

Awareness and Acceptance of the Community Towards Individuals with Down Syndrome

Veia Mae D. Giger, MAEd

veia.giger@deped.gov.ph

Abstract

Some babies are born with a condition called Down syndrome. Individuals with Down syndrome often have medical problems and trouble learning. Raising public awareness of this common disorder and advocating for acceptance and inclusion of people with Down syndrome are great ways of supporting the families of these individuals. This descriptive comparative-correlational study was conducted to determine the level of community's awareness and acceptance of individuals with Down syndrome when analyzed according to socio-demographic profile. The researcher-made and validated survey questionnaire was used to gather data from 120 respondents that composed of vendors, drivers, government sectors, barangay officials, and neighbors. The study utilized mean scores, Pearson-r, and Anova to interpret and analyzed all the data gathered. Results revealed that among the four indicators in level of awareness, the rights of children with Down syndrome was rated very high. Moreover, among the indicators in the level of acceptance, participation in religious activities was also rated very high. In addition, the study found a significant relationship between awareness and acceptance of the community towards individuals with Down syndrome. Based on the findings, it is recommended that intervention program should be implied to raise awareness and acceptance results to wide understanding of individuals with Down syndrome so that they can easily accept individuals having this disability.

Keywords: Special education; community; awareness and acceptance; Down syndrome; participation in religious activities

1. Introduction

Being open-minded, empathic, and non-judgmental about different people starts early in life and is something that people will focus on for the remainder of their lives. Unsurprisingly, attempts are being made to increase general awareness and acceptance of the individuals with Down Syndrome to the community through recognition and inclusion campaigns by government and private sectors. People with Down syndrome may face misconceptions and prejudices, but they have proven time and time again that the disorder is only an aspect of which they are, not a distinguishing or restricting feature. Thus, it is vital to spread the significance of love, acceptance, inclusion, and appreciation every day and especially during Down Syndrome Awareness Month.

Every day, the number of children born with disabilities is increasing. One of the many disabilities is Down's syndrome, which occurs on average in one of 650 infants. In the past, children born with Down syndrome were neglected, and their education was not paid almost any attention. Today, there are significant changes in social awareness related to rights and needs of children with Down syndrome. Early intervention programs that are being developed in order to mitigate problems of children with disabilities are becoming much better, and the number of therapeutic methods is increasing. There are a number of institutions and organizations which provide assistance and support to the parents of children with Down syndrome (Duranovic, M., Klasnic, I. & Opic, V. (2016).

According to the World Bank (2018), one billion people, or 15 percent of the world's population, suffer some form of disability, and the prevalence of disability is higher in developing countries. The estimated incidence of Down syndrome is between 1 in 1,000 to 1 in 1,100 live births. It claimed that people with disabilities are more likely to face discriminatory behavior in the dominant fields of education, health, social economy, work, and justice (Duranovic, Klasnic, & Opic, 2016).

Additionally, Down syndrome continues to be the most common chromosomal disorder. Each year, about 6,000 babies are born with Down syndrome, which is about 1 in every 700 babies born (Mai, 2014). De Graaf, et al., (2017) estimated that the number of people with DS living in the United States has grown from 49,923 in 1950 to 206,366 in 2010. Population prevalence of DS in the United States, as of 2010, was estimated at 6.7 per 10,000 inhabitants (or 1 in 1,499). According to Down Syndrome Australia (2019) in Australia, it is estimated that approximately 1 in every 1100 babies born will have Down syndrome. This means that each year there are approximately 290 new babies born each year who have Down syndrome. In Canada, approximately 1 in 750 live born babies has Down syndrome, source from the Public Health Agency of Canada (2017).

According to the Ability Center (2021), enhanced group connectivity offers more opportunities for participation, enabling individuals with disabilities to live, function, and play in the community as a whole. More contact leads to greater comprehension and less fear. As a result, the world should have a standard knowledge of Down syndrome. Children and adults with Down syndrome are more likely to face alienation from peers and social exclusion. (AL Sheikh et al., 2019).

In the Philippines, 1 in 800 babies is born with Down syndrome, or 1,875 live births a year out of 1.5 million live births (The Manila Times, 2014). These children make up a relatively small proportion of the population. The study is designed to support children and their families based on 1 out of 800 children and limited terms. This was revealed by the Down Syndrome Association of the Philippines Inc. (DSAPI) saying that more than 100,000 families in the country are living with a person with Down syndrome (The Manila Times, 2014).

Results of the National Disability Prevalence Survey (NDPS) in 2016 reveal that approximately 12 percent of Filipinos aged 15 and older reported extreme disability, nearly one in two (47 percent) experienced moderate disability, while 23 percent experienced minor disability, nearly one-fifth (19 percent) experienced no disability. In this survey, the disability prevalence rate corresponds to the percentage of persons with severe disabilities. It also pointed out that the Mental Health Act and the statutory amendment prohibiting discrimination against people with disabilities were among the policies at the level of the PWDs.

Buenabora (2018) also claimed in her published work that Filipinos with disabilities have long faced discrimination. They also live in isolated and degraded areas, and many suffer from loneliness and vulnerability. Despite the passage of the Republic Act 7277, also known as the Magna Carta for People with Disabilities in 1991, which guarantees their right to work, health, education, and auxiliary services, there are still significant barriers to their full participation in society.

Many studies have already been conducted related to the acceptance and awareness of individuals with disabilities around the world, not limited to individuals with Down Syndrome. However, the researcher of the study found no research here in Davao Occidental on the community's acceptance and awareness toward Individuals with Down Syndrome despite researching through online. This scenario is what prompted the researcher to conduct this study. It aimed to determine the community's awareness and acceptance of individuals with Down syndrome. Findings of this study will be beneficial to the community and the individuals with Down syndrome because it will provide baseline support for piloting programs and interventions that will benefit all the stakeholders. This study also endeavoured on the recognition and understanding of community in a Barangay of Davao Occidental toward Individuals with Down Syndrome through the indicators of acceptance and awareness.

1.1 Review of Related Literature

This section presents various literature and studies gleaned from different authors, which significantly bear in this study. The readers will get to understand better the lives of Individuals with Down Syndrome. The study explored, using the two variables and indicators, the awareness and acceptance of the Community toward Individuals with Down Syndrome.

Awareness towards Individuals with Down Syndrome

Self-awareness is described as arguably the most fundamental topic in psychology, both from a developmental and evolutionary standpoint. According to Duval and Wicklund's (1972) seminal book on the philosophy of rational self-awareness, as we center our attention on ourselves, we analyze and relate our present

actions to our existing expectations and beliefs. This produces an empirical state of self-awareness. As critical evaluators of ourselves, we become self-conscious. Self-awareness, however, should not be confused with self-consciousness. Self-awareness heightens various mental states (Rochat, 2003).

However, self-awareness is the ability to see oneself clearly and objectively through reflection and introspection. While it may not be possible to attain total objectivity about oneself, there are certainly degrees of self-awareness. It exists on a spectrum. Our level of self-awareness interacts with the likelihood of success in realigning ourselves and our standards to determine how we think about the outcome. When we are self-aware and believe there is a high chance of success, we are generally quick to attribute that success or failure to our efforts (Ackerman, 2021).

Furthermore, several recent studies have found that self-awareness of cognitive processes leads to general intelligence in the same way that processing efficiency functions like working memory, processing speed, and reasoning do (Demetriou et al., 2013). One is Albert Bandura's concept of self-efficacy. This concept is based on our differing levels of self-awareness. It is described as belief in one's ability to coordinate and implement the courses of action necessary to handle prospective situations. A person's belief in their abilities to excel sets the tone for how they think, behave and feel. Someone with a high self-efficacy, for example, sees challenges as straightforward tasks that must be done and is not easily distracted by defeats. They are aware of their shortcomings and talents and choose to use these characteristics to the best of their ability. An individual with a low sense of self-efficacy lacks challenges and is quickly disappointed by setbacks. They may be unaware of these negative responses and, as a result, do not always change their attitudes. This concept is fundamental to Bandura's natural cognitive philosophy which stresses the importance of observational learning, social experience, and reciprocal determinism in personality development (Kendra, 2014).

Awareness of the learners with Down syndrome is important. Most of the needs of people with Down syndrome are the same as for everyone else. There are, however, some additional, identifiable needs. Down syndrome is associated with increased risks of some health problems, including heart defects, hearing loss, weakened immune systems, poor eyesight and a heightened risk of early-onset dementia. Many of these problems are treatable given knowledgeable and well-resourced medical care (Roubertoux, & de Vries, 2011). It is not yet known why this syndrome occurs, but Down syndrome has always been a part of the human condition. It exists in all regions across the globe and commonly results in variable effects on learning styles, physical characteristics and health (United Nations, 2020).

The following are indicators of people's awareness towards individuals with Down syndrome.

Causes and Treatment. Down syndrome has gained much coverage in recent years. It is a neurological disorder characterized by distinct facial features, cognitive dysfunctions, and patients showing various other congenital disabilities. The mapping of phenotypes to particular regions of chromosome 21 helps researchers establish which genes relate to Down syndrome's phenotypic characteristics, helping them better understand the disease's pathogenesis. Trisomy 21 is the most common type, in which each cell in the body has three copies of chromosome 21 instead of two. Multiple cases with the same pathology will also be diagnosed using prenatal and postnatal research. The importance of an early clinical diagnosis in assessing a patient's prognosis cannot be overstated (Rusescu, 2017).

Some considerations that may be present are Robertsonian translocation and isochromosome or ring chromosome. Isochromosome is a term used to describe a condition in which two long arms of chromosome split together rather than a long and short arm that divides during egg sperm development. Trisomy 21 means that karyotype 47, in females is XX, + 21 and in males is XY, + 21 which is affected by chromosome 21's failure to distinguish during egg or sperm development. The long arm of chromosome 21 is bound to another chromosome in Robertsonian translocation, which occurs in just 24% of cases (generally chromosome 14). While mosaicism is concerned with error or misdivision, it occurs, at some point, after fertilization during cell division. As a result, persons with Mosaic DS have two cell lineages that belong to Mosaic tissues and organs one with a usual number of chromosomes and another with an additional number 21 (Asim et al., 2015).

There are various case-control samples where Infants with Down Syndrome are found to be relatively higher. These include the odds ratio of uncle-niece marriages, or second cousin marriages, or parents living in rural areas, or parents' exposure to narcotics or contaminants, or parents' educational level, or father's behaviors (cigarettes/coffee used), or mothers not receiving antenatal scanning as part of antenatal treatment, or mothers with

anti-diabetes.

Consanguinity, in rural or urban parents' residence, parents' chemical intake, parents' educational status, father's habits, prenatal scanning, and maternal reproductive success are possible risk factors for Down syndrome, in addition to established risk factors (Shalaby, 2010).

One of the hallmarks of DS is the uncertainty in which it affects individuals with DS. With the third 21st chromosome in each cell, it is not shocking that any structure in the body is compromised somehow. However, not every child with DS exhibits the same symptoms or conditions. Parents with children with DS should be aware of these possible disorders to be detected and handled rapidly and appropriately. Maintaining a healthy weight requires a well-balanced diet and daily exercise. The DS child should have regular check-ups with various consultants (Asim et al., 2015).

Treatments are tailored to an individual's physical and academic requirements and strengths and weaknesses. These can necessitate assessment and intervention by physiotherapy, physical therapy, and speech and language therapy teams. Furthermore, any infant with Down Syndrome should receive psychological and educational care (MacLennan, 2020). There is no single, standard treatment for Down syndrome. People with Down syndrome can receive proper care while living at home and in the community (U.S. Department of Health and Human Services, 2017).

According to Guralnik (2011), Early intervention refers to a range of specialized programs and resources that professionals provide to very young children with Down syndrome and their families. These professionals may include special educators, speech therapists, occupational therapists, physical therapists, and social workers. His research indicates that early intervention improves outcomes for children with Down syndrome. This assistance can begin shortly after birth and often continues until a child reaches age three. After that age, most children receive interventions and treatment through their local school district.

Moreover, a variety of therapies can be used in early intervention programs and throughout a person's life to promote the greatest possible development, independence, and productivity (Winders, 2012). Physical therapy includes activities and exercises that help build motor skills, increase muscle strength, and improve posture and balance. Speech-language therapy can help children with Down syndrome improve their communication skills and use language more effectively. Occupational therapy helps find ways to adjust everyday tasks and conditions to match a person's needs and abilities. Emotional and behavioral therapies work to find useful responses to both desirable and undesirable behaviors. Children with Down syndrome may become frustrated because of difficulty communicating, may develop compulsive behaviors, and may have attention deficit hyperactivity disorder and other mental health issues. These types of therapists try to understand why a child is acting out, create ways and strategies for avoiding or preventing these situations from occurring, and teach better or more positive ways to respond to situations (U.S. Department of Health and Human Services, 2017).

