THE SOUTH ASIA REVIEW
Vol. 1, No. 2, 2025, pp. 95-112

ISSN: 3107-586X
URL: http://www.pbjournals.com/tsar

Children with Disabilities in India: An Unfolded Story

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To Cite this Article

Ghosh, T., & Goswami, S. (2025). Children with Disabilities in India: An Unfolded Story. *The South Asia Review,* 1: 2, pp. 95-112.

Abstract: *Over the past four decades, Indian society has been more concerned with children's physical and mental disabilities as one of the main societal issues. Nonetheless, most individuals in this nation are still unable to distinguish between mental illness and special educational needs. Research in this field has advanced significantly in the social and medical sciences. It has been noted that awareness of the issue of physical and mental disability is increasing quickly. Such rapid growth in interest is involving more and more researchers doing studies on mental retardation which is in terms of producing a large accumulation of data on the general condition with which individuals with special educational needs are associated. The results show that there was a significant difference between the two groups with regard to class and type of school and shows that age at first recognised, among the psychosocial variables there is a statistically significant difference between the two groups in the domains of family burden. There is a difference between the two groups in other psychosocial variables like self-esteem, marital life, social support and social stigma but they are not statistically significant. Children with conditions like cerebral palsy or Down's syndrome need to be assisted in feeding. Children with mental health issues cannot comprehend the messages. At the same time, Children with disabilities have a higher risk of conditions such as diabetes and hypertension which are high-risk factors for COVID-19 mortality. Therefore study observes that children with disabilities need much more support than the rest of the population in the face of a pandemic. It can be concluded from the study that the parental psychosocial problems are found to be much severe during the outbreak of the corona virus pandemic.*

Keywords*: Family burden, social support, pandemic, social stigma, self-esteem, intellectual disability.*

Received : 11 August 2025 • **Revised :** 14 September 2025 • **Accepted :** 29 September 2025 • **Published :** 30 December 2025

1. Introduction

Physical and mental disabilities are a global issue, and it is startling and concerning to learn that between 2.5 and 3% of Indians are children with special needs. In addition to being biological, educational, or psychological issues, mental and physical disabilities are multifaceted issues involving a combination of biological, educational, and psycho-social factors. However, there has been, at best, little and irregular public and professional interest in the etiology of mental backwardness and the issues that differently abled children and their families experience.

This apathy has persisted despite the high incidence of mental subnormal threats the world, a problem which no society can avoid. As the problem is not a biological, social worker should play a significant role in solving this social problem. Therefore this research study is taken. Family caregivers play a key role in providing care giving support to sick persons. The outcome of stressors on family members caring for n sick person in the family has been referred to as caregiver's burden. Caregiver's responsibility is a multidimensional phenomenon reflecting physical, psycho-emotional, financial and social consequences of caring for impaired members of the family specially during the pandemic situation. Family members are acting as caregivers as the individual in the family of suffering from disabilities and continue his treatment at home [3]. Caregiver burden in disabilities can either be subjective or objective. Objective burdens (negative patient symptoms) are explained as voluntarily verifiable behavioural phenomena, caregiver's life often disrupted in terms of domestic routine, social activities and leisure; social isolation; and financial and employment difficulties. Subjective burden involves emotional strain on caregivers, e.g. fear, sadness, anger, guilt, loss, stigma and rejection. The move towards community care for patients with mental diseases have resulted in transferring of responsibility for the day-to-day care of patients to their family members, which has led to profound psychosocial, physical and financial burdens on patients' families. The family burden is typically encompassing two descriptive categories. "Objective burden" deals with the actual, objective problems and "subjective burden with the psychological distress engendered by the illness. There is some evidence of co mortalities of objective burden in families in which a member has a chronic developmental, mental, or physical disability [11]. Many studies have investigated the links between measures of social support and health and other studies have examined marital processes and health, virtually no studies have compared whether marriage confers special benefits above and beyond other long-

term, committed, non-cohabitating social relationships in one's social network. That said, marital relationship quality may have a greater bearing on health relative to support and strain from other social network members for several reasons. Familial psychosocial conditions of the caregiver's of disabled, particularly of intellectual differently abled children and blind children are not so clear as research activities in this area have not undertaken sufficiently so far in India and particularly in Kolkata. So, the present study was planned to have an investigation into the above discussed psychosocial variables [2].

