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Understanding Learning Disabilities and Stigma: A study on Public Stigmatization of Learning Disabilities and Policy Recommendations in the Indian Context

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Abstract

A learning disability is a neurological disorder that significantly impacts an individual's experience in life and specifically in educational institutions. This disorder not only influences how individuals perceive the world as well as themselves. Individuals with learning disabilities have trouble with different aspects of their academic performance, such as writing, reading, comprehension, or mathematics, without early identification and necessary tools to help the individual cope. The study will focus on the relationship between stigma and learning disabilities specifically Autism, Dyscalculia and Dyslexia to understand how stigma perception affects each learning disability and how to address these structural issues in policymaking. The stigma and attitudes held by people often negatively affect the representation as well as early detection of students with learning disabilities. By understanding the stigma perception and countering these with policy recommendations, we can effectively aid students with learning disabilities within the structure of mainstream schooling.

Keywords: Learning Disability, Specific Learning Disabilities, Autism, Dyscalculia, Dyslexia, Labelled Groups, Public Stigma

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I. Introduction

A learning disability (LD) is a neurological disorder that affects the psychological functioning of an individual which further impacts their performance in intellectual abilities. Though the heterogeneous term “learning disabilities” is used as a blanket term for referring to intellectual disabilities, there are different categories to the impairment of specific psychological learning disabilities (Reiff et al., 1993). These include dyslexia (language-based disability), dyscalculia (disability with mathematical reasoning), dysgraphia (writing disability), Attention Deficit Hyperactive Disorder (ADHD), and auditory impairment to name a few. Though autism is not seen under the umbrella of LDs, autism does affect areas of learning such as reasoning, verbal communication or comprehension. Worldwide, it is estimated that 1 in 160 children is on the autism spectrum while it is estimated that 5-10% of the world population has dyslexia and 3%-6% have dyscalculia.

LDs can cause impediments to an individual’s life; the lack of awareness and resources in the community, as well as the stigma surrounding LDs, create a situation where the student is unable to realize their potential in other spheres of their academic life. The lack of infrastructural awareness along with tools for early identification looking for early signs leads to an unpleasant, exclusive, and challenging educational experience for the student, which also leads to them either dropping out or having subpar performance in the education system. It creates a cycle of stigma wherein the student is afflicted with the stigma of being identified with LDs. The overrepresentation of a specific kind of LD such as autism also leads to the deflection of attention from other LDs such as dyslexia, dyscalculia, etc. that are grouped under “Specific Learning Disabilities.” These overarching terms are detrimental to understanding the intricacies as well as the differentiation in identifying critical aspects of the disability. An underrepresentation of Specific Learning Disability or SpLD such as Dyslexia and Dyscalculia also leads to stigmatizing a student as being “lazy” or “unproductive” in comparison to neurotypical students. In India, the underrepresentation of other kinds of LDs such as dyslexia and dyscalculia creates an obstacle for students with LDs to participate actively and engage in classrooms. Due to the overlapping of symptoms and recurring patterns in SpLD and autism, and also have a similar impact on an individual’s social relations and quality of life, it is many times grouped within LDs.

LDs manifest in individuals in different ways, which makes diagnosis harder as there is no specific blueprint to the disability and the degree of its manifestation. Combined with unawareness and the stigma regarding these students, the situation worsens as the students with LDs are not only detected but also less likely to get the help and guidance they deserve. These stigmas perpetuate a negative attitude towards those with LDs and actively exclude these individuals from the framework of a neurotypical society. Policy devising, hence, becomes an important factor in helping individuals with LDs. A lack of awareness combined with weak legislation in India has created a situation where even intervention of legislation and policies, students are unassessed and there is lack of early detection, this leads to students with LDs having weaker performance in school. The lack of teacher awareness and institutional policies within the school breeds an environment where the student is denied the same level of participation as a neurotypical student. Understanding the link between stigma and LD is pivotal in understanding the lack of policy implementation to encourage further identification and inculcation.

