through group tasks, storytelling, social skill practice, providing positive reinforcement, and also organized awareness programs to promote bonding and care between their classmates.

One respondent (parent) said that *"Teachers arranged storytelling sessions about friendship through showing them poems, rhymes, stories etc., on the television, which helped the children understand the importance of friendship and encouraged them to make friends. At home, she and her whole family taught their child to show polite gestures to others and his classmates, like handshakes, eye contact during speaking, saying good words like 'hello', 'welcome', 'thank-you' etc."*

Conclusion of this Chapter:

This study found that parents had some level of understanding regarding Intellectual Disability (ID), which majorly developed after their child's diagnosis. Their knowledge was

shaped by personal experiences, medical advices, and close observation their child's behaviors. While some parents were able to express their child's condition more clearly, others had only basic knowledge and understanding. Most parents generally recognized Intellectual Disability (ID) as a condition that caused difficulty in learning, communication, comprehension, and the ability to perform every-day tasks without any support and help. All parents were aware about social stigma associated with Intellectual Disability (ID). They shared personal experiences of being budged, blamed, rejected, or excluded by people. Their children constantly encountered negative social interaction, like labelling or tags, both in classrooms and in society. Teachers and schools played a significant role in supporting and helping children with Intellectual Disability (ID) by using inclusive teaching strategies and group activities, they promoted friendship and social interaction among all the children. Even though, parents frequently struggled with emotional difficulties like stress, guilt, frustration them to seek help from counselor, therapist, psychologist, or sometimes from relatives. To overcome these difficulties, both parents and teachers made quality efforts to create friendships among themselves. This collaborative effort contributed to make a more inclusive and supportive environment both at school and home for the children with Intellectual Disability (ID).

CHAPTER-V

DISCUSSION & FINDINGS

In the last chapter (IV), the researcher has analyzed the collected information through interviews from the respondents. After analyzing the collected data, some key information and results were identified. Now, in this fifth chapter, the researcher discussed these findings in more detail from the previous chapter. To carry this out, the researcher compared the results with other studies (secondary data) and connect them with theory and literatures used in this research.

5.1.1 Limited Parental Understanding of Intellectual Disability (ID):

This study revealed that a huge number of parents had limited understanding and awareness of Intellectual Disability (ID). Most of the parents were unknown of the medical definition and explanation of Intellectual Disability (ID) and could not properly describe its symptoms, diagnosis and characteristics. A similar study was conducted by *Mitter N et al. (2018)* where they created a new tool called the Family Stigma Instrument (FAMSI). This tool helped to show that how stigma affects families in different ways. The FAMSI tool showed five-factor structure and worked well as a reliable tool to understand the impact of stigma on family members. This theory says that the children with Intellectual Disability (ID), the society gives them negative labels like, 'slow', 'crazy', 'abnormal', 'different' (*Becker 1963)*. The parents frequently explained their child's condition using general terms such as 'slow', 'mental difficulties', or 'limited learner' without knowing the specific cognitive, social, or developmental delays connected with Intellectual Disability (ID). This lack of understanding was mostly because of limited visibility to professional details, limited access to health education, and the absence of early intervention assistance in their locality. Most of the parents first observed something unreal or different behaviors and actions in their child, like delayed speech, difficulty in learning, speaking, understanding, or poor social interaction but they often ignored their child's behaviors or they interpreted it as a stage of their development that will go correctly with time.

In many cases, extended family members or neighbors were the first to highlight that their child was 'different' from other children, which created lots of confusion, worry, tension,

and emotional distress. Some parents believed that their child's condition was supernatural or superstitious powers, past sins, or karma, showing a strong control of cultural myths and misinterpretation. These concepts created barriers that prevented them from seeking professional help at the right time. Another study was conducted by *Scior K et al. (2012)* where different findings were coming out that, most of the people had positive attitudes and did not used any labels or tags related to people with Intellectual Disability (ID).