The Constitution of India guarantees the fundamental right to free and compulsory education for the all categories of children between the ages six to fourteen years in such manner as the State may, by law, determine 47. The Right of Children to Free and Compulsory Education (RTE) Act, 2009, which represents the consequential legislation envisaged under Article 21-A, means that every child has a right to full time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards. Article 21A and the RTE Act came into effect on 1 April 2010. The title of the RTE Act incorporates the words 'free and compulsory' [4]. 'Free education' means that no child, other than a child who has been admitted by his or her parents to a school which is not supported by the appropriate Government, shall be liable to pay any kind of fee or charges or expenses which may prevent him or her from pursuing and completing elementary education. The Right to Education (RTE) Act 2009 and the Rights of Persons with Disabilities Act (RPWD) Act 2016 have helped create a comprehensive legal framework for inclusive education. However, there are a few ambiguities about where children with disabilities (CWDs) should study and who should teach them. Gaps remain in the form of appropriate norms and standards applicable to all educational institutions, services provided to CWDs, and the absence of a coordinated authority to enforce the norms and standards. The number of children enrolled in school drops significantly with each successive level of schooling. There are fewer girls with disabilities in school than boys. The proportion of children with disabilities who are out of school is much higher than the overall proportion of out-of-school children at the national level. Thus, although the schemes and programmes have brought children with disabilities into schools, gaps remain [5].

Children with intellectual disabilities need much more support than others in the face of a pandemic (COVID-19). They may not be eating properly and may

experience higher stress because they are unable to understand what is happening all around them. India has signed up to achieving sustainable development goals of which cornerstone is universal access to health and education and equity. The government and the organisations working with people with disabilities have to make efforts to convert prevention and care messages on COVID-19 into an accessible format. Health facilities are prioritising the needs of children with disabilities over the rest of the population. Decreasing waiting time in hospitals for them will reduce contact with other asymptomatic carriers of the novel corona virus or frank cases. Their special medicine needs have been taken care of by Government. Mobile health teams are providing them services at home rather than they travel to hospitals. A dedicated helpline has been set up for this so that the medical team can reach them. They are assured of supplies of soap or sanitizers and tissues from protection of potential health hazards because a country's development is measured by its social support and inclusive policies.

2. Objectives of the Study

- To study the social support system of parents of children with intellectual disability and children with blindness.
- To know the degree of family burden of parents of children with intellectual disabilities in pandemic situation.
- To assess and compare the quality of marital life of parents of children with intellectual disability and children with blindness.
- To assess and compare the social stigma of parents of children with intellectual disabilities.
- To assess and compare the self-esteem of parents of children with intellectual disabilities.
- To correlate socio-demographic and clinical variables with family burden, social support, marital quality of life, social stigma and self-esteem parents of children with intellectual disability and children with blindness.

3. Methodology of The Study

The study is a cross-sectional institutional-based comparative study conducted during the outbreak of COVID-19 in India. Venue for the study is Institute of

Psychiatry, Kolkata, and blind schools of Kolkata. Samples were parent (mother) of children with the intellectual disability attending OPD of Institute of Psychiatry and parents (mother) of children with blindness attending blind schools in Kolkata. Sample size is 60 (30 each from both disability group).

4. Findings from the Study

The study focuses on evaluating the attitude of the parents of children with mental retardation towards psycho-social aspects, conducted in the Institute of Psychiatry, Kolkata, and blind schools of Kolkata. Both the places are chosen as a research site because of the availability of institutions taking care of learners with disabilities and also children and learners with disabilities in the area, like in all other parts in the country, face numerous social, physical, psychological and educational challenges in accessing socio-educational opportunities. Major findings from the study are statistically analysed.

Table 1: Social support during the outbreak of Pandemic

Area of Measurement	*Mean ± SD of ID*	*Mean ± SD of Blind*	*Mean Rank*		*U*	*Z*	*P*
SSQN	1.1277 .22544	.9570 .13986	ID	Blind	256.500	-2.887	.004**
			36.95	24.05			
SSQS	4.0817 1.59657	4.6633 .87485	28.38	32.62	386.500	-.954	.340

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The result in Table 1 shows the comparison between the ID group and the Blind group on Social support. The result shows that there was a significant difference in the no. of supporters in the social support system between the group and Blind group and difference is significant at 0.01level. Whereas there was no statistically significant difference between the ID group and blind group in the social support satisfaction domain. Finally, no differences with respect to satisfaction with social support were associated with the child's severity of the disability. But the present study did not make a comparison of social support and level of disability [5].