II. Background

a. Learning Disabilities

Though it is argued how LDs do occur, whether it is purely genetic or trauma has an impact as well, most LDs are life-long, though the severity of these disabilities differs from individual to individual. LDs do not correlate with or have any relation with the intellectual ability of an individual, the general assumption regarding an LD is that it is indicative of an issue with an individual’s intelligence. Yet, it has been argued numerous times that LDs do not have any correlation to the intelligence of an individual, instead of the difference in receiving and processing of information. For most times, depending on the severity of the disability itself, early intervention allows for individuals to circumvent their disability and adapt to newer methods to cope with the disability. It has been proposed that with early detection and understanding, the ‘disabling’ effect of the LD can be greatly reduced, hence allowing the individual to have similar access and experiences in life within mainstream society (Sonpal & Kumar, 2012). The identification and assessment of LDs are seen before the age of 18 and most diagnoses are made before adulthood unless other factors forestall an individual from getting their diagnosis. What makes LDs and their diagnosis harder is that many of the times, the severity of the disability as well as the stigma regarding it can greatly affect the chances of one getting diagnosed. Another factor is that what is considered a disability in some places would not be regarded as a disability in another. Differential understanding of what encompasses a disability also affects an individual's chances of diagnosis. For example, lack of spatial understanding can impact an individual’s life but for many, a lack of spatial awareness does not mean an LD through the lack of spatial awareness may have similar effects on an individual’s life as any other disability. The lack of cohesive understanding of LD and stigma surrounding the same can impact an individual’s life and the social experiences they encounter in their everyday life as well as the future.

b. How stigma impacts individuals with Learning Disabilities

According to Goffman, stigma discredits an individual and groups the individual within a collective “others”, whose defining characteristics are negative or the stark opposite of the norm. The norm, hence, is the society at large and the rules are constructed around this norm (Sonpal & Kumar, 2012). In this situation, the individual is “disqualified from full social acceptance”, as they do not fit the criteria (Goodley, 2017). This discrediting attribute complicates everyday life as stigma is part of social life, these interactions in the micro-levels of society have disparaging effects on the individuals as it ultimately excludes them from participation in the community. Stigmatization also has far-reaching consequences for the individual. A stigmatized individual’s interaction with society and everyday microcosm interaction can affect their self-esteem, perception, mental health as well as education and other professional duties. Stigma’s far-reaching consequences may also mean that an individual can face structural inequalities, mainly due to the negative connotations that are attached to the stigmatized groups and individuals (Link & Phelan, 2001). Stigma is ingrained in several aspects of society and the way stereotypes and prejudices operate is through the psychological processes of social stigma. The generalizations regarding stigmatized groups, many times may not be negative but do have unintended negative consequences. For example, a student with LDs is assumed to do better in a learning institution that is catered to students with LD exclusively. This means that learning is done outside of the educational institutions that are offered to neurotypical or ‘abled’ students. The exclusion of students with disabilities from the mainstream schooling system, hence, creates a stigma or stereotype that students with disabilities have to be accommodated in educational institutions that are separate from the mainstream. The separation of students with disabilities from mainstream education denies students the opportunity to socialize with peers and may impact their interaction with society as they pursue higher education or find employment. Though the idea of separation of a student with an LD from mainstream schooling aims to allow a greater area of comfort for the former, it creates an unintended negative consequence that separates and exemplifies the "us" and "others" dichotomy.

The misconceptions regarding LDs also lead to stigmatized behaviour towards such individuals, the devaluation of the individual and stereotyping linked with LDs are core reasons for the exclusion of individuals with LDs. In this context, it is essential to understand the impact stigma can have on the self-perception of an individual along with status in the hierarchy. Labelled persons, in the case of LD, "unproductive," "lazy," can lead to linkages of these unwanted characteristics to the disability in itself (Daley & Rappolt-Schlichtmann, 2018). Labelling, hence, leads to a stigmatized group being set apart from the "desirable" group, culminating in status loss and discrimination. The stigmatized group can then face many root issues of exclusion, such as income or education and other components of being a functioning individual in society (Link & Phelan, 2001).

