

Psychosocial Impacts and Coping Strategies Among Caregivers of Children with Specific Learning Disabilities

Shailza Bharti, Digvijoy Phukan



Abstract: Caregivers of children with neurodevelopmental disorders, which include Specific Learning Disabilities (SLD), face various challenges. **Objective:** The study aimed to assess the psychosocial impacts and coping strategies employed by these caregivers. **Methodology:** For this study, the researcher employed a mixed-methods research strategy and a descriptive research design. Non-probability snowball sampling was used as a sampling method. Using the snowball sampling technique, 100 caregivers of children with SLD were interviewed. Primary data was collected from respondents. The interview was the method of data collection. The collected data were analysed and interpreted in relation to the study's objective. **Findings:** A significant majority (83 per cent) reported a 'markedly increased' fear. Fifteen per cent experienced a 'slight increase' and only 2 per cent reported 'no change' in fear regarding their child with SLD. Twenty-three per cent of caregivers experienced a 'markedly increased' loneliness. In comparison, 64 per cent of caregivers reported a 'slight increase' in the feeling of loneliness, and 13 per cent reported 'no change'. There was also a significant change in worry about the future due to the child's poor academic performance. There was also a change in social connectedness, and the respondent also faced social stigma. It was found that the respondents coped with the situation by performing daily puja rituals and withdrawing socially to avoid negative comments.

Keywords: Caregiver, Disability, Specific Learning Disabilities

Abbreviations:

SLD: Specific Learning Disabilities

FISC-MR: Family Interview for Stress and Coping in Mental Retardation

UN: United Nations

RPwD: Rights of Persons with Disabilities

I. INTRODUCTION

The birth of a child in a family brings immense happiness. But if the child has a disability, then the same happiness turns into sadness. Children with disabilities often require at least one family member, particularly parents, to take on the role of caregiver (Sakwape et al., 2022) [16]. The Rights of Persons with Disabilities (RPwD) Act, 2016 [14] defines

'caregiver' as "any person, including parents and other family members, who, with or without payment, provides care, support or assistance to a person with disability". Caregivers play a crucial role in the development of children throughout childhood and adolescence (Gee & Cohodes, 2021) [9].

They provide food, clothing, educational materials, help with sleep, and support with activities of daily living. Caregivers also offer love and affection to the children with Specific Learning Disability (SLD), who have low self-esteem and frustration due to their condition (Enoch et al., 2017) [8]. Caregivers fulfil caregiving responsibilities through dedicated efforts to improve the well-being and quality of life for the individuals in their care.

According to the World Disability Report (2011) [19], approximately 15 per cent of the world's population lives with some form of disability. As discussed in the report "Person with Disabilities (PwD) in India - A Statistical Profile" (2021), India has 2.68 crore (2.21 per cent) persons living with some form of disability (NIEPMD, 2021) [13]. A majority of the PwD (17 percent) are in the age group of 10-19 years. Most PwD inhabit rural areas (69 per cent), and the remaining 31 per cent reside in urban areas. There are six types of disabilities as explained in "The Rights of Persons with Disabilities Act, 2016" (RPwD Act, 2016) [18]. These are physical disability, intellectual disability, mental disability, disability caused by chronic neurological conditions and blood disorders, multiple disabilities and any other category as may be notified by the Central Government. Every year on December 3, the United Nations (UN) observes International Day of Persons with Disabilities (World Health Organization, 2024) [20].

In the Rights of Persons with Disabilities (RPwD) Act, 2016, SLD has been recognised formally as a form of disability and included under the broader category of Intellectual Disability (Gupta et al., 2022) [10]. As per Clause (zc), Section 2 of this Act, the definition of SLD is as follows:

"Specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia, and developmental aphasia."

