








## RESEARCH ARTICLE

# Family Context of Attitude toward Children with special Needs among Households with Children with special Needs in Southeast Nigeria: Implication to Sustainable Development

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## ABSTRACT

Disability has come to stay with humanity, placing demand on our technological, scientific, spiritual and humanitarian management capability in adapting and managing it as global community. However, there are different levels and contexts at which people with disability practically require our cooperation and assistance, such as family setting. In sub-Saharan Africa and other developing nations, families of children with disability have found it a difficult task to meet their needs. This study investigated the relationship challenges faced by children with disability among their siblings among households having children with disability in southeast Nigeria. The study applied cross-sectional survey design, while one hundred and eighteen (118) adolescent participants that have at least, one sibling with any form of physical disability took part in the study. Attitude towards disabled sibling scale developed by the researchers using some adaptations from the Attitude Scale of Parents towards their mentally retarded children (Govender, 2002) was used in data collection. A 2 x 3 x 2 Analysis of Variance (Three-way ANOVA) technique from unequal sample size was used to analyze the data. According to the major findings from the study, there is significant interaction of birth order and Parental level of Education (PLoE) on attitude of siblings towards their physically disabled brother/sister,  $F(1,108)=7.568$ ,  $p<.05$ . Participants who are firstborn with less educated parents 64.40 (SD=7.82), midborns with educated parents 71.87 (SD=6.39) and lastborns with less educated parents 59.20 (SD=11.30) all have significantly lower positive attitude towards their physically disabled brother/sister. In conclusion, the study raises concern about the institutionalization of social stigma against people with disability in southeast Nigeria as the product of the family and household relationship with the children with disability.

Individual wellbeing, especially in the developing nations such as among sub-Saharan African nations, is heavily dependent on the family circles. The family circle, which starts with the household circle and extends to extended family circles of different degrees, positively and negatively affects the overall wellbeing of children, youth and elderly in this region. By implication, this holds sway in the overall understanding of individual wellbeing in sub-Saharan Africa and other developing nations. The family relationship in this part of the world goes from the parents and children to the sibling and the extended relatives at different degrees, depending on the nature of cultural heritage by the people in question. The uniqueness of family relationship has been proven by a number of studies revealing the essence of common genetic and cultural heritage

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among family members including siblings (Volkom et al., 2017; Soysa, 2016; Hovland&Hean, 2021). Irrespective of individual differences obtainable at the family context, siblings relationship continue to appear as a lasting family connection owing to the fact that siblings are more uniquely attached to each other than the bond other family relationships can create like marriage, families and friends (Volkom et al., 2017). In view of family instability issues involving husbands and wives, and increasing rate of migration causing geographical disconnections, siblings are the only stable channel of maintaining family and intergenerational existence. More so, the ongoing global population management has in a great way, affected to cohesion of the family structure thereby making siblings more intact and strongly connected than before (Katz & Hamama, 2018; Krejčová, Chýlová&Rymešová, 2023; Barnett, 2022). Therefore, in sibling relationship where one sibling has a disability, there is potential for a long standing influence on the lives of both siblings.

Physical disability at any age is debilitating and its effects far reaching following the societal perception of same and the overall demand and expectations societies place on their members (Babik& Gardner, 2021; Devkota, Kett&Groce, 2019; Wang et al., 2021). Disability in childhood takes on a particular enmity because of the expectations for youth; this is to say that the children with disability are not able to meet certain expectations. In addition to suffering from the physical disability, the child may undergo substantial restrictions in daily activities in an effort to adhere to health management requirements (Zhong et al., 2020; Seligman, 1999; Junaidi& Dewantoro, 2020). Social relationships at school may be damaged when the child incurs difficulties with participating in extracurricular activities. Management of the disability such as visits to hospitals and specialists necessitates excessive time constraints and often leads to financial and family stresses (Wondemu et al., 2022; Junaidi& Dewantoro, 2020). Consequently, physical disability of a child in the family often affects all members of the family, including healthy siblings.