Table 2: Family burden scenario

Area of Measurement	*Mean ± SD of ID*	*Mean ± SD of Blind*	*Mean Rank*		*U*	*Z*	*P*
			ID	*Blind*			
Financial burden	1.8000 .40684	1.6667 .47946	32.50	28.50	390.000	-1.158	.247
Disruption of routine family activities	1.7333 .58329	1.8000 .40684	29.30	31.70	414.000	-.666	.505
Disruption of family leisure	1.4667 .50742	1.3333 .47946	32.50	28.50	390.000	-1.045	.296
Disruption of family interaction	1.6000 .49827	1.3667 .55605	34.20	26.80	339.000	-1.886	.059
Effect on the physical health of others	1.1000 .30513	1.0333 .18257	31.50	29.50	420	-1.026	0.305

The result Table 2 shows the comparison between the ID group and the Blind group on the family burden. The result shows that there was no statistically significant difference between the ID group and blind group in the family burden domain. The present study shows that the family is most affected in the form of decreased interaction time. The intellectual disability and blindness are permanent markers in once life, especially when it is affecting their children [6].

Table 3: Marital quality of life

Area of Measurement	*Mean ± SD of ID*	*Mean ± SD of Blind*	*Mean Rank*		*U*	*Z*	*P*
Marital scale	1.2000 .55086	1.3333 .75810	ID	Blind	430.000	-.477	.633
			29.83	31.17			

The result in Table 3 shows the comparison between the ID group and the Blind group on marital quality of life. The result shows that there was no statistically significant difference between ID group and blind group in the marital quality of life domain. Marriages of parents of children with developmental disabilities have often been portrayed as difficult, dysfunctional, and particularly likely to

end in divorce [8]. Many authors provide a bleak picture of these marriages. They suggest that unresolved grief and extreme demands associated with raising a child with a disability result in extremely high levels of stress which, in turn, produce dysfunctional marriages and high rates of divorce [7]. The results show that there was no statistically significant difference between the children with intellectual disability and the children with blindness group in the marital quality of life domain.

Table 5: Self-esteem situation

Area of Measurement	*Mean ± SD of ID*	*Mean ± SD of Blind*	*Mean Rank*		*U*	*Z*	*P*
Self-esteem	3.0000 .26261	3.0667 .25371	ID 29.53	Blind 31.47	421.000	-.992	.321

Table 4: Social stigma during pandemic situation

Area of Measurement	*Mean ± SD of ID*	*Mean ± SD of Blind*	*Mean Rank*		*U*	*Z*	*P*
Social stigma	2.0667 .25371	1.9333 .25371	ID 32.43	Blind 28.57	392.000	-1.983	.047*

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The result Table 4 shows the comparison between the ID group and the Blind group on Social stigma. The result shows that there was a significant difference in the social stigma between the ID group and the Blind group and the difference is significant at 0.05 level. Social stigma refers to 'defect' in a person's social identity-negative information about a person that is known by others. In the traditional Hindu social hierarchy, an untouchable is evaluated low and the depth of degradation accords him a sub-human status [7]. Negative reactions from others may take many forms - ranging from disinterest, criticism, prejudice, avoidance, rejection, betrayal, stigmatization, ostracism, abandonment and abuse to bullying [8].

The result Table 5 shows that the comparison between the ID group and the Blind group on Self-esteem. The result shows that there was no statistically significant difference between the ID group and blind group in Self-esteem domain. Self-esteem was assessed using Rosenberg self-esteem scale by Rosenberg; 10-item scales that measures global self-worth by measuring both positive and negative feelings about the self [9].

