

Research Paper

Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

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ABSTRACT

This paper examines the social and cultural challenges that people with learning disabilities (LD) and their caretakers are forced to battle within multiple social contexts. It invites attention to the discrimination, the stigma, and false beliefs obstructing social inclusion and access to even opportunities. The interviews probed into the role that religion, cultural beliefs, and gender norms have on shaping the societal attitudes and responses to LD, resulting in marginalization and psychological distress. Caregivers, especially mothers as the gender role doctrine goes, are load bearers of the emotional, financial, and social burdens, compounded by systemic neglect and lack of support services. The need for culture fair awareness campaigns, inclusive legislative changes, and heightened advocacy are what this study recommends. Addressing these socio-cultural barriers are essential for ensuring dignity, empowerment, and holistic well-being for both individuals with LD and those who care for them.

Keywords: *Learning Disabilities, Caregivers, Socio-Cultural Stigma, Gender Discrimination, Inclusion*

Global viewpoint on disability support has been emphasizing the philosophy of normalization and inclusion for individuals with intellectual disabilities (ID) (Beadle-Brown et al., 2007; McConkey et al., 2005). Even when this progressive framework is pushed forward by many, societal attitudes toward individuals with learning disabilities (LD) is often fixed in misconceptions, prejudices, and unrealistic expectations. Such societal dynamics pose significant barriers to the inclusion of individuals with LD, particularly within the Indian context that is heavy on its socio-cultural frontage.

In India, Learning Disabled individuals come across multiple forms of social exclusion on a daily basis and most of them happen to be largely stemming from enduring stereotypes and prejudices, hindering their personal development and community engagement (Alanazi,

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Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

2018). Research points out that a substantial lack of awareness about LD exists among the general public. Affected individuals, especially children get perceived merely as "poor learners" rather than doubted as having any other underlying condition (Verma, 2016). Also, negative stereotypes can be reinforced by the cultural and religious beliefs leading to misconceptions being perpetuated throughout society and across generations (Edwardraj et al., 2010). Individuals with LD most often report awareness about these negative attitudes, strengthening their feeling of exclusion and marginalization.

Disability when culturally framed, most often results in cumulative psychological effects, both on the individuals with LD as well as on their caregivers. Mothers, in particular, frequently experience what is referred to as affiliate stigma, adversely affecting their mental well-being (Banga & Ghosh, 2017). Families of such individuals encounters an intricate range of stressors. Parents of children with LD have reported to experience higher levels of psychological stress compared to those who are raising non-disabled children (Dyson, 1996), and their emotional challenges include sadness; disruptions at work, social life, and familial relationships (Şen & Yurtsever, 2007). Financial strain is another issue that is frequently reported, as there is often a struggle with getting a disability certification and anxiety regarding long-term independence and safety of their children (Khanna & Kareem, 2025).

In addition to already discussed issues, geographical disparities tend to complicate this scenario even further. Urban areas are found to demonstrate relatively better awareness and resources, while rural communities tend to adopt more fatalistic attitudes, relying heavily on external agencies for support and rehabilitation (Dalal & Pande, 1999). In such circumstances, families often receive little support, leading caregivers to bear a heightened burden, and having to navigate challenges in isolation (Edwardraj et al., 2010). It has been found that the load extends beyond family members to those of who come into contact and a major stake holder being the educational setting. Teachers of Learning-disabled students face a wide range of challenges, including inadequate teaching materials, rigid curriculum structures, time constraints, behavioural issues, and unrealistic parental attitudes and expectations (Hashir Ahammed, 2021). Motivational, emotional, and self-esteem-related concerns of the students necessitate the need for individualized teaching strategies, which has to be most often developed by teachers themselves to address learners' unique needs.

Reputed as India's most literate state with progressive social policies, Kerala presents a unique context for studying learning disabilities. Higher benchmark of educational expectations and strong emphasis on academic achievement may create additional pressure for individuals with LD. Even though this is the case, research specifically examining the socio-cultural issues faced by people with LD and their caregivers within the Kerala context is very limited. This gap in the literature is very significant as cultural factors influence how disabilities are understood, experienced, and addressed.