A study of Costa (2011) found out that some people with Down syndrome take amino acid supplements or drugs that affect their brain activity. However, many of the recent clinical trials of these treatments were poorly controlled and revealed adverse effects from these treatments. Since then, newer psychoactive drugs that are much more specific have been developed. No controlled clinical studies of these medications for Down syndrome have demonstrated their safety and efficacy, however. Many studies of drugs to treat symptoms of dementia in Down syndrome have included only a few participants. The results of these studies have not shown clear benefits of these drugs, either. Similarly, studies of antioxidants for dementia in Down syndrome have shown that these supplements are safe, but not effective (Lott, Duran, & et al., 2011).

More and more often, interventions for children with Down syndrome involve assistive devices, any type of material, equipment, tool, or technology that enhances learning or makes tasks easier to complete. Examples include amplification devices for hearing problems, bands that help with movement, special pencils to make writing easier, touchscreen computers, and computers with large-letter keyboards (U.S. Department of Health and Human Services, 2017).

Down syndrome is a lifelong condition. While there is no cure for Down's Syndrome, doctors now know more about it than ever before; therefore, early intervention may boost functional outcomes. The overall life

expectancy for individuals with Down syndrome is 58 years (Wu and Morris, 2013).

Physical Characteristics. Down syndrome observations of the patients focused on their physical and facial resemblance to people of Mongolian origin, and he dubbed them as Mongolian Fools. The vocabulary used to describe DS varies. Various words like Mongolism, Mongolian Idiocy, Mongoloid, Mongolian Fools, Mongolian Imbecile, Langdon Down Anomaly, Down Syndrome Anomaly, Congenital Acromicria, or Trisomy 21 Anomaly have been used to identify DS. In 1961, prominent biomedical scientists including John Langdon Down discouraged researchers from using the term 'mongolism'. They proposed the use of Langdon Down Anomaly, Down's Syndrome/Anomaly, Trisomy 21 Anomaly, or Congenital Acromicria. Moreover, in 1965, the Mongolian delegates objected to the World Health Organization (WHO) proposing that using the word 'Mongol' or 'Mongolism' should be stopped due to its derogatory and racist connotations. Subsequently, the WHO officially discontinued the reference to mongolism in all of its publications (Wajuihian, 2016).

Furthermore, the patients resembled one another as if they were siblings. Affected neonates remain quiet, seldom scream, and have hypotonia. The majority of them have a flat facial profile particularly the flattening of the nose bridge. However, some do not have distinctive physical characteristics at birth and develop more prominent facial features during childhood. Occipital flattening, microcephalus, and excess skin around the back of the neck are all typical. The pupils are slanted inward, and there are epicanthal folds in the inner corners. Brushfield spots, a grey to white spots resembling grains of salt around the iris' periphery can be noticeable. The mouth is often held open by a protruding, furrowed tongue that may or may not have a central crack. The ears are often small and oval, while hands are frequently small and broad, with a single transverse palm crease. The digits are often short, with a clinodactylic an incurving fifth digit that frequently has just two phalanges. The legs will have a wide distance between the first and second toes called sandal-gap toes, and the plantar furrow can stretch up to the leg (Hamilton, 2020).

Gavin (2015) observed that at birth, children with Down Syndrome are usually of average size, but they tend to grow at a slower rate and remain smaller than their peers. For infants, low muscle tone may contribute to sucking and feeding problems, as well as constipation and other digestive issues. Toddlers and older kids may have delays in speech and self-care skills like feeding, dressing, and toilet teaching. Down syndrome affects kids' ability to learn in different ways, but most have mild to moderate intellectual impairment. Children with Down Syndrome can and do learn, and are capable of developing skills throughout their lives. They simply reach goals at a different pace — which is why it's important not to compare a child with Down Syndrome against typically developing siblings or even other children with the condition. Children with Down Syndrome have a wide range of abilities, and there's no way to tell at birth what they will be capable of as they grow up.

Furthermore, up to 95 percent of those with Down's Syndrome are overweight or obese, especially females, making it critical to monitor weight and BMI and educate individuals and caregivers about healthier living and disease prevention. (2012) (Head et al.). Real. Congenital heart defects affect between forty percent and sixty percent of those with Down syndrome (Bull, 2011). The most frequent of these are atrioventricular septal defects. Furthermore, new valve issues may arise in adulthood. Adults should get an echocardiogram. Men and women with Down syndrome are both expected to be infertile. The majority of infertile males are infertile (Bull, 2011). Women who continue to become pregnant are at a greater risk of miscarriage, prematurity, and raising a child with Down syndrome (Parizot et al., 2019). The likelihood of a recurrence is fifty percent. Bull (2011) describes that Women of childbearing age should be counseled on contraception and reproductive well-being. Given the developmental disability that people with Down's syndrome are considered to have, it is crucial to understand that these individuals may be vulnerable adults; and any problems concerning sexual abuse should be forwarded to the local protection team.

Developmental Features. It is widely acknowledged that the maintenance of activity patterns and the learning of communication, behavioral, social, and motor skills in children with DS can be a sluggish and discouraging process. It has been observed that children with DS have similar comprehension scores in their vocabularies as their peers, with typical development when paired according to their mental age. In a meta-analysis by (Næss et al., 2011), it was reported that the mean of mental age of children with DS is 23.5 months and had a similar receptive vocabulary score as children with TD a mental age of 28.9 months according to the Peabody Picture Vocabulary Test (Dunn et al., 1986).

Lawler (2018) states that parents and caregivers of children with Down syndrome will also notice that the children

don't develop motor skills the same way other children do due to certain physical characteristics, including low muscle tone and strength, and increased joint flexibility. But many kids with Down syndrome still want to crawl, walk, and play just like other children, so they'll oftentimes find ways to make up for their shortcomings.

While some children can reach a degree of maturity that is somewhat equal to their peers, motor milestones are usually delayed, and children and adults with DS exhibit a lack of finesse in some areas of motor skills development, often characterized as clumsy. For children with Down syndrome, discovering the pleasure of movement may be a daunting and challenging process. The motor characteristics of this reported clumsiness are not clear and often puzzling from a perceptual-motor perspective. When activity and movement sequences in motion become inefficient and counterproductive as they contribute to the mission, this cumbersome movement mode may exacerbate feelings of dissatisfaction (Latash, 2000).

Just like with physical developments, learning comes more slowly for children with Down syndrome, too. Since these babies have physical difficulties, they aren't able to explore the world around them like other children do, and that can negatively impact their learning. Children with Down syndrome may have trouble speaking clearly and grasping grammar and sentence formation. Reading comes relatively easily, but number skills and holding verbal information in their short-term memory can be more of a struggle (Lawler, 2018).

Expression and speech disturbances, concentration issues, sleep difficulties, stubbornness, and cognitive deficits are also common behavioral symptoms of Down syndrome. Any behavior has a reason; contrary to common opinion, a behavior rarely happens out of nowhere. Even if the action does not make sense, the kid with DS's behavior is rational and purposeful. Not all with Down syndrome show all of these signs. The severity of symptoms ranges from person to person (Fawcett, 2017).

However, social development is typically not delayed in children with Down Syndrome. Unlike physical and cognitive and psychological development, when it comes to social development, many children with Down syndrome more closely align with timelines of kids without Down syndrome. Babies with Down Syndrome are normally engaging and affectionate, and their first smile usually occurs only a week or two later than other children (Lawler, 2018). Oftentimes, children with Down syndrome will learn social behavior from others, whether friends in real life or from characters on TV. Not every child with Down syndrome will be a social butterfly, though. Some might need help engaging with peers, and some might become more or less social over time and the parents' role in facilitating relationships changes over time, too.

Children with Down syndrome increasingly see the same life experiences as their non-disabled counterparts. More children with Down Syndrome completely incorporate themselves into their families' activities. It is usual for children with Down Syndrome to be central to their classrooms, neighborhoods, and workplaces in many cultures. However, children with DS as for other disabilities, progress in these settings is hampered by challenging behavior, which Doss and Reichel describe as behavior that causes self-harm or injury to others, damages the physical environment, interferes with the learning of new skills, and/or isolates the learner (Feeley et al., 2007).

Challenging behavior is typical among many caregivers, clinicians, and professionals who have children with Down syndrome. Children with Down syndrome are often labeled as obstinate and stubborn. They react favorably to encouraging messages of friendship and are hurt and offended by reckless actions. Children with Down syndrome can be unable to express their feelings. This can give the impression that she is obstinate. In reality, references to challenging behavior have traditionally been used in the psychiatric literature and continue to exist. Children with Down syndrome, for example, have more excellent rates of interest issues than customarily developed children, social isolation, noncompliance, and compulsions such as organizing items and repeated those actions, as well as elevated rates of self-talk. The habits associated with anxiety, depression, and isolation often escalate with age. People with Down syndrome feel feelings much like the rest of us. Compartment is a form of communication. Take into account all of the conditions (Feeley et al., 2007).

Rights of Children with Down Syndrome. People with Down syndrome are entitled to the same civil liberties as anyone else. Human rights are the fundamental rights and liberties of any person on the planet, from conception to death. They are applicable regardless of where an individual comes from, what he/she believes in, or how he/she wants to live his/her life. They can never be taken entirely, but they can also be reduced – for example, if a citizen breaks the law or is necessary for national security. These fundamental rights are based on shared values

like dignity, liberty, freedom, fairness, and democracy. These ideals must be defined and preserved by legislation (DSI, 2020).

In 2008, a report commissioned by the Disability Rights Promotion International (DRPI) and the National Federation of People with Disabilities Organizations in the Philippines reported that a disproportionate number of PWDs were systematically violated across the country. They face prejudice and other challenges that keep them from engaging entirely in society, having direct access to health services, transitioning into the school system, and seeking employment. Numerous empirical findings have found that social and physical barriers play a significant role in PWDs being disabled by culture rather than their bodies, transforming the emphasis on disabilities from a medical model to a social model (WHO, 2011).

Moreover, the adoption of the Inclusive Education (IE) approach at the heart of the country's education system is enshrined in the 1987 Philippine Constitution, the Child and Youth Welfare Code (PD 603), the Children's Special Protection against Child Abuse, Exploitation and Discrimination Act (RA 7610), the Early Years Act (RA 10410), the Enhanced Basic Education Act (RA 10533), the Magna Carta. Similarly, the country has ratified the United Nations Conventions on the Rights of the Child (1989), the World Declaration on Education for All (1990), the Incheon Plan for the Realization of Rights for PWDs in Asia and the Pacific, and the UNESCO Declaration and Framework for Action on Special Needs Education (1994). Changes in the past thirty years have made it possible for children with special needs to attend school. The introduction of quality schooling for children with Down syndrome has been sluggish but gradual in recent years. More children are being taught in their local school settings with support legislation to help schools provide the services needed to meet unique educational needs (CRN, 2020).

According to the Philippines' HOR House Bill 7140, it guarantees that people with Down Syndrome have better access to the required education, psychiatric facilities, health records, and health care products to treat their illness. It creates a mechanism for integrating long-term research and development and resource generation initiatives by related government agencies and the private sector to enhance the quality of life for Down syndrome patients and their families.

Additionally, there are now hundreds of thousands of Filipino children with Down Syndrome, who are invariably suffering from genetic mental, physiological and physical disabilities. Children with Down syndrome deserve the dignity and respect from everyone and need the State's mantle of protection against abuse, violence and public Indifference. Nationwide awareness of the Down Syndrome condition will immensely help in educating the public on the great potential that children with Down Syndrome possess to live normal lives. Therefore, former President of the Philippines, Gloria Macapagal- Arroyo hereby declared the Proclamation No. 157 states that the month of February of 2002 and the month of February every year thereafter as the "National Down Syndrome Consciousness Month" under the auspices of the Down Syndrome Association of the Philippines, Inc. For this purpose, the Department of Health, the Department of Education, the Department of Labor and Employment, the Department of Social Welfare and Development, other related agencies and appropriate NGOs are enjoined to extend their utmost support and cooperation in the commemoration of this event (National Council on Disability Affairs, 2010).

Acceptance towards Individuals with Down Syndrome

Disability awareness campaigns affect the general culture of a school. Disability recognition in schools is important because it educates students to become responsible citizens. Lindsay and McPherson (2011) found that recognition programs in schools helped develop sensitivity and healthy beliefs in young children. Also, recognition starts at home. It is a setting that constantly strengthens positive attitudes, values, and rituals. All people value their home as a source of comfort and knowledge in all aspects of life. Teaching children about disabilities will help break down social walls and provide a more comprehensive approach to the inclusion of people with disabilities. The most critical things to remember when telling a child about the value of disability awareness are empathy, inclusion, and diversity (Shigri, 2018).