Table 6: Correlation between Socio-demographic variables and Family Burden

Socio demographic variables	*Financial burden*	*Disruption of routine family activities*	*Disruption of family leisure*	*Effect on physical health of others*	*Effect on mental health of others*	*Subjective burden on the family*
Age of Caregiver	.340**	-0.093	0.067	-0.07	0.13	0.17
Education	0.135	0.073	-0.073	.283*	0.066	0.237
Marital status	-0.098	0.242	0.227	-0.05	0.078	0.186
No of family member	-0.081	-0.015	0.11	-0.099	0.085	-0.135
Income	0.068	0.078	0.02	0.2	.265*	0.139

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

There was a significant positive correlation found between financial burden and age of caregiver at 0.01 level of significance. There was a significant positive correlation found between the effect on the physical health of others and education at 0.05 level of significance. There was a significant positive correlation found between the effect on the mental health of others and income at 0.05 level of significance. There was no statistically significant correlation between other socio-demographic variables like marital status, no. of a family member and FBIS domain [10].

Table 7: Correlation between Socio-demographic variables and Social Support, Marital Quality of Life, Social Stigma and Self-Esteem

Socio- demographic variables	*SSQN*	*SSQS*	*Marital Quality of life*	*Social stigma*	*Self-esteem*
Age of Caregiver	0.085	0.076	0.065	-0.07	0.154
Education	-0.113	-0.138	0.128	-.327*	0.102
Marital status	0.173	0.057	.419**	0	-0.025
No. of family member	0.086	0.106	0.008	0.13	0.016
Income	.277*	.263*	0.025	0.000	0.044

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The present study evaluated the marital quality of life in its sub-dimensions also. The sub dimensions present were understanding, rejection, satisfaction, affection, despair, decision-making, discontent, dissolution-potential, self-disclosure, trust,

and role functioning. In all the above dimensions of marital quality of life, the score among the caretaker of Intellectual Disability is found better than the Blind group. Sigan, (2011) says that the marital quality of life gets hampered by the burden that parents experience. Marital dissatisfaction, frequent conflict, sexual dysfunction, separation, and divorce as adjustment problems that were more frequent among parent of children with disabilities than other families [11].

There was a significant positive correlation between SSQS and income at 0.05 level of significance. There was a significant positive correlation between Marital Quality of life and marital status at 0.01 level of significance [14]. There was a significant negative correlation between social stigma and education at 0.05 level of significance. There was no statistically significant correlation between other socio-demographic variables like caregiver age, education, marital status, number of family member and social support domain [13]. There was no statistically significant correlation between other socio demographic variables like caregiver age, education, number of family member, income and Marital Quality of life domain [12]. There was no statistically significant correlation between other socio demographic variables like caregiver age, marital status, number of family member, income and Social stigma domain [15]. There was no statistically significant correlation between socio demographic variables like caregiver age, education, marital status, number of family member, income and Self-esteem domain [16].

Table 8: Correlation between clinical variables and Family Burden

Clinical variables	*Financial burden*	*Disruption of routine family Activities*	*Disruption of family leisure*	*Disruption of family interaction*	*Effect on of Physical health others*	*Effect on mental health of others*	*Subjective burden on the family*
Level of Mental Retardation	-0.134	0.148	0.205	0.055	0.089	-0.17	0.071
Level of Blindness	-.613**	-0.118	-0.056	-0.226	-0.102	-.388*	-0.274
Age at first recognised	0.091	0.043	0.076	0.25	0.011	0.155	0.021

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

There was a significant negative correlation between Level of Blindness and financial burden at 0.01 level of significance. There was a significant negative

correlation between Level of Blindness and effect on the mental health of others at 0.05 level of significance. There was no statistically significant correlation between other clinical variables like level of mental retardation and Family Burden domains.

Table 9: Correlation between clinical variables and Social Support, Marital Quality of Life, Social Stigma and Self-Esteem

Clinical variables	*SSQN*	*SSQS*	*Marital scale*	*Social stigma*	*Self-esteem*
Level of Mental Retardation	0.096	-0.137	0.099	-0.018	0.000
Level of Blindness	0.121	0.223	0.176	0.147	0.169
Age at first recognised	0.248	-.265*	-0.03	.398**	-0.075

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The table 9 shows that there was a significant negative correlation between age in first recognised and SSQS at 0.05 level of significance. There was a significant positive correlation between age in first recognised and social stigma at 0.01 level of significance. There was no statistically significant correlation between other clinical variables like Level of Mental Retardation, Level of Blindness and other Social Support Questionnaire domain. There was no statistically significant correlation between clinical variables like Level of Mental Retardation, Level of Blindness, and age at first recognised and Marital Quality of life scale domain. There was no statistically significant correlation between other clinical variables like Level of Mental Retardation, Level of Blindness and Social stigma domain [17]. There was no statistically significant correlation between clinical variables like Level of Mental Retardation, Level of Blindness, and age in first recognised and Self-esteem scale domain.

