



## **Social Exclusion and Children with Disabilities: Understanding the Challenges and Problems Faced by Children with Disabilities in Cachar District of Assam**

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### *Abstract*

*Person with Disabilities (PwDs) represents one of the most marginalised sections of the society who faces discrimination in every walk of their lives. They mostly remain invisible and are treated as burden without any chances of fulfilling their expectations, aspirations, basic needs. Among them, Children with Disabilities (CwDs) are a vulnerable group who faces discrimination and are disadvantaged in comparison to children without disabilities. From their access to rights, education and healthcare, CwDs are less likely to be heard and are simply excluded or left behind. These children are in a higher risk for physical abuse, violence or exploitation. The experiences faced by CwDs vary based on their disability and the severity of it, the lives and the services they have access to. Poverty is one parameter that restrains the CwDs in accessing healthcare as well as institutional rehabilitation services. Social exclusion is related to isolation and rejection faced by the CwDs with their family members from the society. It assimilates the social forces that prevent the CwDs in engaging themselves in day-to-day activities thereby curtailing their active involvement in the society. The present study aims to understand the challenges and problems, social exclusion faced by the CwDs in terms of social support, participation in the society in Cachar District of Assam. Data is collected from 300 CwDs in the Cachar district using convenient sampling method. The study applied mixed method where both quantitative and qualitative data are analysed. Quantitative data was analysed using SPSS and thematic analysis were done through case studies. Social isolation, alienation, economic problems, social exclusion were identified in the study area that acted as a strong force in excluding the CwDs from active participation in the district.*

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## **Introduction**

Disability in general parlance means a physical or mental condition in which an individual's movements or senses or activities are restricted as well as difficulty in interaction with the surroundings. According to World Report of Disability approximately 15% of the population in the world suffers from disability and among that four-fifths of them reside in developing countries (Unicef, 2021). In every society, there is a section of people who suffer from some kind of disability that can be physical or mental and which can be congenital or acquire. Person with Disabilities (PwDs) represents one of the most vulnerable and marginalised section of the society who faces discrimination in every walk of their life. The contextual understanding of disability ranges between medical model and social model where the former considers an individual's disability as the sole responsible for limiting one's function in society and the later believe it is society's failure to create an inclusive ecosystem for the PwDs leading to barrier in full and equal participation (Grover, 2021).

In Indian context, the statistical profile of the PwDs as per 2011 census is 2.68 crore persons which is 2.21% of the total population, and among them 21% of Children with Disabilities (CwDs) between the age group of 0-19 years. The CwDs falls in the category of 'most vulnerable' populations and are constitute the largest out-of-school category (Anthony, 2021). They mostly remain invisible and are treated as burden without any chances of fulfilling their expectations, aspirations, basic needs. Previously, lack of data and adequate research about CwDs had been both a cause and consequence of their invisibility. The cost of exclusion experienced by the PwDs is associated with not only social barriers but also extends to psychological and economical barriers as well.

Children are the foundation for the development of a country. Providing a healthy environment in a society is utmost important for their betterment that would help in positive growth of the children as well as the entire nation. Among them, CwDs constitute a diverse category where they include children born with genetic conditions which creates problem in their physical or mental or both development, children suffering from serious injury or nutritional deficiencies resulting in long term functional consequences, children exposed to environmental factors leading to learning disabilities or developmental disabilities (UNICEF, 2022). As per a recent report by UNICEF, it is estimated that there are globally 240 million children who are living with one or more disabilities (UNICEF, 2021). They face discrimination and are disadvantaged in comparison to children without disabilities. From their access to rights, education, healthcare CwDs are less likely to be heard and are simply excluded or left behind. These children are in a higher risk for physical abuse, violence or exploitation. The experience faced by CwDs varies on the basis of their disability and the severity of it, the lives and the services they are in access to.

The exclusion faced by the CwDs not only impact them and their families but the community at large. The barriers imposed on these children limits their opportunities and potentialities

making the society lose what otherwise they could have achieved. Despite the Convention on the Rights of Child that state, “*All children should be an equal member of the human family and enjoy all the rights and privileges...*”, many of the CwDs are left out and excluded from enjoying these opportunities (Unicef, 2021). Thus, all these exclusions have a deep impact on the psychic of the children with their parents making them vulnerable. The psycho-social factors combine the social factors interlink with the development of the mental health, personality, consciousness of the child that significantly affects them throughout their life.