Individuals with Down syndrome need to be viewed as just that—individuals. They want and deserve to be and feel valued just like everyone else. They want and have the ability to make valuable contributions to the community despite their challenges. Acceptance should be everywhere in today's society, but it isn't always. Acceptance means one does not judge someone; such as the saying do not judge a book by its cover. Despite

advances in the understanding and general management of Down syndrome, the condition is still associated with a certain amount of stigma. It is important that individuals with this condition receive support from their family, friends and society at large (Mandal, 2021).

All people with Down syndrome has some degree of learning disability and therefore require special educational support as they grow up. The parents of people with Down syndrome are also in need of social acceptance and organizational support in order to help them understand the condition and its associated complications.

The following are indicators of acceptance of individuals with Down syndrome.

Involvement in the community. The working definition of social inclusion used in this review is therefore drawn from the work of (Simplican et al. 2015), who define social inclusion as the interaction between interpersonal relationships and community participation. Simplican et al. (2015) reviewed the literature on social inclusion and found that most research into social inclusion focused on interpersonal relationships or community participation, even though the wording used to express these concepts varied across different studies. Community inclusion is where all people, including people with disabilities or any other difference, have the same access and opportunities to participate in activities in the same way as other community members. This includes each person making their own choices and having the support they need to take part. People with Down syndrome want to participate in community and sporting activities for the same reasons as their peers without a disability, including social contact, fun, fitness, to increase their skills and increase their confidence and self-esteem.

Moreover, individuals with Down syndrome are becoming increasingly integrated into society and community organizations, such as school, health care systems, work forces, and social and recreational activities. Individuals with Down syndrome possess varying degrees of cognitive delays, from very mild to severe. Most people with Down syndrome have cognitive delays that are mild to moderate (New York's NDSS, 2021).

Torn between powerful and conflicting emotions, parents live through a stressful period in which coping depends on support from one another, from extended families, friends, support groups, and skilled professionals (Yildirim et al., 2012). What seems clear is that a family's initial response to the birth of a child with DS, as indeed of any disability, is influenced by how it is given the diagnosis (Baird et al., 2000; Van Riper and Choi, 2011). All too often, this is done insensitively. Parents resent the lack of compassion shown by many medical professionals, the lack of information provided, or the emphasis solely on future hardships (Goff et al., 2013).

Improved communication between parents, family, community and the health system can increase the satisfaction and well-being of both children with DS and their parents (Marshall et al., 2014). As parents begin to value the child as a source of enrichment in family life, positive adaptations can develop (King et al., 2006; Skotko et al., 2011). Children with Down syndrome are able to learn and, mainly, to count if they are exposed to conditions appropriate to their needs (Agheana, V. & Duta, N. 2015). As greater brain plasticity occurs in the first years of life, the development of these children can be improved if conditions and special stimuli are applied in the early years. This optimizes the development of an individual who may even have an intellectual disability minimized under appropriate training under appropriate training. Therefore, the child with Down syndrome, like any other child, can benefit from interacting with stimuli; however, he/she needs additional support and help.

However, it remains unclear which aspects of the social and political environment affect a family's experiences of caring for a child with an intellectual disability. Most published studies, conducted in rich industrialized countries, pay little attention to the characteristics of the society. Despite this dearth of evidence, it is likely that access to services and social norms and values influence what adapting to parenting a child with an intellectual disability entails (O'Shea et al., 2012).

Participation in Religious Activities. Spirituality can be important in the process of parents establishing meaning and making sense of disability experienced by their child (Fitchett, 1993). A study involving 16 families living with a child with an intellectual or physical disability identified as Latter-Day Saint's highlighted the importance of personal and family religious beliefs in assisting parents to make sense of disability (Marshall et al., 2003). Parents reported that faith, time, reflection, and spiritual beliefs were vital in understanding disability (Marshall et al., 2003). For these families, religious and personal beliefs were intertwined and strengthened by their own experience of disability (Marshall et al., 2003; White, 2009).

Family belief systems are considered among the most critical factors affecting the adaptation and resilience of families (McCubbin & McCubbin 1993; Hawley & DeHaan 1996; Walsh 1998). These belief systems are comprised of world views, values, and priorities. World views are the family's assumptions about the social and cultural environment and their family's place in the world (Patterson & Garwick 1998). Family values refer to the fundamental operating principles by which in their research with 204 families of children with developmental disabilities, Haworth and colleagues formed the conclusion that acceptance is mediated through religious beliefs and that positive well-being is associated with parents viewing their child as a gift from God (Haworth et al., 1996). This conclusion was supported by Marshall and colleagues (2003), who reported that parents perceived their child as a blessing sent to bring their family closer together (Marshall et al., 2003) to achieve more significant spiritual growth. In contrast, other parents have described seeing their child with Down syndrome as a "punishment from God" for sins or wrongdoing (Coulthard & Fitzgerald, 1999; Pargament, 1997) or viewed God as unavailable to them in times of need (Tarakeshwar & Pargament, 2001).

Moreover, a study of Pillay (2010) discovered that for many parents of children with a disability, spiritual beliefs and organized religion were both beneficial as a stabilizing force, helping parents to cope with psychological and physical stressors of parenting. Furthermore, this literature review highlighted that due to its personal nature, spirituality is perceived as a stronger source of support than organised religion by parents of children with intellectual disabilities.

For some parents, religious belief can have an important bearing on causal attributions for disability, although the relationship between religion and views on impairment is not a straightforward one (Bryant et al. 2011; Bywaters et al. 2003; Croot et al. 2008; Groce and Zola 1993; Michie and Skinner 2010; Skinner et al. 2001). Religious discourse reflects cultural understandings and religious teaching, and each is embedded within the other (Bywaters et al., 2003; Diken 2006; Michie and Skinner 2010). The birth of a child with a disability may be perceived as 'God's will' and associated with beliefs about being 'chosen' from a positive perspective but may also be perceived in the broader community as a divine punishment upon the parents (Bryant et al. 2011; Diken 2006; Groce and Zola 1993; Michie & Skinner, 2010). Such understandings are found historically across many religions, including Judaism, Hinduism, Christianity, and Islam (Selway & Ashman, 1998). Society's values about disability can impair or facilitate parental adaptation and response to their child's condition. Reduced levels of social interaction, self-imposed social isolation, and a willingness to place children in institutional care have been associated with maternal perceptions of stigma and negative attitudes towards disability in their families or community (Daudji et al., 2011; Green 2004).

Attendance to School. Education provides opportunities for teachers to accept human diversity in its various forms, such as diversity in culture, race, gender, and disability. If the local authorities wish to encourage the next generation to accept diversity, perhaps the best way of doing this for children with special educational needs is full participation of all children in the class (Aboela, 2008). Thus, children with special educational needs in regular classes, parents, neighbors, or the peers of children with special educational needs will benefit from inclusion. In other words, inclusion will provide advantages for the whole school and not only for the children with special educational needs (Stainback and Stainback 1990).

Orientation towards the child and their specific needs is a basic part of the inclusive education of children with different educational needs and thus enables children with Down syndrome inclusion into the regular school system. According to Vica, Karamatić Brčić (2013), this inclusion is characterized by a sense of belonging, which implies that all the children are actively involved in school activities.

Children with Down syndrome have the right to be educated in their local school, and to be given appropriate support to enable them to access the curriculum and learn effectively. Mainstream schooling has better outcomes for children who have Down syndrome. Research has shown that students with Down syndrome gain academic, social and behavioral advantages from being educated with their typically developing peers in mainstream schools (Buckley et al, 2006; Down Syndrome Ireland, 2018).

Inclusion, as a process of addressing the diverse needs of students, has been gaining significant currency worldwide, reflected in an increasing number of international meetings such as that held in Salamanca in 1994. UNESCO (1994) stipulated that schools should accommodate all children regardless of their physical, intellectual,

social, emotional, linguistic or other conditions. This statement has stimulated many states to change their educational policies to make their schools more inclusive (Black-Hawkins, 2014). Thus, inclusive education comprises a vibrant, global movement located within a humanistic educational struggle (Daniels & Garner, 1999). This movement reflects that education is a fundamental right of human beings and is the basis for establishing a more just society. Hence, inclusive education is increasingly being linked to social justice, as it is seen as a means of eradicating social exclusion (Ainscow & Sandill, 2010).

Moreover, children with Down's syndrome display specific physical features within Saudi culture, contributing to the stigma linked with learning difficulties (Almalq, 2004). These children can also be distinguished from others with learning difficulties, as Down's syndrome can be identified from birth. The majority of children with Down's syndrome are assessed within the Saudi system as having learning difficulties. Therefore, they are entitled to be educated in mainstream schools if their disability is classified as 'moderate' or 'severe.' Those who are classified as having 'profound difficulty' are placed in special schools, which specialize in skills development for children who have been assessed with this level of learning difficulties (Al-Mousa, 2008). The general policy and practice reflect and perpetuate the medical model, leading to the social exclusion of children with Down's syndrome in and out of school (Alabri, 2003).

Research by Center et al. (1991) and Ainscow and Sandill (2010) illustrates the association between the outlook of a school principal and that of the school's personnel regarding inclusion and its likelihood of success. Some researchers have signaled that the knowledge of principals, and the training they undergo, particularly regarding special education, are understood to impact inclusion procedures (Dessent, 1987; Alanazi, 2012; Alothman, 2014). As school leaders are responsible for implementing inclusive policies in schools, their role is essential in bringing about change. Hence, a deeper understanding of the critical role played by principals is vital before undertaking any changes to promote inclusive education (Alothman, 2014).

Synthesis

The significance of disability recognition has grown in recent decades, making it easier for people with down syndrome and society to cultivate empathy for one another. In recent decades, the value of disability awareness has increased, making it possible for individuals with down syndrome and the community to develop respect for one another. Disability recognition helps to reduce society's binary culture, providing numerous ways for all to participate in creating a positive, inclusive society for all.

Despite advances in recognition of down syndrome, the condition remains stigmatized. Individuals suffering from this condition must get help from their family, friends, and society. Many people do not understand or know how to embrace people with Down syndrome, so social acceptance is critical - leaving these people with the idea that they are not included in groups of friends.

Furthermore, disability understanding refers to educating society about disabilities and how we, as people, can influence the necessary changes. Learning acceptance is the basis for cultivating an accepting approach to disability awareness, and it can thus arise everywhere, such as at home, college, office, health institutes, and so on. However, bigotry against persons with disabilities persists and may have detrimental consequences on communities as a whole. As a result, for a brighter future, everyone must strive to eliminate inequality and promote disability awareness through channels open to all people. Tolerance can emerge and help break down social barriers.

Finally, the persistence of various talents in terms of comprehension promotes the continuation of this research to increase awareness of individuals with Down syndrome. Improvements in information acquisition and acceptance can promote a higher quality of life for individuals with Down syndrome.

1.2 Statement of the Problem

This study aimed at finding out the relationship between the awareness and acceptance of the community toward Individuals with Down syndrome. Specifically, it sought to answer the following questions:

1. What was the level of awareness of the Community towards Individuals with Down Syndrome in terms of:
 - 1.1 causes and treatment;
 - 1.2 physical characteristics;
 - 1.3 developmental features; and
 - 1.4 rights of children with down syndrome?
2. What was the level of acceptance of the Community towards Individuals with Down Syndrome in terms of:
 - 2.1 involvement in the community;
 - 2.2 participation in religious activities; and
 - 2.3 attendance to school?
3. Is there a significant difference in the community's awareness of individuals with Down Syndrome when analyzed according to sociodemographic profile?
 - 3.1 age;
 - 3.2 sex;
 - 3.3 educational attainment: and
 - 3.4 work?
4. Is there a significant difference in the community's acceptance of individuals with Down Syndrome when analyzed according to sociodemographic profile?
 - 4.1 age;
 - 4.2 sex;
 - 4.3 educational attainment: and
 - 4.4 work?
5. Is there a significant relationship between awareness and acceptance of the Community towards Individuals with Down Syndrome?
6. Based on the result of the study, what intervention program can be proposed?

1.3 Purpose of the Study

The home is the ideal safe space to raise awareness and inculcate children about disabilities. It is an environment crucial to developing and strengthening optimistic attitudes, beliefs, and rituals. People love their home as it nurtures warmth and understanding in every facet of life. Educating children about disability cultures is significant to breaking down social stigma and providing a more holistic approach to disability inclusion. Empathy, recognition, and diversity are the most important things to remember when teaching the importance of disability understanding. Disability awareness activities affect the general atmosphere of the classroom. Disability awareness in schools is critical because it educates students in order for them to become better citizens (Lindsay & McPherson, 2011).

The study's outcome would benefit the Department of Education Officials, the School Heads, the Special Education Teachers, the Advocates for Anti-Discrimination to Individuals with Disability, and the Community.

Department of Education Officials. Officials from this department may use the results of this study to develop programs that encourage the community to be fully aware of social inclusion. They may also conduct teacher training on accepting people with disabilities in the community.