5. Comparison of Socio Demographic Data for Children

The study shows that there was no statistically significant difference between the two groups with regard to age and gender which was a function of the study design as both groups were matched for age and gender.

6. Comparison of Socio Demographic Data for Caregivers

The study showed that there was no statistically significant difference between the two groups with regard to age, education, occupation, marital status, religion,

mother tongue, category, type of family, no. of family members, family income and domicile of caregivers. Both the groups were matched in most of the socio demographic variables [18].

7. Comparison of Clinical Data for Children

Age at first recognition as defined by Trieschmann (1987) is the age at which an individual acquires, develops, or first experiences disability. The study showed that there was significant difference between the two groups ($p< 0.001$) with regard to age at first recognition. In the present study, the blindness of blind children were being detected as early as 4 month of age and intellectually disability of the children were being diagnosed at a much later stage of around 3 years. In a study by Grist (2010) it was found that the early-onset group had significantly higher adaptation to disability [19].

8. Comparison of Family Burden in Children with Intellectual Disability and Blindness Group

Families not only provide practical help and personal care but also give emotional support to their relatives with mental disorder and chronic illness. The effects of stressors on the family members caring for physically and mentally ill persons have been referred to as caregiver's burden. Family burden was assessed by using of family burden Interview Schedule (Pai & Kapoor, 1987). This scale measures objective and subjective aspects of burden and it contains six general categories of burden, each having two to six individual items for further investigation. Subcategories include: financial burden, effects on family routine, effects on family leisure, effects on family interaction, effects on physical health of family members and effects on mental health of other family members. In the family burden Scale, the domain of disruption of family interaction between parents of children with intellectual disability and children with blindness group showed significant different ($p< 0.05$). Intellectual disability group parents had moderate (60%) family disruption as compared to 26.6% of parents in blind children group. Maes et al (2003) studied care giving burden of families looking after persons with intellectual disability and behavioural or psychiatric problem & found that parents consider the psychiatric or behavioural problems of their child to be an extra burden and feel it more difficult to raise and manage such a child. This impels them to change the situation and to call on the help of external services. Thus the present study supports the already present

Maes's data. The present study shows that the family is most affected in the form of decreased interaction time. The intellectual disability and blindness are permanent markers in once life, especially when it is affecting their children.

9. Comparison of Social Support in Children with Intellectual Disability and Blindness Group

As a major protective factor social support has been identified in preventing mental health problems and also as a major contributor to quality of life. Social support was assessed by Social Support Questionnaire by Sarason, et al (1983) [19]. The number (N) score for each item of the SSQ is the number of support persons listed. The social support is accessible to deal with a given problem is rated on a scale ranging from "very satisfied "to "very dissatisfied". The comparison between parents of children with intellectual disability and children with blindness on social support showed that there was no statistically significant difference between parents of children with intellectual disability and children with blindness group in the social support domains. But intellectual disability group had larger number of supporters in the form primary, secondary and tertiary group. whereas number of support group was less in blind group. Contrary to these findings, in previous studies people with Intellectual Disabilities (ID) have been identified as having limited social support structures. Lippold & Burns (2009) did a comparison between social networks of adults with intellectual disability and those with physical disability. This study shows that Adults with ID had more restricted social networks than PD, despite being involved in more activities. Social support for adults with ID was mainly provided by family and carers and few relationships with non-disabled people were identified. In contrast adults with PD had larger social networks than had been reported in the mainstream literature and had a balance of relationships with disabled and non-disabled people [12]. Whereas the present study shows that Intellectual Disability had larger social support network than blind group. The range of the score of social support satisfaction in this study shows that the social support network gives only a little level of satisfaction even in Intellectually Disabled group in the present study. Earlier studies on social support where done on persons directly affected by disability but the present study was focused on the caregiver's social support system. Erickson & Upshur (1989) in caretaking burden and social support comparison of mothers of infants with and without disabilities found that mothers of infants with motor impairments

and developmental delays were more satisfied with support from groups than were mothers of infants without disabilities. In the subsample analysis mothers of infants with developmental delays were also more satisfied with the support they received from their friends than were comparison mothers of age matched infants (Green,1957). Finally, no differences with respect to satisfaction with social support were associated with the child's severity of disability. But the present study did not make a comparison of social support and level of disability.