In this context, the purpose of this study was to explore five dimensions of interconnected nature, regarding learning disability within the Kerala context: (a) Prevailing cultural misinterpretations of LD; (b) Impact of stigma in promoting silence and social isolation; (c) factors leading to the invisibility of disability and institutional neglect; (d) gendered care burden and emotional labour, particularly among mothers; and (e) the need for culturally formulated interventions as well as targeted awareness campaigns.

Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

Exploring these dimensions through the lived experiences of learning-disabled individuals and their caregivers, this study aims to deliver to a better understanding of learning disabilities within the Kerala socio-cultural context. This understanding is can help develop comprehensive support mechanisms and policy shifts that are adhered to the unique dynamics of the region, thus effectively addressing the complex challenges faced by affected individuals and families.

METHOD

Research Design

In-depth interviews, built upon the qualitative research design was used to explore the socio-cultural issues faced by individuals with learning disabilities and their caregivers in Kerala. To understand the lived experiences, a phenomenological approach was used providing a rich, detailed description of their personal realities.

Participants

20 individuals with learning disabilities and their parents/caregivers from Kerala constituted the study sample. Purposive sampling was used to select participants for the study so as to ensure representation across different types of learning disabilities, age groups, and socioeconomic backgrounds. Informed consent was obtained, and ethical guidelines for vulnerable populations were strictly followed in the case of this study.

Data Collection

In-depth, semi-structured interviews were conducted. The focus of the interview was to explore their experiences, the challenges faced, and perceptions regarding learning disabilities within the Kerala context. It was audio-recorded and later-on transcribed verbatim supplemented by field notes documenting non-verbal cues and contextual information.

Data Analysis

The verbatim data was analysed with the help of thematic analysis following the Braun and Clarke's six-phase approach. The six phases included familiarization with the data, generation of the initial codes, search for themes, review of the themes, defining and naming the themes, and production of the final report. This analysis yielded five major themes: (1) Prevailing Cultural Misinterpretations of Learning Disabilities, (2) Stigma-Induced Silence and Social Isolation, (3) Invisibility of Disability and Institutional Neglect, (4) Gendered Burden of Care and Emotional Labour, and (5) Demand for Culturally Sensitive Interventions and Awareness.

RESULTS

Table 1 Themes, Categories, and Supporting Codes Identified Through Inductive Content Analysis (based on interview data from caregivers of differently abled children with learning disability in Kerala)

| Theme | Category | Supporting Codes (Participant Quotes) |
|--|--------------------------------------|---|
| 1. Prevailing Cultural Misinterpretations of Learning Disabilities | Misconceptions and Lack of Awareness | “Teachers kept saying he was lazy or inattentive”; “Relatives said he’s just spoiled” |
| | Cultural and Religious Beliefs | “Some said it’s past karma”; “Maybe some ancestral deeds are the reason” |

**Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala:
A Qualitative Analysis**

| Theme | Category | Supporting Codes (Participant Quotes) |
|--|--|---|
| 2. Stigma-Induced Silence and Social Isolation | Social Stigma and Silence | “I’ve hidden it many times”; “I fear judgment”; “There’s a kind of silence around it”; “Friends distanced themselves” |
| 3. Invisibility of Disability and Institutional Neglect | Misunderstanding of Invisible Disabilities | “If a child can speak and run around, they think everything is fine”; “Teachers avoid using the word ‘disability’”; “He can do everything very well except sit and study” |
| | Systemic Gaps | “Most people don’t even know such issues or professionals exist”; “Even in school... they avoid the word ‘disability’” |
| 4. Gendered Burden of Care and Emotional Labor | Caregiver Emotional Burden | “I felt very alone”; “We have no one to share our pain”; “No one talks about that” |
| 5. Demand for Culturally Sensitive Interventions and Awareness | Need for Awareness and Support | “Awareness is the key”; “when Fahad Fasil talked about his issues, people did listen, or some leader should talk”; “We need support groups—especially for mothers” |

Theme 1: Prevailing Cultural Misinterpretations of Learning Disabilities

In Kerala, learning disabilities when viewed through cultural and religious lenses, create barriers to get proper diagnosis and support. Within this theme, two main categories emerged:

Category 1.1: Misconceptions and Lack of Awareness

One of the main issues the participants consistently reported was that most often learning disabilities were misinterpreted as either behavioural problems, as laziness, or inattentiveness by teachers and family members. This portrayal is by itself, a fundamental misunderstanding of the neurological basis of learning disabilities.