School Officials. This research can benefit school officials because it can teach them how well-run school-related disabilities services are pivotal to increasing community awareness. As a part of this realization, the learning environment would become more tolerant and supportive of people with disabilities.

Special Education Teachers. The teachers may also find this study valuable in acknowledging how crucial and relevant promoting awareness of disability in the school and the community. This research helps teachers hone their skills, improve their own teaching; and better understand the learning needs of their students.

Advocates for Anti-Discrimination to Individuals with Disability. The study's findings serve as reference material in crafting better programs in addressing the societal gaps. It can help the advocates to empower, educate and raise awareness through awareness advocacy to the community about people with disabilities.

Community. The research is beneficial to the community since it provides a better understanding of the roles people living with disabilities play in the community. It also creates inclusive opportunities for people with disabilities.

Individuals with Down Syndrome. This study assists individuals with Down syndrome in overcoming challenges and developing confidence. It would allow them to experience the life they deserve.

Future Researchers. The research is beneficial to the future researchers since it provides knowledges about raising awareness and acceptance to the individuals with Down syndrome. It helps develop new studies that could eventually help individual with Down syndrome.

1.4 Theoretical Lens

This study anchored on Critical disability theory by Michel Foucault, it involves scrutinizing not bodily or mental impairments but the social norms that define particular attributes as impairments, as well as the social conditions that concentrate stigmatized attributes in particular populations (Schalk 2017). In this way, disability and ability are fundamentally “produced” rather than discovered; this production occurs through a “disability/ability system”. Disability theorists can employ this system as a category of analysis to help “denaturalize” disability. Similarly, Sami Schalk argues, by designating (dis)ability as a system of social norms which categorizes, ranks, and values body minds and disability as a historically and culturally variable category within this larger system (Schalk 2017).

It can also be related on Theory of Mind, traced from Kendra Cherry and medically reviewed by Steven Gans, MD (2021). Theory of Mind is an important social-cognitive skill that involves the ability to think about mental states, both your own and those of others. It encompasses the ability to attribute mental states, including emotions, desires, beliefs, and knowledge. It can infer the intentions of individuals towards down syndrome, on how they can perceive the minds about their hopes, fears, beliefs, and expectations. By being able to develop accurate ideas about what other people are thinking, the community are better able to respond accordingly towards individuals with down syndrome.

This research would further anchor ideas to Social Acceptance and Rejection Theory, traced from Dewall and Bushman's (2011) work. Social acceptance is pleasant, rewarding, and, in moderate amounts, associated with various indicators of wellbeing. Social rejection thwarts the fundamental need for positive and lasting relationships, which strikes at the core of wellbeing. Thus, the human need for social connection can be both a sweet blessing when others accept us and a bitter curse when others reject us (Dewall, 2011). Social acceptance means that other people signal that they wish to include you in their groups and relationships (Leary, 2010). Social rejection means that others have little desire to include you in their groups and relationships (Leary, 2010). This theory can be the guide to determine if the individuals with down syndrome are truly accepted in the community of a barangay in Don Marcelino, Davao Occidental.

Figure 1 shows the research's conceptual framework. The independent variable is awareness, which has four indicators: Causes and Treatment, Physical Characteristics, Developmental Features, and Rights of Children with Down Syndrome. On the other hand, the dependent variable is acceptance, measured by three indicators: Involvement in the community, Participation in religious activities, and school attendance. The assumed relationship is represented by the arrow connecting the two variables. The third box contains the moderating variable, which is the respondents' sociodemographic profile. It contains information about their age, gender, highest educational attainment, and employment. Also, the pentagon shape, the result of variables will be the proposed projects in implementing awareness and acceptance towards individuals with down syndrome.

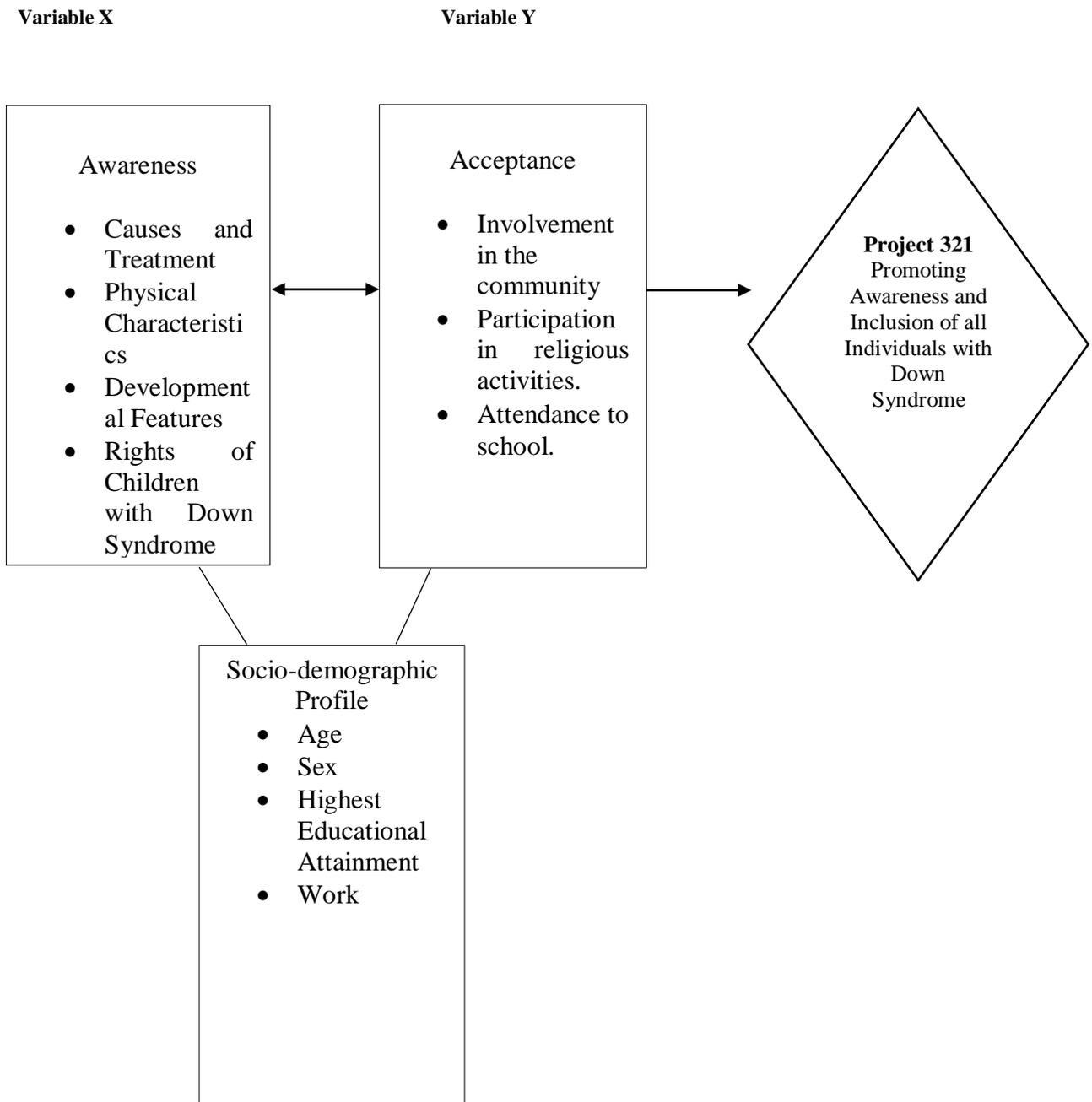


Figure 1. Conceptual Framework of the Study

2. Methodology

2.1 Research Design

In understanding the study, the researcher had used a quantitative research design utilizing descriptive-comparative, and correlational approach which was appropriate to the nature of the study. According to Jacobs (2010), descriptive research design collected data to answer questions about the current status of the subjects or topic of the study. It used formal instruments to study the preferences, attitudes, practices, concerns, or interests of a sample. The descriptive-correlational research method was utilized to determine the awareness and acceptance of the Community towards individuals with Down Syndrome.

The study was descriptive in nature because it described the socio-demographic profile of the respondents of the survey in terms of age, sex, educational attainment, and work. Also, it described the levels of awareness and the acceptance levels of the Community towards Individuals with Down Syndrome. Moreover, the study was comparative because it answered whether there was a significant difference in the community's acceptance and awareness toward Individuals with Down Syndrome by socio-demographic profile. Lastly, the study was correlational since it assessed whether there was a significant relationship between awareness and acceptance of the community towards individuals with Down Syndrome.

2.2 Participation of the Study

The researcher had surveyed the general population in a barangay in Don Marcelino, Davao Occidental. One hundred twenty (120) respondents in which this method guaranteed that the selection process had been composed of vendors, drivers, government sectors, barangay officials, and neighbors.

The study had utilized Convenience Sampling (Also known as Haphazard Sampling or Accidental Sampling) which was a type of nonprobability or nonrandom sampling where members of the target population that met certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate were included for the purpose of the study (Etikan, 2016).

The first objective of the study was to determine the respondents' socio-demographic profile with respect to age, sex, educational attainment, and work, the frequency and percentage distributions are used in the study. The data are presented in the following tables.

Age	Frequency	Percent
18	2	1.70
19	2	1.70
20	2	1.70
21	1	0.80
22	4	3.30
23	6	5.00
24	3	2.50
25	2	1.70
26	7	5.80
27	4	3.30
28	2	1.70
29	3	2.50
30	3	2.50
31	2	1.70
32	6	5.00
34	5	4.20
36	5	4.20
37	2	1.70
38	3	2.50
39	2	1.70

Age	Frequency	Percent
40	3	2.50
41	4	3.30
42	7	5.80
43	2	1.70
44	5	4.20
45	1	0.80
46	5	4.20
47	1	0.80
48	2	1.70
49	4	3.30
50	5	4.20
53	1	0.80
54	1	0.80
55	4	3.30
56	4	3.30
57	1	0.80
58	1	0.80
61	1	0.80
63	2	1.70
Total	120	100.00

Presented are the results on the demographic profile of the respondents in terms of age. Results indicate that most of the respondents are 26 years with frequency count of 7 out of 120 with a percentage of 5.8. It is followed by ages 23 and 32 years old with a frequency count of 6 with a percentage of 6.0. Ages 34, 44, and 50 followed with a frequency count of 5 with a percentage of 4.20. The least number of respondents are from ages 21, 45, 47, 53, 54, 57, 58, and 61.

The Profile of the Respondents in Terms of Sex

Sex	Frequency	Percent
Female	82	68.30
Male	38	31.70
Total	120	100.00

Moreover, presented in are the results on the demographic profile in terms of sex. The table shows that most of the respondents are female with a frequency count of 82 out of 120 or 68.30%. Meanwhile, male respondents have a frequency count of 38 out of 120 or 31.70 percent.

Demographic Profile of the Respondents in terms of Educational Attainment

Educational Attainment	Frequency	Percent
ALS Graduate	1	0.83
College Graduate	31	25.83
Elementary Graduate	27	22.50
HS Graduate	61	50.83
Total	120	100.00

Presents the results of the demographic profile of the respondents in terms of Educational Attainment. Results reveal that the High School graduates have the frequency count of 61 or 50.83 percent. It is followed by College graduates with a frequency count of 31 or 25.83 percent. Moreover, Elementary graduates follow with a frequency count of 27 or 22.50 percent; and ALS graduate has a frequency count of 1 or 83 percent.

The Profile of the Respondents in terms of Work

Work	Frequency	Percent
Government Employee	27	22.50
Private Employee	3	2.50
Self-Employed	54	45.00
Unemployed	36	30.00
Total	120	100.00

In terms of work, reveals that most of the respondents are self-employed with a frequency count of 54 out of 120 or 45 percent. This is followed by Unemployed respondents with a frequency count of 36 or 30 percent. Moreover, Government employees follow with a frequency count of 27 or 22.50 percent. The least respondent is the Private employee with a frequency count of 3 or 2.50 percent. Self-employed vendors, online business, sari-sari store, unemployed are housewife and bystander.

2.3 Research Instrument

In this study, a survey questionnaire was crafted based on the readings and journals made by the researcher had been used to determine the community's awareness and acceptance towards Individuals with Down Syndrome.

A pilot testing was administered to respondents in which they were not part of the subject of the study as respondents and it was found to be reliable were the coefficient of reliability of good. This test was designed to examine consistency of respondent response in the given items reflected in the questionnaire.

In summary, the questionnaire had 35 questions. Permission consent to conduct the study and survey among respondents have been included in the survey questionnaire forms to be answered by the respondents. The instrument underwent validation and pilot testing for its comprehensibility, reliability, and readability by the Research Adviser and experts. Overall rating of reliability test of the Instrument with Cronbach's Alpha 0.816 with an equivalent internal consistency rating of good. Suggestions, comments, and recommendations had been drawn to ensure that the participants' questions were clear and relevant.