Additionally, even after acquiring a diagnosis, most of the parents were still confused and uncertain about how to support their child in their growth and development. Even those living in urban areas were mostly unaware of various opportunities like therapy services, government policies and schemes like disability card and Unique Identity Disability card (UDID), and educational rights like quality & free education (6-18) years of age etc. for the children Intellectual Disability (ID). Rather than approaching medical professionals, therapist, or special educators, or rehabilitation specialist, they mostly depended on informal suggestions from relatives and friends. This limited awareness delayed early interventions that could have helped the child to achieve better and good results.

Overall, the finding highlighted that without proper awareness and understanding, most of the parents struggled to make thoughtful decisions for their child's future. This showed a significant gap in early intervention, identification, and support services, especially in urban settings where population were increasing day by day.

5.2 Impact of Social Stigma on Mental and Emotional Well-Being of Parents:

Social stigma had a very strong influence on the mental and emotional well-being of families who had children with Intellectual Disability (ID). These families mostly faced negative attitudes and discriminatory behaviors from people and society, including their extended families, relatives, neighbors, and even outside of their society. A similar study was done by *Niedbalski J (2021)* where he talked about parents felt emotional pain and social pressure due to their child's disability and tried different ways to cope up with

negative views from the society. People constantly judged them, made fun of them, ignored them, gave them different tags and remarks, and also treated them differently due to their child's condition or disability. *Kumar R et al. (2024)* explained in their study that caring of a child with Intellectual Disability (ID) had led to emotional distress for mothers like feelings of guilt, grief, loneliness, and isolation. As a result, most of the families became socially isolated and felt mentally and emotionally distressed. Sometimes, many of the relatives and family members also blamed the parents for their child's condition, or believed that it was the punishment or a curse, through which now their child's had to suffer with the disability. These types of misconceptions and thinking led to various mental and emotional disturbances like, stress, guilt, shame, and self-doubt among the parents, especially for mothers, who were mostly held responsible for everything related to the child. *Mathanga D et al. (2018)* were conducted a study where parents of Intellectual Disability (ID) reported psychological distress. Society and neighbors made awkward situations and made the families feel uncomfortable by-passing comments, gossiping, staring at them, or excluding them from social gatherings. Deu to such experiences, families began to isolate and withdraw themselves from any kind of social events and started avoiding the building of good relationships with outsiders. In some conditions, many families hide their child's disability to avoid negative attitudes, judgements, and social rejection.

They often felt uncomfortable interacting openly with anyone about their child's condition due to fear of judgements and neglect. *Mourya R et al. (2016)* reported that, mothers of children with Intellectual Disability (ID) faced significant social stigma which restricted social lives. These fears increased their mental and emotional health problems. Fears of being judged, insulted, or rejection forced the families to suppress their emotions and feelings; they also tried to deal and cope with all kind of mental, emotional, and social challenges in their every-day lives. Due to social stigma, the families often experienced loneliness, hopelessness, and sadness, which had a long-term impact on their mental and emotional well-being throughout their lives.

5.3 Mother v/s Major Responsibility of Caregiving:

In most families, mothers played a significant role in shaping their child behaviors and taking care of their child with special needs and care. Mothers had to take the major responsibility for their child compared to fathers and other family members. *Sevgi G et al. (2024)* stated in their literature that, mothers were more involved in caregiving for children with Intellectual Disability (ID) along with other domestic tasks compared to fathers. Mothers were the primary caregivers of their child. They looked after their child on every day basis. They helped and supported their child in performing all activities like bathing, grooming, toileting, eating, etc., and along with taking care of their child, they also had to do various household activities like cleaning, preparing food, taking care of all other family members, and so on. Mothers approached doctors and therapist for their child's growth and development. They had to manage appointments between their busy schedules and made sure that their child got the treatment on time without delay. At home, the mothers helped their child with academics and taught simple or basic words such as reading and writing. Most of the mothers even took part in counseling and therapy sessions to learn how to support their child with extra care and love for better growth and development. Most of the mothers expressed their feelings that they were always busy and tried from doing various household activities for entire day, and every day. So, single-handedly, the mothers could not do everything for their child because the child needed more special care, attention, support and encouragement perform most activities. They did not even manage time for themselves. Some parents had to leave their jobs and other professions so they could stay at home, look after their child, and give more quality time for their development. Some mothers also explained that they felt lonely and stressed due to too much of work pressure and because there was nobody to understood and supported them.