SLD is a condition that presents significant challenges in areas such as reading, writing, spelling, or mathematics (Kishore et al., 2021) [12]. Additionally, these difficulties occur even if children possess

average or above-average intelligence, normal sensory abilities and reasonable access

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to proper education and instruction. Children with SLD usually live with issues like poor academic performance compared to what other children of the same age can generally do (Gupta et al., 2022). Furthermore, learning difficulties are typically identified after formal schooling. Support for children with learning disabilities is necessary throughout their lives, and this support is sometimes provided only by family members (Chukwu et al., 2019) [6]. It has also been reported that family members who take care of children with SLD feel stress because it is a 24-hour job, and also because they see the daily struggles of their children in education, social interactions, and even sometimes in activities of daily living. This is why caregivers of these children consistently require social support (Zailani, Aun, & Kasim, 2022) [21].

Caregivers, mainly parents, frequently display negative attitudes such as denial, rejection, and excessive protectiveness when their child is diagnosed with a learning disability (Sahu et al., 2018) [15]. Moreover, these responses often lead to limited knowledge, difficulty adapting to the situation, and increased parental stress. Children with learning disabilities are at an increased risk of grade repetition or early school dropout compared to other children (Cox & Marshall, 2020) [7]. Additionally, these challenges often persist into adulthood, as fundamental skills such as reading, writing, and math are essential for managing daily life. As a result, these children may also face limited career opportunities in the future.

II. REVIEW OF LITERATURE

Christopher et al. (2020) [5] examined psychosocial burden, socio-demographic profile and stress experienced by the parents of children with disability in Tamil Nadu, India. Researchers selected seven schools for children with special needs, and from these schools, 500 families were chosen using a census method. A total of 1,000 respondents (including 500 mothers and 500 fathers) were selected. A family interview was conducted to assess stress and coping in individuals with disabilities using the Family Interview for Stress and Coping in Mental Retardation (FISC-MR) tool. Data analysis revealed that fathers were mostly stressed due to the impact on the family environment. The main reason is the odd behaviour and poor relationship with their child. Mothers were primarily noted due to the burden of parenting and a lack of support.

Anand and Khan (2020) [1] conducted a qualitative, phenomenological study to understand the burden and stress in parents having children with SLD. Students in grades 6-8 of private schools in Delhi were included in the study using a purposive sampling technique. The semi-structured interview schedule was used to collect data from ten parents of children with SLD who had been clinically diagnosed. Content analysis showed that parents were overburdened and stressed. Burdens, such as physical, personal, social, financial, psychological, and emotional, were assessed. It was concluded that, despite being stressed and overburdened, parents accepted the situation and continued to support their children.

Kaur and Padmanabhan (2017) [11] conducted a study aimed at demonstrating the significance of early identification

of children with SLD. Researchers employed various tools and techniques for screening children with SLD. They explained that the Government of India has undertaken various steps for the upliftment of PwD. However, due to a lack of proper implementation, proper results have not been achieved. It was concluded that in India, various research studies have been conducted to understand the prevalence of SLD; however, studies on interventions and activities have been lacking. They suggested that teachers should have the ability and sense of responsibility to identify and provide interventions for children with SLD.

Bharti and Phukan (2024) [3] conducted a research study using a descriptive research design to investigate awareness of dyslexia among primary school teachers working in Government schools in Himachal Pradesh and Punjab. Here, dyslexia refers to a condition covered under the category of specific learning disabilities (SLD) as outlined in the Rights of Persons with Disabilities Act 2016 (RPwD Act, 2016). A multistage sampling technique was used to select respondents. A total of 128 primary school teachers from government schools in HP and Punjab were selected by using simple random sampling. The structured interview schedule was utilised as a research tool. According to the study, 91.40% of respondents had heard of dyslexia, and 89.84% had heard of SLD. Only 11.97 per cent of respondents were aware of the RPwD Act 2016. Mass media, including films like "Taare Zameen Par", were the primary source of information about dyslexia mentioned by 42.59 per cent of respondents. The causes of dyslexia, according to the respondents, include brain injury, environmental factors and genetics. A few teachers also mentioned that it is a communicable disease. Awareness about all the 'warning signs of dyslexia' and 'signs and symptoms of dyslexia' was reported by 72.65 per cent and 71.79 per cent of the respondents, respectively. 86.32 per cent of the respondents stated that they can identify a child with this condition [2].