Physical disability has been captured by a number of researchers as a limitation on a person's physical functioning, mobility, dexterity or stamina. It pertains to total or partial loss of a person's bodily functions (eg walking, gross motor skills, bladder control etc) and total or partial loss of a part of the body (eg a person with an amputation) (Shields & Synnot, 2016; Alghamdi, & Alsaigh, 2023). Other physical disabilities include impairments which limit other facets of daily living such as respiratory disorders, blindness and epilepsy (David et al., 2014; Olusanya et al., 2020; Tataryn et al., 2017). Numerous forces have come together to increase the number of children with disabilities, this is because, advances in neonatal care technology have dramatically increased the survival rates of very low birth weight infants and infants with severe birth defects who are at high risk for long-term health problems or cognitive deficits (Fernando & Botelho, 2021). Improvements in assistive technology have resulted in greater proportions of disabled and chronically ill children being mainstreamed—that is, living at home and attending school (Fernando & Botelho, 2021). These trends suggest that more households than ever before have children with disability.

The sibling relationship is unique in its permanency; it is so much connected to the overall wellbeing and survival of the children from childhood, to adolescent and adult stages of their lives. The connectivity and strong bond among the siblings play out in the situation of disability of any of the children as they are all affected at once in different areas and dimensions. How brothers and sisters react to having a sibling with disability could depend on the kind of disability, their age, the age of the child with disability and how it is managed in the family. It could also depend on how parents support all the children in the family (Kaur, 2010; Downey, 2016; Tigere&Makhubele, 2019). There are some complexities in siblings relationship at the family context, which can contradict positive emotional attachments as expected and can be altered from the expected long term family relationship. The situation is also obtainable in the context of family with children and siblings with disabilities who may require a continuous amount of parental attention. Among the children in the family with children having one disability of one form or the other, there is multidimensional issue of attention seeking both from the children with disability and their siblings. To meet these multidimensional needs, the parents are usually confronted with the challenges of which child to first attend to among the two sets of siblings (Modula, 2022; Manomano& Kumalo, 2016; Pakingham, 2016). Siblings with disability may have negative experience from their own siblings who have no disability in the family

context due to some varying factors (Siminghalam, Aubi, Hajian&Alibakhshi, 2018; Burke, 2010; Jajodia& Roy, 2022). A number of studies have reported siblings experiences, which range from positive experience from the siblings who have no disability to that of negative experience from the siblings with no disability; this can occur either way and in some cases can be neutral (Mc Adams, 2016; Hanvey, Malovic & Ntontis, 2022; Luijkx, van der Putten&Vlaskamp, 2016). As such, there are some levels of complexities in siblings relationship at the family context, which can be influence by other sociodemographic factors such as age, birth order, parents' relationship, etc.

Gender of the adult sibling has been captured as a factor in the relationship with the siblings with disability; sisters showed more positive attitude towards the disability of their sibling than brothers did, while children of the same gender who are close in age can feel more companionship, as their greater closeness may provide an opportunity for more conflict and embarrassment (Hanvey, Malovic & Ntontis, 2022; Meltzer & Kramer, 2016; Park, Ryu & Yang, 2021; Watson, Hanna & Jones, 2021; Hayden et al., 2023; Gettings, Franco & Santosh, 2015). In relation to birth order, younger siblings to the siblings with disability are more likely to misunderstand their siblings with disability more especially when the disability is obvious (Park, Ryu & Yang, 2021; Hayden, Hastings, Totsika& Langley, 2019; Hayden et al., 2023). Porter and Mckenzie (2000) maintained in the study that siblings of the children with disability are prone to express stigma and self blame towards their siblings with disability. Equally, whe the younger siblings of the children with disability perceived themselves as outperforming their siblings with disability, they tend to develop sense of guilt. On the contrary, when the older siblings of the children with disability see themselves as outperforming their younger siblings with disability, they tend to display acceptance attitude due to the feeling that such is the way the family ought to be (Porter &Mckenzie, 2000).