The stigma regarding LDs stems from many misconceptions, one of these aspects is the issue of invisible disability (Fraser, 2018). Many LDs signs do not have a physical occurrence, so it is harder in the initial years of an individual's upbringing to correctly identify an LD. Whatever signs of LD that are visible, such as doing proportionally worse in mathematics as compared to other subjects or difficulty in understanding commands, are only signs that can be either identified by teachers or parents at a young age. The issue is that doing comparatively worse in specific subjects or inability to understand commands can also be seen as not "paying attention" or disregarding authority. Doing worse in a specific subject can also be conceived as a lack of interest. Negligence towards a student's pattern in the classroom and not understanding what root cause there is to explain the child's behaviour. Ignorance, in this sense, creates negligence and prevents the child from getting the help they deserve in a classroom. The mistakes and failures of a student are seen as an inherent flaw in one's intelligence and not as a disability.

III. Results

Table 1

Signs and Characteristics of Autism and SpLD

	Autism	Dyscalculia	Dyslexia
Impulsiveness	✓		
Hyperfocus	✓		
Delayed Speech	✓		✓
Difficulty with Math Problems		✓	✓
Difficulty Reading			✓
Stimming	✓		
Inattentiveness	✓		
Difficulty with Memorization	✓	✓	✓
Concentration Issue	✓	✓	✓

Eye Contact Avoidance	✓		
Sensory Overload	✓		
Sensory Avoidance	✓		
Issues with Mathematical Reasoning		✓	✓
Repetitive Behaviour	✓		
Echolalia	✓		
Hyperarousal	✓		
Difficulty Learning Foreign Language	✓		✓

Source: Judd, S. (2012). Learning Disabilities Sourcebook. United States: Omnigraphics.

a. Under-diagnosis of SpLD

From Table 1, collating the several symptoms and signs of LDs, we can see that there are several instances where the signs and symptoms overlap. The increasingly similar signs of LDs, as well as a lack of several physical signs, can affect a student with an LD, and early intervention. Let’s take, for example, autism. Autism is not considered an LD or under the section of LD, yet autism does affect the learning abilities of a student and hence, is considered to be neurodivergence which has a considerable impact on the learning abilities of a student. The signs and symptoms of autism, in comparison, to say, dyslexia or dyscalculia, is high. Many of the signs of autism are also behavioural signs, as shown in Table1, for example stimming, hyperarousal or echolalia. In a situation where the signs of autism are high and a teacher can identify behaviour and learning patterns, the student can be identified and given the accommodation their disability requires. But say, in a situation wherein a student has dyslexia or dyscalculia, it may be harder for a teacher to understand and observe patterns in learning. Stigma, here, plays an important role. As a student struggling with mathematical reasoning or simple mathematical commands, an ill-informed teacher would suggest that the student undergoes practising at home or an alternative of after-school tutoring. When such alternatives also fail, the consensus among the parent and teacher is that the student is disinterested in the subject and does not work hard to rectify the problem. An informed teacher would observe the patterns of a student struggling with mathematical reasoning and understand the pattern if a student is doing worse in mathematics but doing well in other subjects. In such a case, a teacher would be able to identify a student with dyscalculia, hence, allowing the student to learn at their own pace and increase their comfort level with the subject rather than forcing the student to adapt. The “burden of proof” lacks in a situation wherein a student has dyslexia or dyscalculia, specifically if the SpLD is not comorbid (Blanck, 1997). In such a case, the student's disability or inability to engage in specific subjects or class may be understood as lack of interest or laziness, as the signs and symptoms are not as overwhelmingly obvious such as in the case of autism as the behaviour of a student can be disruptive or seemingly different from peers.

