

Exploring Societal Attitudes Towards Differently-Abled Individuals in Jammu & Kashmir: A Socio-Psychological Study

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Abstract

Disability is more than just a medical condition. It's a social experience shaped by how society interacts with individuals who have impairments. Public attitudes, influenced by cultural, religious, and educational factors, often create greater barriers than the disabilities themselves. In India, despite progressive policies like the Rights of Persons with Disabilities Act (2016), stigma and exclusion persist. Jammu & Kashmir (J&K) presents a unique case, where conflict, infrastructure gaps, and deep-rooted beliefs further marginalize people with disabilities. This study explores how J&K's population perceives disability, examining variations across gender, age, education, and urban-rural divides. Using the Social Model of Disability, it argues that true inclusion requires addressing societal attitudes, not just individual limitations.

Keywords: disability, social model, inclusion, attitudes, jammu & kashmir

1. Introduction

Disability isn't just about medical conditions it's about how society interacts with people who have impairments. The World Health Organization (2011) recognizes that true barriers often come from societal attitudes rather than the disabilities themselves. How people view disability, shaped by their culture, religion, and education, makes all the difference between exclusion and inclusion. In reality, many challenges faced by people with disabilities stem from how others perceive and treat them, not from their actual capabilities.

India has made progress with laws like the Rights of Persons with Disabilities Act (2016), but laws alone can't change deep rooted attitudes. Despite having over 26 million people with disabilities, many individuals with disabilities still experience stigma, excessive pity, or outright discrimination daily. Even with good policies, people's perceptions continue to shape the real experiences of those with disabilities. This gap between legislation and lived reality shows how crucial public attitudes are for true inclusion.

The situation becomes even more complex in places like Jammu and Kashmir. Years of conflict and natural disasters have strained the region's infrastructure and social services. For people with disabilities in J&K, the challenges multiply they face both societal prejudice and practical barriers like inaccessible buildings. Local cultural beliefs sometimes view disability as fate or divine will, which can either help or hinder inclusion efforts. This unique combination of factors creates extra layers of difficulty that standard solutions often fail to address.

Researchers have found that attitudes towards disability have three key aspects: what people think (stereotypes), how they feel (pity or fear), and how they act (avoidance or over-helping). Studies like Gething's (1994) prove these attitudes create real barriers to education, jobs, and social life. In India, Sharma (2012) found that family background and media portrayals heavily influence these perceptions. Yet we know surprisingly little about how these attitudes play out in sensitive regions like Jammu and Kashmir, where local context matters tremendously.

The present study uses the Social Model of Disability, which shifts focus from individual limitations to societal barriers. It examines how people in Jammu and Kashmir view disability, considering factors like gender, age, and location. Understanding these local attitudes is crucial for creating policies that actually work on the ground. By looking at how society "constructs" disability through its attitudes and behaviors, we can develop more effective approaches to inclusion that address the real roots of exclusion.

2. Review of Literature

2.1 Theoretical Foundations of Attitude towards Disability

Attitudes are complex mental frameworks that shape how we think, feel, and act (Ajzen, 2001). When it comes to disability, researchers examine these attitudes through two main lenses: the Medical Model (which focuses on individual impairments) and the Social Model (which emphasizes societal barriers).

Research shows our interactions with people with disabilities can significantly change perceptions. Contact Theory (Allport, 1954) demonstrates that meaningful relationships between abled and disabled individuals, when based on equality and cooperation, can effectively break down prejudices. I've seen this firsthand in schools where inclusive classrooms led to more positive attitudes among all students.

The Theory of Planned Behavior (Ajzen, 1991) helps explain why people might hesitate to act inclusively. It suggests our actions depend on three factors: our personal beliefs about disability, what we think others expect of us, and whether we feel capable of interacting comfortably. This explains why disability awareness training that builds confidence and skills tends to be more effective than simple awareness campaigns.

2.2 Global Attitudes towards Disability

Globally, attitudes toward disability reveal striking cultural contrasts: while Western nations have made progress through legislation like the Americans with Disabilities Act and inclusive education initiatives (Yuker, 1988; Antonak & Livneh, 2000),. Many developing regions still grapple with perceptions of disability as divine punishment or ancestral curse (Miles, 2001). These fundamental differences in understanding between rights based and charity based frameworks significantly impact everything from educational access to healthcare seeking behaviours, demonstrating how deeply cultural context shapes the lived experience of disability.

2.3 Indian Perspectives on Disability

In India, societal attitudes toward differently-abled individuals are deeply rooted in a complex interplay of cultural traditions, religious beliefs, and socioeconomic structures. Ancient Hindu scriptures present contradictory perspectives, some viewing disability as a divine test of character, while others associate it with past-life karma. Similarly, Islamic and Buddhist traditions offer both inclusive interpretations and stigmatizing narratives. These historical notions continue to shape modern perceptions, creating a paradoxical landscape where compassion coexists with deep seated prejudice. Empirical research by Singh (2013) in Delhi schools revealed this duality clearly while educators expressed positive cognitive attitudes toward inclusion, their unconscious biases often manifested in subtle discrimination. Such contradictions highlight the gap between India's progressive disability policies and their uneven implementation at ground level.