III. RESEARCH METHODOLOGY

Nature of Study: The researcher adopted a mixed-methods research approach.

Research Design: For this study, the researcher employed a descriptive research design to provide a detailed description of the various dimensions of life for caregivers of children with SLD, aligning with the study's objective.

A. Sampling Design

i. Universe of the Study:

The study area was North India. The universe of the study comprised all caregivers of children with SLD residing in North India during the year preceding the data collection date.

ii. Sampling Method and Sample Size:

The researcher used a non-probability snowball sampling method. Using the snowball sampling technique, 100 caregivers of children with SLD were interviewed for this study.

Sources of Data: Primary data was collected from the respondents.

Method and Tools of Data Collection: The Interview was the method of data collection used for this study. Face-to-



face interviews were conducted using a structured interview schedule and an interview guide.

B. Data Analysis

The collected data were analysed and interpreted in relation to the study's objectives.

IV. RESULTS

A. Socio-Demographic Profile

Table-I: Distribution of Respondents Based on Relationship with Child with SLD

Relation	Frequency	Percentage (%)
Mother	96	96.00
Father	4	4.00
Total	100	100.00

Table 1 shows the relationship between respondents and children with SLD. It shows that 96 per cent of caregivers were mothers and 4 per cent were fathers. This indicates that mostly mothers were the primary caregivers for children with SLD. It was also found that in the case of married women, their husbands (the fathers of the children) were involved in earning a living for the family.

Table-II: Distribution of Respondents Based on State of Domicile

State	Frequency	Percentage (%)
Himachal Pradesh	25	25.00
Chandigarh (UT)	25	25.00
Punjab	22	22.00
Haryana	18	18.00
Jammu	10	10.00
Total	100	100.00

Table 2 presents the distribution of caregivers by their state of domicile. Twenty-five per cent of caregivers were from Himachal Pradesh and the Union Territory of Chandigarh, respectively, while 22 per cent were from Punjab. Eighteen per cent of respondents were from Haryana, and 10 per cent were from Jammu.

Table-III: Distribution of Respondents based on Education Qualification

Education Qualification	Frequency	Percentage (%)
Matriculate	37	37.00
Graduate	8	8.00
Post-Graduate	12	12.00
Others	43	43.00
Total	100	100

Table 3 presents the educational qualifications of caregivers, with 37 per cent possessing a matriculation degree (10th grade), 8 per cent being graduates, and 12 per cent holding postgraduate degrees. Forty-three per cent of the respondents fell under an unspecified 'Others' category, which comprised respondents who had studied below Matriculation, had completed the Drawing Teacher Training Course, the Nursery Teacher Training Course or possessed a Diploma in Special Education.

Table-IV: Distribution of Respondents based on Monthly Family Income

Monthly Family Income (INR)	Frequency	Percentage (%)
Below 50,000	55	55.00
50,000-1,00,000	17	17.00
1,00,000-1,50,000	15	15.00
1,50,000-2,00,000	13	13.00
Total	100	100.00

Table 4 presents the distribution of respondents by their monthly family income. Most respondents (55 per cent) fell into the 'Below INR 50,000' category. This was followed by 17 per cent of respondents who earned between INR 50,000 and 1,00,000. 15 per cent of the respondents earned between INR 1,00,000 and INR 1,50,000. The remaining 13 per cent earned between INR 1,50,000 and INR 2,00,000. This indicated that higher-income families were fewer in number, while lower-income families made up the most significant proportion of the sample. It is worth noting that most caregivers from high-income groups were reluctant to provide information for this study.

