

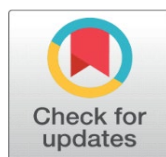
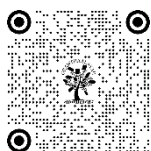
BEHAVIOUR PROBLEMS AND LEARNING DISABILITY OF CHILDREN

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ABSTRACT

Parents often become concerned when their child has learning problems in school. There are many causes of academic problems, one of them being specific learning disabilities (SLD). Children with learning disabilities may have intelligence in the normal range, but specific learning disabilities may make teachers and parents concerned about their general intelligence. Often, these children may try very hard to follow instructions, concentrate, and “be good” at home and school. It has been found that 15% - 30% of LD children have emotional and behavioral difficulties. The study aims to identify children with learning disabilities in schools and compare their behavioral problems with normal children. For the study, 327 children (215 boys, and 112 girls) were randomly selected from two regular schools in Raipur Chhattisgarh, India. The age range of the school children is 6 to 14 years. Three instruments, the Rhode Island Student Identification Scale, the Learning Disability Checklist, and the Children's Behavior Rating Questionnaire for completion by teachers were used. The results showed that 19% of students in the schools were suffering from learning disabilities. Children with learning disabilities exhibit significant behavioral problems in the form of hyperactivity and aggression compared to children without learning disabilities. Gender differences were found in hyperactivity and aggression in children with learning disabilities.

Keywords: Learning Disabilities, Behavioral Problems, School Going Children



1. INTRODUCTION

Learning disabilities are the most common disability of children. There is a serious discrepancy between ability and actual achievement. The characteristics of children with learning disabilities vary widely. Children with learning disabilities (LD) are those who, despite adequate ability, have major difficulties in the areas of academic achievement. These difficulties are characterized by problems in language, attention, perception, memory, auditory perception, language, visual perception, and fine and gross motor coordination. The identification of special educational needs (SEN) associated with learning disabilities is most stable in the age range of 7-15 years. Three types of SEN, when combined, equate to learning disability: moderate learning difficulty (MLD); severe learning difficulty (SLD); and profound multiple learning difficulty (PMLD). 0.39% of girls and 0.60% of boys were identified with a primary SEN of severe or profound multiple learning difficulties (roughly equivalent to severe learning disability). These estimates are consistent with the results of epidemiological studies of the prevalence of learning disabilities in children. The multilingual social context in India, where children often have to learn to study in a medium other than their mother tongue, is a complication that not only makes diagnosis extremely difficult but also makes estimation of prevalence impossible. It has been estimated that about 15-20% of school-going children in India have learning disorders. Choudhary (2012) reported that the prevalence of learning disabilities in classes III to V in Bikaner City, India is 10.25%. The prevalence of specific learning disabilities among the sampled children was 15.17%, while 12.5%, 11.2% and 10.5% had dysgraphia, dyslexia, and dyscalculia,

respectively. It is essential to find out the behavioural characteristics of children with learning disabilities for better management. Impaired brain function leads to impaired learning and consequently psychological/behavioural consequences. Executive processes are integral to higher brain function, particularly in the areas of goal formation, planning, goal-directed action, self-monitoring, attention, response inhibition, and the coordination of complex cognition and motor control for effective performance. Executive function deficits are observed to varying degrees in all populations, but severe executive dysfunction can have devastating effects on cognition and behavior in both personal and social contexts. Externalizing behaviors are characterized by defiance, impulsivity, hyperactivity, aggression, and antisocial characteristics. Internalizing behaviors are evidenced by withdrawal, dysphoria, and anxiety. Consistent significant associations have been found between learning disabilities and behavioral problems. Manoj et al, (2015) reported that 40% of children with LD had behavioral problems, 30% had aggressive behavior, and 10% had withdrawn behavior. Others have reported that most always have some type of distress. Bechman described the co-morbidity of learning disorders with externalizing and internalizing disorders. Various studies reported that both externalizing and internalizing behavior problems are associated with learning disabilities. Maughan et al (1985) reviewed studies done on reading disabilities. Khurana (1980) conducted a study in Baroda, India; on 100 children with learning disabilities, 84% of the cases reported behavioral problems. Jorm et al (1986) studied a sample of 453 Australian children in the first three years of schooling. It was found that at the time of entry into school, backward readers had more behavioral problems.