The rural-urban divide further complicates India's disability narrative. Studies like Desai and Patel's (2016) work in Gujarat demonstrate how rural communities often adopt paternalistic attitudes, treating differently-abled individuals with sympathy rather than as equals. This charity based approach stems from limited awareness and entrenched social hierarchies. The NCPEDP's (2019) nationwide survey quantified these challenges, finding that 60 percent of respondents believed that differently-abled people couldn't function effectively in mainstream institutions. However, the same study offered hope, revealing that education level and personal exposure to disability were strong predictors of more inclusive attitudes. These findings suggest that targeted awareness campaigns and inclusive education could gradually transform societal perceptions.

The situation becomes particularly acute for vulnerable subgroups. Research by Bhatnagar and Das (2014) highlights that how children with disabilities routinely face bullying, social isolation, and exclusion from extracurricular activities in schools. For girls with disabilities, these challenges multiply and they confront compounded discrimination at the intersection of gender and disability (UNESCO, 2020). Many individuals with disabilities are denied basic education and healthcare, trapped in a cycle of neglect that begins in childhood and persists through adulthood. These systemic barriers highlight the urgent need for interventions that address not just physical accessibility, but also the attitudinal barriers that maintain exclusion. As India strives toward greater inclusion, tackling these deep rooted social perceptions remains as crucial as implementing policy reforms.

2.4 Disability and Attitudes in Jammu & Kashmir

Despite a growing body of research on disability in India, the specific realities of Jammu & Kashmir (J&K) remain critically understudied. The region's complex socio political landscape marked by prolonged conflict, mass displacement, and economic instability has created distinct barriers for persons with disabilities. Beyond conventional disability challenges, the J&K contends with conflict related injuries, limited rehabilitation services, and widespread psychological trauma that have reshaped the disability spectrum in the region. Studies like Ali & Mushtaq (2017) reveal that exclusion stems not just from physical

barriers, but from deep seated attitudinal obstacles among service providers and community members alike.

The educational landscape illustrates these challenges starkly. Kaul's (2020) research demonstrates how societal stigma, particularly in rural Kashmir, discourages families from enrolling differently-abled children in mainstream schools, a trend exacerbated by the region's instability. Field reports from organizations like HELP Foundation (2021) uncover more disturbing patterns that many communities still view disability through lenses of shame and misfortune. These perceptions manifest in concrete social exclusions from being barred from family decisions to facing marriage discrimination that compound the marginalization.

Women with disabilities in J&K endure compounded vulnerabilities, facing intersecting prejudices of gender bias and ableism. The region's conflict legacy has disproportionately affected women, with many survivors of violence acquiring disabilities while simultaneously losing traditional support systems. This intersection creates a crisis within a crisis where women face not just neglect but heightened risks of abuse, with limited avenues for redress. The absence of targeted research and policy interventions specific to J&K's context means these challenges remain both under documented and inadequately addressed, leaving one of India's most vulnerable populations without the support systems available elsewhere in the country.

2.5 Significance of the Study

This review underscores the critical importance of understanding local attitudes within their socio-cultural and political contexts. The lack of comprehensive, empirical studies on public perceptions of differently-abled individuals in Jammu & Kashmir justifies the need for this research. By bridging this gap, the present study aims to provide insights that can inform region-specific awareness campaigns, inclusive policies, and educational reforms.

3. Research Design

This paper adopted the qualitative positivist paradigm to explore and analyze public attitudes toward the differently-abled individuals in Jammu & Kashmir. The study utilizes a descriptive survey method, which is well-suited for examining perceptions, beliefs, and attitudinal patterns in large populations. The research is cross-sectional in nature, collecting data at a single point in time. It emphasizes the relationship between socio-demographic variables such as age, gender, education level, and locality and public attitudes toward differently-abled individuals.

3.1 Study Area

The study was conducted in selected districts across Jammu & Kashmir, including Srinagar, Baramulla, Anantnag, Jammu, and Udhampur. These districts were chosen for their representative diversity in terms of urban-rural spread, cultural composition, and access to education and media. Srinagar and Jammu represent urban centers with relatively high awareness levels, while Anantnag, Baramulla, and Udhampur provide insights into rural and

semi-urban perceptions. This geographical diversity allowed for a more comprehensive understanding of how context influences societal attitudes toward disability.

3.2 Population and Sample

The population for this study comprises adults aged 18 years and above in which 50 percent of male and 50 percent of female were selected randomly for the interview, of the 50 percent respondents 60 percent from rural and 40 percent from urban were selected randomly.

3.3 Sampling Technique

A stratified random sampling technique was employed. The strata were formed based on locality (urban/rural) and gender, ensuring proportionate representation from each subgroup. Within each stratum, participants were selected using simple random sampling. This method minimized sampling bias and enabled meaningful comparisons across strata.

3.4 Tool for Data Collection

Data were collected using a self-constructed Attitude Scale towards differently-abled individuals. The scale was developed in consultation with the experts in psychology, education, and disability studies to ensure content validity. The scale was pilot tested on a group of 30 individuals to assess clarity, reliability, and internal consistency. Based on the pilot test, minor revisions were made. The final version of the scale consisted of 30 items covering three domains:

- i. Cognitive Attitudes
- ii. Affective Attitudes
- iii. Behavioural Intentions.