Underdiagnosis of LDs is a considerable concern, not only from the point of view of health care and mental health but also the socialization and utilisation of policies of special education. Underdiagnosis of LDs such as dyslexia or dyscalculia also pose a problem as these LDs many times, not considering the comorbidities, are not diagnosed due to the lack of overwhelming signs and symptoms. The burden of the proof in this situation is, hence, a student’s conduct in the classroom and how they respond to teaching methods in the class. An untrained teacher would not be able to pick up on the subtle signs and symptoms of dyslexia or dyscalculia and may refer a student with LD to special education or training without the cognizance or understanding of the diagnosis of LDs. Underdiagnosis and the disproportionality of SpLD are due to the stigma regarding LDs. The spectrum of LD and the variance in which it affects a student differs from individual to individual (Atherton & Gates, 2007, p. 431). The onus to prove or articulate impediments to learning is on the student to prove but many times, students with LDs are not equipped with the knowledge or understanding of such a disability. In a scenario, where a student with a disability is unable to express or articulate their problems in the classroom and an untrained teacher who is not equipped with understanding or identifying SpLD, the student flies under the radar. The extent to which LDs affect students largely differs from student to student, it is only with trained professional teachers who can gauge a student's performance in the classroom and healthy communication and cooperation with student and parent, can a student with an LD be rightly identified. Disproportionate identification of LDs has many ill-effects for the student and their access to special education. If a student with an LD is referred to special education without a diagnosis of LD, to focus and exemplify attention to an area of difficulty, the special education is rendered ineffectual. A delayed identification and the stressors of having to fit into a curriculum for neurotypical students, can take a toll on a student with an SpLD, having to inculcate neurotypical learning patterns and so are forced to adjust behaviours and learning mechanisms according to the majority-oriented learning system (Dane, 1990). A student with an LD may not do well in such structured learning that is not accommodative of strength-focused learning. This can lead to emotional or behavioural problems such as anxiety or depression and further into life may lead to substance abuse and emotional stress. This aspect of LDs is rarely tied into the larger context of special education or accommodation for students with SpLD.

Now, speaking of autism and LDs such as dyscalculia or dyslexia, there is a stigma attached to the diagnosis but this stigmatized perception creates positive stereotypes. This, however, does not mean that the stereotypes are any less harmful than the negative ones. This phenomenon may also explain why the diagnosis or awareness of SpLDs is comparatively lesser than that of autism. Autism, though considered to affect the performance of a student in the mainstream schooling system, is also attached to the positive stereotype of autistic children being intelligent or of higher IQ (Jurecic, 2007). Popular media has glorified 'misfit' or 'quirky' celebrities such as Tim Burton and many behavioural experts speculate that geniuses such as Albert Einstein or Newton had autism as well. High intelligence, whether it is a special interest in specific subjects or aspects of studies, has been celebrated in autistic people. Even the 1988 MGM movie, Rain Man, portraying an autistic man with ingenious skills stemming from savant syndrome. But the public perception and positive stereotype it enforced was that autistic people are brilliant, emotionally uncommunicative and lacking emotional intelligence but an asset for the society (Jurecic, 2007). This stigmatized perception is harmful for obvious reasons, 1) not all people with autism necessarily have above-average IQ and 2) it makes ‘less functioning autism undesirable as it doesn’t contribute to society and its productivity. The lack of awareness and diagnosis of SpLD can also be along the same lines. SpLD such as dyscalculia and dyslexia are disabilities that affect a certain aspect of learning, this makes the diagnosis of SpLD undesirable compared to autism, which has a positive stereotype of intellectual abilities attached to it. Hence, the stigma of LDs is closely associated with the intelligence of an individual. The explanation for the lack of epidemiological study or statistics on dyslexia and most importantly, dyscalculia in India is indicative of the lack of awareness and to further argue, lack of acceptance to view them as credible disabilities. The general unaware attitude towards SpLD such as dyscalculia or dyslexia is that it can be ‘fixed’ through rigorous tutoring inside and outside of school premises, if it can’t be fixed it is the fault of the child/student themselves as they are viewed as unwilling to ‘change’.

IV. Discussion

Policymaking in the context of disabilities and accommodation of disabled persons is an important aspect to the welfare and enhancing the quality of life. People with disabilities are a marginalized part of society and the disabled status of these people affect their health as well as socioeconomic standing in society. Without correct policies and intervention implemented as a structural change within societal interactions, many disabled persons will continue to have a declining quality of life as they age. This is one of the reasons why within LDs, early intervention and detection is even so more important. When we talk of policymaking, disabilities are not only confined to medical treatment or completely confined to the questions and understanding of the scientific realm but the lives of people with disabilities also depend on their interaction with society and the quote-unquote norms that are attached to the neurotypical or able-bodied society. Hence, medical attention or treatment is not the final frontier for allowing a quality life for persons with disabilities.