Parental level of education is very vital in determining the attitude of siblings towards their disabled brother/sister. This is because, the helplessness of the human infant requires a long period of nurture and protection and it is the natural duty of the parents to transmit their experience, knowledge and understanding to their children. Parents are the primary educational agents of their children, on the one hand, the educated parent may have more to impart than the less educated and this influences the children's general attitude especially towards one another (Wondemu et al., 2022; Bones, Bates, Finlay & Campbell, 2022). On the other hand, less educated parents may be unaware of government agencies and their policies that may be of help to their family; they may also be unaware of the type of professional help to seek for their children with disability making them susceptible to quacks. This becomes a concern in the case of parents who have children with disability who are in a delicate balance to secure the wellbeing of their children who may be in need of special care and attention.

World over, the number of children with disability are increasing owing to the improvement of global health system in saving more lives that could have been terminated by chronic ailments. More importantly, advances in neonatal care technology have dramatically increased the survival rates of very low birth weight infants and infants with severe birth defects who are at high risk for long-term health problems or cognitive deficits. As a global phenomenon and global socioeconomic and health burden, disability has been captured in about 13 Sustainable Development Goals (SDGs) such as poverty and hunger (SDGs1&2), health and well-being (SDG3), education (SDG4), gender equality and empowerment of women and girls with disabilities (SDG5), availability of water and sanitation (SDG6), access to energy (SDG7), employment and decent work (SDG8), inequality (SDG10), inclusive cities and human settlements (SDG11), disasters, shocks and climate change (SDG13) and, violence against persons with disabilities, inclusive societies and institutions, representative decision-making, birth-registration and access to justice and to information (SDG16) (United Nations Department of Economic and Social Affairs, 2019).

Globally, the number of children with disability is an extremely difficult figure to ascertain due to definitional ambiguities and lack of adequate data to derive estimates; however, it is estimated that 244million (5%) children live with disability of different forms and severity globally (UNICEF, 2021) this is observed in sub-Saharan Africa as about 6.4% of the children in the region live with disability. In the case of Nigeria, the documentation is lacking due to lack of interest in the situation, and government continuous neglect of this special population. Because a national health information database does not exist for Nigeria,

estimates of the prevalence of and changes in rates of disabled persons are generally based on survey data. As such more researches are needed to bridge the gaps in literature and to provide extant documentations. More importantly, the case of children with disability and the challenges they pass through still remain some dark figures due to dearth of research in this area, warranting a specialized study as the present study was designed to achieve.. In view of the issues raised above, the present study answered the following research questions:

- a. Will birth order and parental level of education interaction significantly influence the attitude of healthy sibling towards their brother/sister with disability?
- b. Will gender and birth order interaction significantly influence the attitude of healthy sibling towards their brother/sister with disability?
- c. Will parental level of education and gender interaction significantly influence the attitude of healthy sibling towards their brother/sister with disability?

## Methodology

### Participants

One hundred and eighteen (118) adolescent participants that have at least one sibling with any form of physical disability took part in the study. Participants were drawn from 23 secondary schools within Enugu metropolis in Enugu State. Participants were selected using purposive sampling technique with focus on the important variables to the study. the participants in the study sampling included (gender): 41 males and 77 females, (birth order): 26 first born, 35 middle born and 57 last born; (parental level of education): 48 of more educated parents and 70 of less educated parents. in the classification of disabilities, the study selected 14 participants who have siblings with visual impairment, 49 participants with siblings who are deaf and dumb, 25 participants who have siblings with cerebral palsy and 22 participants who have siblings with mobility disability issues. Eight (8) participants had siblings with more than one disability. Their age ranged from 13 – 18 years with a mean of 15 years.

### Instrument

The instrument used in this study was *attitude towards disabled sibling scale* as developed by the researchers. The questionnaire comprising of twenty one (21) statements of a Likert-type scale served as the measuring instrument. This questionnaire was developed by the researcher using some adaptations from the *Attitude Scale of Parents towards their mentally retarded children* due to lack of instruments that specifically assessed the particular study area. *Attitude Scale of Parents towards their mentally retarded children* was initially developed by Govender (2002) to assess attitude of parents in rural South African communities of Zululand towards their mentally retarded children. This instrument was adapted by the researchers as it suits the present study, and assesses the psychosocial factors influencing attitude of siblings towards their brother/sister with disabilities. The initial instrument as developed by Govender (2002) contained 50 items however, due to the study terrain, which required some level of familiarization with the study population in consideration of their socioeconomic status and the overall developmental stage of the population, the instrument was adjusted. This was done with considerate statistical permutation as well as expert advice after pilot study.