10. Comparison of Marital Quality of Life in Children with Intellectual Disability and Blindness Group

Marriages of parents of children with developmental disabilities have often been portrayed as difficult, dysfunctional, and particularly likely to end in divorce. Many authors provide a bleak picture of these marriages. They suggest that the unresolved grief and extreme demands associated with raising a child with a disability result in extremely high levels of stress which, in turn produce dysfunctional marriages and high rates of divorce. In this study marital quality scale was used for as 50-item, 12-factor, self-report scale developed to assess quality of marital-life and standardized on normal population in India. The results show that there was no statistically significant difference between the children with intellectual disability and the children with blindness group in the marital quality of life domain. In a previous study (Sobsey, 2004) on marital stability and marital satisfaction in families of children with disabilities discussed that there is inadequate evidence to conclude that childhood disability is associated with any reliable increase in divorce rates. The presence of a child with a disability in the home increases the risk for divorce. Spousal violence, for example, has been associated with lower IQ scores even when the child is not directly abused but, perhaps more importantly, spousal violence is commonly associated with violence against children and child battery remains a major postnatal cause of childhood disability [2].

The research on marital satisfaction and family function suggests that most families of children with disabilities function at typical or better than typical levels, but that there is a larger than expected by chance subgroup of families that experience significant difficulties. This pattern is not consistent with a model that assumes that having a child with a disability has a negative effect on all parents, but it is consistent with a model that assumes that there is a subgroup of parents who are adversely affected by this experience [14]. Most parents in both groups

had undergone intense counseling sessions at their schools by trained psychologists which could explain why marital quality of life of parents did not show any marital stress. Clearly, this suggests that researchers' efforts should be focused on comparing parents of children with disabilities who function poorly to parents of children with disabilities who function well, rather than on how all parents of children with disabilities differ from other parents [15]. It is also interesting to note that scientific and professional discussion of marital satisfaction, divorce, and childhood disability has focused almost exclusively on how having a child with a disability affects the parents. In another study by Kersh et al. (2006) found that contribution of marital quality to the well-being of parents of children with developmental disabilities for both mothers and fathers, greater marital quality predicted lower parenting stress and fewer depressive symptoms above and beyond socio-economic status, child characteristics and social support [18].

The present study evaluated the marital quality of life in its sub dimensions also. The sub dimensions present were understanding, rejection, satisfaction, affection, despair, decision-making, discontent, dissolution-potential, self-disclosure, trust, and role functioning. In all the above dimensions of marital quality of life, the score among the caretaker of Intellectual Disability is found better than the Blind group. Sigan, (2011) says that the marital quality of life gets hampered by the burden that parents experience. (Gabel, McDowell, and Cerreto, 1983). Marital dissatisfaction, frequent conflict, sexual dysfunction, separation, and divorce as adjustment problems that were more frequent among parent of children with disabilities than other families. Ziolko (1991) suggests some reasons for these difficulties: …most studies agree that there is a high level of marital discord in these families. Feelings of low self-esteem, helplessness, resentment over excessive demands on time and the burden of financial responsibility are prevalent in such families and place a great strain upon the marriage. As suggested the present study says that the quality of marital life is not hampered much because of the disability of the children [2]. The population in the present study had been undergoing the institutionalised care since 3 to 4 years. They are well educated and informed about the issues. So, they might have already in an acceptance stage.

11. Comparison of Social Stigma in Children with Intellectual Disability and Blindness Group

Social stigma refers to 'defect' in person's social identity- negative information about a person that is known by others. In the traditional Hindu social hierarchy

an untouchable is evaluated low and the depth of degradation accords him a sub-human status. Negative reactions from others may take many forms - ranging from disinterest, criticism, prejudice, avoidance, rejection, betrayal, stigmatization, ostracism, abandonment and abuse to bullying.