In context of Cachar district of Assam, it is one of the districts with the highest number of CwDs in the state. There are 4,80,065 Persons with Disabilities in Assam (Census of India, 2011) and among them 27457 are in the Cachar district of Barak Valley. In regards to CwDs, 3542 children with special needs are there in Cachar district as per Inclusive Education Department, SSA, Cachar. Being one of the most vulnerable groups in the society, they face stigma, exploitation and neglect from the society. Along with them, their family members also go through various challenges, taboos, prejudices which impact them and the children psychologically. The social exclusion rendered upon these children makes them prone to various challenges such as accessing healthcare services, rehabilitation services, access to special schools in the district that needs a proper intervention.

### **Social Exclusion of the CwDs**

Social exclusion in a broader term refers to the marginalisation faced by a certain section of the society based on their caste, colour, gender, ethnicity, disability. They lie in the bottom of the society where they are side-lined in enjoying the basic rights such as healthcare facilities, educational opportunities, participation in social institutions and so on. Social exclusion is accentuated by prevailing beliefs and attitudes about disability in the society that undermine the capacity of the PwDs in determining their full capacity. It is related to isolation and rejection faced by the PwDs with their family members from the society. Social exclusion is defined as “*ways in which individuals may be cut-off from full involvement in the wider society*” (Makwela & Smit, 2022). Reference can be made to Naila Kabeer (2000) who points out three types of attitudes and social practices that leads to exclusion (Kabeer, 2009). These are- *conscious or unconscious, intended or unintended and explicit or informal*. Here she identifies and points to social institutions where they perpetuate exclusion based on prejudice against certain group attributes. Amartya Sen also talks about exclusion where he talks about ‘*unfavourable exclusion*’ and ‘*unfavourable inclusion*’ (Sen, 2000). Both these conditions are unfavourable where in the former people are not included or left out in participation and in the latter situation people are forced to be a part of inclusion. Further discussions are also made by Sen where he differentiates exclusion based on-*active and passive exclusion*. Active exclusion refers to exclusion where the people are deliberately excluded from policies made by the government. Passive exclusion works through social institutions where no deliberate attempts are made but people are excluded based on certain circumstances.

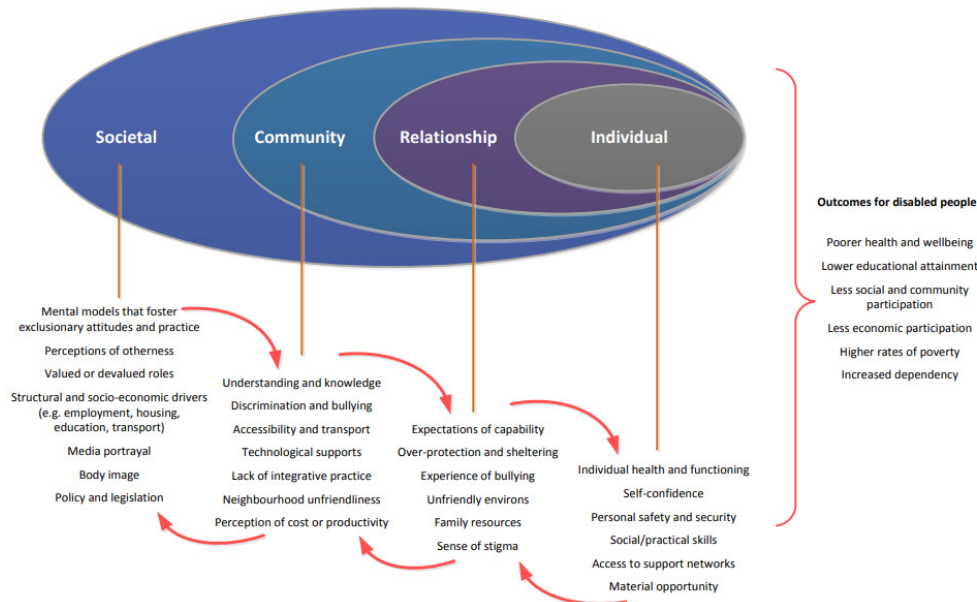


Figure 1

(Source: Key drivers of exclusion at societal, community, relational and individual level)  
(Appleton-Dyer & Field, 2014)

The above figure helps in identifying the drivers that reinforce exclusion and marginalisation of the PwDs particularly by CwDs at various tiers of society. The process of exclusion of the CwDs start at from micro level that is at the individual level that is within the family from close relatives, siblings, peer groups and so on and extends to macro level encompassing community and society at large. The repercussion of these exclusion faced from these social structures have a profound influence on the psyche of the child, ultimately shaping the dynamics of the relationship they share.