A total of 33 items were removed as follows; Item 1: It could not be modified to reflect a sibling relationship. Item 2: the item could not be modified to reflect physical disability in a sibling relationship; item 3: removed by item analysis. Item 4: item could not be modified to reflect a sibling relationship; Item 5: removed by item analysis; Items 8 and 9: removed by item analysis. Item 10: item could not be modified to reflect the study as physical disability does not constitute danger to the society. Item 13: removed by item analysis; Item 15: it could not be modified to reflect a sibling relationship in the culture of the sample population. Item 16: it could not be modified to reflect a sibling relationship; Item 19: the item could not be modified to reflect physical disability in a sibling relationship. Items 20, 21, 24, 27, 28 and 29: removed by item analysis. Item 30: item could not be modified to reflect a sibling relationship; Item 32: the item could not be modified to reflect physical disability. Items 33, 35 and 36: removed by item analysis; Items 37 and 38: they could not be modified to reflect a sibling relationship. Item 40: did not show much of positive or negative attitude and

could not be modified to reflect a sibling relationship; Items 41, 42 and 45: removed by item analysis. Item 46: was not relevant in the present study; Items 48, 49 and 50: removed by item analysis.

A total of 17 items were modified and adapted to portray sibling relationship and physical disability in order to suit the present study. These include items: 6, 7, 11, 12, 14, 17, 18, 22, 23, 25, 26, 31, 34, 39, 43, 44 and 47. A total of 4 items were added, which survived the item analysis to make the “attitude towards disabled sibling scale” by Nnamchi (2014). In the instrument, these include the following: Item 8: was added to identify intense sibling rivalry. Item 15: was added to identify the feeling of jealousy evident in many sibling relationships. Item 17: was added to identify negative attitude and feeling of resentment. Item 21: was added to identify sibling rivalry. The instrument is scored on a 5 point Likert-type scale of strongly agree =5, agree =4, unsure =3, disagree =2 and strongly disagree =1. The negatively structured items are scored to the reverse of the above order. The negatively structured items are 14 and the positively structured items are 7.

The reliability of the instrument was evaluated in terms of internal consistency reliability using 60 adolescents with physically disabled siblings from 16 secondary schools within Enugu metropolis and Cronbach’s Alpha of .724 was obtained which means that the instrument was found to be reliable for the present study. The pilot study revealed certain problems in the drafted questionnaire, which were resolved. The problems were in respect of, for example, the structure of some questions and ambiguity of some words as regards the ages of the participants.

**Procedure**

The researcher obtained a letter of identification from the Department of Psychology, Enugu State University of Science and Technology. Thereafter, the researcher obtained individual permission from principals of 23 secondary schools in Enugu included in the study, to address their students. The schools have high student population which increased the chances of getting participants. In some schools, the vice principals acted as research assistants while in others, teachers acted by assisting in distributing the questionnaires to the designated student participants. One hundred and fifty five (155) copies of the questionnaires were given out, one hundred and thirty one (131) was returned, thirteen (13) was incorrectly filled, one hundred and eighteen (118) was correctly filled. A total of 84.5 percent of the questionnaires were returned while a total of 76.1 percent of the questionnaires were utilized for analysis.

**Design / statistics**

The design used in this study was a cross-sectional survey design. A 2 x 3 x 2 Analysis of Variance (Three-way ANOVA) technique from unequal sample size was used to analyze the collected data. This choice was influenced by the assumption that ANOVA studies the effect of multiple factors and their interaction (Jones, 2014). This assumption postulates that ANOVA identifies the variations within groups and the interaction effect of each variable on the other.