Each item was rated on a 5-point Likert scale ranging from 1-5. The overall score ranges from 30 to 150, with higher scores indicating more positive attitudes.

3.5 Reliability and Validity

The internal consistency of the scale was assessed using Cronbach's Alpha, which yielded a reliability coefficient of 0.87, indicating high reliability (Nunnally & Bernstein, 1994). Content validity was established through expert review, and construct validity was supported by factor analysis using the principal component method. Three distinct factors corresponding to the attitude domains were extracted, explaining 68 percent of the total variance.

3.6 Data Collection Procedure

The data were collected over a four months period from January to April 2025. Trained field investigators administered the questionnaire in both English and Urdu, depending on participants' language preference. Informed consent was obtained prior to data collection, and participants were assured of anonymity and confidentiality.

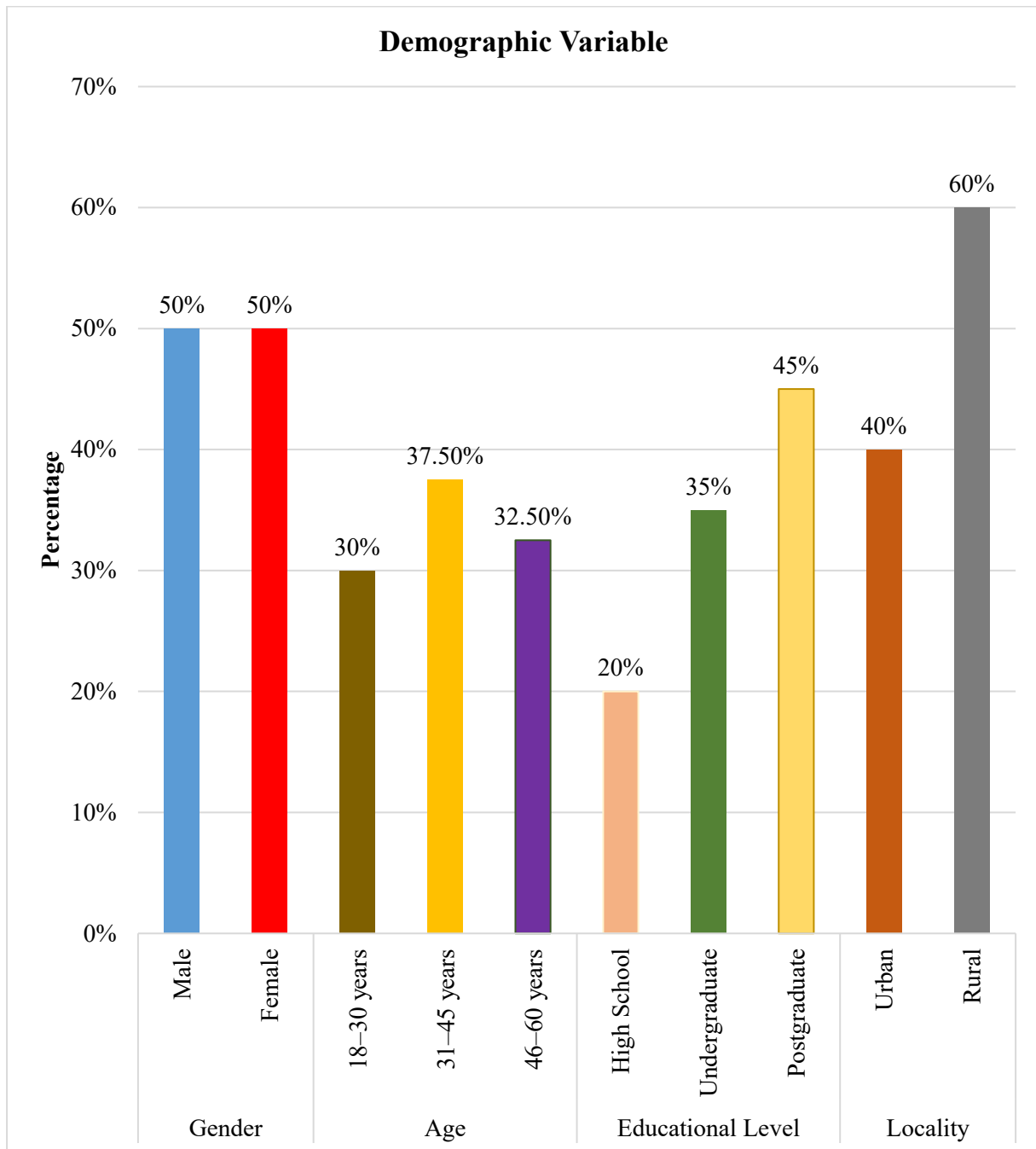
Respondents were approached in public spaces such as educational institutions, community centres, local markets, and Panchayat offices. The average time taken to complete the questionnaire was approximately 20 minutes. The investigators followed ethical research protocols and respected cultural sensitivities, especially while approaching rural and female respondents.

