

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING LEARNING DISABILITY IN CHILDREN AMONG PARENTS OF SCHOOL-GOING CHILDREN IN SELECTED AREAS OF ERNAKULUM DISTRICT

P.O. Jancy ^{1*}, Dr. S. Parimala ² and Ms. Blessy Kurian ³

¹ Professor, PhD (N) Scholar, Vinayaka Mission's Research Foundation (Deemed to be University) Salem, Tamilnadu, India.

² PhD (N), Research Supervisor, Vinayaka Mission's Research Foundation (Deemed to be University), Vinayaka Mission's Annapoorana College of Nursing, Salem, Tamil Nadu, India.

³ M.Sc (N), Assistant Professor, Sanjoe College of Nursing, Pulluvazhy, Perumbavoor, Kerala.
*Corresponding Author Email: jencytherese@yahoo.com

DOI: [10.5281/zenodo.11365454](https://doi.org/10.5281/zenodo.11365454)

Abstract

A learning disability is a neurological disorder in which children who are not only intelligent (or) intelligent beyond their peers but also struggle with reading, writing, penmanship, reasoning, or recalling and organising information when instructed using traditional methods may experience challenges. While different students may experience different types of learning difficulties, it is important to note that children with learning disabilities do not necessarily have inferior or lethargic intellect; rather, their intelligence is typically average or above average. The purpose of the study was to determine the level of understanding that parents of students with learning disabilities had regarding structured teaching programmes. In terms of knowledge level, among one hundred parents of school-aged children, twelve (12%) possessed good knowledge, thirty-two (32%), had average knowledge, and fifty-six (56%), had inadequate knowledge pertaining to understanding of learning disabilities in children. Also, they identify the improvement in children after implementing a structured teaching programme.

Keywords: Knowledge, Learning Disabilities, Parents of School-Going Children, Structured Teaching.

INTRODUCTION

“Acquiring knowledge and abilities through study experience constitutes learning. Disability is the state of being incapable of carrying out a particular duty or function due to a physical or mental impairment. A learning disability refers to a cognitive impairment that hinders the assimilation of information, thereby rendering it challenging to comprehend or perceive. A neurological condition, or learning disability disrupts the way an individual acquires new information in any setting, not just academics. It impairs the individual's capacity to retain and comprehend information. The individual's communication and comprehension are both impacted by the learning disability, which can range in severity from minimal to severe. Certain individuals who have a mild learning disability are capable of independent living and speech but require a slightly extended period of time to acquire new skills. Others may be completely unable to communicate and may have multiple disabilities. Depending on their abilities, some children develop into quite independent adults, while others require assistance with daily activities such as bathing and dressing while caring for themselves. The most prevalent cognitive disability is dyslexia. Nonverbal learning disorders, dysgraphia, dyscalculia, dysphasia, and auditory and visual processing disorders [1].

Typically, a learning disability arises from a chronic condition that manifests prior to reaching adulthood. The causes of cognitive disabilities are unknown. Neurological distinctions in the way the brain processes information are hypothesised to be the cause. Additional conditions that have an impact on children include encephalitis, childhood injuries, cerebral palsy, autism, epilepsy, and pervasive multiple cognitive disabilities. It is important to differentiate learning disabilities from other forms of impairments, such as mental retardation. Although everyone has learning differences in ability, none of these qualify as learning disabilities. However, individuals with learning disabilities face lifelong challenges due to the absence of a cure for this condition. Early signs of learning disability are frequently observed by parents and preschool instructors when children begin to experience academic failure [2-4].

Difficulties with reading comprehension, writing, mathematics, or language may also indicate an issue in children who struggle to acquire fundamental reading skills. Certain students may acquire fundamental skills with relative ease, while others may struggle to identify learning disabilities due to the elusive nature of their symptoms and the fact that their severity and characteristics vary. Living with a learning disability can be a harrowing ordeal for both the child and his or her parents. In many cases, parents are relieved to receive a diagnosis that provides an explanation. A positive diagnosis provides reassurance by facilitating access to supplementary educational resources, such as specially trained instructors and programmes tailored to meet the individual's requirements. Individuals with learning disabilities, in fact, acquire knowledge in a manner that differs from the norm and may require a variety of learning practices and instructions [5-8].