Social exclusion assimilates the social forces that prevents the CwDs in engaging themselves in day-to-day activities thereby curtailing their active involvement in the society. Stigma and discrimination due to disability are the root cause of exclusion of the CwDs from the society. The pervasiveness of stigma and discrimination affecting the CwDs and the social exclusion from normal interaction within the society produce psychological distress for many of them. Additionally, the isolation rendered upon these children infringes their democratic rights given by the Constitution of the country making them vulnerable and discriminated.

Disability affects the lives of the child on every aspect but it is mostly reflected in their accessibility to education, family life and financial aspect. Marginalisation of the CwDs have both direct and indirect cost with poverty, education, family directly impacting the CwDs (Unicef, 2021). Poverty limits the chances of growth at personal level and environment resources of the CwDs to improve their quality of life and therefore it is considered both as a “*cause and consequence of disability*”(Princeton-Brookings, 2012). It limits the reach of the CwDs in accessing basic necessities significantly affecting the disability and preventive measures. Reference can be made to Dalal (1998), who discusses about the vicious cycle of

poverty and disability and the lack of basic amenities caused by poverty that becomes one of the major causes for ill health and impairment. As the most vulnerable section of the society and the least vocal, poverty hits different to the disabled people and they are over-represented among the poorest people (Ghai, 2015).

Education contributes to economic advancement of a nation by creating employment opportunities that can directly impact an individual's Quality of Life. However, in case of CwDs accessibility to learning opportunities such as inclusive schools, special education is found to be limited. These children are more likely to be out of school or less likely to progress restricting their human capital accumulation thus further leading to limited employment opportunities lowering household income potentially increasing the risk of poverty. As the CwDs remain significantly excluded from proper access to education they are likely to remain unemployed placing them in the bottom of the society. In terms of family life, CwDs hailing from poor socio-economic background cannot afford the cost of disability that adds to the psychological stress in the parents. The stress of having a child, extra expenditure due to their disability, the stigma and shame from social groups due to their child's disability makes them home environment and family life for the CwDs hostile. Thus, proper strategy at various levels in the society is important to augment the changes for these children that would help them in full and active participation in the society.

Until now empirical work on the enquiring about the limitations faced by CwDs in their daily functioning, information about receiving services and so on are done in the particular study area. Research based on exclusion faced by these children are limited in the study area. Thus, the researcher made a humble attempt to understand the exclusion experienced by the children that stem from various social institution and expose the children to a greater risk of vulnerability.

### **Objective**

The objective of the present study is to understand the challenges and problems faced by the CwDs in terms of social support and participation in the society in Cachar District of Assam.

### **Methodology**

Both primary and secondary data are used in the study to understand the problems faced by the CwDs. For secondary data, pertinent articles, government reports, UN reports are analysed. For primary data, 300 samples of CwDs have been selected with 90% confidence level from 3542 CwDs from Cachar district of Assam. Equal representation of 150 male and 150 female samples were done in the study. Convenient sampling method was used for the study as the population of CwDs were widely dispersed in the area. The study employed a mixed method where both quantitative and qualitative data was analysed. For the quantitative part, an interview schedule (Semi-structured) was developed to find the socio-demographic profile, family support, social support, social relation and participation of the CwDs in the region. Further, for qualitative part, Case studies were also done to get an in-

depth understanding of the issues faced by them. SPSS is used to analyse the data quantitatively.

### Findings and Discussion

The first part discusses the demographic status of the respondents.