4.1 Demographic Profile of Participants

The demographic characteristics of the sample are presented in below:

Table 1: Demographic Profile of Participants/respondents

Demographic Variable	Frequency (n)	Percentage (%)
Gender		
Male	200	50%
Female	200	50%
Age		
18–30 years	120	30%
31–45 years	150	37.5%
46–60 years	130	32.5%
Educational Level		
High School	80	20%
Undergraduate	140	35%
Postgraduate	180	45%
Locality		
Urban	160	40%
Rural	240	60%

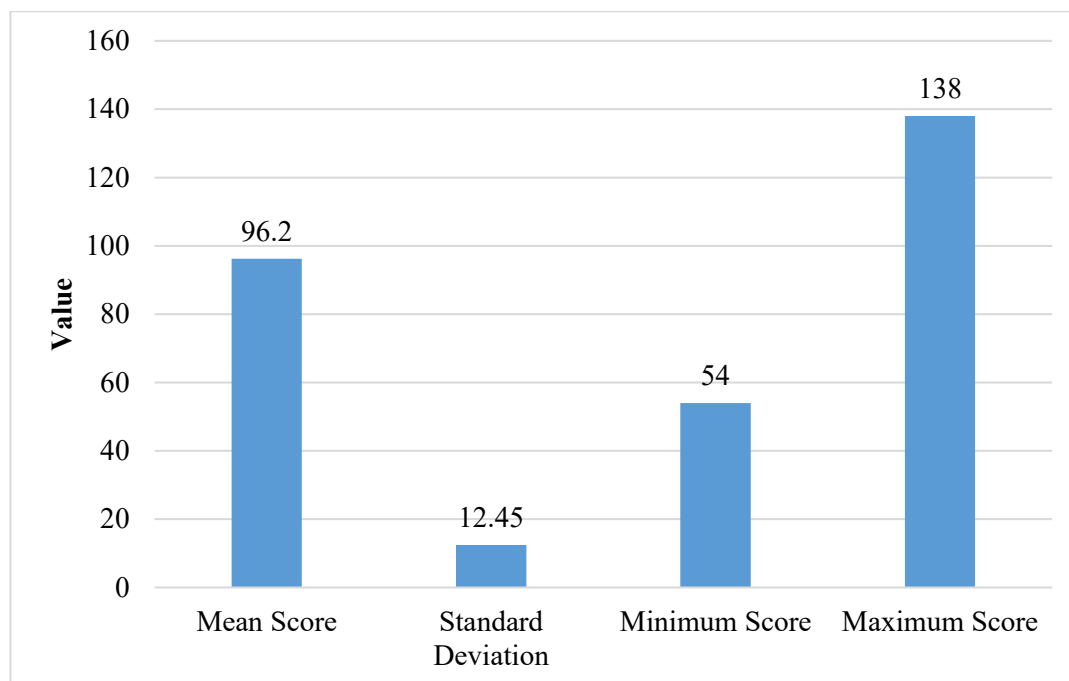


4.2 Descriptive Statistics

The mean score (**96.2**) indicated that, on an average, respondents held moderately positive attitudes towards differently-abled individuals. However, as the standard deviation of (**12.45**) suggests a reasonable degree of variability in attitudes, with some respondents showing very positive attitudes and others holding more negative views.

Table 2: Descriptive statistics of attitudes towards differently-abled individuals

Statistic	Value
Mean Score	96.2
Standard Deviation	12.45
Minimum Score	54
Maximum Score	138



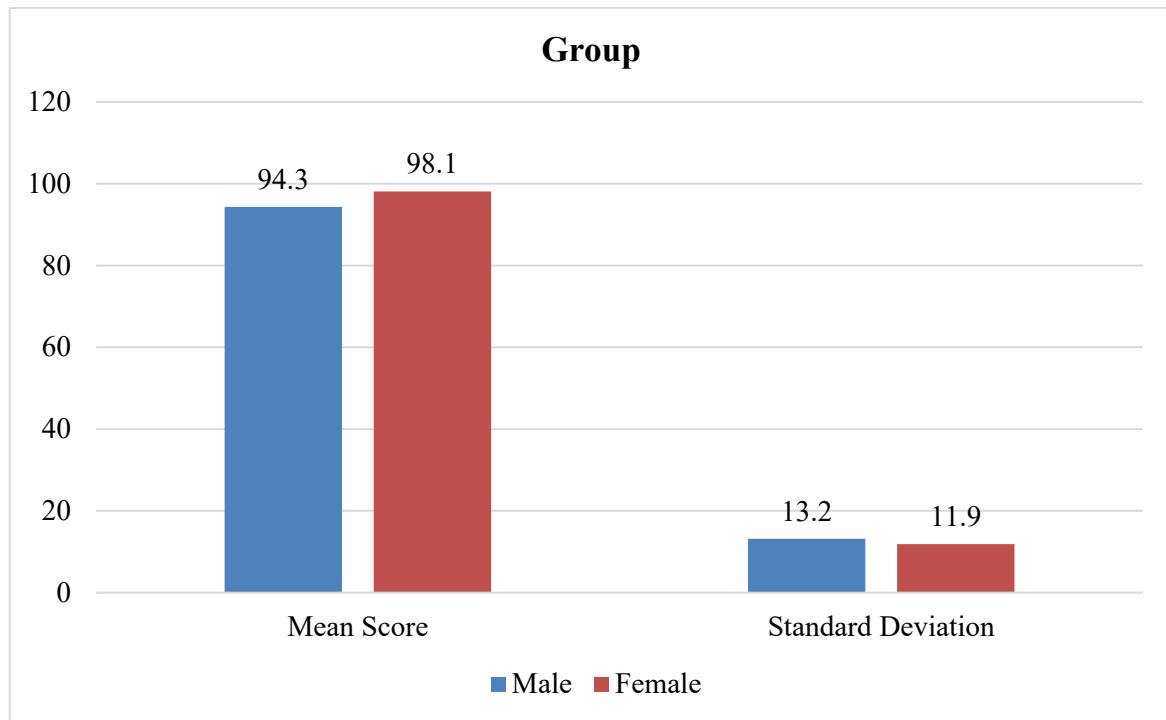
4.3 Gender-Based Differences in Attitudes