In the experience of one participant that was shared: “*Teachers kept saying he was lazy or inattentive,*” while another recounted the claim of certain relatives as to how their child was “*just spoiled, and nothing that a good thrashing cannot fix.*” These statements reveal the manner in which learning disabilities are often misattributed to poor parenting rather than recognizing it as a legitimate neurological condition.

Category 1.2: Cultural and Religious Beliefs

Within the socio-cultural context, disabilities were at times found to be attributed to supernatural or religious causes. Participants reported that community members often looked into learning disabilities through a karmic lens, as repercussions for past life actions, or a result of some ancestral misdeed being passed down through the generations at ‘*Kaliyuga*’. As one participant explained: “*Some said it's past karma*” while another reported hearing that “*Ancestors should not have meddled with supernatural entities beyond their*

Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

understanding.” Such attributions of disability to karmic and divinely entities represent a cultural interpretation that can lead to fatalism and resignation rather than active pursuit of interventions and support.

Such misinterpretations of a cultural tint referred to here aligns with the findings of Edwardraj et al., (2010). They found that in South Indian communities, intellectual disabilities were often attributed to supernatural causes, past karma, or familial wrongdoing. This emphasizes the need to understand learning disabilities, and its causal attributes within the specific socio-cultural context of Kerala, where the boundaries between traditional beliefs and medical explanations may not be treated as different as professionals would hope.

Theme 2: Stigma-Induced Silence and Social Isolation

Learning disabilities shrouded in a blanket of stigma leads to silence, concealment, and ultimately social isolation for both the affected individuals and their families.

Category 2.1: Social Stigma and Silence

Participants were bothered with the silence around the topic of LD, and how many have to hide their diagnosis for fear of social alienation. “I have hidden it many times”, is part of the reply given by a participant, showcasing the added psychological burden. Another participant noted that “There's a kind of silence around it,” pointing to how people would rather turn a blind eye towards it, rather than admit it exists. The social consequences of disclosure were also referred to in a few reports as to how “Friends distanced themselves” after learning about the issue. A participant believed it may have been at the coercion of the friends’ family as they believe this condition might affect their child as well, revealing how stigma directly leads to social exclusion and isolation.

Stigma surrounding learning disabilities in Kerala can be particularly challenging as stated by Tidiya et al., (2024), owing to the prevalent high educational expectations in the state. India's most literate state may be creating additional pressure on students with learning disabilities, with the high value placed on academic achievement and its link to familial social status. This finding that stigma leads to concealment aligns with Raghavan et al.'s (2023) study on stigma and mental health in Kerala, indicating that stigma consciousness affects help-seeking behaviors and social interactions. This pattern of stigma-induced silence appears to be consistent across various disabilities in the Kerala context.

Theme 3: Invisibility of Disability and Institutional Neglect

Within Kerala's educational and social systems that prides itself in being entirely literate, LD is pushed to invisibility, leaving nothing but institutional neglect and inadequate support for the learning disabled.

Category 3.1: Misunderstanding of Invisible Disabilities

Participants stated that since learning disabilities have a non-visible nature to it, sans facial features or other distinctive mannerisms, most often it leads to misunderstandings or dismissal of their challenges. “If a child can speak and run around, the teachers think everything is fine” a statement given by a mother points a finger at how physical capabilities are often mistaken for complete wellness, with cognitive or learning difficulties being overlooked. Another participant noted that “Teachers avoid using the word *disability*” indicating how institutions may be reluctant to accept the existence of an LD student, or

Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

using statements like “He can do everything very well except sit and study” to indicate that the child is having no issue other than him being not prepared to study.

Category 3.2: Systemic Gaps

Kerala's institutional support systems for learning disability was filled with a lot of gaps as complained by a parent; and how there are many without any awareness about the available resources and professional support.

One participant mentioned that “Most people don't even know such issues or professionals exist,” highlighting the information gap regarding available services. Another observed that “Even in schools, most people avoid the word disability, or differently abled” pointing to the lengths gone to avoid formal recognition.

