

CHILDREN WITH LEARNING DISABILITIES: COPING SUGGESTIONS

Renu Bala , Sudha Chikkara & Sheela Sangwan

*Research Scholar, Department of Human Development and Family Studies, Chaudhary Charan Singh Haryana
Agricultural University, Hisar, India*

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ABSTRACT

The present investigation was conducted to assess the learning disability among children of 8-10 years age. Haryana state was selected purposefully. Bhattu Block From Fatehabad district was selected randomly, city, area was purposefully taken from the urban sample while villages Kirdhan, Dhand, Banawali, Shankpur Daroli and Bhattu village were randomly selected. A sample of 60 children, 30 from rural and 30 from urban schools was taken. For assessment of learning disability, Binet intelligence Scale by Kulshershta (1971) was used. A comparative analysis was done to know the differences between rural and urban children. The findings portrayed that most of the respondents were in below average category in language and mathematics components and above average category in creativity in rural and urban area. Coping with learning disabilities among children were suggested for parents and teachers.

KEYWORDS: *Learning Disability, Language, Mathematics, Creativity*

INTRODUCTION

The development of a nation primarily depends on the nature and kind of its human resources. All individuals, regardless of their assets and liabilities of personality and potentiality, contribute towards national development. Exceptional children, too, cannot be excluded from this.

“The term ‘learning disability’ is used to describe a specific group of children, adolescents and adults who have problems with leaning on the academic side. These problems are generally in the areas of reading, writing, spellings and mathematics”. Parents and teachers usually discover the problem when the child fails to cope with school work (Nakara, 1997).

Learning disabilities, in the education of children with special needs may have a variety of meanings and labels depending on experience, perspective, information about the child in question, family background and social-economic status. This enigma remains as children exhibiting learning disabilities may manifest a wide variety of social and educational problems. Children who have difficulties in school are neglected and ignored in the current school system. When the problem becomes so acute as to interfere with the learning process and affects the child performance in reading, writing, arithmetic and other areas, it is called a learning disability. Many studies have focused on the role of genetics in reading, writing and language disabilities. Hallgren (1950) conducted an extensive family study in Sweden and found that the prevalence of reading, writing and spelling disabilities among the relatives of those diagnosed as dyslexic provided strong evidence that these conditions are hereditary. De Fries and Decker (1981) conducted found that the data conclusively demonstrate "the familial nature of reading disability". The physical conditions that can inhibit a child's

ability to learn include visual and learning defects, confused laterality and spatial orientation, poor body image, hyperkinesias (hyperactivity) and undernourishment. Environmental factors are conditions in the home, community and school that adversely affect the child's normal development socially, psychologically, and academically. These include traumatic experiences, family pressures, instructional inadequacies, and lack of school experiences. Although these conditions affect academic progress, a child is not considered learning disabled unless the environmental conditions have contributed to deficits in attention, memory and other psychological process. Children with learning disabilities and attention disorders may have trouble making friends with peers. Having a child with a learning disability may also be an emotional burden for the family. Parents often sweep through a range of emotions; denial, guilt, blame, frustration, anger, and despair. Without professional help, the situation can spiral out of control. Counseling can be very helpful to people with learning disability and their families. Counseling can help affected children, teenagers, and adults develop greater self-control and a more positive attitude toward their own abilities. Behavior modification also seems to help many children with hyperactivity and learning disability. In behavior modification, children receive immediate, tangible rewards when they act appropriately. Receiving an immediate reward can help children learn to control their own actions, both at home and in class.

MATERIALS AND METHODS

The present study was carried out in Haryana state. Haryana state has five cultural zones, out of these cultural zones, Bagar zone was selected purposefully. District Fatehabad of buffer zone of Haryana state was also taken purposefully. The purpose of selection was easy accessibility and approachability. Bhattu block of Fatehabad district was selected randomly.