Table 1: Socio-demographic profile of the CwDs

<b>Gender</b>		
Category	Frequency (n=300)	Percent (%)
Male	150	50%
Female	150	50%
<b>Age</b>		
06-10 (Primary school age)	41	13.67%
11-18(Adolescent)	259	86.33%
<b>Community</b>		
General	167	57.70%
SC	81	27%
OBC	33	11%
ST	18	6%
<b>Religion</b>		
Hindu	192	64%
Muslim	99	33%
Christian	9	3%

### Interpretation

The above table 1 depicts that out of 300 respondents there 50% belongs to male and rest 50% belongs to female category. An equal representation of data among the genders was aimed that helped the researcher in having a clearer picture of the psycho-social issues faced by these children based on their gender. Majority of the respondents are Hindu by religion and belong to general community.

Table 2: Type of disability

S N.	Type of Disability	Frequency (n= 300)	Percent (%)	Gender	
				M	F
1.	Blindness	16	5.3 (%)	5	11
2.	Low Vision	26	8.7 (%)	10	16
3.	Hearing Impairment	21	7 (%)	12	9



4.	Locomotor Disability	38	12.7 (%)	17	21
5.	Dwarfism	3	1 (%)	3	0
6.	Intellectual Disability	31	10 (%)	16	15
7.	Mental Illness	28	9.3 (%)	17	11
8.	Autism spectrum Disorder	23	7.7 (%)	15	8
9.	Cerebral Palsy	23	7.7 (%)	12	11
10.	Muscular Dystrophy	4	1.3 (%)	4	0
11.	Specific learning Disability	20	6.7 (%)	10	10
12.	Speech and Language Disability	30	10 (%)	15	15
13.	Thalassemia	4	1.3 (%)	2	2
14.	Multiple Disability	33	11 (%)	12	21
Total		300	100	150	150

### **Interpretation**

The above table 2 represents the type of disability present in the study area and the table further segregates the types between the genders. Among the respondents, Locomotor Disability and Multiple Disability are the most prevailing type of disability found in the study. Notably, these type of disabilities was found more in the females in the study area. Apart from that Speech and Language Disability, Mental Illness and Low Vision are the other types that are higher in number. Previously, the “Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995” identified 7 types of disability but that was replaced by the “Rights of Persons with Disabilities (RPwD) Act, 2016” under which at present 21 types of disabilities are identified. In global context, with the adoption of “United Nations Convention on the Rights of Person with Disabilities” (UNCRPD), disability is recognised as a human right. India ratified the “United Nations Convention on the Rights of Persons with Disabilities” (UNCRPD) in 2007 and made commitment to work towards changes in laws, policies, and regulations for the PwDs. A separate “Department of Disability Affairs renamed as Department of Empowerment of Persons with Disabilities” is formed in the Ministry of Social Justice and Empowerment in 2012 that is the nodal agency for matters related to disability (Addlakha & Nayar, 2017). The development at the policy level led a shift in the solution where community based and social inclusion given more focuses than the medical focused solution.

Table 3: Educational Qualification

Sl No.	Educational status	Gender			
		Male (n=150)	%	Female (n=150)	%
1.	Illiterate	58 (38.67)		68 (45.33)	
2.	Lower Primary	12 (8)		4 (2.67)	
3.	Upper Primary	15 (10)		5 (3.33)	
4.	Middle School	21 (14)		23 (15.33)	
5.	High School	12 (8)		15 (10)	

6.	Higher Secondary	1 (0.67)	3 (2)
7.	Home Based Education	31 (20.66)	32 (21.34)

### ***Interpretation***

The above table 3 represents the educational qualification of the respondents. It is found that majority of the respondents are illiterate. The findings of the study get from the support from the study by (Unicef, 2021) where it was seen that CwDs are most likely to discontinue their education which is directly in contrast with both Article 24 of CRPD and Goal 4 of Sustainable Development Goals. With the government focussing more on inclusive education for the CwDs to have equal access to learning opportunities, it is seen in the study enrolment of these children is less compared to their non-disabled counterparts. Further, it is seen from the study that girls with disabilities have higher percent of illiteracy rate in comparison to boys with disabilities. The prevalence of stigmas and negative attitudes among the parents, teachers, communities make it difficult for the girls with disabilities to retain and continue to study. Further, because of the existence of gender discrimination in the society, girls with disability are less likely to receive their education and attend schools in comparison to boys with disability (UNICEF, 2016). One parent narrated, *“I enrolled my daughter in a nearby school in our locality with my other children. She attended class till 4<sup>th</sup> grade, but eventually she had to discontinue her education. She struggled with her lessons and to my distress, I also heard other kids in her class used to bully her due to her disability. Her class teacher suggested me to enrol her in special schools but I am unaware about such schools in our vicinity. Additionally, considering her disability I also felt that providing her education won’t be helpful as it seems unlikely that she would be able to use it in near future. Additionally, I am not financially sound and eventually due to all these hindrances, I decided to halt her education.”* Similarly in the study by Sarkar, (2020) also found that inclusion education in India systematically exclude the CwDs. It is found that 45% of the disabled people are illiterate. Only 9% of the disabled people completed their secondary education and a total of 62.9% of the disabled people between the age group of 3-35 years have received regular schoolings. Further certain type of disability such as children with autism and cerebral palsy and girls with disability are more affected than their counterparts.