A learning disability diagnosis is typically established through an evaluation of the child's achievement test scores in academic domains such as reading, mathematics, written language, language processing, listening comprehension, and oral expression, in addition to an assessment of the child's intelligence quotient (or score). A comprehensive examination of the academic background of the student is undertaken in order to exclude alternative rationales for the discrepancies in skill-acquired IQ prior to the diagnosis of a learning disability. Critical as early detection and intervention are for learning disabilities; it is essential to recognise the common indicators of potential disability in order to avert the development of such conditions. Although special education programmes can assist individuals in coping with and compensating for these disorders, learning disabilities are permanent. Individuals with learning disabilities may encounter challenges in academic settings and professional environments. Moreover, these disabilities can have repercussions on their ability to live independently and form social connections. An estimated 121,080 children in Kerala were between the ages of 6 and 10, representing 3.2% of the total number of children in this age category (five to fourteen in the survey) who required special education for cognitive disabilities [9].

An observational study was undertaken to assess the effectiveness of a structured teaching programme with respect to learning disabilities among parents of school-aged children with learning disabilities. The Wechsler intellect scale was employed to assess the parents' level of knowledge. In order to significantly augment the understanding of educators and parents alike with respect to the timely detection of learning disabilities in young children.

Related Works

Children with learning difficulties (LD) were the focus of a research that aimed to determine whether art therapy improved their social and emotional well-being as well as their academic performance [10]. Furthermore, the research investigated potential mechanisms that influence outcomes after the two intervention types. Children with learning impairments are likely to struggle academically, but they can often overcome these challenges with the help of dedicated educators. Unfortunately, schools often disregard the social and emotional challenges that many LD students experience. As part of its emphasis on social and emotional support, the present research looks at art therapy as a potential solution for these kids. Most elementary school instructors have just a passing familiarity with the various forms of learning difficulties, according to the research [11]. That is why there is a statistically significant relationship between the breadth and depth of instructors' expertise. There is no statistically significant difference in the levels of knowledge held by male and female teachers when it comes to learning difficulties, but the research does reveal a strong association between knowledge levels and socio-demographic characteristics. One hundred fifty-one children (ranging in age from seven to twelve) from a Learning Disabilities Clinic were tested on reading, spoken language, arithmetic, phonological processing, spelling, and short-term auditory memory [12]. The author discusses the problem of LD conceptualization in [13], touching on topics such as the methods that have been created and the criteria that are used to categorise and define various LDs. Secondly, they reevaluate a few non-trivial obstacles related to determining the origins and effects of LDs. Part three provides a synopsis of the connected phenomena' heterogeneity and reports on relevant research aimed at identifying several LD subtypes. The major objective of the study was to determine how well primary school instructors understood learning disabilities [14]. Government school pupils in third and fourth grades were the subjects of a cross-sectional research that used a three-part screening approach to identify learning difficulties [15]. Finding students who may be in danger was the first step for the instructor. Using the Specific Learning Disability-Screening Questionnaire (SLD-SQ), instructors evaluated students who were at risk in the second stage. As part of the NIMHANS Index of Specific Learning Disabilities, the third step was to administer the Brigance Diagnostic Inventory (BDI) to kids who tested positive for LD. The researchers in this study set out to assess the extent to which Indian educators were familiar with learning disorders (LD) [16]. The present research aims to evaluate the amount of information currently held by elementary school instructors about learning disabilities [17]. In order to gauge the present degree of understanding among educators, a test of learning disability awareness has been designed. The first issue that requires fixing is the widespread ignorance about the issue among both the general public and education department officials and teachers. The study's results showed that educators' understanding of learning disabilities was limited. Their study's stated goal was to evaluate primary school teachers' familiarity with and understanding of LD [18]. For this exploratory study, researchers in the Haridwar area used a lottery to choose 68 elementary school teachers from 15 different schools. Primary school educators exhibited a lack of understanding and familiarity with learning difficulties, according to the survey. Two groups of pupils who do not meet academic expectations are the focus of their research, which is an extension of Valàs (2001) [19]. In particular, the effects of a learning disability diagnosis are contrasted with those of a non-diagnostic. The research sought to determine how trainee instructors felt about students with learning difficulties and

about implementing a differentiated curriculum in [20] and [21]. The attitudes and the impact of training varied significantly amongst trainee instructors for elementary and high schools. Experience working with kids who have particular learning difficulties did not influence views in any way. Implications for programmes that train teachers are raised by the results. From April 16th through May 20th, 2018, researchers in the Malappuram district of Kerala surveyed primary school teachers employed by the government (references [22] and [23]). The researchers used a convenient sampling technique. Researchers in Kerala's Malappuram district administered a questionnaire to 709 elementary school teachers from 21 different schools to gauge their familiarity with learning disabilities.