To further understand why policy making is vital to addressing the issues and negative experiences of those with LDs, we shall take a look at the social model of disability to illustrate the point. According to the social model of disability, disability is an outcome of social oppression of an individual’s impairment. The exacerbation of the condition is done by the societal norms and standards that have been set by able-bodied ideas and conceptions of society. Through this understanding, disabled people are technically not disabled due to their impairments but rather disabled by the social situation, meaning that disabled people come under the ambit and form as an oppressed group in society (Goodley, 2017). This idea is further strengthened by the argument that disabled people are more likely to live in poverty, have lower chances of employment as compared to an able-bodied person as well as have lower chances of attaining higher levels of education. The lack of inclusivity within the society is what leads to the ‘disabling’ of a person. The correlation and link of a disabled person with their socio-economic status shows that the mainstream society is inherently exclusionary of the impairments of a person (Goodley, 2017).

Policies that depend solely on the medical definition and diagnosis of impairment (as understood by the social model of disability), will not allow for social integration for individuals. Though medical diagnosis of impairment is necessary for evaluation or understanding the degree of the impairment, without policies modelled for the social cohesion and integration of individuals, it will permit the individual and their inculcation within mainstream society (Goodley, 2017). This is why policymaking must be sound and reflective of societal issues, without policies that address questions of welfare such as unemployment or disabilities, it allows for the reinforcement of stereotypes and prejudices that are held by society. Structural changes, institutional willingness and legislative regulations, hence, play a significant role in the enrichment of lives of those who are disadvantaged (Pinker, 1970). Social policies bring changes in institutions that have been at the forefront of the oppression and sidelining of individuals with disabilities. Social policies also have to be reflective of the changes in society’s understanding of issues, developments have to be closely monitored and the policies rectified to fit newer developments and understanding. As medical research enhances, the policies also have to evolve to accommodate them. A good example of this would be the change from the term “mental retardation” to “intellectual disability”. In the competition and unequal distribution of resources, policies act as a regulatory and interventionist mechanism that ensures every individual has similar development levels, as access to the same social services and institutions as others (Reddy, 2011). In the case of LD, individuals many times fall off the wagon as their initial years in educational institutions are harder than that of students without LDs as these institutions are fit for a specific standard of learning.

Finally, social policies are also for social justice, greater participation, just and equitable distribution of resources. Social policies correct the social injustices of structural institutions and societies, rectifying social issues. Policymaking, hence, is an important tool in the integration of individuals with LDs, as it corrects the institutional flaws that obstruct the lives of individuals with disabilities.

a. Policies in India

The most striking example of a lack of coherence in Indian policies regarding SpLD is the example of the National Institute of Open Schooling (NIOS). According to NIOS Provisions for LD, the Annexure B Medical Certificate offers a format for the procedural requirements to avail special assistance during an examination. In Annexure B, there are three fields dedicated to the ISC Verbal IQ, Performance IQ and Global IQ. The issue with the inclusion of the field of IQ in respect to SpLD is that there is no agreed-upon number of where the cut-off is. The lack of a nationwide policy of what is considered to be the cut-off of when an individual is considered to be a ‘slow learner’. In 2014, Maharashtra relaxed its rules for obtaining an LD certificate, it considered learners with IQ between the number of 70-84 to be included in the group of ‘slow learners (Iyer, 2014). These arbitrary numbers are neither nationwide and can be discriminatory to individuals with SpLD, as we know SpLD can have varying degrees of presentation and indication. The arbitrary cut-off that differs from state to state in India does not take into consideration other aspects of SpLD which is left out in the procedural assessment of SpLD. Cognitive deficits such as poor executive functioning and memory are not reflected in IQ tests and neither are these parameters considered, making specialist support harder to reach those who require assistance. IQ merely can not be a determining factor of whether a student can or can not avail assistance for their

SpLD. Not only is the arbitrary cut-off problematic but it is postulated, according to Siegel, that IQ scores can differ and have discrepancies of 5-13 points depending on the IQ test that is administered (Siegel, 1989). Even if IQ tests are used to quantify someone's intellectual abilities, it should not be the only dependent variable of which LD certificates can or can not be distributed. While many scholars argue that IQ tests should not be the sole determinant or on the side, should not be a determining factor at all, it is noteworthy to argue that IQ itself is a poor signifier of the extent to which an individual has SpLD or not.