2.4 Ethical Consideration

One of the priorities before conducting this study was to protect and uphold the rights of participants. Any social work research emphasized the ethics and safety of the respondents. Similarly, utmost care had been observed to ensure the anonymity and safety of participants.

The following ethical principles had been observed during the period of conducting this study:

Social Value. The researcher believed that the study was relevant to the community's current situations and needs, especially for individuals with down syndrome. The community had responded to whatever support for the success of the research for the improvement or development of the individuals with down syndrome and community. **Informed Consent.** Informed consent had been obtained from the written form of the participants during the face-to-face interaction, especially if they opted for anonymity. It contained the purpose or reason why the participants were invited to participate in the study. With this, the researcher had asked permission from the Schools Division Superintendent of Davao Occidental, the Public Schools District Supervisor of Don Marcelino District and the Barangay Captain of one barangay in Don Marcelino.

Before distributing the informed consent, the researcher and participants had followed the health protocols such as wearing facemasks, face shields and the materials were already sanitized. The researcher had provided individual pens to the participants so that there will be no using of the same pen. After making sure that the health protocols were strictly followed, the researcher had thoroughly explained the intent and how the study had been conducted, and how participants were afforded the right to refuse to join/withdraw anytime without penalty.

Risks, Benefits, and Safety. The researcher assured the participants that all precautionary measures had been taken into considerations to prevent emotional harm and avoid social stigma. Also, due to the covid-19 cases in the municipality, during the gathering of data, the researcher had asked permission from the government health unit to conduct a survey, and had been allowed, the researcher gave the informed consent first, and the participant agreed, the researcher had explained first the questionnaire so that there will be less interaction during answering the questionnaire. After explaining the questionnaire, the researcher had given the sanitized questionnaire and pen, and made sure that the participants and researcher had followed the minimum health standards such as proper wearing of protective facemask and face shield, handwashing or hand sanitizing, maintained the social distancing, and less than 15 minutes time of interaction which was prescribed by the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Disease so that the health of the respondents had not been compromised.

The researcher also found this study beneficial to the target respondents because the result of this study had been helpful in strengthening the research capability through programs that resulted from this study. Research benefits developed friendship with the researcher or other participants, knowledge or education gleaned from participation, or the opportunity to do well for society or receive others' esteem (Creswell, 2007)

Privacy and Confidentiality of Information. The informed consent in using the WHO format included statements on assurance in privacy and confidentiality. The research had not mentioned names, or any personal characteristics of any of the participants involved in the study. The researcher had used a code or indicator for each participant (P1- Participant 1), no personal information had ever been revealed or disclosed that may lead to the identification of a specific respondent. The researcher had used code only and had not specify the place or barangay of which it was conducted.

The recorded data had been carefully kept securely in a place where the researcher only knew. Only the researcher had the access to the questionnaires, files, and summaries answered by the participant. After the researcher had been completed in her study, the gathered data had been destroyed thru deleting electronic files, burning the files that were hard copies so that the information cannot be accessed.

Justice. The researcher selected with inclusion criterion of the participants. The researcher gave equal opportunities to all the participants that abled to share their experiences as part of the community. The researcher had listened to the comments, reactions, insights, and experiences of the participants without any form of untoward display of behavior that affected the feelings of the participants. During the gathering of data, the researcher had given token of appreciations, the light snacks, pens, and alcohol spray bottles to each of the participants for their valuable contributions to the study. Additionally, the researcher respected and honored the thoughts and decisions of the participants in answering the questionnaire by securing their well-being and protecting their identity. Furthermore, the results of this study had been presented to the participants to ensure justice.

Transparency. Any conflict of interest that occurred was reported by the researcher and handled adequately in a way that avoids bias. The researcher provided each of the respondents a copy of their answered questionnaire so to ensure transparency. Also, the researcher ensured that only correct data is published with total integrity. Moreover, after conducting the data gathering, the researcher had shared to the participant about the result with honesty and organize seminars in lined with the results.

Qualification of Researcher. The researcher was competent and qualified to pursue this study. The researcher graduated with Bachelor's Degree of Elementary Education major in Special Education in University of Southeastern Philippines, Obrero, Davao City. The researcher graduated with Master of Special Education major in Intellectual Disability in Holy Cross of Davao College. The researcher was also a professional public special education teacher since 2019 with such experiences in handling community participations that allowed to develop social awareness, moral strength, cultural and intellectual sensitivity. More so, the researcher was eligible to act responsible for the study's proper conduct based on the researcher's trainings, education, and experiences. The researcher was accountable for this study's conduct, without any conflict of interest and any form of biases.

Adequacy of Facilities. The researcher had conducted the data gathering by having a face-to-face survey following the IATF health protocols such as filling out of the health declaration form, wearing facemasks and face shields, using hand sanitizers, and observing social distancing. The participants chose between online participation through messenger, email or hard copy of the questionnaire to limit the interaction. The distribution of the survey questionnaire had been given to the chosen participants who were in their houses or anywhere in public areas within the locally since the study was using random sampling. Moreover, at least 5 participants had been given a survey questionnaire if the researcher had approached offices and companies. The researcher had explained and had oriented the participants accordingly about the conduction of data gathering and had waited outside the office and company premises for the retrieving of the questionnaires. During the distribution of the questionnaire, the pens and folders had been sanitized, and after the participants answered the questions, the pens had been given to them automatically for souvenirs and for health protocols. Furthermore, the researcher had ensured the participants at ease during the survey. All this had been coordinated with the agencies or offices where the respondents were connected.

Community Involvement. Finally, this principle included participants' right to fair treatment and privacy. Fair treatment included that participant had been recruited based on the inclusion criteria and requirements of the research. Non-prejudicial treatment of participants to those who refused to participate or withdraw from the study had been specified in the informed consent. The respondents had accessed the researcher at any point in the study to clarify information using the cellular phone number and e-mail address specified in the informed consent. No offensive, discriminatory, or other unacceptable language had been used during the data gathering. Sensitivity and respect for the respondents' beliefs, habits, lifestyles, culture and emotions, and courteous treatment had been observed at all times.

After the paper was completed, the researcher proposed the study to the Department of Education Division of Davao Occidental and Departments of the Local Government Unit of Davao Occidental to recommend an advocacy that would really help the community of people with disability especially to individuals with Down Syndrome. This ensured the community involvement of the respondents.

2.5 Data Gathering Procedure

The questionnaire method had been the mode of data gathering. Each of the respondents had been given a structured set of questions. In gathering the data, the researcher had carried out the following procedures:

Asking Permission to Conduct the Study. The researcher requested an endorsement letter from the Dean of the Graduate School of Holy Cross of Davao and the permission of the thesis advisor to perform the study on awareness and acceptance of individuals with Down Syndrome in a barangay of Don Marcelino of Davao Occidental. Following the IATF protocols, the researcher submitted a request letter to the Division Office of Davao Occidental through the Schools Division Superintendent (SDS) with the endorsement letter to perform the report. With permission, the researcher was able to distribute the questionnaires properly.

Administration and Retrieval of Questionnaires. The conduct of data gathering had followed the IATF health protocols properly, such as social distancing, wearing a mask and face shield and hand washing and sanitizing. The participant chose between online especially those who had access to the internet or pencil-paper survey form. To those participants who chose online, the researcher gave the questionnaire thru google form, messenger, or email which the personal information and privacy of the participants were securely protected. On the other hand, those participants who chose pencil-paper survey, the distribution of the survey questionnaires were to be given to the chosen participants who are in their houses or anywhere in public areas within the locally since the study was using random sampling. Moreover, at least 5 participants had been given survey questionnaires if the researcher approached offices and companies. The folder and pen had been sanitized. After answering the survey, the researcher collected the questionnaires and the folder and pen had been given to the participants as souvenirs and for ensuring the health protocols.

Furthermore, the researcher had thoroughly explained how to answer the given questionnaires to the respondents. During the survey questionnaires' actual administration, the researcher translated each question from the indicators into their language to ensure that the respondents understood each question thoroughly and provided correct answers. After the respondents had fully and honestly answered the questionnaires and given all of the required details, the researcher collected all of the completed questionnaires. The researcher had been careful in terms handling the questionnaires which had been put in a locked private folder of the computer and safe box where the researcher only knew. Only the researcher had the access to the questionnaires, data, and summaries. The obtained data had been stored during the study and had been destroyed thru burning and deleting the files after the study had been completed.

Gathering and Tabulation of Data. The data had been compiled and tabulated following the effective administration and retrieval of the survey questionnaires. Then, suitable statistical instruments had been used to collect the data required for interpretation and further study.

2.6 Data Analysis

In evaluating the study's findings, the researcher had used the following statistical tool:

Mean. Is the most common measure of central tendency and refers to the average value of a group of numbers (LM Sykes, 2016). This had been used to resolve the study's first two objectives. More precisely, it had been utilized to identify the community's level of understanding and acceptance.

Anova. Analysis of variance, or ANOVA, is a statistical method that separates observed variance data into different components to use for additional tests (Kenton, 2021). This statistical tool had determined whether there were any significant differences between the means of two independent (unrelated) groups and the awareness and acceptance of the community towards individuals with Down Syndrome.

Pearson Product Moment Correlation of Coefficient. The Pearson coefficient is a type of correlation coefficient that represents the relationship between two variables that are measured on the same interval or ratio scale (Kenton, 2021). This statistical tool had assessed the importance of the relationship between awareness and acceptance of the community towards individuals with Down Syndrome.

3. Results and Discussion

This chapter presents the results, interpretations, and discussion of the data gathered. Discussions are presented based on the sequence of the statement of the problem in the first chapter.

3.1 Level of Awareness of the Community towards Individuals with Down syndrome

Demonstrated in Table 1 are the data of the community's level of awareness towards individuals with Down syndrome concerning causes and treatment, physical characteristics, behavioral characteristics, and rights of the children with Down syndrome.

Table 1. Summary of the Level of Awareness of the Community towards Individuals with Down Syndrome

Indicators	Mean	Descriptive Interpretation
Causes and Treatment	4.07	High
Physical Characteristics	4.13	High
Behavioral Characteristics	3.67	High
Rights of Children with Down Syndrome	4.62	Very High
Overall Mean	4.12	High

Results indicate that among the four indicators in the level of awareness of the community towards individuals with Down syndrome, respondents perceived rights of children with Down syndrome has the highest mean score of 4.62. Based from the data result, rights of children with Down syndrome gets a mean score of 4.62 or very high which means that the community are extremely aware about Individuals with Down Syndrome. This further implies that the respondents are very much aware that these individuals have rights to live like normal human beings, can avail charitable assistance, medical treatment and discounts in public and private services.

This finding substantiates the idea of DSI (2020) that people with Down syndrome are entitled to the same civil liberties as anyone else. Human rights are the fundamental rights and liberties of any person on the planet, from conception to death. They are applicable regardless of where an individual comes from, what he/she believes in, or how he/she wants to live his/her life. They can never be taken entirely, but they can also be reduced – for example, if a citizen breaks the law or is necessary for national security. These fundamental rights are based on shared values like dignity, liberty, freedom, fairness, and democracy. Moreover, according to the Philippines' HOR House Bill 7140, it guarantees that people with Down Syndrome have better access to the required education, psychiatric facilities, health records, and health care products to treat their illness. It creates a mechanism for integrating long-term research and development and resource generation initiatives by related government agencies and the private sector to enhance the quality of life for Down syndrome patients and their families. People with Down syndrome have the same human rights as every person without a disability, but often they have to fight for those rights. To prevent this happening and to protect the rights of all people with a disability, the United Nations in 2006 agreed on a Convention on the Rights of Persons with Disabilities, which was signed by 163 countries. The countries also have to combat stereotypes and prejudices and promote awareness of the capabilities of persons with disabilities. Countries are to guarantee that persons with disabilities enjoy their inherent right to life on an equal basis with others, ensure the equal rights and advancement of women and girls with disabilities and protect children with disabilities (NZDSA, 2020).

The second highest indicator is the physical characteristics with a mean score of 4.13 or high that means

that the community is very aware about Individuals with Down Syndrome in terms of physical characteristics. This further implies that the respondents are aware of how an individual with Down syndrome looks like and their physical features. A few of the common physical traits of Down syndrome are low muscle tone, small stature, an upward slant to the eyes, and a single deep crease across the center of the palm – although each person with Down syndrome is a unique individual and may possess these characteristics to different degrees, or not at all.