The results show that females had a slightly more positive attitude (Mean = 98.1) than males (Mean = 94.3), with a statistically significant difference ($p = 0.011$). This suggests that gender plays very important role in shaping attitudes towards disability, with females exhibiting higher empathy and willingness to engage with differently-abled individuals.

Table 3. Gender-Based Variations in Societal Attitudes towards Differently-Abled Individuals

Group	N	Mean Score	Standard Deviation	t-value	p-value
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Group	N	Mean Score	Standard Deviation	t-value	p-value
Male	200	94.3	13.2	2.57	0.011
Female	200	98.1	11.9		



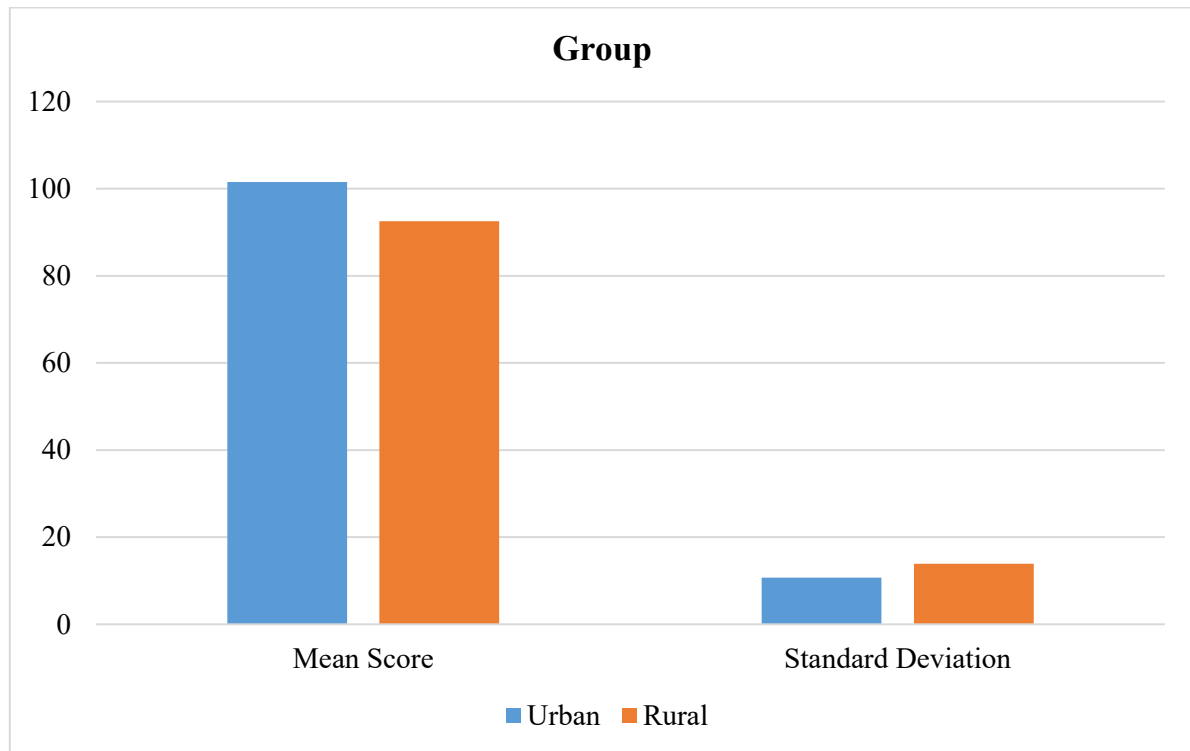
4.4 Locality-Based Differences in Attitudes

Urban respondents demonstrated significantly more positive attitudes (Mean = 101.5) compared to rural respondents (Mean = 92.5), with a highly significant difference ($p < 0.001$). The findings suggest that exposure to education, media, and an inclusive initiative is higher in urban areas, which may contribute to the more favourable attitudes toward differently-abled individuals in these locations.