Most of the mothers mentioned that their husbands were very less involved in giving care and support to their child or were not really interested into looking after their child. The fathers got easily irritated and showed a lack of tolerance toward their child's condition or

behaviors. The literature of *Davys D et al. (2016)* focused on the roles and experiences of fathers caring for children with Intellectual Disability (ID) but the researcher found that only mothers constantly faced systematic barriers like inadequate social and family support etc. In most cases, the fathers were busy with their jobs, and were not at home during the day. A few mothers said that there were a few fathers who helped their children with activities like playing, reading, story-telling, but the maximum of the daily care was done by the mothers only. Most of the mothers said that some fathers found it difficult to accept their child's disability or their changing behaviors. They did not even cooperate with their wives in decision making about their child's future, like the duration of therapy, the number of sessions, or the improvements of the child.

As a result, mothers had to carry out most of the burden alone. They needed to handle everything in the house, from making food to taking care of their child. They also had to handle with their own emotional and mental pain. They tried so hard for their child, and without getting any help and support from their husbands and family members, it really made their life very difficult and stressful.

5.4 Friendships with Children with Intellectual Disability (ID) were Rare but Valued:

Parents said that being included made them feel happy and valued. Parents shared various points of view about friendships in the lives of children with Intellectual Disability (ID). Most of the parents explained that their children had very few and limited friends in both the classroom and neighborhood, and some parents said that their children had no friends at all. A similar study was conducted by *Merrells J et al. (2019)* where children with Intellectual Disability (ID) felt left out from both society and school. It was very hard to make friends, especially for children with Intellectual Disability (ID) in classroom. Children with Intellectual Disability (ID) mostly stayed alone, silent, or were busy playing by themselves. Most of the parents felt bad for their children because they always wanted their children to have friends in the classroom so they could learn more with the help of their friends or classmates. *Green S et al. (2005)* found that children with Intellectual Disability

(ID) had to faced labeling, stereotyping, separation, status loss, and discrimination. Mostly all parents observed that their child tried hard to talk and play with other children in classroom, but because of their condition and changing behaviors, other classmates often ignored them, isolated them, and made fun of them by giving labels like 'crazy', 'mad', 'slow' etc., through which the children felt sad, unhappy, and lonely. Although, there were only a few, some children with Intellectual Disability (ID) did have two or three good friends or classmates whom they always played and shared things. These children were generally very kind, soft, supportive, and caring. *David R and Kuyini A (2012)* highlight that, inclusive education helped children with Intellectual Disability (ID) and teachers played an important role in making inclusion successful by using good and positive classroom practices. In many cases, the classmates became friendly with them to some extent after understanding them and spending long time with them in classroom. This kind of friendship was naturally so simple and beautiful. The children might sit together, shared tiffin, play comfortable and easy games together with the children with Intellectual disability (ID). Although, these were very small and basic things to perform with them, they made huge differences and improvements in their lives. Parents noticed that their children were felt very happy when they were accepted by the other classmates. Most of the parents explained that they saw improvements in their child's behaviors, learning, understanding things, because of all these positive experiences in the classroom.

All parents were so happy and grateful to their classmates for their acceptance, love, and support, because friendships gave their child confidence and joy, and also gave some hope to parents. Lastly, the parents believed that with more awareness, people might learn to accept the children with Intellectual Disability (ID). Most of the parents expected that more children might come forward to become friends with their child in future, even though they knew about their disability. *Naraian S and Natarajan P (2013)* found that children with Intellectual Disability (ID) wanted to be part of peer groups in school but school did not

always saw them as children who need help and the support systems in schools were not strong enough.

