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Knowledge regarding learning disabilities among parents of school going children admitted in Narayana medical college hospital, Nellore, Andhra Pradesh

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Abstract

Background: A learning disability is a neurological disorder and children with learning disability are just smart (or) smarter than their peers but may have difficulty in reading, writing, spelling, reasoning (or) recalling and organizing information if taught in conventional ways. One student with learning disability may not have the same kind of learning problems as another the students with learning disabilities children are not dumb (or) lazy in fact they usually average (or) above average intelligence. Aim: The aim of the study was to assess the knowledge on learning disabilities among parents of

school going children.

Objectives: 1. To assess the level of knowledge regarding learning disabilities among parents of school going children. 2. To find the association between the level of knowledge regarding learning disabilities with socio demographic variables.

Methodology: 100 parents of school going children admitted in Pediatric ward at Narayana Medical College Hospital, Nellore were selected by using Non-probability convenience sampling technique method.

Results: Regarding level of knowledge among 100 parents of school going children, 12(12%) had good knowledge 32(32%) had average knowledge and 56(56%) had poor knowledge on learning disabilities in children.

Keywords: Knowledge, learning disabilities, parents of school going children

Introduction

Learning is Acquisition of knowledge skills through study experience. Disability is the condition of being unable to perform a task function because of a physical and mental impairment learning disability is difficulty in being able to learn because the brain has difficulty in processing information for making hard to read (or) understand. Learning disability is a neurological condition that interferes with a person's ability to store, process (or) disturbs the way a person learns new things in any area of life not just at school. It affects the way they understand information and how they communicate and the learning disability may be mild, moderate, (or) severe. Some people with a mild learning disability can talk easily and look after themselves but take a bit longer than usual to learn new skills other may not be able to communicate at all and have more than one disability. Some children grow up to be quite independent, while other need help from others with everyday tasks such as washing getting dressed for their who lives it depends on their abilities common learning disabilities are dyslexia Dyscalculia, dysgraphia, Auditory and visual processing disorder, dysphasia and nonverbal learning disorders [1].

Learning disability is usually result of a lifelong condition that start before adult hood. There's no known causes for learning disability. It's believed to be caused by Neurological differences in the way the brain process information. Illnesses such as meningitis, injury in childhood, cerebral palsy, autism, epilepsy and profound multiple learning disability are some other condition affecting in children. Learning Disabilities should not be confused with other disabilities like mental retardation none of these are learning disabilities everyone has learning differences in learning ability but people with learning disability have severe problems throughout their life because there's no cure for learning disability. Learning disability are first noticed when children begin to fail in school parents and preschool teachers are often the first to see early signs of learning disability [2].

Children may have difficulty learning basic skills in reading (or) understanding reading difficulty, writing maths (or) language may also signal a problem some students may easily learn basic skills these learning disability cannot be seen they often go undetected recognizing a learning disability is even more difficult because the severity and characteristics vary living with learning disabilities can be painful struggle both the parents and the child in many cases parents are relieved to find an answer when diagnosed. Diagnosis is reassuring because it leads to additional support in school through special trained teachers and special educational programs developed to address the needs the Actual difference is that people with learning disability learn differently and may need a variety of instructions practices to learn effectively [3].

The diagnosis for learning disability the discrepancy in usually determined through assessment to determine the child's intelligent quotient (or) score and his achievement test scores in academic areas of reading, math's, written language, language processing, listening comprehension and oral expression may also be assessed. The complete review of students educational history is conducted to rule out other possible explanations for the differences in skill developed IQ before a learning disability is diagnosed early detection and intervention for learning disability are critical so the common signs of potential disability is to be recognized to prevent the learning disability special education program can help people cope and compensate for these disorders but the learning disability last life time. Learning disabled people may have difficulty in school (or) on the job these disability may also impact on independent living and social relationships [4].

Need for study

A learning disability is a neurological disorder and children with learning disability are just smart (or) smarter than their peers but may have difficulty in reading, writing, spelling, reasoning (or) recalling and organizing information if taught in conventional ways one student with learning disability may not have the same kind of learning problems as another the students with learning disabilities children are not dumb (or) lazy in fact they usually average (or) above average intelligence. Now a days all over the world children are with learning disabilities the current study is therefore an attempt to identify the children with learning disabilities the current study is therefore an attempt to identify the children with learning disability and explore the prevalence of the problem and preventive measures for learning disability [5]. Approximately one in 786 and 0.9% people are with learning disability in U.S. Children among 3.3 million children 27 million are affected learning disabilities although more than half of life time prevalence of learning disability occurred with special health care needs its significant morbidity in average developing children as well. Learning disability represent important co morbidities among children with special health care needs males are much likely be acknowledged learning disability than female children [6].

National Institution of Health (NIH, 2017) has found that 7.13% of children are affected with learning disabilities in India. It mainly affected due to Neurological differences of brain processing information 30% of all girls, meningitis 8.7% of both boys and girls. Injury in early childhood 9.0%

of boys and girls and cerebral palsy 6.0% of boys and 50% due to hereditary factors and unknown causes almost in children of both male and female children are affected 20% with these learning disabilities and provided assistive technology is with personal effort, support from others appropriate tools (such as assistive technology students are successful in school home at work assistive technology is mainly for children to get the job done more independently. Assistive technology is possible by devices (or) software does for a person. It reduces the student reliance on parents, siblings, friends, teachers, helping transition, into adulthood fostering self-esteem and reducing anxiety [7].

