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**RADOVANOVIĆ Vesna**

*University of Belgrade, Belgrade, Serbia*

**KOVAČEVIĆ Jasmina**

*University of Belgrade, Belgrade, Serbia*

**JACHOVA Zora**

*Ss. Cyril and Methodius University in Skopje, Faculty of Philosophy, Institute of Special Education and Rehabilitation, Skopje, North Macedonia*

**RISTOVSKA Lidija**

*City General Hospital "8<sup>th</sup> September", Department of Otorhinolaryngology, Division of Audiology, Skopje, North Macedonia*

## **SOCIAL DISTANCE OF THE PARENTS OF STUDENTS WITH TYPICAL DEVELOPMENT TOWARDS STUDENTS WITH DISABILITIES IN INCLUSIVE EDUCATION<sup>53</sup>**

**Abstract:** The aim of the study was to examine the willingness of the parents of students with typical development to accept a certain type of social relations with peers with disabilities. A modified Bogardus social distance scale was used for research purposes. The sample consisted of families of students with typical development who attend inclusive primary schools on the territory of the Republic of Serbia. From the total of 398 students in the sample, 136 (34.2%) attend the class with children with intellectual disabilities, 57 (14.3%) children with autism, 51 (12.8%) children with behavioral disorders, 38 (9.5%) children with motor disorders, 33 (8.3%) children with learning disabilities, 31 (7.8%) children with developmental dysphasia, and 52 (13.1%) children

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<sup>53</sup> This paper was written within the project entitled *Creating Protocol for Assessing the Educational Potential of Children with Disabilities as Criteria for the Development of Individual Educational Programmes*, supported by the Ministry of Science and Technological Development, Belgrade, 451-03-68/2022-14.

with sensory impairments. In terms of the employment and education, 291 parents (73.1%) are in permanent employment, 171 parents (43%) have completed high school, while 29 parents (7.3%) have a master's or doctorate degrees. The results of the study showed that the parents of students with typical development generally do not reject the social contacts of their children with peers with disabilities, which is shown by the total low social distance, but the social distance increased in the areas of emotional and physical closeness, i.e. in the areas which are ranked as the highest level of closeness. The highest social distance exists towards peers with autism, while the lowest social distance exists towards peers with sensory impairments.

**Keywords:** Social distance, Students with disabilities, Bogardus scale, Degree of closeness

## Introduction

Of the many factors that lead to rejection and lack of acceptance of persons with disabilities, the prejudices and negative attitudes of persons without disabilities are particularly distinguished (Kovačević, & Radovanović, 2020). Persons without disabilities often perceive persons with disabilities in a stereotypical way; consider them inferior, less intelligent and consider that they prefer a friendship with other persons with disabilities (Henderson, & Bryan, 1997). In terms of the emotional aspects of prejudices, the feelings of pity or admiration of persons with disabilities are common (Norden, 1994; Shapiro, 1999) and discomfort during contacts (Leutar, & Štambuk, 2006). If a person refuses any, or even the most remote, contact with a member of some group, it shows that the prejudices against that group are very pronounced. By rejecting the closest forms of contacts only, prejudices are less pronounced, but can still be very damaging to the victim of prejudice, and even to the person performing such behavior (Maričić, Kamenov, & Horvat, 2012). Prejudices are taught in the same way that other attitudes and beliefs are taught and acquired in the life. They are most commonly acquired in the childhood, by learning according to the model of the parents, the teacher and the social groups in which the child grows up. Childhood and early childhood play a significant role in creating a child's value system. Therefore, the influence of parental behavior and messages is especially important for gaining early experiences in the field of emotions, behavior and creating relationships with the others. If the parents clearly express their prejudices, they will become a social norm that children are expected to accept. Thus, the parents are an important link in the educational process, but also a model of shaping the attitudes, principles and character of their own children (Tomić, & Nikolić, 2021). Unlike the attitudes that can change when we supplement knowledge with new facts that are contrary to the previously acquired belief, prejudices are difficult to change, because they are very stubborn. According to many authors, prejudices are the basis of discrimination and negative social distance (Fishbein, 2002; Milosavljević, 2005; Nelson, 2003) especially towards children with disabilities and persons with disabilities.

Social distance is operationalized as a willingness of respondents of the general population to engage in direct, immediate, reciprocal social interactions with persons of another group and to achieve a degree of closeness through these interactions (Stanimirović, 1986; Stanimirović, Veselinović, & Dimoski, 2018). It is assumed that if one accepts a social relationship with members of some group at a certain social distance, he or she accepts other relationships over a greater distance, while not accepting a relationship means rejecting and avoiding those that are even closer (Stanimirović, Veselinović, & Dimoski 2018). Social distance is one-dimensional construct with a positive and negative pole. The greater the social distance, the more it influences community behavior and communication with a particular group (Vidanović, 2006), which is why many researches viewed this construct as a conative component of the attitude (Stanimirović, 1986).