**Findings of the study**

**Table 1.** Three-way ANOVA table showing the influence of gender, birth order and parental level of education on the attitude of siblings towards their brother/sister with disability; dependent Variable: Attitude

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	5267.941(a)	9	585.327	4.955	.000
Intercept	190879.976	1	190879.976	1616.020	.000
Gender	287.836	1	287.836	2.437	.121
Birth Order	31.334	2	15.667	.133	.876
PLoE	260.473	1	260.473	2.205	.140
Gender * Birth Order * PLoE	.000	0	.	.	.
Birth Order * PLoE	1787.780	2	893.890	7.568	.001
Gender * Birth Order	731.084	2	365.542	3.095	.049
Gender * PLoE	31.700	1	31.700	.268	.605
Error	12756.669	108	118.117		
Total	529396.000	118			
Corrected Total	18024.610	117			

**R Squared = .292 (Adjusted R Squared = .233)**

The result of ANOVA in table1 above indicates non-significant influence of gender on attitude of siblings towards their brother/sister with disability,  $F(1,108) = 2.437, p > .05$ ; this means that there is no significant difference between males and females attitude towards their siblings with disability. The result also indicates non-significant relationship between birth order and siblings attitude towards their siblings with disability,  $F(1,108) = 0.133, p > .05$ ; this means that there is no significant difference among first, mid and lastborn in attitude of siblings towards their brother/sister with disability. The table also indicates non-significant influence of (PLoE) Parental level of Education on the attitude of siblings towards their brother/sister with disability,  $F(1,108) = 2.205, p > .05$ ; this means that there is no significant difference between adolescents with educated and less educated parents on attitude of siblings towards their brother/sister with disability. Thus, hypothesis 3 is rejected. The table indicates significant interaction of birth order and Parental level of Education (PLoE) on attitude of siblings towards their brother/sister with disability,  $F(1,108)=7.568, p < .05$ ; this means that birth order interacted with Parental level of Education (PLoE) to influence attitude of siblings towards their brother/sister with disability.

An examination of the marginal means (Birth order \*PLoE) shows that, when the child is a first born of more educated parents, they show more positive attitude ( $M=76.00$ ); when the child is Midborn of less-educated parents, they show more positive attitude ( $M= 71.87$ ), and when the child is lastborn of educated parents, they show more positive attitude ( $M=71.00$ ). The table indicates significant interaction of gender and Birth order on attitude of sibling towards their brother/sister with disability,  $F(1,108) = 3.095, p < .05$ . The marginal means (Birth order \* gender) shows that, when the firstborn is male, all siblings show more positive attitude ( $M=71.100$ ); when the midborn is female, all siblings show more positive attitude ( $M=71.78$ ), but when the last born is male, siblings show relatively equal positive attitude ( $65.13$ ). The table also indicates non-significant interaction of (PLoE) Parental level of Education and gender,  $F(1,108) = .268, p > .05$ ; this means there is no significant influence of parental level of education and gender interaction on the attitude of siblings towards their brother/sister with disability.

**Table2.** Means showing the influence of Gender, Birth order and Parental level of education and the interaction effects on the attitude of siblings towards their brother/sister with disability.

Gender	BirthOrder	PLoE	Mean	Std. Deviation	N	
Male	Firstborn	Lesseducated	71.1000	2.23358	10	
		Total	71.1000	2.23358	10	
	Midborn	Educated	59.3333	4.24264	9	
		Lesseducated	68.4286	1.98806	7	
		Total	63.3125	5.73549	16	
	Lastborn	Educated	65.1333	9.88409	15	
		Total	65.1333	9.88409	15	
	Total	Educated	62.9583	8.59969	24	
		Lesseducated	70.0000	2.47487	17	
		Total	65.8780	7.57032	41	
	Female	Firstborn	Educated	76.0000	.	1
			Lesseducated	59.9333	6.95359	15
Total			60.9375	7.82704	16	
Midborn		Educated	69.3000	6.76675	10	
		Lesseducated	74.5556	7.43490	9	
		Total	71.7895	7.39804	19	
Lastborn		Educated	77.7692	22.48390	13	
		Lesseducated	59.2069	11.30543	29	
		Total	64.9524	17.62613	42	
Total		Educated	74.1667	17.30460	24	
		Lesseducated	62.0189	11.10005	53	