Concession during examinations for those diagnosed with SpLD are few, these include extra 15 minutes during an examination, permission to use calculators, service of scribes or choice of preferred subjects. In India there is no nationwide policy on LDs, this means that the Central Board of Secondary Education (CBSE) and Indian Certificate of Secondary Education (ICSE), all have varying policies towards LD. Rather than the basic concession of extra time, scribes and exemption from a third language, there is not a cohesive policy that is devised to help the student before the examination begins, support outside of the examination hall. The different state boards and national boards across the country pose a problem for students with LDs (Kohli et al., 2018). A concession that was provided in a specific board will not be allowed in a different education board, this constricts a child's life and is a hindrance to the growth and continuity of a student's academic performance. Say, a student in the Maharashtra state board was to change to CBSE board due to unprecedented reasons or to go to a better institute to further their education, the changes in concessions will act as an impediment. In the several concessions provided by Maharashtra State Board, ignoring spelling and grammatical errors is one of the concessions (Vellaiappan, 2017). But in CBSE concession for LDs, no such concession is provided. A nationwide provision for concessions is necessary, India is a vast country that sees a high percentage of internal migration, making up 37% of the population (De, 2019). In a case where borders are porous, policies have to be facilitative and flexible. This is true not only for secondary schooling but for universities as well.

Few universities and colleges in India have concessions for individuals with LDs. The Ministry of Social Justice and Empowerment's guideline on conducting examinations for persons with disabilities mentions the basic concessions of scribe and extra time but these guidelines are not followed throughout the country, and if they are, policies, support or information is rarely made available to the public until inquiries are made. Transparency is important for the inclusion of students with LDs. Though Delhi University has guidelines for conducting examinations of students with LDs publicly on their websites, many colleges do not do the same. Some colleges such as Ashoka University have support systems that are devised to help students with LDs (Ashoka University, Office of Learning Support). These institutional support systems can positively enhance the experience of students with LDs, allowing greater integration into institutions that have structurally excluded those with difficulties. Yet, in the case of Ashoka University's Office of LD, the term 'high-functioning autism' is in usage, though many have argued that the term 'high-functioning is ableist and counterproductive to the inclusion of individuals in the autism spectrum. Sensitivity and care to the terms and languages associated are important in policymaking and devising, as these have an impact on the stigma perception. Many colleges in India offer courses on disability studies but their institutional policies for inclusive education remain dismal.

The breakthrough in Indian policies towards LDs or SpLD was the Rights of Disabled Persons Act, 2016. The Persons with Disability Act of 1996 used discriminatory terms such as 'mental retardation' instead of intellectual disability and SpLD were not included. The term 'LD' was not used at all. The new Rights of Disabled Persons Act, 2016 has expanded the list of disabilities adding disabilities such as autism spectrum disorder, language disability and SpLD, the addition is a change in the way legislation has viewed LD, moving from the discriminatory connotation of 'mental retardation' to a more inclusive term. Yet, the Rights of Disabled Persons also uses the term 'intellectual disability' which is often used to describe below-average IQ individuals who have impediments with learning (Rights of Persons with Disabilities Act, 2016, p. 36). LDs similarly is a condition that affects learning but it has been argued that LDs and intellectual abilities do not correlate. Moreover, students with LDs can benefit from early intervention and specialized education, though they may continue to have deficits in specific aspects of learning, it may not necessarily affect overall performance in educational settings or work environments. Again, including LDs or SpLD under the section of Intellectual Disability, as it has been the Schedule of Specified Disabilities point 2 in the act of 2016, is counterproductive to destigmatizing LDs. The overall irregularity also has to be noted in this context, while in the schedule of specified disabilities, SpLD and autism is included within the broader group of intellectual disability, while in the case of Chapter VI of the act, point 34 (d), intellectual disability, autism and SpLD are categorized differently. Irregularity in the Act creates confusion as to what label is used in legislation and policymaking as well as for certifying doctors.