The term *social distance* was first used by American sociologist Park (Park, 1902, according to Havelka, Kuzmanović, & Popadić, 2004) and meant various degrees of understanding and intimacy in personal and broader social relationships that are more appropriate to measure than

prejudice itself (Park, 1924). Emory Bogardus began studying national and race relations in America in the 1920s. As a theoretical framework, he accepted the notion of social distance, not social attitudes, and at Park's suggestion constructed a scale for its measurement. He believed that social distance can be a result of stereotypes and prejudices (Bogardus, 1925). The term social distance which was defined by Bogardus as a degree of sympathy or understanding among individuals and groups, today is often used to describe the attitudes towards stigmatized groups (Oullette-Kuntz, Burge, Brown & Arsenault, 2010, according to Stanimirović et al., 2018).

## **Study Objectives**

Research on the willingness of general population to accept the presence of persons with disabilities in its environment shows that the possibility of acceptance is not excluded, but there is still resistance to emotional intimacy and coexistence (Milanović, 2010; Stanimirović, 1986; Stanimirović et al., 2018; Injac, 2003). However, research on the willingness of the parents of students with typical development to accept a certain type of social relations of their children with peers with disabilities has not been conducted both in our country and abroad. Research is mainly focused on examining the attitudes of the parents of children with typical development, as well as the parents of children with disabilities towards inclusive education, and therefore the aim of this study was to examine the willingness of the parents of students with typical development to accept a certain type of social relations of their children with the peers with disabilities.

## **Method**

### **The Sample**

The sample consisted of 398 parents of students with typical development who attend inclusive primary schools on the territory of the Republic of Serbia. In terms of the employment and education, 291 parents (73.1%) are in permanent employment, 198 parents have completed secondary school (49.7%), 171 parents (43%) have completed high school, while 29 parents (7.3%) have a master's or doctorate degrees. From the total of 398 students in the sample, 136 (34.2%) attend the class with children with intellectual disabilities, 57 (14.3%) children with autism, 51 (12.8%) children with behavioral disorders, 38 (9.5%) children with motor disorders, 33 (8.3%) children with learning disabilities, 31 (7.8%) children with developmental dysphasia, and 52 (13.1%) children with sensory impairments.

### **Methods, Tools and Techniques**

For research purposes an adapted Social distance scale was used according to the Bogardus model, taking care to retain the original features of the scale. The scale consisted of 6 claims which were the same for all respondents. The claims in the scale are ranked according to the decreasing degree of closeness with the claim 1. indicating the highest degree of closeness ("I do not want for my child to have a peer with developmental disabilities and disorders as a close friend."), then sitting together in a class, attending the same class, attending the same school, performing the extracurricular activities, until the last one, the sixth, which represented the most distant relationship ("I do not want my child to meet children who have some disability or developmental disorder downtown."). The answers offered were of a dichotomous type (yes/no). The internal consistency and reliability of the scale was at a satisfactory level, the Cronbach's alpha coefficient was 0.790. Prior to the implementation of the Scale, a pilot survey was conducted to verify the established levels of closeness.

The basic advantage of the Social distance scale is its simple application, while its diagnostic value presents the quality of relationships between different social groups. If low, social distance indicates acceptance of a group, while high social distance indicates non-acceptance and

discrimination of a particular group. The results of the social distance survey show the extent to which members of certain groups are present in the society, how much are they accepted and to what extent are they desirable or undesirable to other members of the society (Kovačević, & Radovanović, 2020).

### Data Processing

Statistical measures of descriptive statistics: frequencies and percentages were used to process the collected data.

## Results and Discussion

Results of parents' agreement with the claims on the Social distance scale, regardless of the type of disability are displayed in Table 1.