Table-V: Distribution of Children Based on Age at Diagnosis

Age (Years)	Frequency	Percentage (%)
8	76	76.00
9	22	22.00
11	2	2.00
Total	100	100.00

Table 5 shows that the majority of the children, i.e. 76 per cent, were diagnosed with SLD when they were 8 years old, and 98 per cent of children were diagnosed by the time they reached 9 years of age. The remaining 2 per cent of children were diagnosed by the time they reached 11 years.

This finding aligns with previous research studies, which indicate that a formal diagnosis of SLD can only be made after the age of 8. The screening process helps in the early identification of children at risk of SLD. School teachers must conduct screening for SLD by the age of 8 or by the third grade, whichever comes first. Each school is required to form a screening committee for this purpose (The Gazette of India, 2018) [17]. It has also been found in research conducted by Geertsema et al. (2022) that most parents are unable to receive a proper diagnosis for their children at the right age.

B. Psycho-Social Impacts of Caregiving

Table 6 indicates the perceived change in the level of fear experienced by caregivers regarding their child with SLD after becoming a caregiver. While all respondents reported that they were worried from the day their child was diagnosed with SLD, a significant majority (83 per cent) reported a 'markedly increased' fear. Fifteen per cent experienced a 'slight increase' and only 2 per cent reported 'no change' in fear regarding their child with SLD.

Table-VI: Change in Fear Regarding a Child with SLD Due to Caregiving

Type of Change	Frequency	Percentage (%)
Marked Change	83	83.00
Slight Change	15	15.00
No Change	2	2.00
Total	100	100.00

Most of the respondents, when asked about the 'fear' as part of psychological challenges faced by caregivers of children with SLD, stated that fear pertained to uncertainties about the future of their child. Many respondents feared what would happen to their child after their death, as they worried their child would not be able to live independently.

Table-VII: Change in Feeling of Loneliness Due to Caregiving

Type of Change	Frequency	Percentage (%)
Marked Change	23	23.00
Slight Change	64	64.00
No Change	13	13.00
Total	100	100.00

Table 7 shows that 23 per cent of caregivers experienced a 'markedly increased' loneliness. In comparison, 64 per cent of caregivers reported a 'slight increase' in the feeling of loneliness, and 13 per cent reported 'no change'. The majority of respondents, when asked to describe the loneliness they experienced due to caregiving, provided a range of responses. Many caregivers felt isolated because they were always busy with caregiving duties, leaving little time to spend with anyone other than their child. Some limited their interactions with others due to fear of discrimination or judgment about the condition of their child. In contrast, others felt lonely due to living alone, especially after the loss of a spouse. Relationship conflicts with spouse and even within families further contributed to isolation.

Table-VIII: Change in Worry About the Future Due to Caregiving

Type of Change	Frequency	Percentage (%)
Marked Change	98	98.00
Slight Change	2	2.00
No Change	0	0.00
Total	100	100.00

Table 8 shows that when the respondents were asked how their caregiving responsibilities have altered their worries about the future, an overwhelming 98 per cent of respondents reported that their fears have 'markedly increased'. In comparison, only 2 per cent felt it had 'slightly increased'. The most common concern, expressed by most respondents, revolves around the child's inability to perform well in studies and how this will impact their ability to live independently. Many caregivers also noted issues like loss of interest in learning, poor attention and a combination of weak academic performance with health problems, all of which intensify their fears about the future stability of the child, job prospects and ability to function in society.

Table-IX: Change in Social Stigma Due to Caregiving

Type of Change	Frequency	Percentage (%)
Marked Change	31	31.00
Slight Change	56	56.00
No Change	13	13.00
Total	100	100.00

Table 9 highlights the perceived change in social stigma experienced by caregivers due to their caregiving role. Thirty-one per cent of caregivers indicated a 'marked change', while a majority of respondents (56 per cent) reported a 'slight change'. Only 13 per cent of participants felt there was 'no change'. Respondents reported that they experienced judgments and discrimination, with some being blamed for the condition of their child. Many believed they listened to comments like this due to their past *karma*. Some caregivers answered that they hid the diagnosis to avoid shame or judgment, while others experienced self-stigma. Family members, including in-laws, at times taunt or treat the child and the caregiver differently. Some parents felt bad when they observed that other parents did not want to mix with their children because of their child's poor academic performance.