The finding is in consonance with Gavin (2015) that at birth, children with Down Syndrome are usually of average size, but they tend to grow at a slower rate and remain smaller than their peers. For infants, low muscle tone may contribute to sucking and feeding problems, as well as constipation and other digestive issues. Toddlers and older kids may have delays in speech and self-care skills like feeding, dressing, and toilet teaching. Moreover, the study of Head, et. al (2012) stated that up to 95% of those with Down's Syndrome are overweight or obese, especially females, making it critical to monitor weight and BMI and educate individuals and caregivers about healthier living and disease prevention. Furthermore, The Center for Disease Control and Prevention (2020) said that children and adults with Down syndrome have distinct facial features. Though not all people with Down syndrome have the same features, some of the more common features include flattened face, small head, short neck, protruding tongue, upward slanting eye lids (palpebral fissures), unusually shaped or small ears, poor muscle tone, broad, short hands with a single crease in the palm, relatively short fingers and small hands and feet, excessive flexibility, tiny white spots on the colored part (iris) of the eye called Brushfield's spots, and short height.

The third highest indicator is the causes and treatment with a mean score of 4.7 or high that means that the community is very aware about individuals with down syndrome in terms of causes and treatment. This implies that the respondents are aware of the existence of the individuals with Down syndrome and medical treatments. The respondents are also aware that Down syndrome is a neurological disorder characterized by distinct facial features, cognitive dysfunctions, and other congenital disabilities.

This finding agrees with Shalaby (2010) that consanguinity, (rural/urban) parents' residence, parents' chemical intake, parents' educational status, father's habits, prenatal scanning, and maternal reproductive success are possible risk factors for Down syndrome, in addition to established risk factors. MacLennan (2020) mentioned that treatments are tailored to an individual's physical and academic requirements and strengths and weaknesses. These can necessitate assessment and intervention by physiotherapy, physical therapy, and speech and language therapy teams. Furthermore, any infant with Down Syndrome should receive psychological and educational care.

The lowest indicator, albeit still high, is the behavioral characteristics which gained a mean score of 3.67 which means that the community is aware about individuals with Down syndrome in terms of behavioral characteristics. Based from the result, this finding implies that the respondents are aware how individuals with Down syndrome behave emotionally and socially. Many individuals with Down syndrome have a wonderful disposition. They are fun loving and their interactions generally involve teasing, making jokes, giggly outbursts that often may also lead to intrusive, uninhibited social behaviors.

This is in consonance with Lawler (2018) that children with Down syndrome will learn social behavior from others, whether friends in real life or from characters on TV. Not every child with Down syndrome will be a social butterfly, though. Some might need help engaging with peers, and some might become more or less social over time and the parents' role in facilitating relationships changes over time, too. Moreover, NDSS (2020) stated that the most common mental health concerns include: general anxiety, repetitive and obsessive-compulsive behaviors; oppositional, impulsive, and inattentive behaviors; sleep related difficulties; depression; autism spectrum conditions; and neuropsychological problems characterized by progressive loss of cognitive skills. The pattern of mental health problems in Down syndrome varies depending on the age and developmental characteristics of the child or adult with Down syndrome. The most common mental health concerns include: general anxiety, repetitive and obsessive-compulsive behaviors; oppositional, impulsive, and inattentive behaviors; sleep related difficulties; depression; autism spectrum conditions; and neuropsychological problems characterized by progressive loss of cognitive skills.

As shown in Table 1, the level of awareness of the community towards individuals with Down syndrome gets an overall mean score of 4.12 or high. This means that the community are very aware in understanding Individuals with Down Syndrome.

This finding substantiates the idea of Ackerman (2021) awareness is the ability to see oneself or others clearly and objectively through reflection and introspection. While it may not be possible to attain total objectivity about oneself, there are certainly degrees of self-awareness. It exists on a spectrum. Our level of awareness interacts with the likelihood of success in realigning ourselves and our standards to determine how we think about the outcome. When we are self-aware and believe there is a high chance of success, we are generally quick to attribute that success or failure to our efforts.

October was first designated as Down Syndrome Awareness Month in the 1980s and has been recognized every October since. It is a time to celebrate people with Down syndrome and make others aware of their abilities and accomplishments. People with Down syndrome are just like everyone else. The purpose of celebrating is to raise public awareness of this common disorder and advocate for acceptance and inclusion of people with Down syndrome

Level of Awareness of the Community towards Individuals with Down Syndrome in terms of Causes and Treatment

Table 1.1 shows the level of awareness of the community towards individuals with Down syndrome in terms of causes and treatment. It has five statements with mean and description.

Table 1.1. Level of Awareness of the Community towards Individuals with Down Syndrome when analyzed in terms of Causes and Treatment

Causes and Treatment	Mean	Descriptive Interpretation
1. Down syndrome is not a disease or medical condition. It is caused by a complete or partial extra copy of chromosome 21.	3.60	High
2. Down syndrome is a condition that occurs in families and is handed down through the genes from parent to kid.	3.93	High
3. The majority of Down syndrome infants are born to older parents, which the mother is usually on menopausal stage.	4.21	Very High
4. Children with Down syndrome needs early intervention; physical therapy, speech therapy, and occupational therapy, to help them productive in life.	4.38	Very High
5. Down Syndrome is not a condition or disease that the medical practitioners did not design any medications to cure the individual.	4.23	Very High
Overall Mean	4.07	High

It can be seen from the table that the highest mean belongs to the statement, "Children with Down syndrome needs early intervention; physical therapy, speech therapy, and occupational therapy, to help them productive in life" with a mean score of 4.38 or very high. This means that the community are very much aware in understanding Individuals with Down Syndrome with regard to causes and treatments. This further implies that the respondents are very much aware that individuals with Down syndrome need early treatment and intervention like physical therapy, speech therapy and among others.

On the other hand, the lowest mean for the level of awareness of the community towards individuals with Down syndrome in terms of causes and treatment is 3.60 or high belongs to the statement, "Down syndrome is not a disease or medical condition. It is caused by a complete or partial extra copy of chromosome 21." Although this statement has the lowest mean, it is still describing as high. This means that the community is very aware in the understanding of individuals with Down syndrome in terms of causes and treatments. This implies that the respondents are very aware that Down syndrome is not a disease, a sickness or a medical condition.

In line with the result, Mac Lennan (2020) stated that treatments are tailored to an individual's physical and academic requirements and strengths and weaknesses. These can necessitate assessment and intervention by physiotherapy, physical therapy, and speech and language therapy teams. Furthermore, any infant with Down Syndrome should receive psychological and educational care. Moreover, the US Department of Health and Human Services stressed that there is no single, standard treatment for Down syndrome. People with Down syndrome can receive proper care while living in the community.

However, it can be seen from the results in Table 1.1 the false statements regarding the condition of Down Syndrome. Statements 2 and 3 are false statements yet the two got High and Very High results respectively. This means that the respondents believed that being a Down syndrome is a result of genes being transmitted by parents to sons/daughter, and individuals with Down syndrome are born from aged mothers. The result implies that the respondents are not aware of the two statements.

Down syndrome is caused by a random error in cell division that results in the presence of an extra copy of chromosome 21. The type of error is called nondisjunction. Usually when one cell divides in two, pairs of chromosomes are split so that one of the pairs goes to one cell, and the other from the pair goes to the other cell. In nondisjunction, something goes wrong and both chromosomes from one pair go into one cell and no chromosomes for that pair go into the other cell. Most of the time, the error occurs at random during the formation of an egg or sperm. To date, no behavioral activity of the parents or environmental factor is known to cause Down syndrome (National Institutes of Health, 2020).

Level of Awareness of the Community towards Individuals with Down Syndrome in terms of Physical Characteristics

Table 1.2 shows the level of awareness of the community towards individuals with Down syndrome in terms of physical characteristics. It has five statements with mean and description.

Table 1.2. Level of Awareness of the Community towards Individuals with Down Syndrome when analyzed in terms of Physical Characteristics

Physical Characteristics	Mean	Descriptive Interpretation
1. People with Down syndrome have identical facial characteristics, which makes them look the same.	4.62	Very High
2. People with Down syndrome can participate in competitive sports like volleyball, running, basketball, and etc.	4.19	High
3. Adult with Down syndrome can have cosmetics surgery to gain more self-confidence.	3.87	High
4. Height loss in people with Down syndrome occurs throughout puberty owing to a lack of growth hormone.	3.92	High

5. Children with Down syndrome have strong muscles, which enable them to perform psychomotor skills like throwing balls, rock climbing, etc.	4.06	High
Overall Mean	4.13	High

The table 1.2 shows the overall mean of 4.13 with a descriptive level of high. This means that awareness of the community towards individuals with Down syndrome in terms of physical characteristics is often manifested. The highest mean belongs to the statement. "People with Down syndrome have identical facial characteristics, which makes them look the same." with a mean score of 4.62 and with a description of very high. This means that the respondents are extremely aware about individuals with Down Syndrome in terms of physical characteristics. This further implies that the respondents can identify the physical features of the individuals with Down syndrome.

In the study of Cornejo et. al (2017), it stated that Down syndrome is a genetic abnormality that occurs in approximately one per 1000 babies born each year. The presence of an extra chromosome 21 causes the genetic disorder. Several physical and intellectual disabilities are typically associated with Down syndrome; however, their degree varies from person to person. While some people with Down syndrome may require much support and care, others can live an ordinary life. Some common characteristics present in people with the disorder include distinctive facial features, such as slanting eyes, small chin, round face, flat nasal bridge, Brushfield spots in the iris, abnormal outer ears, and flattened nose.

Moreover, DS individual have variety of physical characteristics like a small chin, slanted eye, poor muscle tone, a flat nasal bridge, a single crease of the palm and a protruding due to small mouth and large tongue. Other features include big toe, abnormal pattern of fingerprint and short fingers (Sinnet, et al, 2014) Meanwhile, the lowest mean for the community's level of awareness in terms of physical characteristics is 3.87 or high that belongs to the statement. "Adult with Down syndrome can have cosmetics surgery to gain more self-confidence". This means that the respondents are very aware in the understanding of individuals with Down syndrome.

The result agrees with Fergus (2021) that Down syndrome (trisomy 21) isn't a disease or condition that can be managed or cured with medication or surgery. The goal of treatment, therefore, is not to address the disorder itself, but rather the variety of health issues, medical conditions, and physical, developmental, and intellectual challenges that people with Down syndrome may experience throughout their lives. Options can range from physical therapy and early intervention to assistive devices, medications, and even surgeries. Most kids with Down syndrome need therapies of various types. Some are focused on helping patients reach physical milestones at the same rate as those who do not have the disorder. Others are aimed at helping them become as independent as possible when they reach adulthood.

Level of Awareness of the Community towards Individuals with Down Syndrome in terms of Developmental Features

Table 1.3 shows the community's level of awareness towards individuals with Down syndrome in terms of developmental features. It has five statements with mean and description.

Table 1.3. Level of Awareness of the Community towards Individuals with Down Syndrome when analyzed in terms of Developmental Features

Developmental Features	Mean	Descriptive Interpretation
1. Children with Down syndrome have good social skills that able them to communicate quickly and fluently.	3.07	High

2. People with Down syndrome cannot feel sadness; they are always happy and affectionate.	3.57	High
3. People with Down syndrome can be susceptible to the feelings of others; they can tell if that person is hurt or sad.	3.98	High
4. People with Down syndrome can sing, dance, draw and perform different unique talents.	4.27	Very High
5. Adult with Down syndrome can make their own life decisions like having family and living independently.	3.49	High
Overall Mean	3.67	High

The table 1.3 shows the overall mean of 3.67 or high. This indicates that the awareness of the community towards individuals with Down syndrome in terms of developmental features is often manifested. The highest mean belongs to the statement, "People with Down syndrome can able to sing, dance, draw and perform different unique talents" with a mean score of 4.27 or very high. This means that the respondents are extremely aware about individuals with Down syndrome in terms of behavioral characteristics. This further implies that these respondents know that individuals with Down syndrome can also socialize with normal beings.

It is widely acknowledged that the maintenance of activity patterns and the learning of communication, behavioral, social, and motor skills in children with DS can be a sluggish and discouraging process. It has been observed that children with DS have similar comprehension scores in their vocabularies as their peers, with typical development when paired according to their mental age (Naess et al, 2011).

Music therapy can be an effective modality for children with Down syndrome to develop speech and language skills in the areas of: expressive and receptive communication, choice-making, oral motor, sequencing, motor planning, sentence structure, phonemic awareness, speech intelligibility and patterns of language. Specific songs can assist and target oral motor skills to exercise face and tongue muscles and can also help with sounds and speech. For instance, a specific song written to target the letter "b" would develop the pronunciation and oral motor planning needed for this skill. Specific instruments (such as slide whistles) can be incorporated into a fun exercise for the child that targets a specific oral motor skill. Visual aids, sign language and augmentative devices are incorporated into music therapy sessions to facilitate communication. Co-treatment with speech therapists also enhances the effectiveness and rate of progress for children and aides in the generalization of skills from the music therapy session to other settings (Guy, 2005).