**Table 1**

Parents' agreement with the claims on the Social distance scale

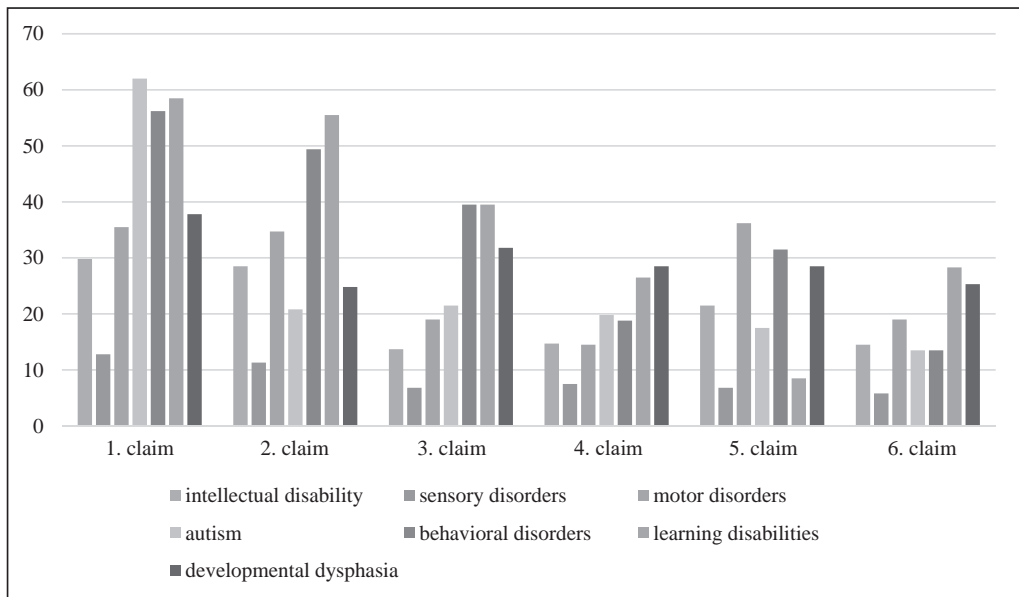
Claim	Agreeing to the Claim	
	f	%
I do not want for my child to have a peer with developmental disabilities and disorders as a close friend.	154	38.7
I do not want for my child sit together in a class with a peer who has some disability or developmental disorder.	125	31.4
I do not want students with disabilities and disorders in my child's class.	89	22.4
I do not want my child to go to school with children who have some disability or developmental disorder.	73	18.3
I would mind my child attending extracurricular activities with children who have some disability or developmental disorder.	84	21.1
I do not want my child to meet children who have some disability or developmental disorder downtown.	69	17.3

The results of the research showed that parents of students with typical development generally do not reject their children's social contacts with peers with developmental disabilities, but the answers depend on the offered level of closeness, so that the social distance increases in the areas of emotional and physical closeness, i.e. in the areas that are ranked as the highest degree of closeness. In relation to individual statements, the results show that the greatest social distance is taken by parents in terms of the friendship with a peer with developmental disabilities in the class. Slightly more than a third of the parents (38.7%) agreed with the claim *I do not want for my child to have a peer with developmental disabilities and disorders as a close friend*, while 31.4% agreed with the claim *I do not want for my child sit together in a class with a peer who has some disability or developmental disorder*. The smallest social distance was achieved on the claim *I do not want my child to meet children who have some disability or developmental disorder downtown* (17.3%). Thus, rejection appears when it comes to relationships that are ranked as the highest level of closeness, which is in line with the findings of research of Leutar (2003) and Maričić et al. (2012).

Results of the research on social distance of parents regarding the type of disability are displayed in Figure 1.

**Figure 1**

Parents' agreement with the claims regarding the type of disability



Regarding to the type of disability, in terms of the relationships that express the highest degree of closeness, the parents of children with typical development showed the greatest social distance towards the peers with autism on the claim *I do not want for my child to have a peer with developmental disabilities and disorders as a close friend* (29.8%). However, on the claims that are also ranked as a high level of closeness *I do not want for my child sit together in a class with a peer who has some disability or developmental disorder* and *I do not want students with disabilities and disorders in my child's class*, the greatest social distance is showed towards students with learning disabilities (55.5%/39.5%) and behavioral disorders (49.4%/39.5%). According to the parents' responses, there is a decrease in social distance with decreasing levels of closeness, so the smallest social distance was recorded at the meeting of peers in school and downtown. In terms of the extracurricular activities, the lowest social distance was taken towards the students with sensory disorders (>10%), while the parents took the greatest social distance towards students with motor disorders and behavioral disorders. In general, the parents expressed the lowest level of social distance in all claims towards students with sensory disorders.

## Conclusion

The results of this research show that despite inclusive education that has been systematically implemented in the Republic of Serbia for a little over a decade, the parents of children with typical development maintain a social distance towards children with developmental disabilities and disorders. The obtained results can be interpreted as insufficient readiness of parents of children with typical development for inclusive education (Dimoski & Nikolić, 2015). Although significant progress has been made in the education of children with special needs in Republic of Serbia over the past years (the implementation process of inclusive education began with the adoption of the new Law on Education in 2009), the effectiveness of the implementation of inclusive education still requires permanent changes in the field of creating the necessary conditions for quality implementation of legal regulations, economic and social support, as well as the development

of positive attitudes and beliefs towards children with disabilities. The practice shows that there are still significant barriers in the form of prejudices and that a certain degree of “tolerance” to systemic discrimination complicates and slows down the process of implementing inclusion. The results of this study show that it is necessary to work on: more comprehensive information about the potential of children with disabilities, education of parents through various school programs for parents, organization of joint activities of parents of children with disabilities and children with typical development within school events or other manifestations in school.

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