Table 3.1: Reasons Limiting the Education of the Cwds

Sl. No.	Reasons which limit the learnings	Frequency	Percent (%)
1.	Financial Reason	120	40%
2.	Lack of information	150	50%
3.	No Available learning opportunities	167	55.7%
4.	Poor Health Condition	123	41%
5.	Disability Related Reasons	148	49.3%
6.	Lack of Help or Assistance	88	29.3%



### **Interpretation**

The above table 3.1 represents the reasons that limit the education of the CwDs. It is found that non availability of learning opportunities is the major reason in the area that is standing as a barrier for the CwDs. Further, lack of information, disability related reasons, financial reasons are other factors that are limiting the learning opportunities of these children.

Accessibility is one of the key steps in the inclusion of the CwDs in educational institutions. But it is reported in the study by Unicef, (2021) that a significant number of schools globally specially in developing countries are not accessible. Another study by Sarkar, (2020) also found that less than 40% of the school buildings does not have any facilities for ramps, 17% does not have toilet facilities and nearly 59% of the schools have access to electricity across the country. For CwDs, barrier to educational facility have an indirect impact on the economic growth. Therefore, inclusive education helps in having a positive impact on the lives of these children and can potentially reduce the costs of exclusion both at personal level and at societal level at large.

Table 4: Financial Status of the Family

<b>Occupation of the parents</b>		
Category	Frequency (n=300)	Percent (%)
Government job	30	10%
Private job	51	17%
Daily wage earner	111	37%
Own business	108	36%
<b>Monthly Income</b>		
Less than Rs.10,000/-	109	36.30%
Rs.10,001/-Rs.15000/-	107	35.70%
Rs. 15,001- 20,000/-	25	8.30%
Rs. 20,001-25,000/-	43	14.30%
Rs. 25,000/- and above	16	5.30%

### **Interpretation**

The above table 4 depicts the occupation of the parents of the CwDs and their monthly income. It can be seen that parents of the CwDs are majorly belongs to lower economic condition where they are engaged as daily wage earners and their monthly income falls below Rs.10,000/-. Financial status of a family has direct impact on the lives of CwDs that influence their overall Quality of Life, development and growth and opportunities. But in case of children hailing from poor socio-economic background, they are most likely to face issues and challenges arising from the substantial costs because of the for need extra care, medical attention, therapies and so on. The challenges faced arising from poor economic condition was pointed by mother of one respondent, “I work as a daily wage labourer earning a

*minimal amount of Rs.7000/- to Rs. 8000/- every month. I am the sole earner for my family bearing responsibility of 6 members. Amidst these circumstances, my son is suffering from Down syndrome and mild Intellectual Disability. Sadly, I am unable to afford any treatment or care for him since his diagnosis with my meager income. I am constantly apprehensive and concern that that his condition might worsen in the future.”* Similar findings pointing towards economic costs of childhood disability is also seen in the study by (Princeton-Brookings, 2012) where it is observed that the medical costs of disability “*dwarf the family and the children leading to loss in productivity and these personal costs translates to societal loss at large in terms of lower tax revenues and higher outlays for social programs.*” Additionally, studies by Condliffe & Link (2008); Case, Lubotsky, & Paxson, (2002) also documented that income and health is strongly connected and socioeconomic status plays a key role determines the development, rates of developmental problems and their potential for remediation. The studies also demonstrated that CwDs from lower socioeconomic background experience more health problems and face difficulty in recovering from the health shocks.