Consistent with the research findings of Kunnath et al., (2023) this study on disability empowerment in Kerala, identified gaps in the availability of model programs that are workable, modernizations, research, education, as well as the skill development of those with disabilities. Though Kerala is acclaimed for the development eco-system, disability services are not up to par, and learning disabilities remain highly left out, owing to its invisible nature in comparison to the physical disabilities.

Awareness among teachers also requires attention, as studies show early identification is crucial in the effective management of learning disabilities (Tidiya et al., 2024). Absence of proper training and institutional support for teachers, many may remain undiagnosed and unsupported.

Theme 4: Gendered Burden of Care and Emotional Labour

Though boastful of gender equality and high literacy, socio cultural ideas regarding the nurturing of off – springs are still resting primordially on the shoulders of the female, and same applies to that of those with learning disabilities, resulting in intense emotional and practical burden.

Category 4.1: Caregiver Emotional Burden

Participant mothers described emotional burdens of intense nature that was associated with caregiving more than anything else and reflected feelings of isolation, continuous emotional labour, and a lack of recognition for their role.

Statements like “I felt very alone” and “We have no one to share our pain” reflects the isolation and burden that the caregivers face. “No one talks about that” is a statement highlighting that emotional aspects of caregiving are not acknowledged in social discussions, because they bear the tag of ‘maternal duty’. This duty roster challenges mothers of children with learning disabilities, requiring them to navigate educational systems and advocate for their children, in addition to the household responsibilities that has forever been their birthright.

Indian studies of similar focus have found that mothers of children with disabilities experience significant stress and emotional burden. Moghtadai et al., (2021) in their study evaluated the experiences of mothers of children with specific learning disabilities. They found that mothers had to encounter many challenges, starting with diagnosis, battling

Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

limited educational support, and even for social acceptance—all of which, while getting little or no emotional or practical support.

Theme 5: Demand for Culturally Sensitive Interventions and Awareness

Participants strongly expressed the need for awareness programs and interventions that accounts for the unique socio-cultural framework of Kerala.

Category 5.1: Need for Awareness and Support

Public awareness about learning disabilities and the need for culturally sensitive support systems was a recurrent theme across the interactions of multiple parents or caretakers. They believed it would be a relief for the children and their caregivers. “Awareness is key” in essence communicates that educating the public about learning disabilities would eliminate the need to convince others that their battle is real. The observation that “when Fahad Fasil (a movie actor) talked about his issues, people did listen or some leader should talk” hints at the importance of community leaders being present in awareness efforts, indicating at the support requirements based on the hierarchical nature of Kerala society. Need for targeted support for caregivers was also pointed out, with a few parents noting “We need support groups, especially for mothers”. This is a latent remark on the gendered nature of caregiving and specific challenges are faced by mothers of children with learning disabilities, something that paternal roles are yet to become aware of.

This theme aligns with the recommendations for disability empowerment in Kerala that was made by Kunnath et al., (2023), emphasizing awareness programs and community-based rehabilitation approaches are much needed. The emphasis on culturally sensitive approaches are particularly important in the Kerala context, where educational interventions cannot ignore traditional beliefs while promoting evidence-based practices.

DISCUSSION

The understanding provided by the research on the different socio-cultural issues of people with learning disabilities and their close relatives shows the intersection of cultural beliefs, institutional frameworks, and social attitudes that form their experiences

Cultural Interpretations and Stigma

The cultural misinterpretations of learning disabilities were uncovered in this study, be that as behavioural problems stemming from training or as consequences of karma, contribute significantly to the stigma and social isolation experienced. Broader research on disability related stigma across India has yielded identical findings wherein religiously or culturally laden interpretations being the widely accepted (Edwardraj et al., 2010). Specific to the Kerala context, these cultural interpretations may be particularly impactful owing to the complex religious landscape combined with the strong traditional footing within the state.

Silence and concealment as reported by participants are a manifestation of what Goffman called "stigma management strategies," where persons with stigmatized conditions seek to reduce adverse social outcomes by selective disclosure or concealment (Link & Phelan, 2001, as cited in Panicker, 2021). This pattern of concealment can have significant psychological consequences, including internalized stigma and reduced self-esteem.

Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

Institutional Challenges in the Kerala Context

The "invisibility" of learning disabilities in Kerala's education system is a major hindrance to receiving proper support. Even with high literacy rates and investment in education in Kerala, the research indicates that schools and educational institutions continue to be inadequately equipped to identify and support students with learning disabilities. This could be nothing but a reflection of a much wider trend within the Indian education policy, as learning disabilities have only recently been formally acknowledged in acts such as the Rights of Persons with Disabilities Act, 2016 (Panicker, 2021).

The neglect on part of the institutions can be especially harmful in the Kerala setting, where academic standings are strongly valued. As Tidiya et al., (2024) points out, Kerala's image as India's most literate state, places higher pressure on students with learning disabilities, who might find it difficult to cope with high expectations.

Gendered Dimensions of Caregiving

The revelations that caregiving tasks have to be disproportionately borne by the maternal side is consistent with the wider research on caregiving in India. Though reputed for liberal gender policies, evidence points out that conventional gender roles hold true in Kerala's domain of disability care. This adds pressure on the mothers, who simultaneously need to balance education and its systems, advocate for their children, and perform household tasks at the same time.

This gendered caregiving pattern has been referred to as "intensive mothering," wherein mothers are expected to be primarily responsible for the development as well as the success of their children (Moghtadai et al., 2021). For mothers of children with learning disabilities, these expectations place a huge amount of stress and emotional load, especially when compounded by inadequate institutional support and social stigma.

Implications for Practice and Policy

The findings yield a significant set of implications for practice and policy in Kerala:

- 1. Cultural sensitization:** Interventions need to account for and respond to cultural beliefs about disability, and other religious interpretations. Religious leaders and community leaders may have significant roles in changing cultural discourse about learning disabilities.
- 2. Teacher training:** Teachers play a very important role in the detection and support of children with learning disabilities, and hence outcome designed teacher training programs are essential. Early detection, classroom adaptations, and empathetic communication with the students and families are to be included in the training.
- 3. Support for caregivers:** Special considerations in the form of support programs for caregivers, especially mothers, are desperately required. These may involve respite care, support groups, and practical help in accessing the educational and healthcare systems.
- 4. Public awareness campaigns:** Public awareness campaigns should aim at de-stigmatizing learning disabilities and encourage acceptance of the atypical neurological origins. Utilization of culturally sensitive messages and community leader involvement can have greater impact.
- 5. Policy formulation:** Policy frameworks have great scopes for improvement, with special focus on early identification, accommodation at school, and transition

Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

support. The policies must recognize the unique socio-cultural environment of Kerala.

Limitations and Future Research

There are a number of limitations that need to be noted. The sample size being relatively small, significantly restricts the generalizability of findings even though in-depth interviews were conducted. Moreover, the study focused only on people with learning disabilities and their immediate carers, without expanding its purview to include the viewpoints of teachers, health professionals, or policymakers into account.

Research follow-ups can examine these viewpoints left unconsidered, and focus more on how Kerala teachers conceptualize and react to learning disabilities. Longitudinal studies may be more helpful in analysing how individuals with learning disabilities negotiate education and labour transitions in Kerala. Intervention studies assessing culturally adaptive models of learning disability support would also offer valuable information for practice.

CONCLUSION

This research highlights the socio-cultural problems of people with learning disabilities and their care-givers in the Kerala context. The contextual role of cultural beliefs, institutional organization, and social attitudes, and how it leads to considerable difficulties for the persons concerned and their families are also portrayed.

The identified themes including cultural misinterpretations, silence caused by stigma, invisibility across the institutions, gendered caregiving burdens, and the ignored need for culturally responsive interventions, offer a much-needed conceptual framework demanding comprehension and designing suitable responses. Addressing these socio-cultural aspects of learning disability, Kerala can establish more inclusive social and educational systems that are more supportive of affected individuals and families.

In a highly achieving state with progressive social policies, the needs of those with learning disabilities are an essential step toward genuinely equitable education. This involves changes not only in institutions but also in cultural awareness and social attitudes toward learning disabilities.

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Socio-Cultural Issues Faced by Individuals with Learning Disabilities and Their Caregivers in Kerala: A Qualitative Analysis

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Conflict of Interest

The author(s) declared no conflict of interest.

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