Among all states of India Bhopal reported the highest prevalence of learning disabilities estimated studies have shown that 52 children out of 333 children are with learning disabilities taking special educational program ^[8].

In Andhra Pradesh it is estimated that 121,080 of the children aged 6 to 10 years which in 3.2% of all children in this age group of children 5 to 14 children in the survey required special education with learning disability ^[9].

An observational study was conducted on school going children's on learning disabilities study was conducted to 114 children's for measuring the learning disabilities their implemented some methods of tests. They Wechsler intelligence scale, Gray oral reading test, test for written language, wide range achievement test and development test of visual motor integration in this study mainly concentrated on the cause of extremely low birth weight and neurologically normal children. The result shows 64 children's were neurologically normal, a verbal or performance IQ greater than or equal to 85 and 30 full term children with normal birth weight and similar socio demographic status and 20 children with low birth weight babies 32% of children suffering with learning disability in that 20% of children's are low birth weight babies. The study recommended that to prevent low birth weight baby born and neurological impairment among children at birth

Problem statement

A study to assess the knowledge regarding learning disabilities among parents of school going children admitted in Narayana Medical College Hospital, Nellore, Andhra Pradesh.

Objectives

- To assess the level of knowledge regarding learning disabilities among parents of school going children.
- To find the association between the level of knowledge regarding learning disabilities with socio demographic variables.

Delimitations

- Parents of school going children admitted in Pediatric ward at Narayana Medical College Hospital, Nellore.
- Parents of school going children willing to participate in the study
- Sample size of 100.

Methodology

Research Approach

A quantitative approach was adopted to determine the research study.

Research design

The present study was conducted by using descriptive research design

Setting of the study

The study was conducted at Pediatric ward in Narayana Medical College Hospital, Nellore.

Target population

The target population for the present study was parents of school going children.

Accessible population

The accessible population for the present study was parents of school going children at Narayana Medical College Hospital, Nellore and who fulfilled the inclusion criteria.

Sample size

The samples consist of 100 parents of school going children.

Sampling technique

Non-probability convenience sampling technique was adapted for the study.

Criteria for sampling selection

Inclusion criteria

- Parents of school going children (6-12yrs) at Narayana Medical College Hospital, Nellore.
- Parents of school going children willing to participate in the study.

Exclusion criteria

- Parents of school going children who are not willing to participate in the study.
- Parents of school going children who are critically ill.

Description of the tool

- Part-I: Socio demographic variables: It includes age of a child, class, religion, educational qualification of parents, family income and source of information.
- Part-II: This consists of 30 multiple questionnaire to assess the to assess the knowledge

regarding learning disabilities among parents of school going children (6 to 12 years of age) at NMCH, Nellore.

Table 1: Score Interpretations

Level of knowledge	Score
Good knowledge	23-30
Average knowledge	15-22
Poor knowledge	<15

Data analysis and discussion

Table 2: Frequency distribution of level of knowledge regarding learning disabilities among parents of school going children. (N=100)

Level of knowledge	F	%
Poor knowledge	56	56
Average knowledge	32	32
Good knowledge	12	12
Total	100	100

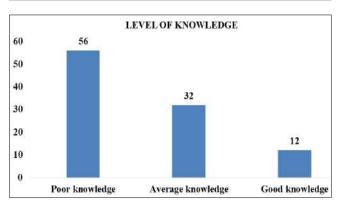


Fig 1: Frequency distribution of level of knowledge regarding learning disabilities among parents of school going children.

Table 3: Mean and standard deviation of knowledge score regarding learning disabilities among parents of school going children. (N=100)

Level of knowledge	Mean	SD	
Parents of school going children	17.93	2.095	

Table 4: Association between levels of knowledge on learning disabilities among parents of school going children with their demographic variables. (N=100)

S. No	Demographic Variables	Good		Average		Poor		Ch: C
		F	%	F	%	F	%	Chi-Square
1.	Age							
	a. 16-20 years	-	-	1	1	1	1	X ² =13.92
	b. 21-25 years	8	8	3	3	20	20	T=12.59
	c. 26-30 years	3	3	24	24	22	22	df=6
	d. Above 30 years	1	1	4	4	13	13	Significant
3.	Education							
	a. Illiterate	1	1	3	3	16	16	X ² =15.26
	b. Below 10 th	6	6	18	18	16	16	T=12.59
	c. Intermediate	4	4	8	8	10	10	df=6
	d. Graduate	1	1	3	3	14	14	Significant
6.	Religion							
	a. Hindu	6	6	18	18	25	25	X ² =13.128
	b. Christian	3	3	8	8	27	27	T=2.12
	c. Muslim	2	2	4	4	3	3	df=4
	d. Others	1	1	2	2	1	1	Significant

Major findings of the study

Regarding level of knowledge among 100 parents of

school going children, 12(12%) had good knowledge 32(32%) had average knowledge and 56(56%) had poor

- knowledge on learning disabilities in children.
- The mean knowledge score of parents of school children was 17.93 and standard deviation was 2.095.
- Regarding association, age, education and religion had significant association with level of knowledge at P<
 0.05 level.

Conclusion

The study concluded that majority of parents of school going children, (56%) had poor knowledge on learning disabilities in children.

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