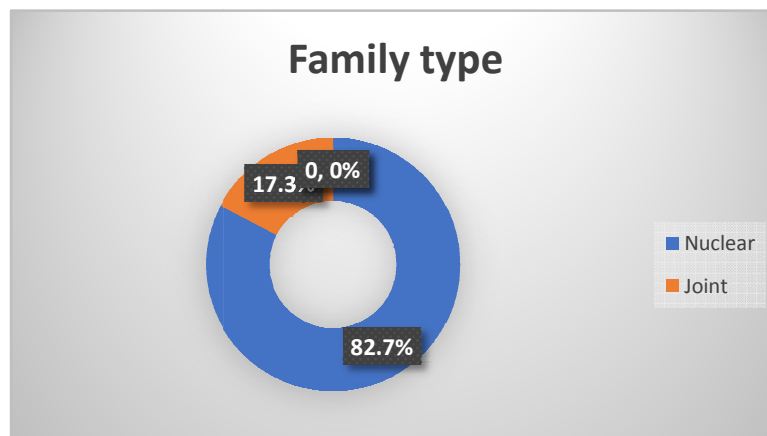


Figure 2: Type of Family

### ***Interpretation***

The above figure 2 represents the family type which plays an essential role in providing support to the CwDs. It is seen that vast majority of the respondents that is 82.7% have a nuclear family. Only 17.3% out of 300 respondents are from joint family. Trends of nuclear family are high in the study area as depicted from the data. The notion of social exclusion and isolation is usually heightened among the families having CwDs as they distance themselves from social interaction. Mockery, blaming the mother, shame is some of the issues that are frequently experienced by the parents. Some of the respondents pointed towards this fact of facing similar situation. One of the mother’s responded, “*We use to live in a joint family. However, following the birth of my daughter, who was subsequently diagnosed with autism, my family members started blaming me for her disability. My daughter presence in any family gathering used to draw attention of others and often derogatory comments such as ‘pagol’ were used to describe her behind our back. So, after frequent occurrence of such hurtful incidence we decided to leave our home and started to live on our own. Further, to protect my daughter from such uncomfortable situation, we curtailed our social interaction*

with others.” Such incidents aggravate the isolation of the families having CwDs enhancing loneliness and vulnerability. Limited social support, isolation, stigma and discrimination, continuous care for the specially abled child, distorted relationship within the families puts tremendous mental and physical stress on the parents/guardians.

Table 5: Social support and participation

Table 5.1: Social Support provided to the CwDs from Family/Guardian

Sl. No.	Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean value
1	The family/guardian has adequate resources to support physical needs (in regard to disability)	3 (1%)	129 (43%)	146 (48%)	22 (7.3%)	1.38
2.	The family/guardian has capacities to manage Disability.	17 (5.7%)	149 (49.7%)	126 (42%)	8 (2.7%)	1.58
3.	Family / guardian is sufficiently fulfilling their child’s basic needs (food, clothes etc.)	88 (29.3%)	212 (70.7%)	0 (0%)	0 (0%)	2.29
4.	The family/ guardian gets adequate professional support to manage disability	0 (0%)	18 (6%)	95 (31.7%)	187 (62.3%)	0.44

**Interpretation**

The above table 5.1 describes the social support provided to CwDs from their family/guardian. It is found in the study that 48% disagreed that their family had adequate resources to support their physical needs in regard to disability. One of the respondents’ father expressed his grief, *“I run a small grocery shop in my locality and I don’t have a fixed income. My son aged 15, is a differently abled child with Locomotor Disability and suffering from other chronic illnesses. He has to frequently hospitalised because of his health condition which puts a lot of pressure on me to manage both household expenses and his treatment. I am unable to provide him good treatment and necessary support which always keep me mentally frustrated and irritated all the time.”* Further, 62.3% of the respondents strongly disagreed of receiving adequate professional support in managing the disability of their child. It was also highlighted by the parents where one of them respondent’s father said, *“Absence of proper rehabilitation services is a major barrier faced by our children in this area. With the help of rehabilitation services, cognitive development of these children can be improved but the absence of such facilities is a challenge encountered by us. Lack of day care facilities, lack of special teachers in regular schools are excluding our children from the community. Consequently, they remain confined to their home, devoid of opportunities for growth and development further deteriorating their condition.”*