To have rural sample villages Kirdhan, Dhand, Banawali from the selected block were taken randomly. Since these villages Kirdhan, Dhand, banawali fortunately did not have 30 learning disabled children. Therefore, two other adjacent villages namely Shankupur Daroli and Bhattu village were also taken to have required sample size. To have an urban sample Fatehabad city was taken. A sample of 60 respondents between the age 8-10 years was drawn from the selected schools of Bhattu block and Fatehabad city. The major criterion for the selection of respondents were age. The final sample consists of 60 children, 30 from rural and 30 from urban, in 8-10 years age group. Stanford Binet intelligences scale for 8-10 years old children (Indian Adaptation of Stanford – Binet scale by Kulshreshtha)(1971). Administration and scoring procedure of the test for identification of learning disability of children

RESULTS AND DISCUSSIONS

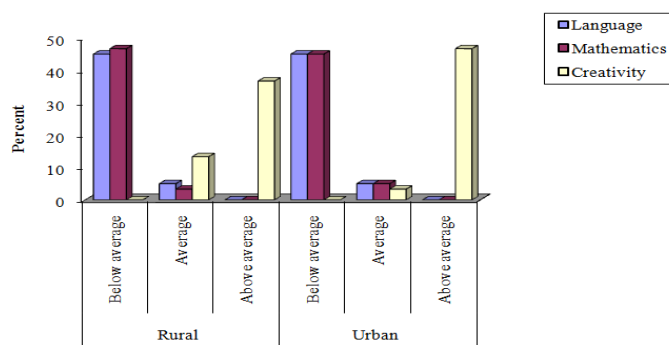
Identification of Levels of Various Components of Learning Disability

This part deals with the identification of dyslexia, dyscalculia and another aspect of learning disability.

Perusal of the results shown in the Table 1 suggests that for two components of learning disability namely language and mathematics in the both locations, maximum number of the respondents were falling in the 'below average' category. In the language component they were 90 per cent and for mathematics 91.7 per cent. While, they were very creative as majority of them 83.3 per cent was scoring 'above average'. The pattern was same for both rural and urban children. To crosscheck the data samples of their class activities were collected and perusal of that record strengthens the results drawn through the standardized test, i.e. Binet Intelligence Scale by Kulshreshtha (1971)).

Table 1: Frequency Distribution of Learning Disability for Rural and Urban Children N=60

Sr. No.	Components	Rural (n=30)			Urban (n=30)		
		Below Average	Average	Above Average	Below Average	Average	Above Average
1.	Language	27(45.00)	3(5.00)	-	27(45.00)	3(5.00)	-
2.	Mathematics	28(46.67)	2(3.33)	-	27(45.00)	3(5.00)	-
3.	Creativity	-	8(13.33)	22(36.67)	-	2(3.33)	28(46.67)

**Figure 1: Frequency Distribution of Learning Disability for Rural and Urban Children**

Comparison of Rural and Urban Respondents for Learning Disability

Learning disability of children in the age range of 8-10 years were identified with the standardized tool, Indian adaptation of the Stanford Binet Intelligence Scale(1971).

Data in Table 2 portray the area wise distribution of the respondents. While taking the data into consideration both rural and urban children were almost similar in all the components i.e. language ($t=0.59$), mathematics (0.56) and creativity (1.57).

To see the difference between rural and urban children for different aspects of learning disability like dyslexia, dyscalculia (mathematics) and creativity, t-test of significance was applied and no significant difference was observed for all the three aspects of learning disability Thus it can be concluded that cultural settings i.e. rural and urban do not have any impact on learning disability.

Table 2: Mean, S.D. and t-Test by Cultural Settings for Learning Disability, n=60

Sr. No	Components	Rural (n=30)		Urban (n=30)		t-Value
		Mean	S.D.	Mean	S.D.	
1.	Language	6.94	3.56	7.50	3.80	0.59 (NS)
2.	Mathematics	1.80	1.27	1.60	1.45	0.56 (NS)
3.	Creativity	4.03	0.85	4.33	0.60	1.57 (NS)