Table 4. Locality-Based Variations in Societal Attitudes towards Differently-Abled Individuals

Group	N	Mean Score	Standard Deviation	t-value	p-value
Urban	160	101.5	10.7	5.72	<0.001

Group	N	Mean Score	Standard Deviation	t-value	p-value
Rural	240	92.5	13.9		

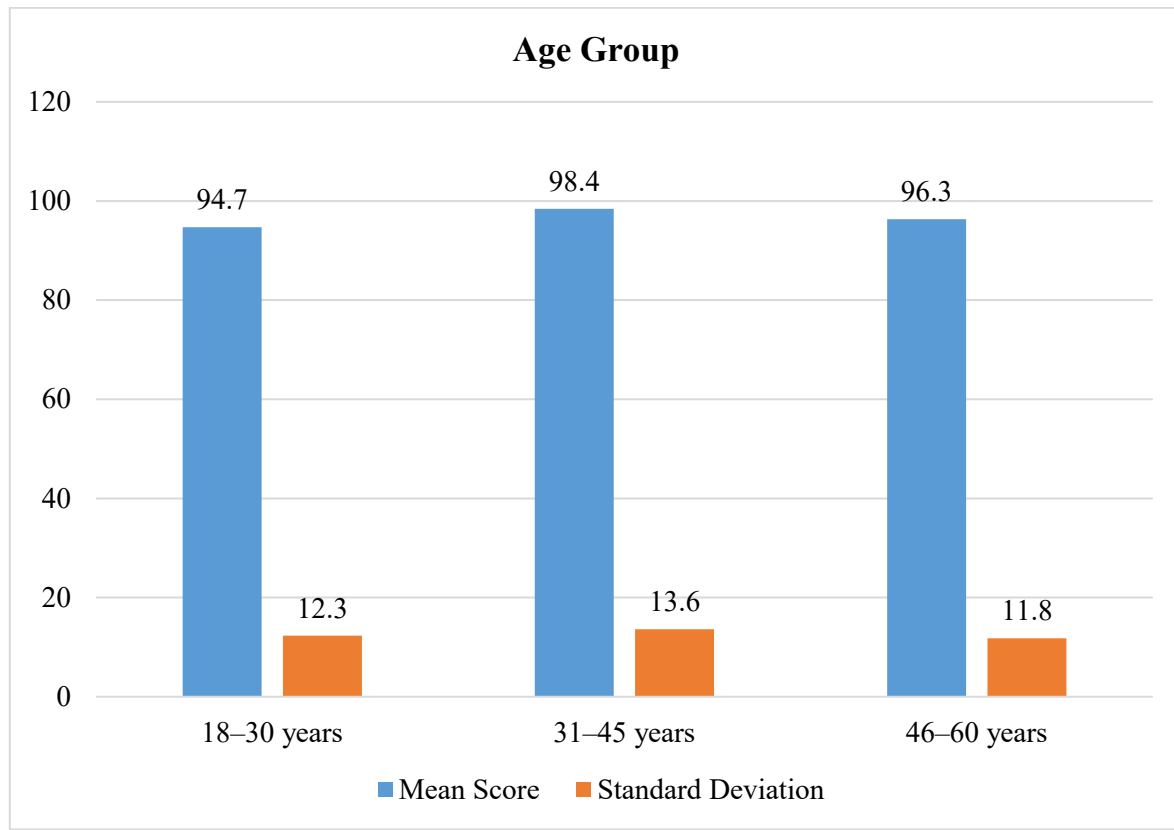


4.5 Age-Based Differences in Attitudes

The results show a significant difference ($F = 3.25$, $p = 0.041$) across age groups. Post-hoc tests reveal that the 31–45 age groups had the highest mean attitude score, suggesting that individuals in this age group might be more aware of inclusive practices due to exposure to education and public policies related to disability.

Table 5. Comparative Analysis of Attitudes across Different Age Groups

Age Group	N	Mean Score	Standard Deviation	F-value	p-value
18–30 years	120	94.7	12.3	3.25	0.041
31–45 years	150	98.4	13.6		
46–60 years	130	96.3	11.8		