Several studies have shown that about 39 to 54% of children with learning disabilities had more behavioural problems than normal children. Ritter (1989) estimated the problem behaviour of 51 adolescents with learning disabilities using the Child Behaviour Checklist and identified higher problem behaviour in adolescents with learning disabilities than adolescents without learning disabilities. Cunningham and Barclay (1978) noted that reading disabilities may lead to behavioural problems such as hyperactivity. McMichael (1979) assessed Scottish children for behavioural problems and reading readiness at the time of school entry and later found that antisocial behaviour problems preceded reading difficulties. Kellam et al (1983) reported that children with reading disabilities are vulnerable to emotional and conduct problems. Badian (1983) reported that Cornwell and Bowden (1992) examined the relationship between specific reading disabilities and aggressive behaviour. There was not enough evidence to conclude that reading disabilities cause aggressive or delinquent behaviour; however limited evidence suggests that reading disabilities may worsen pre-existing aggressive behaviour. Huntington and Bender (1993) concluded that adolescents with learning disabilities have higher levels of trait anxiety and have a higher prevalence of physical complaints, as well as lower self-esteem. Nabuzoka and Smith (1993) from the United Kingdom found that children with learning disabilities were shy, sought help less and were often the victims of bullying. McBride and Siegel (1997) from Columbia University reported in a study on adolescent suicide that 89% of 27 adolescents who committed suicide had significant deficits in spelling and handwriting. The study by Pryor et al. (1999) highlighted the risk of internalising problems including anxiety, depression and phobias in pre-adolescent children with math difficulties. Various studies have supported the view of co-morbidity of emotional and behavioural problems with learning disabilities. Therefore, it is essential to identify and redress this disability before it causes long-term negative consequences for the adolescent. In a study, Rozario (1991) found that a girl had a lot of negative feelings about herself due to poor performance in academic work. She was given 10 sessions of REBT focused on creating positive thinking, and counselling to parents and teacher and found significant improvement. A study has shown that CBT improved the confidence and self-esteem of adolescents and worked effectively in adolescents with depressive and anxiety features.

2. PROBLEM

The study aims to identify learning disabilities in school-going children and compare their behavioural problems with normal children.

3. OBJECTIVES

1. To assess learning disabilities in school-going children
2. To assess behavioural problems in school-going children
3. To compare behavioural problems between children with learning disabilities and children without learning disabilities
4. To observe gender differences in behavioural problems in children with learning disabilities

4. RESEARCH METHODOLOGY

The sample was selected using random sampling from two schools wherein every alternate student was selected from the class register in Raipur Chhattisgarh, India. The sample comprises 327 children (215 boys, 112 girls) from formal schools who were selected after obtaining informed consent from the school authority and the participants. Children studying in normal schools of any gender between the ages of 6 to 14 years were included in this study. Children with any physical, intellectual, and other neurological disabilities and children studying in residential model schools were excluded from the study.

Tools and Assessment: Socio-demographic data - age, sex, grades obtained in the last annual examination were collected. Rhode Island Pupil Identification Scale was used to examine behavioural and learning problems in children. It is a five-point scale rated by class teachers. It is used by the teacher to identify learning disabilities. Learning Disability Checklist was used to detect learning difficulties in each area. The questionnaire has eight areas, for example, reading, writing, mathematics, language, etc. Children's Behaviour Rating Questionnaire was used for completion by teachers to detect behavioural problems in children. It is a three-point scale rated by class teachers. It consists of 25 items with 5 domains - aggression, antisocial behaviour, hyperactivity, daydreaming, and personality problem.

5. RESULTS AND DISCUSSION

SOCIO-DEMOGRAPHIC BACKGROUND OF THE STUDENT: Age: In the sample of a total of 327 children, 19 (5%) children are in the age group of 6 years, and 38 (12%) children are in the age group of 7 years. There are 21 (6%) children in the age group of 8 years and 89 (27%) children in the age group of 9 years. There are 82 (25%) children in the age group of 10 years and 34 (10%) children in the age group of 11 years. 26 (8%) children are in the age group of 12 years and 18 (5%) children are in the age group of 13 years. In this sample, majority of the children are in the age group of 9 years to 10 years.

LD AND BEHAVIORAL PROBLEMS IN SCHOOL CHILDREN: Behavioral and learning problems of school children were examined using Rhode Island Pupil Identification Scale. Total 327 school children; 229 (70%) children are showing mild behavioral problems, 62 (19%) children are suffering from learning disabilities and only 36 (11%) children did not have any kind of learning disability or were not showing any kind of behavioral problems.

GROUP DIFFERENCES ON BEHAVIORAL PROBLEMS: Based on Rhode Island Pupil Identification Scale screening we have three groups of children - (i) children with LD (ii) children with mild behavioral problems but not LD and (iii) children without LD or behavioral problems. To compare behavioral problems between children with learning disabilities and children without learning disabilities the mean scores of all the three instruments used for the study namely the Rhode Island Pupil Identification Scale, Learning Disability Checklist, and Children's Behavior Rating Questionnaire were taken into consideration and the data obtained were analyzed using two-way variance analysis (ANOVA).

On the Rhode Island Pupil Identification Scale, there was a significant difference between these three groups of children. The mean \pm standard deviation (SD) scores of children with LD, children with mild behavioral problems but no LD, and children without LD or behavioral problems were 115.06 ± 14.47 , 21.23 ± 5.96 , and 13.41 ± 3.76 , respectively. This indicates that children with LD scored higher on the Rhode Island Scale than the other group of children.

On the Children's Behavior Rating Questionnaire, there was a significant difference between children with LD, children with behavioral problems, and children with no problems. The mean \pm standard deviation scores of children with LD, children with behavioral problems, and children with no problems were 40.67 ± 4.08 , 21.28 ± 6.08 , and 9.16 ± 5.31 , respectively.