Table-X: Change in Social Connectedness Due to Caregiving

Type of Change	Frequency	Percentage (%)
Marked Change	48	48.00
Slight Change	52	52.00
No Change	0	0.00
Total	100	100.00

Table 10 reflects the impact of caregiving on social connectedness among caregivers. Forty-eight per cent of the respondents mentioned that there is a 'marked change' in social connectedness due to caregiving. In contrast, 52 per cent reported 'slight change' in their level of social connectedness. Some caregivers continued to engage with others despite taunts and strange behaviour, and many experienced reduced social participations.

C. Qualitative Analysis of the Reaction of Caregivers after the Diagnosis of a Child with SLD

The most common response of caregivers regarding their reaction after the diagnosis of a child with SLD was that they were in a state of high anxiety. They also stated that at that time, they were unaware of SLD. It was found that during the initial stage, the respondents experienced worry, denial, stress, and numbness of feelings. Another common impact reported by the respondents was insomnia due to constant worry.

It was found that, over time, the respondents' responses underwent some changes. The most common response regarding the change in caregivers' responses was that they had accepted the situation and were committed to assisting their child in all possible ways. The researcher also met a few caregivers who had quit their jobs to care for the child and were doing their best to help. The majority of respondents reported that they have been gathering information about SLD. Very few respondents stated that they did not have access to information about SLD. For most respondents, the information about SLD was obtained from Government hospital doctors or Rehabilitation Centres. A few respondents also mentioned the internet, school staff, and special educators as their sources of information. Respondents were also asked about the usefulness of the information. The majority of respondents stated that initially, they had not even heard of the term 'SLD' but were now aware of the condition. This shows an increase in



awareness about SLD post-diagnosis of the child. Some of the respondents found the information ‘very useful’ and expressed a desire to continue learning to support their child. A few respondents reported that they now understood the child's condition and were actively following professional advice from doctors and special educators. They expressed a strong desire to learn more about SLD. The majority of participants have also participated in disability camps. A few respondents also mentioned that they were enrolled in the Foundation Course on Education of Children with Disabilities (FCED). A few respondents were also pursuing a diploma in special education following the diagnosis of a child.

D. Coping Strategies of Caregivers

Some caregivers withdraw socially to avoid negative comments, while others struggle with guilt, particularly toward their other children, because of less time for them. The most common coping strategy for caregivers was praying to God for the child's well-being. Other methods included believing that only God can care for the child, praying for the safety of the child, and performing daily *pūja* rituals for the well-being of the child. It can be stated that involvement in spiritual practices was beneficial in coping with stress associated with caregiving.

Many caregivers reported an increase in anxiety, self-stigma, loss of interest in personal well-being, and leisure activities. Significantly fewer respondents also reported that they had experienced suicidal thoughts. In these cases, talking to family members helped cope over time. The study found that the majority of respondents preferred talking to their parents as a means of dealing with the situation. Many also spoke with their spouses. Close friends also played a meaningful role and were supported by their parents-in-law and elder children. A few respondents also mentioned that they shared their concerns with close friends, siblings, and in-laws. Music Therapy can be a coping strategy. For mental relaxation, music therapy is beneficial, particularly Indian classical music (ICM) (Bharti & Phukan, 2024) [4]. Ragas of Indian classical music can help caregivers reduce stress. Music therapy can be offered in both home-based and medical settings.

V. CONCLUSION

Research has shown that caregiving has a significant impact on the psychological well-being of caregivers. The study revealed concerns regarding the child's future. This fear stems from the child's poor academic performance. There was also an impact on social connectedness due to the time-consuming nature of caregiving activities throughout the day. Respondents with more than one child mentioned that they cannot spend quality time with their children, life partners, family members, friends, and even relatives. This was a cause of loneliness for the respondents.