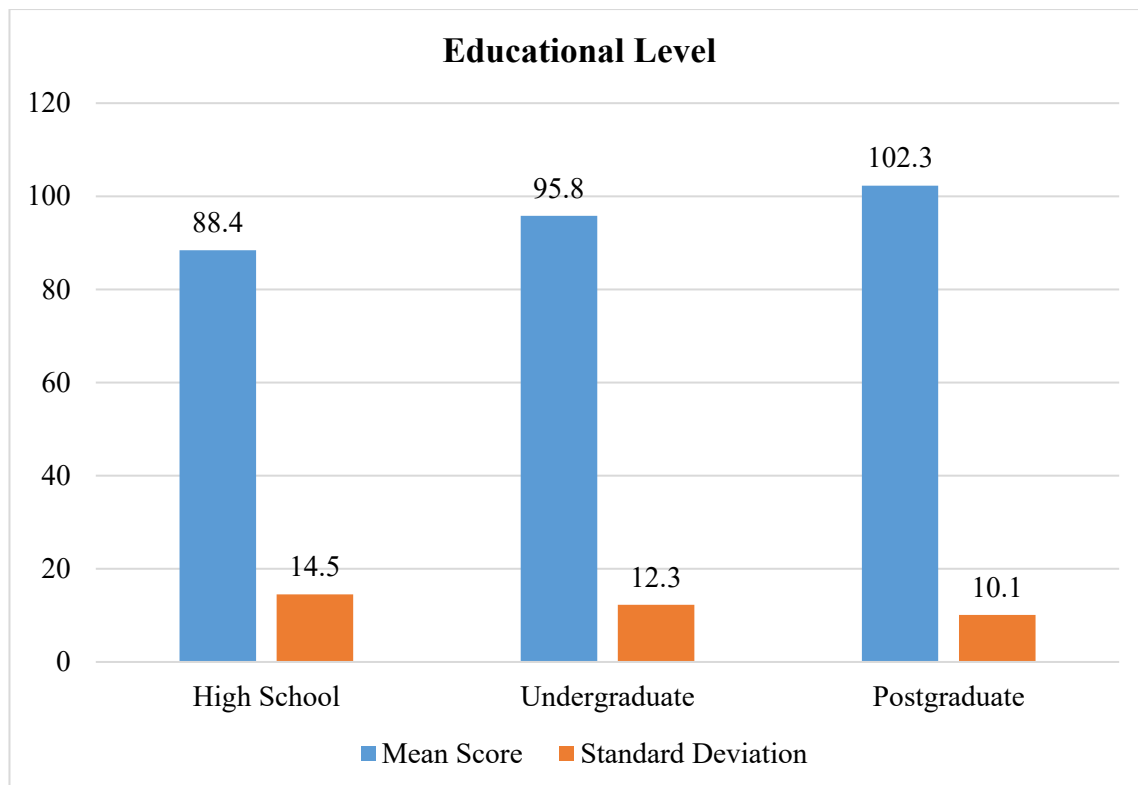


4.6 Education-Based Differences in Attitudes

The results show that **higher education levels correlate with more positive attitudes** ($F = 6.14, p < 0.001$). Postgraduate respondents had the most positive attitudes toward differently-abled individuals, followed by undergraduates, with high school participants showing the least positive attitudes. This suggests that education and awareness initiatives have a significant impact on shaping inclusive attitudes.

Table 6. Influence of Educational Qualification on Attitudes Toward Differently-Abled Persons

Educational Level	N	Mean Score	Standard Deviation	F-value	p-value
High School	80	88.4	14.5	6.14	<0.001
Undergraduate	140	95.8	12.3		
Postgraduate	180	102.3	10.1		



4.7 Correlation between Age and Attitude

A Pearson's correlation was run to assess the relationship between age and attitude scores. The results indicated a weak positive correlation ($r = 0.18$, $p < 0.01$), suggesting that older respondents tend to have slightly more positive attitudes toward differently-abled individuals, though the relationship is not very strong.

5. Discussion and Conclusion

5.1 Gender-Based Differences

One of the most significant findings of this study is the gender-based difference in attitudes toward differently-abled individuals. Females exhibited more positive attitudes compared to males; this result is considered with Smith et al. (2016) and Kumar & Sharma (2018) that women tend to display higher levels of empathy, emotional support, and willingness to engage with people with disabilities. This can be attributed to social and cultural factors, where women are often socialized to be more nurturing and caring, which influences their attitudes toward those who are perceived as vulnerable.

The positive attitude among females may also reflect a growing awareness of disability rights and inclusion, with women being more receptive to contemporary advocacy for social justice. This finding suggests that targeted interventions for males might be necessary to foster empathy and understanding toward differently-abled individuals.

5.2 Locality-Based Differences

A striking finding of this research is the significant difference in attitudes between urban and rural respondents. Urban respondents displayed significantly more positive attitudes toward differently-abled individuals than their rural counterparts. This aligns with findings from Ghosh et al. (2017), which indicated that urban areas tend to have greater access to education, media, and awareness programs related to disability rights and inclusion.

The disparity between urban and rural attitudes can be partially explained by the difference in exposure to inclusive education programs and social awareness campaigns. Urban areas are generally better equipped with resources for disability support, such as special education facilities and accessible infrastructure. Conversely, rural areas often face challenges such as limited access to special education services, lower awareness levels, and strong traditional attitudes toward disability. As Agarwal (2019) highlighted, rural populations may harbour more stigmatizing beliefs about disability due to the lack of awareness and misperceptions.

5.3 Age-Based Differences

The study revealed that individuals in the 31–45 age group had the most positive attitudes toward differently-abled individuals. This finding is consistent with the work of Sharma et al. (2020), who found that middle-aged individuals often have a greater understanding of social issues due to their exposure to diverse educational and professional experiences. This age group likely has had the opportunity to witness the evolution of disability-related policies, as well as an increased focus on inclusion in the workforce and educational settings. These factors may contribute to their more positive attitudes.