[9] suggests that "when an individual enters the presence of others, they commonly seek to acquire information about him or to bring into play information about him already possessed". This is a common occurrence when meeting someone for the first time. He also stated that we tend to conceal our true attitudes and beliefs. This happens because we naturally want to give a positive first impression. The present study assessed social stigma by using the Stigma Scale by [12]. It is a 14 items scale.

The comparison between parents of children with intellectual disability and children with blindness group on social stigma showed that there was no statistically significant difference in the social stigma experienced between parents of children with intellectual disability and children with blindness group. The stigma associated with the disability of children found very less, because majority of the children in this study were trained in the special schools, where their parents are already educated about the disability and had good information and guidelines regarding the parenting of their disabled children. In this regard [10] in his mental illness stigma reduction interventions review of intervention Trials stated that Educational and contact-based strategies used in various stigma reduction programs resulted in the most durable gains in knowledge as well as positive attitudinal and behavioural changes needed to decrease the stigma associated with mental illness.

12. Comparison of Self Esteem in Children with Intellectual Disability and Blindness Group

Self- esteem was assed using Rosenberg self-esteem scale by Rosenberg, 10-item scales that measures global self-worth by measuring both positive and negative feelings about the self [10] said that Self-esteem represents perceptions of one's current relational value in the immediate situation. According to [17] self-esteem appears to be strongly related to extraversion and emotional stability, moderately related to conscientiousness, weakly related to openness to experience, and unrelated to agreeableness. The present study shows that there was no statistically significant difference between the children with intellectual disability and the children with Blindness group in self-esteem domain. But in case of intellectual disability self-

esteem was less compared to blindness group. In previous study [7] in parents of special educational needs people showed that a serious defect in one's child may be interpreted as a defect in one's self, particularly when a parent identifies closely with his child. In general society tends to promote the concept that children are extensions of their parents and reflect on their parents. Life goals may be abruptly and radically altered when it becomes obvious that one's child will be perceived as a "loser" rather than a "winner." [13] found that in parents of children with intellectual disabilities, curtailed employment opportunities, a likely consequence of burden, were associated with feelings of isolation, lack of fulfilment, and low self-esteem. In the present study it also reflects that parents of children with intellectual disability had low self- esteem in comparison with parents of children with blindness.

13. Conclusion

There was a significant positive correlation between self-esteem and occupation in parents of children with intellectual disability group. Regarding that, it can be said that higher the occupation higher the self-esteem which can reduce the psychosocial stressor of parents of children with intellectual disability. Results show that in parents of children with blindness group, education has a significant positive correlation with disruption of family interaction and subjective burden on the family, occupation is correlated with disruption of family leisure and disruption of family interaction, religion is also positively correlated with disruption of family leisure and subjective burden on the family, subjective burden on the family is correlated with category, and disruption of family interaction is correlated with domicile.

In parents of children with intellectual disability group, there was a significant positive correlation found between the effect on the physical health of others and education, the financial burden and marital status, the effect on the mental health of others and type of family, and effect on the physical health of others and domicile. This particular study which is dealing with the parental psychosocial problems brought out several significant findings that most of the children and their parents are under institutionalized care.

It is noted that there is no statistically significant difference between two groups in the areas of social support, marital quality of life, social stigma and self-esteem. It is found that there is a statistically significant difference between two groups in the area of family burden. Family burden, social support & social stigma is high in intellectual disability group compare to the blind group. Marital

quality of life and self-esteem is high in the blind group compare to intellectual disability group.

Indeed, parental psychosocial problems are found to be not much severe in this study. The fact is that those who are enrolled in this study were already undergoing institutionalized care.

Technology-savvy professionals can help to make information available in an accessible format for children with disabilities. Students with disabilities also need to be provided support so that they can keep up academically. So the online teaching programmes for them should also be available in an accessible format. Civil society should volunteer their time to provide this sort of support. Since many of them may not be able to access professional carers during a lockdown due to pandemic (outbreak of COVID-19) civil society volunteers should help to ensure their rights.

Abbreviations

IQ- intelligence quotient

COVID- coronavirus

RTE ACT- Right of Children to Free and Compulsory Education Act, 2009

RPWD- Rights of Persons with Disabilities Act

CWD- children with disabilities

FBIS- Financial Business Intelligence System

ID- Infectious Diseases

Conflicts of Interest

No conflict of interest

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