While some caregivers received support from a few individuals who understood the condition, many reported that they received unwelcome advice. They also noted that many people behaved strangely towards them after the diagnosis of their child. Furthermore, these experiences contributed to feelings of shame and isolation for many caregivers. There is also a significant impact on social connectedness due to the

time-consuming nature of caregiving activities. Respondents mentioned various coping strategies being adopted by them, like performing daily *pūja* rituals for the well-being of the child, avoiding people and not disclosing the diagnosis. Social work interventions can enable the caregivers to deal with the challenges faced by them while taking care of children with SLD. These will improve the quality of life for caregivers. The methods of social work, such as social case work and social group work, can be very effective. Social workers can prepare a detailed plan while practising in hospitals in psychiatric and medical social work, or as independent counsellors, when dealing with such cases. There is also an important role for social workers working with NGOs. They can undertake community-based screening, and school social workers can also conduct sessions with parents.

DECLARATION STATEMENT

After aggregating input from all authors, I must verify the accuracy of the following information as the article's author.

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REFERENCES

1. Anand, A., & Khan, M. F. (2020). Child's Specific Learning Disability (SLD) & Their Effects on Parents' Burden & Stress: A Phenomenological Study. An International Bilingual Peer-Reviewed Refereed Research Journal, 10(39), 11-15. Retrieved from https://www.researchgate.net/publication/351055361_CHILD'S_SPECIFIC_LEARNING_DISABILITY_SLD_THEIR_EFFECTS_ON_PARENTS_BURDEN_STRESS_A_PHENOMENOLOGICAL_STUDY
2. Aneraye, A. V., & Shirpurkar, S. K. (2023). Review of Indian Legislation for Persons with disabilities. International Education & Research Journal, 9 (4), 32-35. Retrieved from <https://cdnbbsr.s3waas.gov.in/s36ee69d3769e832ec77c9584e0b7ba112/uploads/2024/11/202411251070665628.pdf>
3. Bharti, S., & Phukan, D. (2024). Application of music therapy by professional social workers working with children with intellectual disability and their caregivers. Swar Sindhu, 12(3), 301-309. Retrieved from <https://swarsindhu.pratibha-spandan.org/wp-content/uploads/v12i03a46.pdf>
4. Bharti, S., & Phukan, D. (2024). Awareness Regarding Dyslexia Among Primary School Teachers: A Study in the Context of Social Work. Rajagiri Journal of Social Development, 6(1), 41-50. Retrieved from <https://www.indianjournals.com/ijor.aspx?target=ijor:rjsd&volume=16&issue=1&article=004&type=fulltext>
5. Christopher, S., Shakila, L. C., & Suganya, R. L. (2020). Stress in Families of Children with Disabilities. Indian Journal of Public Health Research & Development, 11(2), 1-5.