CwDs experience ableism, stigma and discrimination in all facets of life that affects their physical and mental health. Gaps in formal support mechanism as found in the study area is a disadvantage not only for these children but also for their caregivers. Formal support in terms of rehabilitation helps in reducing the broad impact of disability to a considerable extent and providing minimum optimal functioning. As reflected in the study WHO Regional Office for the Western Pacific (2017) rehabilitation is an essential and core component of universal health coverage and rehabilitation services primarily compose of therapy, medicine, assistive devices. Assistive technologies such as wheelchairs, hearing aids, braille system etc., along with speech and occupational therapy are instrumental for CwDs in their development and participation in everyday activities within the society enabling them independent communication and mobility. With proper rehabilitation facilities these children can enhance their participation therefore amplifying their reach and voices that would help them in securing opportunities and civic engagement making their presence visible at local, national and global level.

Table 5.2: Social relation and participation

Sl No.	Statements	To a great extent	To a moderate extent	To a less extent	Not at all	Mean
1.	Bullied or teased in public places (School or bus stand or streets etc.)	62 (20.7%)	86 (28.7%)	76 (25.3%)	76 (25.3%)	1.38
2.	Feeling Alienated in society because of disability.	105 (35%)	150 (50%)	42 (14%)	3 (1%)	2.19
3.	Level of satisfaction with the support provided by the person outside the family they trust.	0 (0%)	69 (23%)	191 (63.7%)	40 (13.3%)	1.10
4.	Feeling discriminated in family gathering	36 (12%)	145 (48.3%)	85 (28.3%)	34 (11.3%)	1.61
5.	Level of extent to which they are engaged with their friends.	109 (36.3%)	32 (10.7%)	44 (14.7%)	115 (38.3%)	1.45
6.	Degree to which they are justly treated in social functions.	78 (26%)	181 (60.3%)	37 (12.3%)	4 (1.3%)	2.11
7.	Degree to which they are justly treated in religion functions.	64 (21.3%)	199 (66.3%)	33 (11%)	4 (1.3%)	2.08

### **Interpretation**

The above table 5.2 discussed about the social exclusion and participation of CwDs in the study area. It is found that 28.7% of the respondents have encountered bullying in public places that is in school, bus stand, streets. It was also highlighted by one parent, *“I enrolled my daughter in a nearby private school but she there faced isolation from her classmates. None of the children in our locality wanted to play with her and even their parents discouraged them from playing or interacting with her.”* Further, alienation and discrimination from family gathering is also experienced by the CwDs as portrayed from the data. It is narrated by one parent, *“Whenever I take my daughter outside, I notice people looking at her strangely. Whether it is family functions, school, or among her peers she is often left out and excluded from participation. Growing up in isolation since childhood had made my child very introvert and now, she distance herself from everyone or anyone who approaches her or try to befriend her. Her nature has also made me apprehensive about letting other children near her.”*

Discrimination, labelling, negative perception about disability is vividly reflected in the study area. The attitude and discrimination faced by the children varies based on their disability. Reference can be made to study McCoy & Banks, (2012) where it is found that disability such as children with emotional or behavioural disability, children with multiple disabilities encounter more negativity from their typically developing peers than those with children with specific type of disability. Socially excluded children, therefore, experience unsatisfying peer relationships, low confidence and self esteem that affects not only psychosocial and general well-being. Thus, exposing children at an early stage about disability helps in changing and moulding attitudes towards their specially abled peers. Studies by Killen, Rutland, & Ruck, (2011), Kang, Paul C., & Gail D., (2017) also suggest that early childhood is the proper time to intervene against the formation of negative attitude towards disability.

Table 5.3 Social Support received from Immediate Society

Sl. No.	Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Mean
1.	Support of Close Relatives	48 (16%)	152 (50.7%)	77 (25.7%)	23 (7.7%)	0 (0%)	2.75
2.	Support of Neighbours	10 (3.3%)	75 (25%)	215 (71.7%)	0 (0%)	0 (0%)	
3.	Support of Friends	63 (21%)	15 (5%)	82 (27.3%)	0 (0%)	140 (46.7%)	1.76
4.	NGO Support	0 (0%)	69 (23%)	212 (70.7%)	19 (6.3%)	0 (0%)	2.17
5.	ASHA Worker's Support	2 (0.7%)	113 (37%)	180 (60%)	5 (1.7%)	0 (0%)	2.37
6.	GP/ Ward	0	20	235	45 (15%)	0 (0%)	1.93

	member's support.	(0%)	(6.7%)	(78.3%)			
7.	Special Educator/ RP support.	80 (26.7%)	98 (31.7%)	122 (40%)	3 (1%)	0 (0%)	2.84

