ASSESS THE PREVALENCE OF SPECIFIC LEARNING DISORDERS AMONG SCHOOL GOING CHILDREN AT SELECTED VILLAGE

Angelin Lavanya S *, Varalakshmi, Amisha B Thomas

[1]Assistant professor Department of Mental health Nursing, Saveetha college of Nursing, SIMATS, Chennai, India.

[2] B.SC(N)IV Year, Saveetha college of Nursing, SIMATS, Chennai, India.

Abstract: **Comprehensive models of learning disorders have to consider both isolated learning disorders that affect one learning domain only, as well as comorbidity between learning disorders. However, empirical evidence on comorbidity rates including all three learning disorders as defined by DSM-V (deficits in reading, writing, and mathematics) is scarce. The current study assessed prevalence rates and gender ratios for isolated as well as comorbid learning disorders in a representative sample 50 childrens .A non-purposive sampling technique was used to select the samples. Self-structured questionnaires were used to collect demographic data. The study results show that Self- structured questionnaires were used to collect demographic data age (F=3.752, p=0.023) had statistically significant association with specific learning disorders among school going children at p<0.05 level.**

Keywords: **Prevalence, Specific Learning Disorder, Assess, Childrens.**

1. INTRODUCTION

The term Learning Disability came to use in 1960's. Learning disability is also termed as specific academic skill disorder or specific learning disability. National Joint Committee on Learning Disability defines Learning Disability as A heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities

National Institute of Health (2008) stated that Learning Disability is a disorder that affects people's ability to either interpret what they see and hear or to link information from different part of the brain. Such difficulties extend to school work and can impede learning to read, write or do math.

Central Council of Health and Central Family Welfare Council declared that the teachers should be trained for observing and screening the students for defects and deviations from normal health to maintain effective surveillance and for providing supportive health education for the prevention of health problems by developing desirable health habits.

Children are mirror of a nation. They are our future and our most precious resources, the quality of tomorrow's world and perhaps even its survival will be determined by the well-being, safety and the physical and intellectual development of children today. To predict the future of a nation, it has been remarked, one need not consult the stars; it can more easily and plainly be read in the faces of its children.

School age is the period between 6-12 years. Young scholars are emerging as creative persons who are preparing for their future role in society .The school years are a time of new achievement and new experiences. Individual children's needs and preferences should be respected. Behavioral and emotional problems in school aged children can cause significant difficulties in children's healthy development. For many children, they are also predictive of longer-term antisocial behaviors and mental health problems.

Some children show symptoms that are consistent with diagnoses of Anxiety, Depression, Oppositional Defiant Disorder (ODD), Attention-Deficit Disorder (ADHD), and Conduct Disorder (CD) (American Psychiatric Association, 1994).As well as causing significant distress for children and families during their childhood, children with emotional and behavioral problems face an increased risk of low self-esteem, relationship problems with peers and family members, academic difficulties, early school leaving, adolescent homelessness, the development of substance abuse issues and criminality.

A child personality is considerably influenced by the character and conduct of their parents. Surveys reveals that the parents are often more concerned about their behavior.

2. METHODS AND MATERIALS

A quantitative descriptiveresearch approach was used to conduct the study in koyambedu. Final data was collected in the month of March 2022 children to assess the prevalence of specific learning disorders. Purpose of the study was explained to the subjects. The subjects were assured about anonymity and confidentiality of the information provided by them and written consent was taken from the parents of the selected samples. Total 50 children were selected by using non – purposive sampling technique. The criteria for sample collection are children with symptoms of specific learning disorders. Children with the age group of 3-12years,Who are willing to participate in the study, children and their partents who can speak,write and read Tamil and English. The exclusion criteria for the sample selection are children who have been diagnosed with chronic disease , low cognition (Mentally Challenged). Children and their parents who are not willing to participate in this study were excluded The data collection period was done with prior permission from the institutions. Self- structured questionnaires were used to collect demographic data age (F=3.752, p=0.023) had statistically significant association with specific learning disorders among school going children at p<0.05 level

3. RESULTS AND DISCUSSION

SECTION A: DESCRIPTION OF THE DEMOGRAPHIC OF SCHOOL GOING CHILDREN.

Table 1: Frequency and percentage distribution of demographic variables of school going children.

N = 50

Demographic Variables	Frequency (f)	Percentage (%)
Age		
Under 5	9	18.0
6 – 10 years	28	56.0
10 – 15 years	13	26.0
Sex		
Female	21	42.0
Male	29	58.0
Educational status		
Primary school	28	56.0
Higher secondary	22	44.0
Religion		
Hindu	33	66.0
Christian	11	22.0
Islam	6	12.0
Type of family		
Nuclear family	41	82.0
Joint family	7	14.0
Extended	2	4.0
Dietary habits		
Vegetarian	9	18.0

Demographic Variables	Frequency (f)	Percentage (%)
Non-vegetarian	41	82.0
Lifestyle		
Active	39	78.0
Limited activity	9	18.0
Sedentary	2	4.0
Economic Status		
Rich	2	4.0
Moderate	42	84.0
Poor	6	12.0
Did you ever have any difficulty with classroom work or subjects at school?		
Yes	3	6.0
No	47	94.0
Did you have any difficulty learning spelling?		
Yes	42	84.0
No	8	16.0