METHODOLOGY

a. Study Design and Setting

The study was conducted on parents of school-going children in selected areas of Ernakulam district Kerala

b. Study Participants and Sampling

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

c. Data Collection Tool and Technique

A quantitative approach was adopted to determine the research study.

d. Research Design

A descriptive research design was used to perform the current investigation. The parents of children who were enrolled in school and met the inclusion criteria were the ones who could participate in this research.

e. Sample Size:

The samples consist of 100 parents of school-going children.

f. Sampling Technique

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

g. Criteria for Sampling Selection

Inclusion Criteria

- Parents of school-going children (6-12yrs) in Ernakulam.
- 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.

h. Description of the Tool

- Part I: Age, socioeconomic status, religion, parental education level, family income, and information source are all sociodemographic characteristics.
- Part-II: Parents of school-aged children (aged 6 to 12) will have their teaching knowledge on learning disorders tested with this 30 multiple-choice survey”.

Table 1: Score Interpretations

“Level of knowledge	Score
Good knowledge	23 – 30
Average knowledge	15 – 22
Poor knowledge	< 15”

Performance Analysis

The results and discussion were analyzed in this section,

Table 2: The Distribution of Parents' Levels of Awareness about Learning difficulties among those Whose Children Attend School.(N = 100)

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

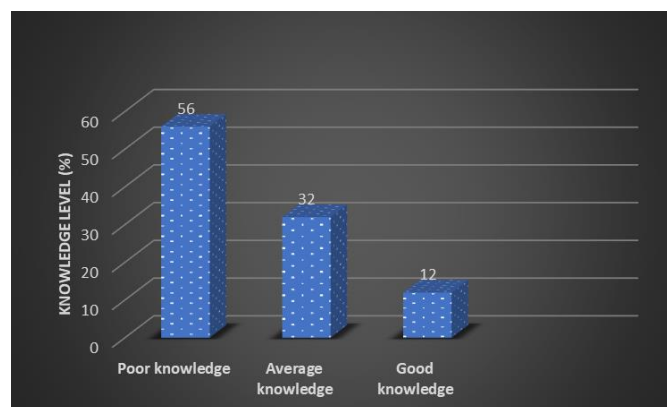


Figure 1: The Distribution of Parents' Levels of Awareness of Cognitive difficulties among those Whose Children Attend School.

Table 3: Parental Understanding of Learning difficulties as a Whole and as a Standard Deviation among School-Aged Children. (N = 100)

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

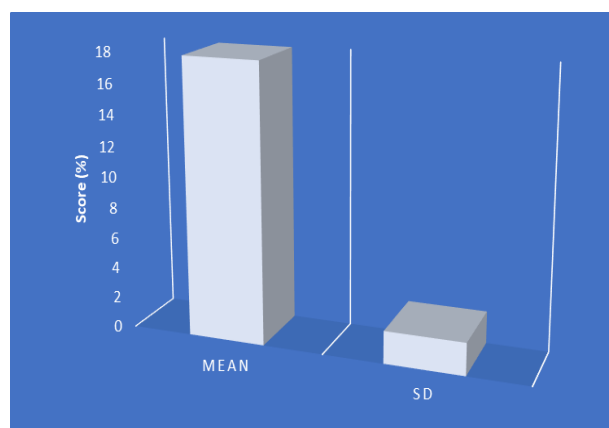
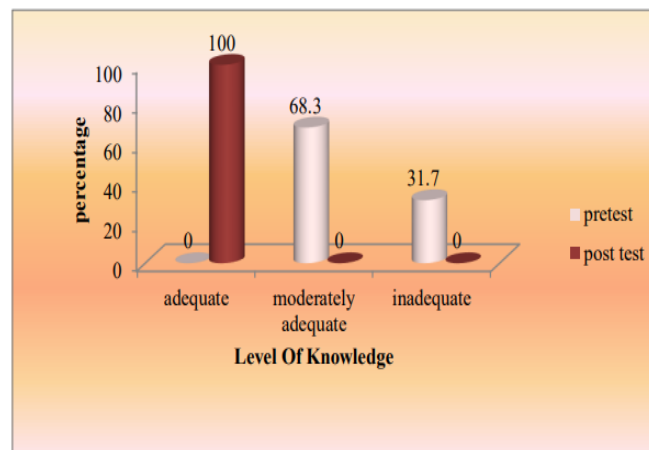