5.5 Parents Needed More Support and Awareness from the Society and Government:

Most of parents said that they needed more help and support from the society and the government for their children with Intellectual Disability (ID) to have access to more available facilities for their future. The most of the parents shared that the people in the society mostly unable to understand their children's needs, and for that reason, they had made their life more challenging. *Modula M (2022)* found that parents needed more support regarding care and management of the children with Intellectual Disability (ID). Parents expressed that they had felt frustrated when society treated their children unfairly or rejected them just because of their condition, which was not their fault and about which they themselves did not know much about their condition. It had always been people who had teased their children and families for this. The parents had wished that more people had knew about Intellectual Disability (ID) and how to treat them with kindness and respect. Even though their children had Intellectual Disability (ID), they had also needed and wanted the same respect and dignity as others. Most of the parents had mentioned that in every school there should have been more awareness talks related to disability and social stigma. *Atutxa G et al. (2025)* also explained that awareness programs in schools can lead to improved negative attitudes and improved social inclusion for children with Intellectual Disability (ID). The parents had believed that if people had learned from awareness talks about Intellectual Disability (ID), then the people would have stopped judging, ignoring, insulting, or excluding their children. This kind of awareness program could have helped to change the negative attitudes towards disability and would also have reduced the level of social stigma related to disability. Most of the parents had shared that this kind of awareness program had been needed in every school, workplace, society, so that everyone could learned how to treat children with Intellectual Disability (ID) with kindness and respect.
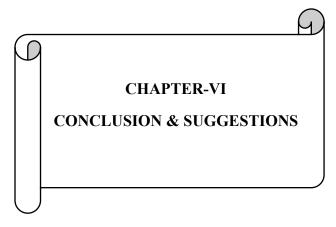
Additionally, many parents had said that teachers in regular schools had not known how to teach children with disabilities. The parents had felt that teachers had needed better training so they could teach and support properly, and understand the needs of the children with various disabilities. On the other hand, financial issues was one of the major concerns that needed attention. Many parents mentioned that treatment of a child with Intellectual Disability (ID) had been quite expensive for low to medium class families. They had to spend money on their child's therapy, medicine, school, and also medical services, and some parents had been able to afford these costs and struggled to meet their child's needs. *Reddy S et al. (2021)* found in their study that difficulties faced by the parents of children with Intellectual Disability (ID) from local officials, government welfare schemes etc. So, for that reason, the government had needed to introduce more programs and policies to provide financial assistance such as cost-free treatment, special school facilities, or monthly support for children with various disabilities.

Overall, the parents had hoped that the society and the government would have been, more helpful, flexible, and understanding. All parents whose children had any disability had dreamed of a world where their children could grow up in a friendly, healthy, acceptable, lovable, respectful, and supportive environment, without any judgements and stigmatization.

Conclusion of the Chapter:

In conclusion, this study highlighted that most of the parents had not properly understood what Intellectual Disability (ID) was and how to manage it. The parents used general words to describe this disability and their child's condition. They had even been unaware of proper signs and symptoms of this disability or the help available. Social stigma had led to various mental and emotional distress like feeling sad, angry, frustrated, ignored, lonely, and even judged by people and society, which had really hampered their peace of mind. Most of the mothers had to take care of their child fully and alone while managing the household duties, mostly without much help and support from their husbands and other family members. In

this world, the most beautiful relationship had been friendship, but friendships for children with Intellectual Disability (ID) had been rare to find; however, once they had happened, they had brought joy and happiness into their lives. Most of the parents had wished for more support and awareness from the community and the government. They had needed better understanding, acceptance, and respect for their children so they could live a better and peaceful life.

CHAPTER-VI

CONCLUSION & SUGGESTIONS

<u>Conclusion:</u>

In the last chapter, the researcher discussed the findings of the study that explored how social stigma affected and hampered the friendship of children with Intellectual Disability (ID) in many factors. After analyzing the collected data and interpreting the outcomes, now this chapter concluded the study by outlining the major findings and contributing some suitable suggestions as a researcher to improve the condition of the children with Intellectual Disability (ID) in their classroom, home, and even in the society. The main focus of this study was to understand the methods in which social stigma impacted the formation and maintenance of friendship between children with intellectual Disability (ID). To conduct this research, the researcher used a qualitative research design and different methods were used like interviews and observations from the teachers and parents of the children with Intellectual Disability (ID). The data collection process helped the researcher to achieve the objectives of the study and to acquire a deeper understanding of the difficulties and challenges faced by the children with Intellectual Disability (ID) in building and keeping friendship.