The table 1 shows that most of the school going children, 28(56%) were aged between 6 – 10 years, 29(58%) were male, 28(56%) were studying primary school, 33(66%) were Hindus, 41(82%) were non-vegetarian, 39(78%) had active lifestyle, 42(84%) belonged to moderate economic status, 47(94%) had no difficulty with classroom work or subjects at school and 42(84%) had difficulty in learning spelling.
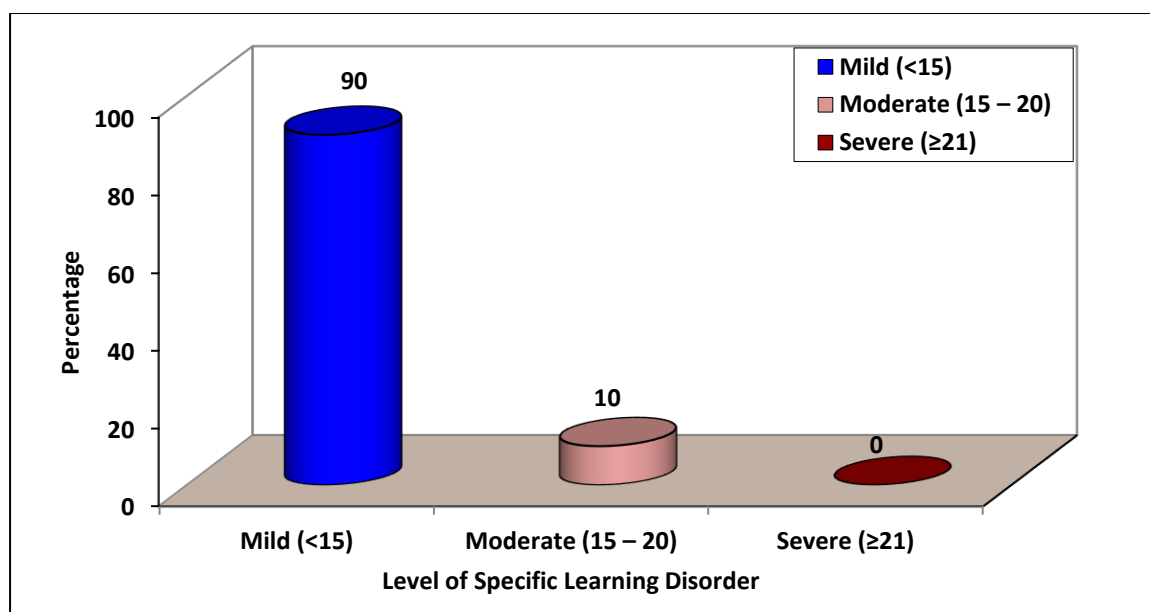
SECTION B: ASSESSMENT OF LEVEL OF SPECIFIC LEARNING DISORDER AMONG SCHOOL GOING CHILDREN.

Table 2: Frequency and percentage distribution of level of specific learning disorder among school going children.

N = 50

Level of Knowledge	Frequency (F)	Percentage (%)
Mild (<15)	45	90.0
Moderate (15 – 20)	5	10.0
Severe (≥21)	0	0

The above table 2 shows that 45(90%) had mild level of specific learning disorder and 5(10%) had moderate level of specific learning disorder among school going children.

Percentage distribution of level of specific learning disorder among school going children

Table 3: Assessment of specific learning disorder scores among school going children.

N = 50

Specific Learning Disorder	Score
Minimum score	6.00
Maximum score	18.00
Median	10.00
Mean	10.06
S.D	2.59

The above table 3 shows that the means score of specific learning disorder scores among school going children was 10.06±2.59. The median score was 10.0 with minimum score of 6.0 and maximum score 18.0.

SECTION C: ASSOCIATION OF LEVEL OF SPECIFIC LEARNING DISORDER AMONG SCHOOL GOING CHILDREN WITH SELECTED DEMOGRAPHIC VARIABLES.

Table 4: Association of level of specific learning disorder scores among school going children with selected demographic variables.

N = 50

Demographic Variables	Frequency	Chi-Square & p-value
Age		χ^2=1.648
Under 5	9	d.f=2
6 – 10 years	28	p=0.439
10 – 15 years	13	N.S
Sex		χ^2=0.009
Female	21	d.f=1
Male	29	p=0.924 N.S
Educational status		**χ^2=4.365**
Primary school	28	**d.f=1**
Higher secondary	22	**p=0.037 S***
Religion		χ^2=1.515
Hindu	33	d.f=2
Christian	11	p=0.469
Islam	6	N.S
Type of family		χ^2=0.368
Nuclear family	41	d.f=2
Joint family	7	p=0.832
Extended	2	N.S
Dietary habits		χ^2=0.015
Vegetarian	9	d.f=1
Non-vegetarian	41	p=0.902 N.S
Lifestyle		χ^2=0.237
Active	39	d.f=2
Limited activity	9	p=0.888
Sedentary	2	N.S
Economic Status		χ^2=1.058
Rich	2	d.f=2
Moderate	42	p=0.589
Poor	6	N.S

Demographic Variables	Frequency	Chi-Square & p-value
Did you ever have any difficulty with classroom work or subjects at school?		x^2=0.355 d.f=1 p=0.552 N.S
Yes	3	
No	47	
Did you have any difficulty learning spelling?		x^2=1.058 d.f=1 p=0.304 N.S
Yes	42	
No	8	

*p<0.05, S – Significant, N.S – Not Significant

The table 4 shows that the demographic variable educational status (x^2**=4.365, p=0.037**) had shown statistically significant association with level of specific learning disorder scores among school going children at p<0.05 level and the other demographic variables had not shown statistically significant association with level of specific learning disorder scores among school going children.

4. CONCLUSION

The present study assessed the prevalence of specific learning disorder among school – going children at Koyambedu. Based on statistical findings, it is evident that school children had mild level of learning disorders which is a matter of concern and necessary counseling and medical advice has to be given to the parents, teachers and concerned school children.

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