Table No.1: Group Difference in Behavior Problems

Items	Problem	N	Mean	SD	F	Sig.
RIPIS	Children with LD	62	115.06	14.47		
	Children with Behavior Problems	229	21.24	5.96	3445.7	0.01
	No Problem	36	13.42	3.77		

Behaviour Problems and Learning Disability of Children

CBRQ	Children with LD	62	40.68	4.08		
	Children with Behavior Problems	229	21.22	6.08		
	No Problem	36	9.167	5.31	417.2	0.01
LD Checklist	Children with LD	62	46.15	7.62		
	Children with Behavior Problems	229	12.76	3.61		
	No Problem	36	11.00	4.36	1284.1	0.01

****Significant at the 0.01 level,**

RIPIS = Rhode Island Student Identification Scale, CBRQ = Children's Behavior Rating Questionnaire, LD Checklist = Learning Disabilities Checklist

This shows that children with learning disabilities scored higher on the CBRQ than children with behaviour problems and children without any problems, which indicates that children with learning disabilities are showing more behavioural problems than other children. On the LD checklist, there was a significant difference between children with LD, children with behaviour problems, and children without any problems. The mean + standard deviation scores of children with LD, children with behaviour problems, and children without any problems were 46.14 ± 7.62 , 12.76 ± 3.6 , and 11 ± 4.3 , respectively. This shows that children with learning disabilities scored higher on the LD checklist than other children. On the learning disability checklist, 62 children (18.6% of the total study sample) out of the students were having difficulty in reading and writing, such as substitutions, omissions, and distortions in their spellings, and they were also not able to write within the lines, which were suspected to be a learning disability.

CORRELATION BETWEEN LD AND BEHAVIOURAL PROBLEMS

Table No.: 2 Correlations between Scores of Different Instruments

Item	LD Screening	CBRQ	RIPIS
LD Checklist	1		
CBRQ	.788**	1	
RIPIS	.919**	.762**	1

****Correlation is significant at 0.01 levels**

Table No.: 2 shows the correlation between the LD checklist, CBRQ, and RIPIS scores. It shows that the scores on the LD checklist have a significant positive correlation at 0.01 levels with CBRQ and RIPIS scores. This suggests that children who had learning disabilities were also showing behavioural problems.

6. DIFFERENT BEHAVIOURAL PROBLEMS OF CHILDREN WITH LD

The result shows the behavioural problems of children with learning disabilities on the Children's Behaviour Rating Questionnaire. Children with learning disabilities scored higher on all sub-scales: aggression, antisocial, hyperactivity, daydreaming, and personality problems than children without learning disabilities. Children without learning disabilities were more daydreaming, and hyperactive, and had lower levels of personality problems and aggression. Children with learning disabilities were more hyperactive and aggressive and had less daydreaming and personality problems. **Gender Difference in Behaviour Problems**

Table No.: 3 Gender Difference in Behaviour Problems

Items	Gender	Mean	SD	t	p
Aggression	Male	7.06	2.17	2.95	0.004**
	Female	5.81	1.79	3.11	
Anti-social	Male	6.68	2.16	2.04	0.44
	Female	5.81	1.88	2.27	
Hyperactivity	Male	8.06	2.37	2.75	0.007**
	Female	6.83	1.66	2.81	
Day Dreaming	Male	6.06	2.07	0.535	.589
	Female	5.83	1.96	0.543	
Personality Problem	Male	7.65	1.76	1.506	.135
	Female	7.08	1.93	1.469	
CBRQ Total Score	Male	34.158	7.919	2.585	0.009**
	Female	30.101	6.915	2.678	

****Significant at 0.01 level**

Table No. 3 above shows the gender differences in the CBRQ. Statistically significant differences were found in aggression, hyperactivity, and CBRQ total score at 0.01 level. This shows that boys were showing significant aggression and hyperactivity compared to girls. These findings are consistent with a study conducted by Willcutt and Pennington. They found that externalizing disorders are more common in boys and internalizing disorders in girls. Boys and girls were showing a similar level of behavioral problems on the sub-scales of antisocial, daydreaming, and personality problems.

7. CONCLUSION

This study shows that about 19% of students in the schools of the study area suffer from learning disabilities. Children with learning disabilities are exhibiting significant behavioural problems as compared to normal children. Children with learning disabilities are more hyperactive and aggressive and have less daydreaming and personality problems. Children with learning disabilities are more daydreaming, are hyperactive, and have personality problems and lower level of aggression. There was a gender difference in terms of hyperactivity and aggression among children with learning disabilities.

IMPLICATION OF THE STUDY

This study was conducted to understand the behavioural problems of children with learning disabilities, which have implications for different intervention programs for children with learning disabilities in school and home settings.

LIMITATIONS OF THE STUDY

The limitations of the study are the small sample size and limited to the school setting, and the degree of disability was not taken into consideration.

CONFLICT OF INTERESTS

None.

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