The biggest obstacle is obtaining the LD certificate itself, varying rules across the states in India, it is a cumbersome process that involves many levels of governmental institutions which increases the anxiety and stress of parents. In Maharashtra, only three hospitals' issuing of LD certificates is recognized by the state board. These hospitals are concentrated in the urban area of Mumbai and those who do want to get LD certificates throughout Maharashtra, have to come to these specific three hospitals in Mumbai (Sandhu, 2016). Furthermore, a lack of knowledge of what is to be included within the medical certificate for LD certification poses a problem as well, as parents of a child with an LD have to go back and forth for an acceptable medical certificate format. In Kerala, LD certificates in 2016 were to be issued only in government hospitals by a rank above assistant surgeon. A lack of information about the format of the medical certificate and the relevant psychological assessments required has created the process of obtaining an LD certificate exhausting (Nambudiri, (2019). From uncooperative government officials and employees to a general insensitive approach towards LDs, many have complained of the several hindrances and negative experiences in obtaining the certificate (Nambudiri, 2019). The irregularity of what psychological assessments and format is required for an LD certificate can be explained by the lack of national policy of the same. Without an all-encompassing policy regarding the same, there are going to be discrepancies and differences throughout the nation in how to obtain such a certificate. The stigma of LD is discouraging enough in India where disabilities are attributed to the past life sins or karmic debts of an individual, institutional insensitivity will only further the discrimination.

b. Recommendations

1. **Increase in indigenous research of LDs and SpLD:** India's LD movement and understanding of the disabilities have been taken from the Western world and assimilated into Indian society and policies (Kohli et al., 2018). The term 'LD' itself was inculcated

into Indian policy vocabulary as latest as 2009 when the PWD act of 1996 was amended. LD and its understanding have been lifted from the Western understanding of the disability itself. This is why India's perspective and how LD occurs in India is an important aspect to an understanding LD, SpLD or autism and devising policies for the same. The lack of indigenous research of SpLD or LDs has limited the understanding of the disability itself. For example, dyslexia in the U.S and the same disability in India has different occurrences and severity. In a country with multiple languages, many schools including a second or third language and the teaching language are English, can negatively affect a student with dyslexia. A similar problem is not faced in the U.S where there is only English as a medium of teaching. These scenarios also differ drastically from the monolingual or bilingual Western nation to India where multilingualism is a norm. Minimized understanding and importation of SpLD terms such as dyslexia, without consideration of indigenous differences is harmful as a western model of education will not necessarily be compatible with the Indian experience. Inculcation of indigenous research and suggestions to policy devising will be reflective of the societal realities of the country. This also includes an epidemiological study of LDs such as dyscalculia, dyslexia etc. Scanty research and statistics are a big hindrance to the overall understanding of LDs in India.

2. **National policy for LD:** The most pertinent to the topic of LDs and the continued stigma regarding it is that recognition of the disability is scanty. In a situation where the acceptance of SpLD as credible disabilities are low, a cohesive national policy regarding the same is important. The first step to the recognition and visibility for the disabilities is by creating ease in the procedure, this includes diagnosis and receiving an LD certificate. Without a nationwide policy or uniform measure for the diagnosis, certification and assessment of LDs, procedural inconveniences and disparities will plague the process of an individual receiving their disability diagnosis. For starters, concessions for examinations have been made uniform so that it does not impede an individual's performance, this means there has to be a standard specified concession that is followed throughout the nation in educational institutions. Standardization of psychological assessment throughout India will also benefit students with LDs as it will ensure continuity. The economic burden of diagnosis of LDs is high, be it from tuitions which are direct costs to indirect costs, but according to a study

by Karande et al., the shorter the duration of poor performance in school, the lower the costs of LDs (Karande et al., 2019). This is significant in policymaking for a country such as India that can not emulate western resource allocation and emphasizes the point of creating efficient, effective and transparent policies for LDs.