Although individuals with Down syndrome face a number of daily challenges, the life expectancy for individuals with Down syndrome has dramatically increased in recent decades. With this in mind, it is important to look at the healthy and beneficial ways that these individuals can continue to live longer lives. By combining the many benefits of dance and its creativity with the functionality of physical therapy, individuals with Down syndrome can be stimulated and challenged physically and cognitively to continue to lead very fulfilling and productive lives. While improving their physical fitness, these individuals can freely express their emotions (Patel, 2018).

Behavioral problems such as stubbornness, impulsivity and temper tantrums may be more common in children with Down syndrome. Many children talk out loud to themselves as a way of understanding and processing information. On the other hand, children with Down syndrome do not have strong social skills. They are often strong visual learners, understanding information best when they can see it, either through pictures, objects or demonstration. Many children with Down syndrome learn to read words sooner than their parents or teachers expect (Harvard Medical School Teaching Hospital, 2021).

The lowest mean for the community's level of awareness towards individuals with Down syndrome in terms of developmental features belong to the statement "Children with Down syndrome have good social skills that

able them to communicate easily and fluently," with a mean score of 3.07 or high. This means that the respondents are very aware of individuals with Down Syndrome in terms of developmental features.

Lawler (2018) agreed that children with Down syndrome would frequently learn social behavior from others, whether friends in real life or characters on TV. Not every child with Down syndrome will be a social butterfly, though. Some might need help engaging with peers, and some might become more or less social over time, and the parents' role in facilitating relationships changes over time, too. Moreover, the social functioning of babies and children with Down syndrome is relatively less delayed than other areas of development. Babies with Down syndrome look at faces and smile only a week or two later than other children (Down syndrome education international, 2022).

However, it can be seen from the results in Table 1.3 the false statements regarding the condition of Down Syndrome. Statements 1 and 2 are false statements, yet the two got High results, respectively. This means that the respondents believed that being a Down syndrome have good social skills that able them to communicate clearly, and individuals with Down syndrome cannot feel sadness, they are always happy. The result implies that the respondents are not aware of the two statements. The result agrees with Feeey and Jones (2007) that for many parents, researchers, and practitioners familiar with children with Down syndrome, challenging behavior is a common occurrence. Children with Down syndrome are often described as "stubborn" and "obstinate." In fact, references to challenging behavior have historically been seen in the clinical literature and continue to exist today. For example, children with Down syndrome show higher rates (than typically developing children) of attention problems, social withdrawal, noncompliance, and compulsions (such as arranging objects and repeating certain actions), as well as high rates of self-talk. With increasing age, behaviors associated with anxiety, depression, and withdrawal also increase. Finally, recent research has indicated a pervasive pattern in children with Down syndrome, present from infancy, of escape and attention motivated challenging behaviors involving noncompliance and misuse of social behaviors.

Level of Awareness of the Community towards Individuals with Down Syndrome in terms of the Rights of Children with Down Syndrome

Table 1.4 shows the community's awareness towards individuals with Down syndrome in terms of the rights of children with Down Syndrome. It has five statements with mean and description.

Table 1.4 shows the overall mean of 4.62 with a descriptive level of very high. This means that Awareness of the Community towards Individuals with Down Syndrome is always manifested in terms of Children's Rights with Down Syndrome. Moreover, the statement with the highest mean is "People with and without Down syndrome have equal human rights" with a mean score of 4.75 or very high. This means that the community is extremely aware of individuals with Down syndrome in terms of their rights. The result implies that the respondents know that everyone in this world has equal rights.

Table 1.4. Level of Awareness of the Community towards Individuals with Down Syndrome when analyzed in terms of Rights of Children with Down Syndrome

Rights of Children with Down Syndrome	Mean	Descriptive Interpretation
1. People with Down syndrome avail charitable assistance, medical treatment, and social security from the government.	4.53	Very High
2. People with and without Down syndrome have equal human rights.	4.75	Very High
3. Adults with Down syndrome that achieved proper education and training are employable.	4.56	Very High

4. People with Down syndrome can avail the 20% discounts in all public or private services and facilities but can also avail it for free, like free fare in transportations, free accommodation in hotels, etc.	4.62	Very High
5. The government provides schools with special classrooms for individuals with Down syndrome to help them focus and learn easily.	4.64	Very High
Overall Mean	4.62	Very High

The result is in consonance with the Down Syndrome International (2018) which stated that people with Down syndrome have the same human rights as everyone else. Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where he/she is from, what he/she believes or how he/she chooses to live his/her life. They can never be taken away, although they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security. These basic rights are based on shared values like dignity, fairness, equality, respect and independence. These values are defined and protected by law. The Convention on the Rights of Persons with Disabilities (CRPD) is an international legal agreement. It exists to protect and promote the human rights of people with disabilities.

Meanwhile, the lowest mean for the community's level of awareness regarding the rights of the children with Down syndrome is 4.53 or Very high that belongs to the statement, “People with Down syndrome avail charitable assistance, medical treatment, and social security from the government” this means that the respondents are extremely aware of individuals with Down syndrome in terms of their rights. This further implies that the respondents know that individuals with Down syndrome can also seek medical assistance from the government. People with Down syndrome are entitled to the same civil liberties as anyone else. Human rights are the fundamental rights and freedoms of any person on the planet, from conception to death. They are applicable regardless of where an individual comes from, what they believe in, or how they want to live their life (DSI, 2020).

3.2 Level of Acceptance of the Community towards Individuals with Down syndrome

Table 2 demonstrates the data of the level of acceptance of the community towards individuals with Down syndrome concerning involvement in the community, participation in religious activities, and attendance to school. The overall mean of 4.48 or very high. It means that the Level of Acceptance of the Community towards Individuals with Down Syndrome is always observed.

Table 2. Summary of the Level of Acceptance of the Community towards Individuals with Down Syndrome

Indicators	Mean	Descriptive Interpretation
Involvement in Community	4.49	Very High
Participation in Religious Activities	4.53	Very High
Attendance to School	4.42	Very High
Overall Mean	4.48	Very High

Results indicate that among the four indicators in the community's acceptance level towards individuals with Down syndrome, respondents perceived participation in religious activities has the highest mean score of 4.53.

Based on the data result, participation in religious activities gets a mean score of 4.53 or very high which means that Individuals with Down syndrome are fully accepted in the community in terms of their participation to religious activities. This further implies that the respondents are very much aware that individuals with Down syndrome should also be involved in church activities.

This finding substantiates the idea of Pilay (2010) idea that for many parents of children with a disability, spiritual beliefs and organized religion were beneficial as a stabilizing force, helping parents cope with psychological and physical stressors of parenting. Furthermore, this literature review highlighted that spirituality is perceived as a stronger source of support than organized religion by parents of children with intellectual disabilities due to its nature.

The second highest indicator is involvement in the community, with a mean score of 4.49 or Very High. This finding means that Individuals with Down syndrome are fully accepted in the community regarding involvement. This implies that individuals with Down syndrome can also be involved in different community activities.

The lowest indicator is attendance to school, with a mean score of 4.42 or Very High. This means that the Individuals with Down syndrome are fully accepted in the community in terms of attendance to school. This implies that the respondents know that individuals with Down syndrome can also attend classes like normal students do. As shown in Table 2, the level of acceptance of the community towards individuals with Down syndrome gets an overall mean score of 4.48 or Very high. This means that Individuals with Down syndrome are fully accepted in the community.

This substantiates the idea of Shigri (2018) that teaching children about disabilities will help break down social walls and provide a more comprehensive approach to the inclusion of people with disabilities. The most critical things to remember when telling a child about the value of disability awareness are empathy, inclusion, and diversity.

Level of Acceptance of the Community towards Individuals with Down Syndrome in terms of Involvement in the Community

Table 2.1 shows the level of acceptance of the community towards individuals with Down syndrome in terms of involvement in the community, participation in religious activities, and attendance to school. It has five statements with mean and description.

It depicted in Table 2.1 the overall mean of 4.49 with a descriptive rating of very high. The results show that individuals with Down Syndrome acceptability in terms of Involvement in Community is always observed. It is presented in Table 2.1 that the highest mean is the statement that improves the services and facilities in your barangay for people with Down syndrome, as a park for children with Down syndrome, etc. with a mean score of 4.63 or Very High. This means that Individuals with Down syndrome are fully accepted in the community. This further implies that the respondents believe that individuals with Down syndrome should be provided with inclusive facilities.

Table 2.1 Level of Acceptance of the Community towards Individuals with Down Syndrome when analyzed in terms of Involvement in Community

Involvement in Community	Mean	Descriptive Interpretation
1. Persons with down syndrome, by early intervention, persons with Down syndrome can help them maximize their potential and prepare them to take up an active role in the community.	4.48	Very High
2. A person with Down syndrome can associate with other people in the community.	4.47	Very High

3. People with Down Syndrome are welcome to participate in Barangay events such as pageants and livelihood training programs.	4.37	Very High
4. Persons with down syndrome can be trained by adults and experienced as workers at a particular time.	4.50	Very High
5. Improve the services and facilities in your barangay for people with Down syndrome, like a park for children with Down syndrome, etc.	4.63	Very High
Overall Mean	4.49	Very High

The result is parallel with Leeds Community NHS Trust (2017) that going to the park and helping the child with Down syndrome experiment with how to climb up different ramps, steps and nets will be lots of fun and great for developing the child’s coordination. Children with Down syndrome can be prone to being over-weight as their activity levels can be lower than their peers. Walking, swimming, cycling and among others are all excellent ways of maintaining fitness. While most children with Down syndrome learn to walk, many struggles with higher-level physical activities that require more coordination and dexterity. Participating in fun sports-related activities from a young age is a great way for the child to build his/her skills, coordination and his/her confidence.

The statement that gets the lowest mean is “People with Down Syndrome are welcome to participate in Barangay events such as pageants and livelihood training programs”, with a mean score of 4.37 or Very High. This means that Individuals with Down syndrome are entirely accepted in the community. This implies that the respondents acknowledge that individuals with Down syndrome can also enjoy what normal individuals do.

Community inclusion is where all people, including people with disabilities or any other difference, have the same access and opportunities to participate in activities in the same way as other community members. This includes each person making their own choices and having the support they need to take part. People with Down syndrome want to participate in community and sporting activities for the same reasons as their peers without a disability, including social contact, fun, fitness, and increased skills, confidence, and self-esteem (Simplican, 2015).

Level of Acceptance of the Community towards Individuals with Down Syndrome in terms of Participation in Religious Activities

Table 2.2 shows the community’s level of awareness towards individuals with Down syndrome in terms of participation in religious activities. It has five statements with mean and description.

Table 2.2 Level of Acceptance of the Community towards Individuals with Down Syndrome when analyzed in terms of Participation in Religious Activities

Participation in Religious Activities	Mean	Descriptive Interpretation
1. Invite people with Down syndrome to be part of your religious activities.	4.57	Very High
2. Teach and guide people with Down syndrome on how to serve in your church.	4.52	Very High

3. Your church will conduct seminars and training for church members on dealing with special needs, specifically persons with down syndrome.	4.48	Very High
4. The church in your barangay will actively organize training programs for people with Down Syndrome to participate in religious activities.	4.49	Very High
5. Persons with Down syndrome are always welcome to attend mass at the church in your barangay.	4.59	Very High
Overall Mean	4.53	Very High

It is shown in Table 2.2 that the statement that gets the highest mean is “Persons with Down syndrome are always welcome to attend mass at the church in your barangay”, with a mean score of 4.59 or Very high. This means that Individuals with Down syndrome are fully accepted in the community.

The National Council on Disability Affairs in the Philippines (2021) stated that children with Down syndrome deserve the dignity and respect from everyone and need the State’s mantle of protection against abuse, violence and public indifference. Meanwhile, the statement that has the lowest mean is “Your church will conduct seminars and training for church members on dealing with special needs, specifically persons with down syndrome”, with a mean score of 4.48 or Very high.

Haworth et al (1996) formed the conclusion that acceptance is mediated through religious beliefs and that positive well-being is associated with parents viewing their child as a "gift from God" (Haworth et al., 1996). This conclusion was supported by Marshall and colleagues (2003), who reported that parents perceived their child as a "blessing" sent to bring their family closer together (Marshall et al., 2003) to achieve more significant spiritual growth.

Level of Acceptance of the Community towards Individuals with Down Syndrome in terms of Attendance to School

Table 2.3 shows the community's level of awareness towards individuals with Down syndrome in terms of school attendance. It has five statements with mean and description. It is presented in Table 2.3 the overall mean of 4.42 with a descriptive equivalent is very high. It explains that the Community's Level of Acceptance towards Individuals with Down Syndrome in terms of Attendance to School is always observed. Furthermore, the statement that gets the highest mean is “The school will offer free educational assistance to those qualified students with Down syndrome”, with a mean score of 4.52 or Very high.