* Significant at $P < 0.05$ level of significance

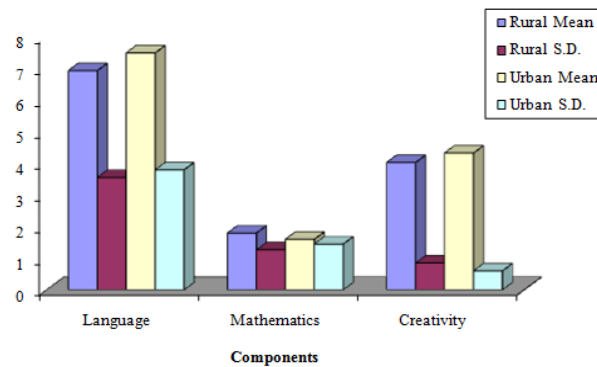


Figure 2: Mean and SD by Cultural Settings for Learning Disability

Comparison of Rural and Urban Respondents for Learning Disability

Results revealed that children in both cultural setting i.e. rural and urban are at par with learning disability, results of the present investigation are supported by Chadha, 2001, he observed that children have a similar trend for learning disability, because learning disabilities are due to genetics, therefore no influence of culture was observed on it. They are not caused by factors such as cultural or language differences, inadequate or inappropriate instruction, socio-economic status or lack of motivation, although these and other factors may compound the impact of learning disabilities. Frequently learning disabilities co-assist with other conditions, including attention, behavioral and emotional disorders, sensory impairments or other medical conditions.

Coping Suggestions

The effects of learning disabilities can ripple outward from the disabled child or adult to family, friends, and peers at school or work. Sometimes they don't know how they're different, but they know how awful they feel. Their tension or shame can lead them to act out in various ways - from withdrawal to belligerence. They may get into fights and stop trying to learn and achieve, and eventually drop out of school, or they may become isolated and depressed. Some children with delays may be more comfortable with younger children who play at their level. Social problems may also be a product of their disability. Some people with learning disability seem unable to interpret tone of voice or facial expressions. Misunderstanding the situation, they act inappropriately, turning people away. Without professional help, the situation can spiral out of control. The more children or teenagers fail, the more they may act out their frustration and damage their self-esteem. The more they act out, the more trouble and punishment, it brings, further lowering their self-esteem. Having a child with a learning disability may also be an emotional burden for the family. Parents often sweep through a range of emotions; denial, guilt, blame, frustration, anger, and despair. Brothers and sisters may be annoyed or embarrassed by their sibling, or jealous of all the attention the child with learning disability gets. Counseling can be very helpful to people with learning disability and their families. Counseling can help affected children, teenagers, and adults develop greater self-control and a more positive attitude toward their own abilities. Talking with a counselor or psychologist also allows family members to air their feelings as well as get support and reassurance. Counseling can be very helpful to people with learning disability and their families. Counseling can help affected children, teenagers, and adults develop greater self-control and a more positive attitude toward their own abilities. Talking with a counselor or psychologist also allows family members to air their feelings as well as get support and reassurance. Behavior modification also seems to help many children with hyperactivity and learning disability. In behavior modification, children receive immediate, tangible rewards

when they act appropriately. Receiving an immediate reward can help children learn to control their own actions, both at home and in class. Parents and teachers can help by structuring tasks and environment for the child in ways that allow the child to succeed. They can find ways to help children build on their strengths and work around their disabilities. It is urgent that the school and its component parts take an active part in identification of the learning disabilities. The teacher must point out specific problem areas that have been observed in terms of academic performance, classroom behavior and peer relationship. The teacher can also provide important information concerning the child's day-to-day activities and performance and can decide whether this meets the school's expectations for this particular child. The parent not only must understand what the child's problem is in the classroom, but he must also be made a working part of the solution. The important point to remember here is that the parents should not be expected to introduce new concept or to develop strategies, but should only assist and support the teacher when possible, feasible, and productive. It can be useless and perhaps dangerous to expect a parent to teach a child a subject at night that the teacher had problems with during the day. Not only can the learning experience fall, but the child-parent relationship may then start to deteriorate.

CONCLUSIONS

Learning disability is a disorder which can be remedied using appropriate instructional strategies. The early diagnosis of the problem is very important, as it is very difficult to correct a child in a later stage. Parents, teachers, educationists and doctors all should co-ordinate in finishing the strategy required for the intervention in teaching the learning disabled child. The school should adopt flexible approaches to testing and evaluation of the learning disabled child. The parent not only must understand what the child's problem is in the classroom, but he must also be made a working part of the solution.

RECOMMENDATIONS

- Publication of literature for children, their parents and teachers should be taken into consideration. The concept of learning disability techniques, which can help the learning disabled children and generating awareness among parents and teachers.
- People who are involved in preparing reading material for children should construct article, video games and other play material manipulating particular aspects of children with disability.
- Mass media can play an important role in the dissemination of information for educating parents, teachers and society, so people can treat these children in a proper manner and may provide help in maintaining their emotional and psychological level normal.

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