From the data analysis, the researcher found that the social stigma had a powerful negative impact on the friendship of children with Intellectual Disability (ID). Almost all children with Intellectual Disability (ID) were mostly excluded and ignored by their peer groups in the both classrooms and neighborhoods. They were treated unfairly, not invited for games, not included sharing, or excluded from any kind of activities because of their differences in both physical and mental capacities. It was also noticed that due to lack of awareness and understanding between peers, society, relatives, and sometimes even parents contributed to social exclusion and isolation. Children with Intellectual Disability (ID) mostly encountered labeling and tags, teasing, ignored, disliked, or pitied, that made it difficult for them to build positive, meaningful, and long-lasting relationships with others. Even with these challenges, the study also established some positive efforts.

In school settings, the classroom practiced inclusive learning methods for both the children with and without disabilities, where children with Intellectual Disability (ID) had a chance to make more friends. There were special educators in every classroom to teach, guide, support, encourage, and care to the children with Intellectual Disability (ID) to help them in every aspect of their growth and development. Teachers who encouraged cooperative and collaborative activities and parents who fostered inclusive values marked a significant role in supporting and guiding the social lives to their children with Intellectual Disability (ID). Like support group meetings, friendship building tasks, awareness programs, street plays, distribution of posters and flyers, and support from schools and parents helped reduce social stigma and isolation in some instances.

Considering these findings, the researcher advised that more awareness and sensitization campaigns be conducted in regular schools, inclusive schools, and in societies to reduce negative attitudes and misconceptions, and to enhance knowledge about the conditions and behaviors associated with children with Intellectual Disability (ID). Parents also needed proper training by experts or special educators to foster inclusive education and to support the children in building friendship and other relationships with teachers, neighbors, as well as parents. Every school was encouraged to promote inclusive education and to create a safe and inclusive environment where the children with and without disabilities could move, learn, play, and interact freely with each other without any difficulties or disturbance. Peer mentoring programs and inclusive classroom activities helped reduce the gap between children with Intellectual Disability (ID) and their fellow mates. In conclusion, the study highlighted that social stigma created strong negative barriers for the children with intellectual Disability (ID) in establishing and maintaining friendship.

Although, challenges existed, proper awareness, inclusive practices, supportive attitudes and quality care from teachers, parents, and classmates brought positivity into their lives and allowed them to enjoy purposeful social relationships. Additionally, addressing social stigma was not just about changing individual attitudes and perspectives, but about creating

an inclusive culture and environment where all the children were valued and accepted. This study expected to contribute to that aim by emphasizing the significant of friendship and inclusion for the holistic well-being of the children with Intellectual Disability (ID).

<u>Suggestions:</u>

In this chapter, based on the findings, the researcher discussed suggestions for the furtherance of the friendship of children with Intellectual Disability (ID) in both schools and communities. Here are the some of the suggestions:

- Role models with disabilities were invited to the schools to inspire the children, because it helped the children to understand that people/children with disabilities could also get success and achieve their dreams and aims in life.

- Picturization story books about friendships were included and used by teachers in the classrooms, as this kind of book attracted the children's attention and also helped the children to learn about love, empathy, respect, and gave ways to build friendships with their peers in the classroom.

- Organized inclusive activities where both parents with and without disabilities could participate together. This helped the parents to understand more about the importance and need for inclusion in the society. This also created a sense of unity among themselves.

- Negative behaviors and attitudes like bullying, teasing, ignoring, and labeling were stopped immediately by the teachers and parents in both schools and homes. Quick actions helped to create a safe and respectful environment for all the children.

- Art, music, dance, sports were encouraged and supported by the school authority and parents, as these activities played an important role in their lives and helped to build a bridge between the children with and without disabilities.

- Regular meet ups with teachers and school therapists were held, which gave clear instructions to the parents. It helped them understand the current challenges and levels of improvement of the child with Intellectual Disability (ID).