3. **Increasing Transparency**: Education institutions have to be transparent with their institutional policies regarding LDs and the support they offer from individuals with LDs (Stage & Milne, 1996). Not only does transparency also create ease for parents or students with disabilities, knowing what programs, support or requirements they have for students with LDs but it also creates an environment of accountability. Without transparency on questions of students with disabilities, it creates a leeway for educational institutions to not include guidelines and information. An inclusive education, which is one of the main visions of the Rights of Persons with Disabilities Act of 2016, will only become a realization with inclusive attitudes. By making it mandatory for educational institutions to include policies for students with LDs within websites or institution resources. Creating disability-friendly institutions has a priority in ensuring that students with LDs have visibility and are also included in the mainstream education structure.

4. **LD awareness programs to increase sensitization:** In India, the movement of LDs and its visibility is in the stage of infancy. In a country with a vast urban-rural divide and limited knowledge about LDs, as well as limited access to knowledge, it has to be ensured that awareness of the disability reaches beyond the urban population. Awareness and advocacy can be very beneficial for ensuring a standard way of living and education for students with LD (Stage & Milne, 1996). Considering that the western model of awareness and resources allocations can not be replicated in India is important, this is why many awareness programs can be done so with the collaboration of NGOs or private institutes that are specialized with LDs. These sensitization programmes can be done at several levels of interaction.
   A. *Sensitization training for teachers*: Creating awareness among teachers and discussing SpLD and its effects on students can broaden the scope of children with LDs getting the help and specialized care they deserve. By

creating awareness in the classroom of SpLD, it will also help greater collaboration between teachers and teachers with parents. Noticing patterns of behaviour and analysing a student's performance may help a student with an LD, increasing their chances with early interventions and tailored ways of learning that can help their specific deficits.

B. *Awareness for students*: We should focus on students and introduce them to the topic of LD as well, creating an environment that is friendly and sensitive to the student with LD. An inclusive classroom with a welcoming environment is necessary for the mental and emotional wellbeing of a child, regardless of their disability. As the stigma with LDs is that a student diagnosed with it is less intelligent or below-average, altering the stigmatized view with emphasis on positive inclusion is necessitated.

C. *Awareness for parents*: A bonhomie with teachers and parents can result in a good learning and stress-free environment for the child, knowing LDs and how they occur in a child can greatly reduce the chances of a student with LD succumbing to the stress of having to fit into the mainstream education system. An understanding household can also greatly impact a child's attitude towards education and schooling and help in situations where a child undergoes school phobia. Specialized learning for specific deficits can help a child with LD to have developmental progress. This can be done with a collaborative approach with parents, teachers and school administration.

5. **Removal of discriminatory terms that perpetuate stigma**: Terms such as 'extra' time for the concession for students with LDs perpetuate the stigma that students with LDs are 'slow' and effectively, less productive than abled students. There are also debates on whether people misuse the LDs concessions and these stigmatized perceptions arise from the opinion that these disabilities are not credible. Thus ensuring sensitive language is used in policy-making and information dissemination can help reduce stigma perception (Link & Phelan, 2001). There has to be regularity in policy language, interchangeably using intellectual disability while referring to LDs or SpLDs creates further confusion and stigmas of LDs being associated with lower levels of intelligence.

Conclusion

Inclusion of students with LDs has to be a priority for policymakers, not only is the right to education enshrined in our constitution but also, education is an important aspect of growth and development of an individual without which standard of living cannot be achieved. Increasing research and awareness of LDs is important and primary for increasingly inclusive learning for students with LDs but most importantly, increasing awareness of LDs will allow more individuals with disabilities to get diagnosed and receive specialized help and care.

Information and statistics on LDs in India are scarce, the conception and ideation of policies in India have largely been identified from Western countries. The limitation of the study is that there is limited literature on the relation of stigma and LDs, especially in India, hence, the scope of indigenous scenarios is restricted. Data and research in the field of LDs have only recently garnered interest since the Act of 2016 and NEP 2020, there are yet many avenues and grey areas in LDs studies that are yet to be explored.

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