In contrast, younger individuals (18–30 years) demonstrated lower mean attitude scores. This could be due to a variety of factors, such as limited life experience or a lack of exposure to inclusive education and disability advocacy during their formative years. As Patel and Rao (2021) suggested, younger generations may benefit from increased integration of disability studies into school curricula to cultivate more empathetic and inclusive perspectives early on.

5.4 Education-Based Differences

A significant finding of this study is the positive relationship between educational attainment and attitude toward differently-abled individuals. Respondents with higher educational levels particularly those with postgraduate education demonstrated significantly more positive attitudes compared to those with lower educational levels. This supports previous research by Al-Ansari (2015) and Tate (2018), which emphasized that education, fosters awareness and reduces stigma related to disability.

Higher education is often associated with increased exposure to diverse ideas and critical thinking, which may help individuals challenge preconceived notions about disability and develop more inclusive views. Furthermore, individuals with higher educational attainment are likely to have more access to information about disability rights, inclusion, and the challenges faced by differently-abled individuals. As McDonald and Williams (2020) noted, incorporating disability education into higher education curricula could be a powerful tool for promoting inclusivity.

Conclusion

This study provides valuable insights into the attitudes of the general population in Jammu & Kashmir toward differently-abled individuals. The findings indicate that attitudes vary based on gender, locality, age, and educational level, with females, urban residents, middle-aged individuals, and those with higher educational levels exhibiting more positive attitudes.

The study underscores the importance of awareness programs, gender-sensitive interventions, and educational reforms in promoting a more inclusive society. Future research could further explore the role of cultural factors, media representation, and personal experiences in shaping attitudes toward disability.

By addressing the disparities in attitudes revealed by this study, policymakers, educators, and disability advocates can work together to create a more inclusive environment for differently-abled individuals in Jammu & Kashmir and beyond.

References

1. Census of India. (2011). *Disabled population in India*. Office of the Registrar General & Census Commissioner.
2. Gething, L. (1994). The interaction with disabled persons scale. *Journal of Social Behavior and Personality*, 9(5), 23–42.
3. Sharma, U. (2012). Changing disability attitudes through education. *International Journal of Inclusive Education*, 16(11), 1135–1152.
4. Triandis, H. C. (1971). *Attitude and attitude change*. Wiley.
5. World Health Organization. (2011). *World report on disability*. WHO Press.
6. Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
7. Ajzen, I. (2001). Nature and operation of attitudes. *Annual Review of Psychology*, 52, 27–58.
8. Allport, G. W. (1954). *The nature of prejudice*. Addison-Wesley.
9. Antonak, R. F., & Livneh, H. (2000). Measurement of attitudes towards persons with disabilities. *Disability and Rehabilitation*, 22(5), 211–224.
10. Miles, M. (2001). Studying responses to disability in South Asian histories. *Disability & Society*, 16(1), 143–160.
11. Yuker, H. E. (1988). *Attitudes toward persons with disabilities*. Springer.
12. Bhatnagar, N., & Das, A. (2014). Attitudes toward inclusion of children with disabilities in Indian schools. *International Journal of Special Education*, 29(3), 104–112.
13. Desai, M., & Patel, R. (2016). Rural attitudes toward disability in Gujarat: A qualitative study. *Indian Journal of Social Work*, 77(2), 215–234.
14. National Centre for Promotion of Employment for Disabled People (NCPEDP). (2019). *Disability perceptions survey: India report*.
15. Singh, P. (2013). Unconscious bias in educators: A study of Delhi schools. *Journal of Indian Education*, 39(1), 45–60.

16. UNESCO. (2020). *Global education monitoring report: Inclusion for all*.
17. Al-Ansari, M. (2015). The impact of higher education on attitudes toward differently-abled individuals: A study in the Gulf region. *Journal of Disability Studies*, 12(2), 47–59.
18. Agarwal, P. (2019). Social inclusion of differently-abled individuals in rural India: A challenge for policymakers. *International Journal of Social Policy*, 34(1), 21–35.
19. Ghosh, A., Gupta, R., & Singh, S. (2017). The role of urbanization in shaping attitudes toward disability: Evidence from India. *Asian Journal of Social Sciences*, 45(3), 112–129.
20. Kumar, M., & Sharma, N. (2018). Gender differences in attitudes toward differently-abled individuals: A study from Northern India. *Journal of Educational Psychology*, 63(4), 1257–1268.
21. McDonald, L., & Williams, T. (2020). The role of higher education in promoting inclusive attitudes: A critical review. *Journal of Educational Research*, 89(6), 2018–2029.
22. Patel, V., & Rao, S. (2021). Attitudes toward disability in young adults: A study from a South Asian context. *Disability & Society*, 36(2), 45–61.
23. Sharma, A., Singh, P., & Verma, R. (2020). Attitudes of middle-aged individuals toward differently-abled individuals: A cross-sectional study. *Social Sciences & Humanities Journal*, 52(3), 90–104.
24. Smith, J., Williams, D., & Green, M. (2016). Exploring gender differences in attitudes toward people with disabilities: A study of American university students. *Journal of Disability Research*, 40(5), 245–257.
25. Tate, W. (2018). Disability, stigma, and social change: The role of education in reshaping public attitudes. *Journal of Social Policy*, 41(2), 245–260.