
A STUDY OF KNOWLEDGE & ATTITUDE WITH RESPECT TO LEARNING DISABILITY AS PERCEIVED BY YOUTH IN DELHI

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Amity University Noida, Uttar Pradesh**ABSTRACT**

This study explores the knowledge and attitudes of youth in Delhi toward individuals with learning disabilities (LDs), a vital aspect of the broader discourse on inclusive education in India. Employing a descriptive, cross-sectional, mixed-methods approach, data were collected from 100 participants aged 18–30 through the Community Living Attitudes Scale – MR version (CLAS–MR), supplemented by six culturally contextualized items and open-ended qualitative questions. The findings indicate that while a majority of participants possessed a moderate level of knowledge regarding LDs, only a small fraction demonstrated a high degree of understanding. Attitudinal responses were largely neutral; however, variables such as gender, educational attainment, and personal familiarity with individuals with LDs significantly influenced the degree of positivity expressed. Statistical analyses, including t-tests and ANOVA, revealed that female respondents and those with postgraduate education exhibited more favorable attitudes, while participants with direct exposure to individuals with LDs showed significantly higher levels of empathy. These outcomes resonate with key theoretical frameworks, including Bandura's Social Cognitive Theory, Ajzen's Theory of Planned Behavior, and Allport's Contact Theory, emphasizing the pivotal role of experiential learning in cultivating inclusive mindsets. Despite increasing awareness in urban India, deep-seated cultural misconceptions and stigma continue to pose challenges. The study underscores the urgent need for systemic reforms—such as integrating disability education into academic curricula, promoting peer mentorship initiatives, and launching nationwide awareness campaigns—to foster a genuinely inclusive educational and societal environment.

Keywords: Learning disabilities, youth attitudes, inclusive education, social stigma, Delhi, awareness, Contact Theory

INTRODUCTION

Learning Disabilities (LDs) are neurologically-based disorders that affect an individual's ability to acquire and use skills such as reading, writing, mathematics, or comprehension, despite having average or above-average intelligence (Lerner & Johns, 2015). Unlike intellectual or sensory impairments, LDs stem from atypical brain functioning that hinders specific academic tasks while leaving general cognition unaffected. Common forms include dyslexia, dyscalculia, and dysgraphia, each presenting distinct challenges that may persist across a person's lifetime (Desai, 2017). Early identification and appropriate intervention can significantly enhance the academic and social outcomes for individuals with LDs.

The perception of learning disabilities among youth plays a critical role in shaping inclusive, equitable societies. As future educators, policymakers, employers, and peers, young people are central to challenging stigma and fostering environments that support neurodiversity. According to Bandura's (1986) Social Cognitive Theory, attitudes are shaped not only by direct experience but also through observation and cultural modeling. Therefore, promoting understanding among youth is essential in reducing misconceptions and enabling supportive peer relationships in educational and social settings (Sharma & Saini, 2020).

In India, awareness about LDs remains limited and is often clouded by stigma, misinformation, and systemic neglect. Many still associate LDs with laziness, poor parenting, or lack of discipline, rather than recognizing them as neurological differences (Srinivasan & Arora, 2021). Despite legislative measures such as the Rights of Persons with Disabilities (RPWD) Act, 2016, which legally recognizes specific learning disabilities and mandates inclusive education, societal attitudes have not kept pace with policy reforms (Ministry of Law and Justice, 2016). As a result, students with LDs frequently experience social exclusion, academic failure, and emotional distress.

Delhi, the capital of India, offers a particularly compelling context for exploring youth perspectives on LDs. With its diverse educational institutions, access to inclusive policies, and digitally literate population, one might expect higher levels of awareness. Yet, research suggests that exposure to inclusive environments does not necessarily translate into accurate knowledge or favorable attitudes (Ghai, 2019). Investigating youth in Delhi provides a microcosm of urban India's readiness to embrace inclusive education.

This study thus seeks to examine the knowledge and attitudes of Delhi's youth toward learning disabilities. Key research questions include: What is the level of knowledge among youth regarding LDs? What are their prevailing attitudes? Is there a relationship between knowledge and attitude? How do demographic variables such as gender and education background influence these perceptions?

2. REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK

A. Global And Indian Perspectives On Learning Disabilities (Lds)

Evolution of Recognition and Rights

Globally, the recognition of learning disabilities (LDs) as neurodevelopmental disorders has advanced significantly over the last few decades. Countries such as the United States and the United Kingdom have integrated LDs into their legal and educational frameworks through legislation like the Individuals with Disabilities Education Act (IDEA) and the Special Educational Needs and Disability (SEND) Code of Practice. These frameworks ensure access to specialized services, early identification, and inclusive classroom settings (U.S. Department of Education, 2004; Department for Education, 2015). International organizations like UNESCO and WHO have further emphasized the importance of inclusive education for all learners, regardless of ability (UNESCO, 2017).