Total	Firstborn	Total	65.8052	14.38753	77
		Educated	76.0000	.	1
		Lesseducated	64.4000	7.82624	25
	Midborn	Total	64.8462	7.99846	26
		Educated	64.5789	7.55216	19
		Lesseducated	71.8750	6.39661	16
	Lastborn	Total	67.9143	7.86418	35
		Educated	71.0000	17.79097	28
		Lesseducated	59.2069	11.30543	29
	Total	Total	65.0000	15.87113	57
		Educated	68.5625	14.65621	48
		Lesseducated	63.9571	10.30328	70
		Total	65.8305	12.41195	118

### Dependent Variable: Attitude

The results of mean in table2 above show that male participants obtained a total mean 65.87 (SD=7.57) on attitude of siblings towards their brother/sister with disability while female participants obtained a relatively equal total mean of 65.80 (SD = 14.38). The two groups however, have relatively equal positive attitude towards their brother/sister with disability. The table shows that firstborns obtained a total mean of 64.84 (SD=7.99), while middleborn obtained a total mean of 67.91 (SD=7.86) and lastborn obtained a total mean of 65.00 (SD=15.87) on attitude of siblings towards their brother/sister with disability. The three groups have positive attitude with middleborns showing fairly more positive attitude towards their brother/sister with disability. The table also shows that participants with more educated parents obtained a total mean of 68.56 (SD=14.65) on attitude of siblings towards their brother/sister with disability while participants with less educated parents obtained a total mean of 63.95 (SD=10.30) on attitude of siblings towards their brother/sister with disability. The two groups however, have positive attitude towards their disabled brother/sister. Participants with educated parents relatively have more positive attitude than participants with less-educated parents. The table shows that participants who are firstborn with educated parents obtained a total mean of 76.00 on attitude of siblings towards their brother/sister with disability, while participants who are firstborn with less-educated parents obtained a total mean of 64.40 (SD=7.82). Participants who are midborn with less-educated parents obtained a total mean of 71.87 (SD=6.39) on attitude of siblings towards their brother/sister with disability, while participants who are middle born with educated parents obtained a total mean of 64.57 (sd=7.55). Participants who are lastborn with educated parents obtained a total mean of 71.00 (sd=17.79) on attitude of siblings towards their brother/sister with disability, while participants who are lastborn with less educated obtained a total mean of 59.20 (SD=11.30).

The six groups show a significant influence of birth order/parental level of education interaction on attitude of siblings towards their brother/sister with disability. They have positive attitude towards their brother/sister with disability however, firstborns with less educated parents, midborns with educated parents and lastborns with less educated parents all have significantly lower positive attitude. The table shows that participants who are firstborn males obtained a total mean of 71.10 (SD=2.23) on attitude of siblings towards their physically disabled brother/sister while participants who are firstborn females obtained a total mean of 60.93 (SD=7.82). Participants who are midborn females obtained a total mean of 71.78 (SD=7.39) on attitude of siblings towards their brother/sister with disability while midborn males obtained a total mean of 63.31 (SD=5.73). Participants who are lastborn males obtained a total mean of 65.13 (sd=9.88) on attitude of siblings towards their brother/sister with disability, while participants who are lastborn females obtained a relatively equal mean of 64.95 (SD=17.62). The six groups show a significant influence of the birth order/gender interaction. However, they have positive attitude towards their brother/sister with disability but firstborn females and midborn males have significantly lower positive attitude. The table shows that male participants with educated parents obtained a total mean of 62.95 (SD=8.59) on attitude of siblings towards their brother/sister with disability, while males with less-educated parents obtained a total mean of 70.00 (SD=2.47). Female participants with educated parents obtained a total mean of 74.16 (sd=17.30) on attitude of siblings towards their brother/sister with disability, while female participants with less educated parents

obtained a total mean of 62.01 ( $sd=11.10$ ). The four groups show no significant influence of gender/parental level of education interaction on the attitude of siblings towards their brother/sister with disability.