### ***Interpretation***

The above table 5.3 discusses the social support received by the CwDs from immediate society. Perceived social support can be divided into three dimensions- Family, Friends and significant others (intimate or important person other than family members). It was found in the study that 50.7% agreed of receiving social support from close relatives. One sibling narrated, *“I have a strong bond with my brother. Whenever I am at home, I spend considerable amount of time playing with him and assisting him in doing his activities. I consider him to be unique and extra special and never look at him as someone who is disabled.”* Apart from that, majority of the respondents did not receive social support from neighbours, peers, ASHA or NGO workers. Presence of special educators or resource person is also significantly less as found in the study. One of the parents of the respondent narrated, *“Within the district we have Spastic society but absence of adequately trained professional renders it ineffective for my son who has cerebral palsy. Further, I am not in a financial position to send my son to a quality rehabilitation centre outside the district and this further limit his access to appropriate care and support.”* Informal social support provided from family members, close relatives, peers is an important mechanism that helps the CwDs in coping with the stigma and neglect they experience.

### **Suggestions and Conclusion**

Following are some of the suggestions that would be helpful in addressing the challenges and problems faced by the CwDs in the Cachar district of Assam.

- a) Proper research study in a holistic manner is needed for CwDs as there is no clear data on CwDs in the area. Having proper data would help the researcher in conducting more studies on CwDs in the area and further would also be helpful in changes in policy level. Inclusivity is necessary in each stage of data generation and research process.
- b) Awareness and sensitisation on CwDs is not adequate in our society. Various religious prejudices, commonly held beliefs and negative attitudes about disability are widely prevalent in the society that has a significant affect on the lives of these children. This lack of understanding about disability creates social segregation escalating the emotional distress of the CwDs and their parents. Therefore, proper awareness is mandatory at different level in the society through social work intervention at various level can be helpful.
- c) The accessibility, quality and adequacy of school support have an impact Quality of Life of CwDs. Therefore, it is important to take to ensure the social support provided by the school to increase the Quality of Life of CwDs.
- d) Counselling for parents is crucial because they experience the same psycho-social issues faced by their child with disability. Disability of a child has a considerable devastating effect on the parents where they experience range of emotions such as grief, anger, blame,



acceptance issue, burden and so on. Therefore, parental counselling is must for the parents to come in terms with their child's situation.

- e) Formal and informal support from groups is necessary for the parents are important where they can mingle with other parents going through the same phase, sharing thoughts, emotions help them in better dealing with their current situation.
- f) Provisions for telephonic counselling for the parents of CwDs would also be beneficial for reducing the mental health stress and parenting stress as well.
- g) Promotion of institutional based rehabilitation centres in the area is another important measure that should be adopted by the government. It is found in the study that there are no government institutional rehabilitation centres for the CwDs in the Cachar district. Thus, the government should take urgent action in this area and provide facilities of institutional based rehabilitation for the growth and development of the CwDs.
- h) Promotion of day-care centres is needed for the CwDs and their parents. These centres should have professionals with RCI certification where the CwDs can receive proper care and engage in activities that would help them in cognitive and motor skills development. Proper functioning government day-care centres should be established which can be accessible to CwDs from low socio-economic background. The centres should also be opened in rural interior places and be functionable as well because accessibility is one issue that is frequently faced by the CwDs in the study area.
- i) There should be an active collaboration between the NGOs working in the field of disability and government authorities at the district level. They can jointly promote and disseminate awareness and knowledge about disability among the masses. The Government with the help of local NGOs can conduct sessions, workshops, training programs among the ASHA workers, Anganwadi workers and other community level workers. Further with the active help of the NGOs, Government can promote awareness programs on different schemes and policies for the CwDs in rural areas so that these children can avail those benefits.

Thus, CwDs and their families experience significant challenges in their daily live that range from psychological to social. Therefore, having a supportive social environment immediate society that includes peer groups, relatives, neighbours and teachers can work wonders in the development and betterment of CwDs. Care and social support to CwDs and their families are essential. Providing a space in the society where the disabled child can equally be a part of everyday activity can help them in meeting the difficult challenges.

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