Figure 2: Mean and SD Knowledge Score Evaluation

Table 4: Relationship between Demographic Characteristics and Parents' Awareness of Learning Difficulties Among School-Aged Children. (N = 100)

"S. No	Demographic Variables	Good		Average		Poor		Chi-Square
		F	%	F	%	F	%	
1.	Age							
	a. 16 – 20 years	-	-	1.0	1.0	1.0	1.0	$X^2 = 13.92$
	b. 21-25 years	8.0	8.0	3.0	3.0	20.0	20.0	T = 12.59
	c. 26 – 30 years	3.0	3.0	24.0	24.0	22.0	22.0	df = 6
	d. Above 30 years	1.0	1.0	4.0	4.0	13.0	13.0	Significant
3.	Education							
	a. Illiterate	1.0	1.0	3.0	3.0	16.0	16.0	$X^2 = 15.26$
	b. Below 10 th	6.0	6.0	18.0	18.0	16.0	16.0	T = 12.59
	c. Intermediate	4.0	4.0	8.0	8.0	10	10	df = 6
	d. Graduate	1.0	1.0	3.0	3.0	14.0	14.0	Significant
6.	Religion							
	a. Hindu	6.0	6.0	18.0	18.0	25.0	25.0	$X^2 = 13.128$
	b. Christian	3.0	3.0	8.0	8.0	27	27.0	T = 2.12
	c. Muslim	2.0	2.0	4.0	4.0	3.0	3.0	df = 4
	d. Others	1.0	1.0	2.0	2.0	1.0	1.0	Significant"

According to the study's key findings, 12 out of 100 parents whose children are in school reported having a high degree of knowledge. 36(32%) were somewhat knowledgeable with children's learning difficulties, whereas 56(56%) knew very little. The average knowledge score for parents of school-aged children was 17.93, with a standard deviation of 2.095. In terms of relationship, a significant connection was found at the $P < 0.05$ level between degree of knowledge and age, education, and religion.



The average score for pre-test knowledge was 15.55 ± 2.05 according to the table above. The mean knowledge score rose to 24.92 ± 1.41 after the Intervention, which is a systematic instruction plan. There was a statistically significant increase in the knowledge score after the intervention (paired t-value 33.67**, degrees of freedom $p < 0.01$). As of from the figure the parents analyzed the students then after implementing the structured teaching, they found out their knowledge level was improved

CONCLUSION

The results showed that 56% of parents whose children attend school are unaware of the signs and symptoms of learning impairments. As an aside, there was no statistically significant difference between the experimental and control groups in terms of the mean score of the parents. The study's main conclusions are, that Twelve (12%) of one hundred parents whose children attend school reported high levels of knowledge. 36(32%) knew about learning problems in children to a moderate degree, whereas 56(56%) knew very little. Parents of school-aged children had an average knowledge score of 17.93 and a standard deviation of 2.095. There was a significant correlation between degree of knowledge and age, education, and religion at the $P < 0.05$ level in terms of association.

Findings from this study highlight the need to equip structured teaching with knowledge about how to manage developmental delays and sufficient information about the child's developmental trend so that they can create an optimal environment for the child's care and development.

Conflict of Interest: By signing this statement, the researcher affirms that he or she has no competing interests with respect to this study.

Acknowledgments:

The authors would like to thank all of the study participants and the administration of Vinayaka Missions Research Foundation (DU), Salem, Tamilnadu, India for granting permission to carry out the research work.

Conflicts of Interest: There are no conflicts of interest.

Ethical Statement:

Institutional ethical committee accepted this study. The study was approved by the institutional human ethics committee. Informed written consent was obtained from all the study participants and only those participants willing to sign the informed consent were included in the study. The risks and benefits involved in the study and the voluntary nature of participation were explained to the participants before obtaining consent. The confidentiality of the study participants was maintained.

Funding: Nil.

Authors' Contributions:

PROF.P.O. JANCY- conceptualization, data curation, investigation, methodology, project administration, visualization, writing—original draft, writing—review and editing; **DR. S. PARIMALA PH.D (N)** -conceptualization, methodology, writing—original draft, writing—review and editing; **MS. BLESSY KURIAN M.SC (N)** - methodology, writing—original draft, writing, review and editing. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work. All authors have read and agreed to the published version of the manuscript.