- Awareness programs were conducted in schools to crack myths and foster acceptance and inclusion. These awareness programs taught the children as well as parents the value of inclusion and helped reduce social stigma.

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APPENDIX

INFORMED CONSENT

I, Prerona Konwar, student of 4th semester Master of Social Work from Mahapurusha Srimanta Sankaradeva Viswavidyalaya (MSSV), Guwahati Unit declared that the data collected as part of this research study will be utilized exclusively for the completion of my dissertation. It will not be disseminated to any other parties or utilized for any other purposes without obtaining your explicit consent. Rest assured, stringent measures will be implemented to ensure the confidentiality and privacy of your information throughout the duration of the study and in any subsequent publications or presentations associated with the dissertation. Your participation in this study is greatly valued, and your trust in safeguarding your data is of utmost importance.

Prerona Konwar

MSW 4th semester

Roll No: MSW -11/23

Department of Social Work

MSSV, Guwahati Unit.

SECTION- I:

INTERVIEW DETAILS:

Date of interview:

Time of interview:

Location:

Purpose of the interview:

DEMOGRAPHIC PROFILE:

Name:

Age:

Gender:

Educational Qualification:

Family type:

SECTION- II:

Objective-1: "To access the strategies taken by teachers to reduce social stigma among the children with Intellectual Disability within the school setting."

1. What kind of social stigma do children with Intellectual Disability (ID) face in classroom?

2. What are the common challenges faced by children with Intellectual Disability (ID) in forming friendships due to social stigma in classroom?
3. What are the common causes of social stigma faced by the children with Intellectual Disability (ID) in school?
4. What are the common misconceptions about Intellectual Disability (ID) that contribute to social stigma?
5. How does social stigma affect the lives of children with Intellectual Disability (ID)?
6. What are the experiences of children with Intellectual Disability (ID) when they face bullying or being left out within the classroom?
7. How do children with Intellectual Disability (ID) functioning their daily living activities?
8. How do children with Intellectual Disability (ID) learn about friendships?
9. How can peer guidance help children with Intellectual Disability (ID) in friendship development?
10. What are the benefits of peer guidance in building inclusive friendships among the children?
11. What helps the children with Intellectual Disability (ID) build a good relationship with friends and teachers?
12. What do inclusive classroom facilitate to improve the communication between the children with Intellectual Disability (ID), children without Intellectual Disability (ID) or other disability?
13. What kind of efforts have been made by the authority of your school/ organization to reduce social stigma in classroom?
14. What kind of strategies taken by the teachers to reduce negative impact of social stigma and to encourage their children to improve friendships in their classroom?

Objective-2: "To explore the awareness level and challenges faced by the parents in addressing the children with Intellectual Disability (ID)."

15. Are you aware about Intellectual Disability (ID)?
16. What is the percentage of your child's disability?
17. Does your child have Disability Certificate?
18. Does your child have Unique Identity Card (UDID)?
19. What do you know about social stigma?

20. What are the common misconceptions about Intellectual Disability (ID) that contribute to social stigma?
21. What kind of social stigma do children with Intellectual Disability (ID) face in your surroundings?
22. What kind of social stigma as a parent do you suffer from in your day- to- day life?
23. How do children with Intellectual Disability (ID) perform their daily living activities at home?
24. What do you think that how does social stigma affect the lives of children with Intellectual Disability (ID)?
25. How they feel when they experience bullying or being left out from the society?
26. Do you talk to the school teachers about helping your children to make friends in classroom?
27. Did you participate any school meetings or events to support your children?
28. How do you deal with social stigma? And what strategies do you take for coping up with the problem?

Objective-3: "To identify the role of friendships among children with Intellectual Disability (ID) to manage social stigma".

29. What is your understanding about friendship? And why it is important to your child?
30. Do you think that peer guidance can help in friendship development formation?
31. What are the common challenges faced by the children with Intellectual Disability (ID) in forming friendship due to social stigma in your community?
32. What is the role of parents in supporting friendship among children with Intellectual Disability (ID)?

33. What strategies can be used to promote friendship among Intellectual Disability (ID)?