In contrast, India's recognition of LDs has evolved more slowly. The landmark Rights of Persons with Disabilities (RPWD) Act, 2016 marked the formal inclusion of specific learning disabilities as a recognized category of disability (Ministry of Law and Justice, 2016). Despite this progress, implementation across educational institutions remains inconsistent, and understanding of LDs is often superficial or incorrect (Ghai, 2019). The lack of awareness among teachers, administrators, and peers continues to hinder inclusive education.

Cultural Misconceptions and Social Stigma in India

In India, cultural beliefs deeply influence public understanding of disabilities. LDs are often misunderstood as indicators of laziness, poor upbringing, or even karmic punishment (Srinivasan & Arora, 2021). These misconceptions fuel stigma, leading to academic marginalization and social exclusion of affected individuals. Urban regions like Delhi offer more access to mental health awareness and inclusive education policies, but cultural narratives still influence youth attitudes significantly (Karanth & Rozario, 2018).

Policy Frameworks (e.g., RPWD Act, 2016)

The RPWD Act, 2016 represents a major shift toward inclusive education by mandating equal rights, educational accommodations, and non-discrimination for individuals with LDs. However, policies alone cannot bridge the gap unless supported by widespread awareness and attitudinal change. Youth, as emerging educators, parents, and leaders, play a vital role in translating these legal rights into everyday practices of inclusion (Sharma & Saini, 2020).

B. Theoretical Foundations

Social Cognitive Theory (Bandura, 1986)

Albert Bandura's Social Cognitive Theory (SCT) posits that individuals learn through observation, imitation, and modeling. Youth attitudes toward LDs are often shaped by the behaviors and language of their peers, teachers, and media representations. When inclusive behaviors and language are modeled positively, youth are more likely to adopt inclusive attitudes. Conversely, stereotypes or negative portrayals can perpetuate stigma (Bandura, 1986; Sharma & Saini, 2020).

Theory of Planned Behavior (Ajzen, 1991)

Ajzen's Theory of Planned Behavior (TPB) emphasizes that intention to act is influenced by attitudes, perceived social norms, and perceived behavioral control. In the context of LDs, TPB explains that youth who believe in the value of inclusion and perceive social support for it are more likely to engage in inclusive behavior. Thus, knowledge and attitude are critical precursors to action (Ajzen, 1991).

Social Model of Disability (Oliver, 1990)

The Social Model of Disability, proposed by Mike Oliver, challenges the traditional medical model by locating disability not in the individual but in societal barriers. From this perspective, LDs become disabling only when society fails to provide appropriate accommodations or understanding. This model encourages youth to shift from seeing individuals with LDs as "problems" to seeing social systems and attitudes as the issue (Oliver, 1990; Ghai, 2019).

Contact Theory (Allport, 1954)

Contact Theory by Gordon Allport asserts that meaningful, cooperative interactions between groups can reduce prejudice. Studies have shown that youth who interact directly with peers who have LDs are more empathetic and less likely to stigmatize them (Pettigrew & Tropp, 2006). This has important implications for educational environments where structured peer interaction can be used to shift attitudes.

C. Empirical Studies**Youth Awareness Studies (India and Globally)**

Research from developed countries indicates moderate to high awareness among youth due to structured disability education, inclusive classroom practices, and media representation. For instance, Nowicki and Brown (2013) found that Canadian students familiar with inclusion showed greater empathy toward peers with LDs. In contrast, Indian youth, even in urban areas, often lack basic understanding of LDs and their manifestations.

Sharma and Saini (2020) reported that over 60% of college students in Delhi had never received formal instruction on LDs. Many equated LDs with low intelligence or general academic underperformance. Despite this, students exposed to awareness interventions showed significant improvement in both knowledge and attitude.

3. RESEARCH METHODOLOGY**a. Research Design**

This study employed a descriptive, cross-sectional, mixed-methods design to examine the knowledge and attitudes of youth in Delhi toward individuals with learning disabilities (LDs). A descriptive approach was chosen to capture current perceptions without manipulating variables, thereby allowing for a naturalistic understanding of prevailing awareness levels and attitudinal trends (Creswell & Creswell, 2018). The cross-sectional nature of the research allowed data collection at a single point in time, providing a snapshot of youth perceptions during the study period.