### Discussion and Conclusion

Disability among the developing nations is one of the most neglected issues with humanitarian, socioeconomic and political consequences. Although the level of poverty among these nations has made this problem less concern, the problem in the recent times has received attention owing to the intervention of the United Nations via the Sustainable Development Goals agenda. Disability as a global problem but with regional and developmental disparities in terms of approaches, has been captured in about 13 United Nations Sustainable Development Goals (SDGs) such as poverty and hunger (SDGs1&2), health and well-being (SDG3), education (SDG4), gender equality and empowerment of women and girls with disabilities (SDG5), availability of water and sanitation (SDG6), access to energy (SDG7), employment and decent work (SDG8), inequality (SDG10), inclusive cities and human settlements (SDG11), disasters, shocks and climate change (SDG13) and, violence against persons with disabilities, inclusive societies and institutions, representative decision-making, birth-registration and access to justice and to information (SDG16) (United Nations Department of Economic and Social Affairs, 2019). These were to harmonize approaches and strategies in managing the problem for result oriented policies nationally, regionally and globally.

In the developing regions such as Nigeria, the social stigmas attached to disability are more institutionalized than individualized. For instance, Nigeria is one of the places in Africa, where virtually every institution lacked disability-friendly policies and design, making it difficult for the people with disability to access certain basic facilities and services. However, this challenge has not been empirically investigated to track the origin of the social stigma institutionalized against the people living with disability. In the present study, family relationship among the households with children with disability was examined to understand how family relationships contributed to the overall institutionalized stigma against people living with disability in southeast Nigeria. Factors included for investigation are birth order, parental education, gender and other related variables. From the finding of the study, being educated or not being educated among the parents of the siblings with brother/sister with disability did not significantly influence the attitude of the siblings towards the sibling with disability among the household with children with disability in southeast Nigeria. The finding quite contradicted other findings from other regions of the globe such as the findings of the studies by Caliendo et al. (2020), Burke (2010), Park, Ryu and Yang (2021), which indicated that education of the parents, played a role in mediating the attitude of the siblings towards the sibling with disability. This contradiction is perhaps as a result of the nature of education and exposure of the parents. For instance, in southeast Nigeria, disability has nothing to do with the kind of education people received. More importantly, the parents may not see the human right of the children living with disability as important owing to the fact that they do not contribute to the wealth accumulation of the family network, as every child in southeast Nigerian households is considered based on his/her futuristic impact on the family economy.

Southeast Nigeria as majorly Igbo ethnic group, do value children based on their prospect of enhancing the family wealth accumulation and distribution network (Okafor et al., 2021). The situation seems to be playing out in every dimension of their existence including the relationship with the children with disability. For instance, currently, the regions segmented into five administrative states, has no specific laws protecting or including the people with disability in the public and private institutions. The absence of laws and policies for the inclusion and participation of people with disability triggers chain reactions. For instance, beginning from the family of birth, the people with disability are played down and this is what individuals collectively promote in the society unconsciously in the places of decisions that affect the lives of people with disability. In extension, this is institutionalized by deactivating the consciousness towards the people with disability in the public and social institutions such as the education. For instance, the educational institutions in the developing nations such as Nigeria, lack in the basic educational curricular, the knowledge about the conventional ethics in the relationship of the individuals and public with the people with disability. Owing to this situation, the issue of people with disability seems to remained mute in the ongoing society, hence



education of the parents not significantly contributing to the attitude of their children towards their siblings with disability.

The influence of birth order on the attitude of the siblings towards their brother/sister with disability as found in this study corroborated other studies on siblings living with siblings with disability. For instance, according to the study by Park, Ryu and Yang (2021), Kim and Han (2016), Jensen, Whiteman and Fingerman (2018) older siblings tend to be more positive in attitude towards the young siblings with disability, while the younger siblings tend to show negative attitude or neutral attitude towards the older siblings with disability. All these are equally dependent on the environment the children or rather the family are located. As evidence of inclusivity, most developed nations have created the atmosphere of inclusivity for people with disability. This is done through the societal awareness bringing the population together for common understanding of the humanitarian issues in the society as well as extant policies and laws across social institutions mandating the public on the basic rights of the citizens according to their statuses and peculiarities.