Table 2.3 Level of Acceptance of the Community towards Individuals with Down Syndrome when analyzed in terms of Attendance to School

Attendance to School	Mean	Descriptive Interpretation
1. Persons with down syndrome may share the classroom and have the same lessons with the mainstream students to acquire key life skills.	4.22	Very High
2. The school will offer free educational assistance to those qualified students with Down syndrome.	4.52	Very High

3. A student with Down syndrome has the potential to become a classroom officer (Public Information Officer, Muse, etc.) to established their confidence and good leadership.	4.46	Very High
4. Students with Down syndrome's actions, attitudes, capacity, and performance should be the teacher's standards of expectations.	4.42	Very High
5. A student with Down syndrome can participate in school competitions (Music and Arts, Sports, etc.) according to their abilities.	4.48	Very High
Overall Mean	4.42	Very High

This result agrees with Buckley et al, (2006) and Down Syndrome Ireland (2018) that children with Down syndrome have the right to be educated in their local school and be given appropriate support to enable them to access the curriculum and learn effectively. Mainstream schooling has better outcomes for children who have Down syndrome. Research has shown that students with Down syndrome gain academic, social, and behavioral advantages from being educated with their typically developing peers in mainstream schools.

Meanwhile, the statement that gets the lowest mean is “Persons with down syndrome may share the classroom and have the same lessons as the mainstream students to acquire essential life skills”, with a mean score of 4.22 or Very high. This means that Individuals with Down syndrome are entirely accepted in the community to have the same topics to learn in school as regular students' experience. This further implies that there will be zero illiteracy rate among individuals with Down syndrome.

According to Vica, Karamatić Brčić (2013), orientation towards the child and their specific needs is a basic part of the inclusive education of children with different educational needs and thus enables children with Down syndrome inclusion into the regular school system. this inclusion is characterized by a sense of belonging, which implies that all the children are actively involved in school

Down Syndrome Association (2020) stated that children with Down syndrome have been included in regular academic classrooms in schools across the country. In some instances, they are integrated into specific courses, while in other situations students are fully included in the regular classroom for all subjects. The current trend in education is for full inclusion in the social and educational life of the community. Increasingly, individuals with Down syndrome graduate from high school with regular diplomas, participate in post-secondary academic and college experiences and, in some cases, receive college degrees.

3.3 Difference in the Community's Awareness toward Individuals with Down Syndrome when analyze according to Socio-demographic Profile

Demonstrated in Table 3 are the data on the Difference in the community's awareness toward individuals with Down syndrome when analyzed according to socio-demographic profile.

Table 3. Difference in the Community's Awareness toward Individuals with Down Syndrome when analyzed according to Socio-demographic Profile

Sociodemographic Profile	Community's Awareness toward Individuals with Down Syndrome			
	F-value	P-value	Decision @ 0.05 Alpha Level	Interpretation
Age	0.773	0.751	Failed to Reject Ho	There is no significant difference.
Sex	0.016	0.900	Failed to Reject Ho	There is no significant difference.
Educational Attainment	0.370	0.696	Failed to Reject Ho	There is no significant difference.
Work	1.528	0.243	Failed to Reject Ho	There is no significant difference.

From Table 3, it can be gleaned from the table the results of the tests which showed no significant differences in the indicators of the demographic profile of the respondents like age, sex, educational attainment, and work. An independent sample t-test was used for comparing the means between two groups and one-way ANOVA for three or more groups. The computed p-values of 0.751, 0.900, 0.696, and 0.242 respectively are greater than 0.05 Alpha level. The findings fail to reject the null hypothesis. There is no significant difference in the community's awareness toward individuals with Down syndrome when analyzed according to demographic profile. This means that the level of community awareness is similar regardless of the groupings of this demographic variable. This implies that demographic profile does not affect the community's awareness of individuals with Down syndrome.

Table 4. Difference in the Community's Acceptance towards Individuals with Down Syndrome when analyzed according to Demographic Profile

Sociodemographic Profile	Community's Acceptance towards Individuals with Down Syndrome			
	F-value	P-value	Decision @ 0.05 Alpha Level	Interpretation
Age	1.275	0.302	Failed to Reject Ho	There is no significant difference.
Sex	4.131	0.058	Failed to Reject Ho	There is no significant difference.

Educational Attainment	2.179	0.144	Failed to Reject Ho	There is no significant difference.
Work	1.691	0.207	Failed to Reject Ho	There is no significant difference.

Table 4 shows that the demographic profile of the respondents like age, sex, educational attainment, and work do not have significant Difference in the community's acceptance towards individuals with Down syndrome. The computed p-values of 0.302, 0.058, 0.144 and 0.207 respectively which are greater than 0.05 Alpha level. The findings fail to reject the null hypothesis. When analyzed according to demographic profile, there is no significant difference in the community's acceptance toward individuals with Down syndrome. The findings imply that the community accepts individuals with Down syndrome and acknowledges their presence in society.

The study of de Graaf (2002) stated that building a social network of individuals with Down syndrome starts right from birth. It starts by introducing the child to his/her parents' social network and in the neighborhood and can be extended by making use of regular services, like a regular day care center.

Table 5. Significance on the Relationship between Awareness and Acceptance of the Community towards Individuals with Down Syndrome

	Acceptance of the Community towards Individuals with Down Syndrome			
	r	p-value	Decision on Ho @ 0.05 level of significance	Interpretation
Awareness of the Community towards Individuals with Down Syndrome	0.475	0.000	Reject Ho	There is a significant moderate correlation

Table 5 reflects the significant relationship between the Awareness of the Community towards Individuals with Down Syndrome and Acceptance of the Community towards Individuals with Down Syndrome, this exhibited the existence of their relationship in the results. With an overall p-value of 0.000, the association is significant at a 0.05 level of significance. Thus, rejecting the null hypothesis is the decision. It shows that there is a significant moderate correlation between the two variables.

The correlation coefficient of $r = 0.475$ explains that for every change in the independent variable, there is an equivalent moderately change in the dependent variable. Thus, the overall results have shown a moderate correlation as reflected in the value of $r = 0.475$. It explains that an awareness of the Community towards Individuals with Down Syndrome, creates also a moderate extent of acceptance of the Community towards Individuals with Down Syndrome.

The result is parallel with the statement of Pediatric Associates (2020) in the United States that public awareness should be raised an intensified of this common disorder and advocate for acceptance and inclusion of people with Down syndrome. Increased awareness and better inclusion of people with Down syndrome in daily life have improved public attitudes and acceptance. As a result, individuals with Down syndrome are thriving as active and valued members of the community.

3.4 Project 321

Promoting Awareness and Inclusion of all Individuals with Down Syndrome

I. Rationale

A person with Down syndrome can play a big role in their life, be it positive or negative. But overcoming the challenges and developing confidence is vital and admirable. As a community, it is our greatest duty to enable people with Down syndrome to live the lives they deserve.

Furthermore, awareness means educating the community about individuals with Down syndrome and how we as an individual can make the necessary changes. Learning acceptance is the fundamental of having an understanding approach about awareness which hence can take place anywhere. However, we often see discrimination against individuals with Down syndrome which can lead to the undesirable outcomes for the community.

Therefore, for a better future, raising awareness through platforms for each and every individual so that the foundation of empathy originates and helps in breaking social barriers.

II. General Objective

To develop and promote awareness and acceptance of the community towards Individuals with Down syndrome.

KRA	Objectives	Strategies	Resources	Source of Fund	Time Table	Persons Involved	Success Indicator
1. Raise public awareness and acceptance of people with Down syndrome.	To conduct a “Down Syndrome Awareness Month” program.	1.Mobile parade. 2. Showcasing talents of Learners with Down syndrome	Banners, balloons, audio-visual materials. Facilitator and speakers.	School MOOE LGU funds Donations	Month of October	-Teachers -PwDs -LGU -Community	80% of the school/comm unity have been participated to the program.
2. Increase awareness of the community.	To improve knowledge and awareness to schools and community about people with Down syndrome	1.Giving of infographic materials about down syndrome such as flyers, banners, etc. 2.Virtual seminars 3.Social media posting 4. Book donations	Printer, bond papers, scissors, tarpaulin, etc. Facilitator and speakers.	School MOOE LGU funds Donations	Twice a year	-Teachers -LGU -Community	90% of the community has been aware about Individuals with Down syndrome.
3. Improve the abilities of people with Down syndrome.	Conduct life skills training to the people with Down syndrome	1.Pre-recorded life skills video from TESDA/ Teachers.	Life skills materials found at home	LGU funds Donations	Twice a year	-Teachers -PwDs -Parents -LGU -TESDA	Performance of the individuals with Down syndrome had improved.

III. Evaluation

The purpose of this plan is to define the success of the programs. Each program will be evaluated based on the project management criteria of time, cost, scope, and quality.

If the programs are completed by the estimated date, then the program will have been deemed successful. The researcher ensures all project persons involved are completing the tasks within the given date and time. Since, the projects needs funding, the researcher will be transparent about the money to have better fiscal outcomes and more responsive to foster the trust of the people's views and interests which will be used to measure the program successful.

The intervention plan programs are successful when 90% of the community agree that they learned valuable information and deepened their knowledge about people with Down syndrome and they fully accepted the people with Down syndrome living in the society.

IV. Monitoring

During the conduct of face-to-face program, there will be given attendance to those who are facilitators and technical working group, and picture taking for those who will participate to indicate success. There will be distribution of feedbacks form to guide the facilitators to adapt and adjust to accommodate the community and to improve for the next programs. In monitoring the participation of the community especially the virtual programs, before the program there will be a registration forms via online, checking of attendance via online, and the participants have to answer a short survey about the program thru google forms. This will determine exactly if the program is on track and when changes may be needed.

4. Conclusion

Based on the findings of the study, the following conclusions were obtained:

The community is aware of the existence of the individuals with Down syndrome in the society. This means that the community is very aware of the condition and characteristics of individuals with Down syndrome. The community knows the causes and possible treatments of this condition.

In addition, the level of acceptance of the community towards individuals with down syndrome is Very High. This means that the Individuals with Down Syndrome are highly accepted in the community. The community acknowledges the presence of these individuals in the community and live life like normal beings do, can enjoy medical assistance and can go to regular or inclusive schools.

Furthermore, there is no significant difference in the community's awareness of individuals with Down syndrome when analyzed according to socio-demographic profile. This means that whatever status, age, educational attainment or work human beings have, they are aware that individuals with Down syndrome should be given special treatments, medical assistance and educational needs appropriate for them.

There is no significant difference in the community's acceptance of individuals with Down syndrome when analyzed according to socio-demographic profile. This means that whatever status, age, educational attainment, or work the human beings have, they accept individuals with Down syndrome as part of the community. There is a significant relationship between awareness and acceptance of the community towards individuals with Down syndrome. This means that there is a similar level of perceptions regardless of the groupings of that demographic profile.

From the results, it is shown that among the indicators in the level of awareness towards individuals with Down syndrome, Behavioral Characteristics gets the lowest mean. This means that the community is not fully aware that these individuals with Down syndrome can also socialize with normal beings. Moreover, among the indicators in the level of acceptance, Attendance to School gets the lowest mean. This means that the community perceives that these individuals cannot participate in school activities and competitions according to their abilities and cannot share classroom with mainstreamed students.

As a result, an intervention program may be formulated to help and guide the individuals with Down syndrome to survive and enjoy life despite disability. This intervention program will also allow the community to be fully aware about this disability and thereby accept individuals with Down syndrome in the society.

5. Recommendation

Out of the derived conclusions, the following recommendations were presented:

Department of Education policymakers. They may develop programs that encourage the community to be fully aware of social inclusion. They may also conduct teacher training on accepting people with disabilities in the community.

School Stakeholders. May intensify their programs for the development and guidance of the children with disabilities especially Down syndrome. They may also implement school-related disabilities services that are pivotal to increasing community awareness. They may also implement the intervention program that the researcher has proposed to increase community awareness and encourage acceptance of these individuals in the society. As a part of this realization, the learning environment would become more tolerant and supportive of people with disabilities. They may also determine educational strategies that would help the school and stakeholders achieve inclusivity.

Special Education Teachers. May provide activities relevant to promoting awareness of disability in the school and the community. Also, the Advocates for Anti-Discrimination to Individuals with Disability may craft better programs in addressing the gaps through awareness advocacy to the community about people with disabilities.

Community. May also provide support to individuals with Down syndrome by providing them activities on community involvement, religion and among others. They may also provide moral and emotional support to parents of these individuals.

Individuals with Down Syndrome. May be assisted by the community and family in overcoming challenges and developing confidence. This will allow them to experience the life they deserve.

Future Researchers. May conduct another study focusing on mothers/parents who have children with Down syndrome on how they feel about their lives having a child with such disability so that such information could be shared with the community.

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