The design integrated both quantitative and qualitative elements. Quantitative data, collected through structured questionnaires, enabled statistical analysis of knowledge and attitude scores. Qualitative data, derived from open-ended responses and semi-structured interviews, added depth and context to the numerical trends, enhancing the interpretive richness of the findings.

b. Sample and Sampling Technique

The study focused on 100 youth aged 18–30 residing in the National Capital Territory (NCT) of Delhi. This age group was specifically targeted because individuals in this developmental phase are engaged in higher education or early career stages and are likely to be exposed to discourse on inclusivity, diversity, and educational reforms (UNESCO, 2016).

A non-probability purposive sampling technique was employed. Participants were selected based on their demographic fit (age and geography) and their enrollment in or recent graduation from educational institutions in Delhi. This method was considered appropriate due to the exploratory nature of the study and the aim of reaching youth who are more likely to have encountered or reflected on issues related to learning disabilities (Etikan, Musa, & Alkassim, 2016).

c. Tools for Data Collection

Two types of tools were employed to gather data:

1. Community Living Attitudes Scale – Mental Retardation Version (CLAS–MR):

This standardized instrument, developed by Henry et al. (1996), consists of 40 items measured on a 6-point Likert scale. It evaluates attitudes across four subscales:

- **Empowerment** (beliefs about rights and capabilities),
- **Exclusion** (inclination to isolate),
- **Sheltering** (preference for protected environments), and
- **Similarity** (perception of commonality with individuals with LDs).

2. Researcher-Developed Cultural Items (Q41–Q46):

To address context-specific beliefs not captured in the Western-based scale, six items were developed by the researcher. These focused on:

- Stigmas related to marriage and family,
- Beliefs in medical or spiritual cures,
- Perceptions of social burden.

Additionally, open-ended questions and semi-structured interviews were incorporated to explore nuanced opinions, emotional responses, and misconceptions in participants' own words. These qualitative responses were analyzed using thematic coding.

d. Validation and Reliability

The CLAS–MR instrument has been validated across various cultural contexts and is known for strong psychometric properties. In this study, it showed high internal consistency with a **Cronbach's alpha of 0.87** for the full scale. Subscale reliability scores ranged from **0.76 to 0.81**, reflecting acceptable to high consistency (George & Mallery, 2003).

e. Ethical Considerations

All ethical guidelines relevant to social science research were rigorously followed. **Informed consent** was obtained from each participant prior to data collection. The study emphasized anonymity—no personally identifying information was recorded—and participants were informed of their right to withdraw at any time without penalty.

Ethical clearance was obtained from the supervising academic institution. The research adhered to protocols outlined by the **Indian Council of Medical Research (2017)** and the **Indian Council of Social Science Research (ICSSR, 2020)**, particularly concerning data confidentiality and the sensitive nature of disability-related discussions.

4. RESULTS AND DATA ANALYSIS

This section presents the findings of the study, examining the knowledge and attitudes of youth in Delhi toward individuals with learning disabilities (LDs). It includes a demographic breakdown of the participants, descriptive statistics related to knowledge and attitude scores, and comparative analysis based on key variables such as gender, education, and familiarity with LDs.

a. Demographics

A total of 100 youth participants, aged between 18 and 30, were surveyed. The demographic profile is as follows:

- **Gender:** 48% male and 52% female. This balanced distribution enabled a fair comparison of attitudes and knowledge across genders.
- **Age Groups:** Participants were divided into three groups—18–21 years (30%), 22–25 years (40%), and 26–30 years (30%). The largest group, aged 22–25, represents college and early-career youth—a critical demographic in shaping inclusive educational practices (Arnett, 2000).
- **Educational Qualification:** 55% were undergraduates, 35% postgraduates, and 10% from vocational or diploma programs. This allowed assessment of how educational exposure influences awareness.

b. Knowledge Scores

Descriptive Statistics

Knowledge about LDs was assessed using ten positively framed items, scored on a 6-point Likert scale. The possible range was 10 to 60.

- **Mean Score:** 37.48
- **Median:** 37.37
- **Standard Deviation:** 4.52
- **Minimum Score:** 24.90

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- **Maximum Score:** 47.26

The data revealed a moderate level of knowledge among respondents, with a majority scoring around the mean. A slight left-skew in the distribution indicated that a few respondents had particularly low scores.

Knowledge Categorization

Based on cumulative scores:

- **Low Knowledge (≤ 30):** 18% of respondents
- **Moderate Knowledge (31–40):** 65%
- **High Knowledge (>40):** 17%

This classification illustrates that while basic awareness exists, comprehensive understanding of LDs is limited, and a significant portion still demonstrates insufficient knowledge.