Data Availability:

All datasets generated or analyzed during this study are included in the manuscript.

References

- 1) Adele Pilliteri. Text Book of Child Health Nursing care of child and family Lippincott publications, 1999, 518528.
- 2) Parul Dutta, Text Book of Pediatric Nursing, 2nd edition Published by Jaypee Brothers, 2009, 162-170.
- 3) Wong's Text Book of Essentials of Pediatric Nursing 7th edition, Marilyn Hockenberry Wilson, Winkel Stein, 1051-1058.

- 4) Basavanthappa BT. Text Book of Pediatric/Child Health Nursing, 3rd edition Published by Tarun Ahuja, 2008, 578-592.
- 5) Gail Stuart W, Chete M, Laroca T. Principles and practice of psychiatric nursing, 8th edition, Mosby publications, Page No. 132-136.
- 6) Jaypee Klossner, Nancy Herfield. Text Book of Pediatric Nursing Lippincott William and Wilkins Philadelphia.
- 7) Terrikyle Text Book of Essentials of Pediatric Nursing, 1st edition, published by Wolters Kluver, New Delhi, 2001, 292-301.
- 8) Wings JK et al., Schedules for clinical assessment in Neuro-Psychiatry archives of general psychiatry, 1990, 589-593.
- 9) Zuker Man B, Parker S. Innovation in Pediatric Practice Journal of Pediatrics. 2004; 114:820-826.
- 10) Ahamd AL. Impact of counseling on learning disability of school children. International Journal of Creative Research Thoughts. 2020;12(15):37-41.
- 11) Aloni NA, El-Keshky MES. Assessing Primary School Teachers' Knowledge of Specific Learning Disabilities in the Kingdom of Saudi Arabia. Journal of Educational and Developmental Psychology. 2018;9(1):9.
- 12) Boat TF, Wu JT, Disorders C. to E. the S. S. I. D. P. for C. with M., Populations, B. on the H. of S., Board on Children, Y., Medicine, I. of, Education, D. of B. and S. S. and, & The National Academies of Sciences, E. Clinical Characteristics of Learning Disabilities. In Mental Disorders and Disabilities Among Low-Income Children. National Academies Press (US); c2015.
- 13) Büttner G, Hasselhorn M. Learning Disabilities: Debates on definitions, causes, subtypes and responses. International Journal of Disability, Development and Education. 2011;58(1):75-87.
- 14) Daniel D, Ruth A, Gaikwad M, Adhale V, Jagtap S. (n.d.). Assess the level of knowledge regarding learning disability among primary school teachers; c2011. p. 5.
- 15) Jadhy SK, Goel S, Das SS, Sarkar S, Sharma V, Panigrahi M. Prevalence and Patterns of Learning Disabilities in School Children. Indian Journal of Pediatrics. 2016;83(4):300-306.
- 16) Saravanabhavan S, Saravanabhavan R. Knowledge Regarding Learning Disability Among Pre- and InService Teachers in Schools. International Journal of Special Education. 2010;25(3):7.
- 17) 8. Sawhney DN, Bansal DS. (n.d.). Study of awareness of Learning Disabilities among Elementary School Teachers; c2010. p. 9.
- 18) Shukla P, Agrawal G. Awareness of Learning Disabilities among Teachers of Primary Schools. International Journal. 2015;1(1):7.
- 19) Valås H. Learned Helplessness and Psychological Adjustment II: Effects of learning disabilities and low achievement. Scandinavian Journal of Educational Research. 2001;45(2):101-114.
- 20) Zeal S. Trainee Teachers' Attitudes Towards Students with Specific Learning Disabilities. Australian Journal of Teacher Education, 2013, 38(8).
- 21) Nameirakpam D, Jupitar S, Laishram J, Christina S, Akoijam BS. On-the-job stress and challenges faced by police personnel of Bishnupur district in COVID-19 times. International Journal of Community Medicine and Public Health. 2021 Dec;8(12):5668-75.
- 22) Bull FC, Al-Ansari SS, Biddle S, Borodulin K, Buman MP, Cardon G, Carty C, Chaput JP, Chastin S, Chou R, Dempsey PC. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. British journal of sports medicine. 2020 Dec 1;54(24):1451-62.
- 23) Basim Ali CT, Fysal N, Akhila Thasneem A, Aswathy PS. Assessment of knowledge level on learning disability among primary school teachers. International Journal of Contemporary Pediatrics. 2019;6(2):431-5.