Retrieved from <https://www.i-scholar.in/index.php/ijphrd/article/view/194741>

6. Chukwu, N. E., Okoye, U. O., Onyeneho, N. G., & Okeibunor, J. C. (2019). Coping strategies of families of persons with learning disability in Imo State, Nigeria. *Journal of Health, Population and Nutrition*. DOI: <https://doi.org/10.1186/s41043-019-0168-2>
7. Cox, F. M., & Marshall, A. D. (2020). Educational engagement, expectation and attainment of children with disabilities: Evidence from the Scottish Longitudinal Study. *British Educational Research Journal*, 46(1), 222–246. Retrieved from <https://bera-journals.onlinelibrary.wiley.com/doi/pdf/10.1002/berj.3576>
8. Enoch, A., Mprah, W. K., Isaac, O., & Joseph, B. (2017). The Role of Caregivers of Children with Intellectual Disabilities and the Support Systems Available to Them in Ghana. *Disability, CBR and Inclusive Development Journal (DCID)*, 29(4). DOI: <http://doi.org/10.5463/DCID.v29i4.645>
9. Gee, D. G., & Cohodes, E. M. (2021). Caregiving Influences on Development: A Sensitive Period for Biological Embedding of Predictability and Safety Cues. *Current Directions in Psychological Science*, 30(5), 376–383. DOI: <http://doi.org/10.1177/09637214211015673>
10. Gupta, N., Goyal, N., & Sharma, E. (2022). Learning Disability Certification in India: Quo Vadis. *Journal of Indian Association for Child and Adolescent Mental Health*, 18(4), 267–269. DOI: <http://doi.org/10.1177/09731342231166431>
11. Kaur, A., & Padmanabhan, J. (2017, April). Children with Specific Learning Disorder: Identification and Interventions. *Educational Quest-An International Journal of Education and Applied Social Science*, 8(1), 1-7. DOI: <http://doi.org/10.5958/2230-7311.2017.00001.0>
12. Kishore, M. T., Maru, R., Seshadri, S. P., Kumar, D., Sagar, J. V., Jacob, P., & Murugappan, N. P. (2021). Specific learning disability in the context of current diagnostic systems and policies in India: Implications for assessment and certification. *Asian Journal of Psychiatry*, 102506. DOI: <https://doi.org/10.1016/j.aip.2020.102506>
13. National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD). (2021). Report on Persons with Disabilities. Chennai: National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD). Retrieved from <https://divyangjan.depwd.gov.in/content/upload/uploadfiles/AnnualReport2023-24English.pdf>
14. RPWD Act. (2016). The Rights of Persons with Disabilities Act. Legislative Department. New Delhi: Ministry of Law and Justice. Retrieved 07 11, 2023, from <https://www.tezu.ernet.in/PwD/RPWD-ACT-2016.pdf>
15. Sahu, A., Bhargava, R., Sagar, R., & Mehta, M. (2018). Perception of Families of Children with Specific Learning Disorder: An Exploratory Study. *Indian Journal of Psychological Medicine*, 40, 406- 413. Retrieved 16 November 2024, from https://journals.sagepub.com/doi/pdf/10.4103/IJPSYM.IJPSYM_148_18
16. Sakwape, K., Machailo, R., & Koen, M. P. (2022). Exploring role strain and experiences of caregivers of children living with disabilities. *Nursing Open*, 10(5), 2886–2894. DOI: <http://doi.org/10.1002/nop2.1530>
17. The Gazette of India: Extraordinary. (2018). New Delhi. Retrieved October 09, 2024, from https://10672517202410603716.googlegroups.com/attach/2ed7b3200e50e/Guidelines%20for%20assessment%20of%20various%20Disabilities%20under%20RPwD%20Act,%202016.pdf?part=0.1&view=1&vt=ANaJVrFXqZAiQdhZjEvi7n7V0EwtpW0ph3sS3vtbvKuUrglz-NV7MjwE2LV2cjZsO4_uj8s888j7
18. The Rights of Persons with Disabilities Act. (2016). Legislative Department. Retrieved September 27, 2023, from <https://legislative.gov.in/actsofparliamentfromtheyear/rights-persons-disabilities-act-2016>
19. World Health Organization (WHO), & World Bank. (2011). The World Report on Disability. Geneva: World Health Organization (WHO) and World Bank. Retrieved from <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>
20. World Health Organization. (2024). Celebrating International Day of Persons with Disabilities. Retrieved October 15, 2024, from World Health Organization: <https://www.who.int/campaigns/international-day-of-persons-with-disabilities>
21. Zailani, S. M., Aun, N. M., & Kasim, A. C. (2022). Exploring Social Support Needs amongst Caregivers of Learning Disabilities. *International Journal of Academic Research in Business and Social Sciences*, 12(1), 1445 – 1453. DOI: <http://doi.org/10.6007/IJARBS/v12-i1/12177>

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