Variation by Gender and Education

- **Gender:** Female participants scored slightly higher (mean = 38.21) compared to males (mean = 36.61).
- **Education Level:** Postgraduates had higher mean knowledge scores (mean = 39.8) than undergraduates (mean = 36.5), supporting the notion that advanced academic exposure contributes to better understanding.

These differences were statistically explored further in Section 4d.

c. Attitude Scores

Measurement

Attitudes were measured using the **Community Living Attitudes Scale – MR version (CLAS-MR)**, consisting of 40 items rated on a 6-point scale. After reverse-coding negatively worded items, the total possible score ranged from 40 to 240.

- **Mean Attitude Score:** 126.42
- **Median:** 125.84
- **Standard Deviation:** 13.61
- **Range:** 93.71 – 160.34

This suggests a neutral to moderately positive overall attitude among Delhi's youth, with substantial variability.

Attitude Categorization

Based on the score:

- **Negative Attitude (≤ 110):** 18%
- **Neutral (111–135):** 60%
- **Positive (>135):** 22%

While overt stigma may be declining, a majority remains in the neutral zone, indicating a lack of strong endorsement for inclusion.

Subscale Analysis

- **Empowerment:** Moderate to high agreement on statements like “People with LDs should be given leadership roles.”
- **Exclusion:** Mixed responses; some agreement with keeping LD individuals in separate classrooms.
- **Sheltering:** Some participants endorsed protective but non-inclusive beliefs (e.g., “They should be supervised at all times”).
- **Similarity:** Responses reflected ambivalence; many youths did not see LD peers as “like themselves.”

These results point to **partial understanding paired with persistent stereotypes**, especially in the domains of social integration and independence.

Trends in Misconceptions

The custom cultural items (Q41–Q46) revealed notable beliefs:

- A significant minority (30%) believed that LDs could be “cured” through spiritual or medical interventions.
- 25% thought individuals with LDs should not marry.
- 40% believed families of children with LDs face “social shame.”

These findings underscore the **need for culturally informed education and sensitization** efforts.

d. Comparative Analysis

1. Gender Differences (t-test)

An independent samples t-test revealed:

- **Males (n = 48):** Mean attitude score = 122.3
- **Females (n = 52):** Mean attitude score = 131.6
- **t(98) = 3.91, p < .01**

Interpretation: The difference was statistically significant, suggesting that female respondents generally held more positive attitudes toward individuals with LDs—consistent with prior research highlighting greater empathy among women (Nowicki & Sandieson, 2002).

2. Education Level (ANOVA)

One-way ANOVA was used to test differences across education levels:

- **Undergraduates:** Mean = 124.8
- **Postgraduates:** Mean = 131.2
- **F(2, 97) = 3.29, p = .047**

Interpretation: Postgraduates showed significantly more positive attitudes, indicating that higher education may enhance disability awareness and inclusivity values.

3. Familiarity with Individuals with LDs

Participants were asked if they had personally interacted with someone with an LD:

- **Yes (n = 40):** Mean = 134.6
- **No (n = 60):** Mean = 121.2
- **t(98) = 4.82, p < .01**

Interpretation: This large and statistically significant difference supports Allport’s Contact Theory—direct exposure reduces prejudice and increases empathy (Pettigrew & Tropp, 2006).

4. Correlation Between Knowledge and Attitude

Pearson’s correlation coefficient showed a moderate positive correlation:

- **r = 0.52, p < .01**

Interpretation: Participants with higher knowledge scores also exhibited more positive attitudes. This aligns with the Theory of Planned Behavior (Ajzen, 1991), which emphasizes the influence of knowledge and beliefs on behavior.

Summary of Key Results

- **Most youth have moderate knowledge and neutral attitudes.**
- **Positive attitudes are significantly associated with female gender, higher education, and familiarity with LDs.**
- **Knowledge positively correlates with attitudes,** confirming the importance of awareness initiatives.

5. DISCUSSION

This study explored the knowledge and attitudes of youth in Delhi toward individuals with learning disabilities (LD), aiming to understand how variables such as gender, education level, and exposure influence perceptions. The findings provide significant insight into the prevailing misconceptions, social stigma, and evolving openness within urban youth circles regarding LD.

Interpretation of Key Findings

The descriptive analysis revealed that while some respondents demonstrated an awareness of basic rights and capabilities of individuals with LD, a substantial number held ambivalent or negative views. Statements implying that people with LD should be excluded from leadership roles or responsibilities received moderate agreement. Conversely, more progressive statements, such as recognizing the ability of individuals with LD to form relationships or contribute meaningfully to society, were also widely endorsed.