Nevertheless, the finding for this study points to more complex issues around people with disability in southeast Nigeria; this is in view of the fact that environmental and other socioeconomic factors combined to build a multidimensional interactions with disability. Although other studies have confirmed the expectations from the siblings, which can be disappointed if the sibling with disability is older than other siblings Begum and Blacher (2011), Paul et al. (2022), Burbidge and Minnes (2014), in southeast Nigeria the cultural outfit is more of the problem than the intra individual feelings about such. For instance, line of inheritance and other honors bestowed in the family tend to fuel some level of competition among the siblings in the family and this in extension can affect the attitude of the siblings towards the siblings with disability especially when the sibling with disability is older than his/her siblings. In southeast Nigeria, one of the elimination methods for the siblings to dominate in the line of inheritance is to technically caption the people with disability as invalid in the process so as to douse the threat of competition especially when it involves male children with disability. This is evidence in the finding of this study, which showed that the middle born males had lower positive attitude towards the older male sibling with disability.

The study raises some concern about the institutionalization of social stigma against the people living with disability in southeast Nigeria as a product of the families and households relationship with the children with disability. Due to the way families and households with children with disability treat their situation as a trivial matter, the pains of these children, which are better understood by their parents and siblings and can be properly communicated to the larger society by same, are buried with the family grudges which ends up with the households and families with children living with disability. And this is transferred to the public domain as no one takes the situations of the children with disability with any form of seriousness. At worst, in southeast Nigeria the problem of the people with disabilities in different categories and stages of life are being turned into business opportunities by few who claim to be helping them in different situations.

Social inclusivity and wellbeing for all, which are part of the cardinal points of the United Nations Sustainable Development Goals, are technically at stake in terms of actualization; this is in view of the extent of institutionalized stigmatization in the region such as southeast Nigeria. The case may be same in other developing regions and nations such Turkey, but for the sake of dearth of empirical information this is out of public knowledge. In any case, there is a startling challenge of de-institutionalizing poor and negative attitude towards the children with special needs. As indicators of institutionalized behavioural pattern, families having children with special needs in places such as southeast Nigeria relegate these children to the background such that most children with special needs in this part of the world are not sent to school. Across the major roads, streets and vehicle boarding stations, children with special needs are treated as accessories and source of income for many families who use these children for street begging. These activities are connected to the problem of poor attitude towards the children with special needs beginning from the families and institutionalized in the society.

### Limitations and Future Suggestions

This study unveiled the hitherto, issue of children with special needs especially in the family context where this matter is swept under the carpet with the impression that the children have no right to determine how the parents and siblings should relate with them. From this study, the socioeconomic status of the parents of the children with disability was specifically tested to understand the role of this factor in the overall issues of siblings' relationship with the children with special needs. Over the years, the socioeconomic status of the parents has been a bone of contention in the analysis of their relationship with their wards with special needs as well as how these as part of family context influence the siblings' relationship with their brothers/sisters with special needs. These factors though are discovered to be significant and at various degrees in the study in southeast Nigeria, they can also be applicable to other regions especially the developing nations where the social institutions are generally weak in the management of humanitarian issues involving the people with disability and specifically the children with special needs. With the findings and strength of the study, there are still some limitations to the study; for instance, the study of this pedigree ought to cover some large population across regions for comparative analysis, however due to the logistics issues, the study was restricted to southeast Nigeria and among the families having children with special needs. Policy wise, the study did not expand to probe the role of policies in extant social institutions to understand the direct role of the obtainable social and humanitarian policies on the family context of interaction with the children with special needs. Equally, there are other factors that could influence the siblings relationship with their brothers/sisters with special needs order than the factors included in the study.

In view of the above, the study suggests further studies in the areas of social policies and humanitarian issues involving children with special needs. The study also suggests further studies focusing on comparative evaluation of siblings' relationship with children with special needs across cultures and developmental benchmarks.

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