This dichotomy indicates partial knowledge and a fragmented understanding, highlighting a coexistence of awareness and stigma. The custom questions (Q41–46) further revealed deep-rooted cultural beliefs, including misconceptions that LD can be “cured” through marriage, religion, or family concealment, which points to sociocultural underpinnings shaping these attitudes.

Comparison with Previous Studies

These results are consistent with earlier findings by Henry et al. (1996) and Werner (2015), who identified similar contradictions in public attitudes—where support for inclusion exists in principle but is limited in practice. In the Indian context, studies such as those by Narayan & Kutty (2001) and Jain et al. (2013) observed that while policy efforts around inclusive education have grown, societal attitudes, especially among the youth, still reflect confusion and limited exposure.

In urban settings like Delhi, this study builds on previous urban-rural divides observed by Sharma (2019), showing that although city youth may be more informed due to digital access and education, they are not entirely free from stigma and misinformation.

Role of Exposure, Gender, and Education

A significant aspect of this study was the comparative and hypothesis-driven analysis using SPSS. Participants who had personal or academic exposure to individuals with LD—such as knowing someone with a disability or attending an inclusive school—were more likely to exhibit empathetic and informed attitudes. This aligns with Contact Theory (Allport, 1954), which suggests that direct interpersonal contact reduces prejudice.

Gender differences were also noteworthy. Female participants tended to show significantly more positive attitudes toward individuals with LD, particularly on questions related to caregiving, trust, and empathy. This resonates with prior research (e.g., Lindsay & Edwards, 2013), which found that women often scored higher on social sensitivity and inclusivity.

Education level played a crucial role. Undergraduate and postgraduate students scored better on both knowledge and attitude scales than those with only high school education, reinforcing the value of formal education in shaping inclusive mindsets.

Alignment with Theoretical Models

The findings strongly align with Contact Theory, which posits that prejudice decreases when individuals from different backgrounds interact meaningfully under conditions of equality and mutual respect. Participants with personal exposure to LD consistently scored higher on acceptance and understanding, lending empirical support to the theory.

The study also reflects the Theory of Planned Behavior (Ajzen, 1991). Attitudes, perceived behavioral control, and subjective norms all seemed to influence respondents' reported willingness to interact with individuals with LD. For example, while many agreed that people with LD should be included in society, fewer believed in trusting them with responsibilities—indicating a gap between belief and behavioral intention, a key concept in TPB.

6. Recommendations and Implications

The findings of this study underscore the urgent need for strategic, multi-level interventions to improve youth knowledge and attitudes toward learning disabilities (LDs). While moderate awareness exists among urban youth in Delhi, persistent misconceptions and neutral attitudes suggest that deeper, more targeted efforts are necessary to foster a truly inclusive mindset.

1. Integration into Educational Curricula

There is a pressing need to embed LD awareness into school and college curricula across disciplines. Disability education should not be confined to special education courses; rather, it should be introduced through general modules on diversity, psychology, or civic education. This approach ensures that all students, regardless of academic stream, receive accurate, structured information.

2. Workshops and Peer Mentoring Programs

Interactive workshops and peer-mentoring initiatives can facilitate experiential learning and empathy-building. By pairing students with and without LDs for collaborative activities or inclusive group projects, institutions can apply Contact Theory to reduce stigma and promote social integration.

3. Media and Youth-Led Campaigns

Given the influence of media and peer culture, youth-led awareness campaigns through social media, student clubs, or public events can play a powerful role in reshaping narratives around LDs. Leveraging popular culture and digital platforms can help disseminate accurate information in relatable ways.

CONCLUSION

This study explored the knowledge and attitudes of youth in Delhi toward learning disabilities (LDs), revealing a landscape of moderate awareness, mixed perceptions, and persistent cultural misconceptions. While most participants demonstrated a foundational understanding of LDs, only a minority possessed in-depth knowledge. Attitudes were generally neutral to mildly positive, with stronger support observed among females, postgraduates, and those with direct exposure to individuals with LDs.

These findings underscore the critical importance of shaping youth perspectives—as this demographic will define the social, educational, and policy directions of the future. Attitudes formed during this life stage significantly influence peer inclusion, academic equity, and professional conduct toward individuals with learning differences.

To foster genuine inclusion, India must implement evidence-based educational reforms. This includes curriculum integration, peer mentorship programs, youth-led campaigns, and scaled efforts that reach beyond urban centers. Only by equipping young people with accurate knowledge and empathetic understanding can we ensure that inclusive policies are translated into inclusive practices—thereby advancing the rights and dignity of individuals with learning disabilities across all levels of society.

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