

Original Research Article

To Assess the Knowledge of Parents Regarding Childhood Specific Learning Disabilities Visiting a Selected Hospital at Mangalore

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ABSTRACT

Learning disabilities (LD) are most often defined by describing a discrepancy between ability and performance. Children with learning disabilities are of average to above-average intelligent quotient (or IQ), but performance assessments and standardized tests indicate that their classroom achievement fails to match their evident ability. Because learning disabilities relate specifically to classroom performance, they are rarely identified before a child enters school and confronts academic instruction. It can be difficult to determine the cause of a learning disability, and the matter is often confusing for both parents and teachers. In India factors namely, poor exposure of many of these children to education, knowledge and language makes diagnosis even more problematic. The aim of the study is to assess the knowledge of parents regarding Childhood Specific Learning Disabilities.

Objectives of the study:

1. To assess the level of knowledge of parents regarding Childhood Specific Learning Disabilities in children.
2. To find out the association between the level of knowledge of parents regarding Childhood Specific Learning Disabilities in children and selected demographic variables.

Methods: An evaluatory approach with Structured Knowledge Questionnaire was used for the study. The sample consisted of 100 parents selected by using convenient sampling technique.

Results: The result of this study in general showed good level of knowledge among parents regarding Childhood Specific Learning Disabilities. The mean level of knowledge score was 11.08. There was no association between level of knowledge of parents and the selected demographic variables.

Interpretation and conclusion: The findings of the study have shown that the level of knowledge of parents regarding Childhood Specific Learning Disabilities is good after assessing the given Structured Knowledge Questionnaire. However, there was no significant association between the level of knowledge score and the selected demographic variables.

Key words: Parents, knowledge and Childhood Specific Learning Disabilities.

INTRODUCTION

Learning disability, an educational problem, forms an important cause of failure in school in otherwise capable children. The inability to read and to comprehend is a major obstacle to

learning, which may have long term educational, social, and economic consequences. ^[1] Specific learning disabilities is a genetic term that refers to a heterogeneous group of neurobehavioral disorders manifested by significant

unexpected, specific and persistent difficulties in the acquisition and use of efficient reading (dyslexia), writing (dysgraphia) or mathematical (dyscalculia) abilities despite conventional instruction, intact senses, normal intelligence, proper motivation and adequate socio cultural opportunity. In 1886, Morgan described a 14-year-old boy who was bright and intelligent, but had great difficulty to read, and termed this syndrome as “Congenital word blindness”. However, it was not until 1962 that Kirk first used the term “Learning disabilities”. [2] Nursing as a family-oriented profession involves supporting mothers of children with learning disabilities to gain an awareness of their role. Individuals with learning disabilities can face unique challenges that are often pervasive throughout the lifespan. Depending on the type and severity of the disability, interventions and current technologies may be used to help the individual learn strategies that will foster future success. Some interventions can be quite simplistic, while others are intricate and complex. Recent research indicates, however, that disability in basic reading skills is primarily caused by deficits in phonological awareness, which is independent of any achievement-capacity discrepancy. Deficits in phonological awareness can be identified in late kindergarten and first grade using inexpensive, straightforward testing protocol. Interventions have varying effectiveness; depending largely on the severity of the individual disability. [3] Information about Childhood Specific Learning Disabilities occurring in Indian children is scanty. The incidence of dyslexia in primary school children in India has been reported to be 2-18 %, of dysgraphia 14%, and of dyscalculia 5.5%. However, awareness that specific learning disability is an important cause of academic under achievement has recently increased. [4] The prevalence of learning disabilities identification has increased

dramatically in the past 20 years. In a review of Indian studies on prevalence of learning disability, prevalence of various types of scholastic skills was reported to be 3-10 per cent among students population. In this review, studies have screened students for dyscalculia, dyslexia and different type of learning disabilities in the state of Karnataka, Kerala and Tamil Nadu. [3] In a study from rural India, prevalence of Childhood Specific Learning Disabilities was reported to be 13 per cent in primary school children. In a study from northern region, one per cent of children attending an outpatient clinic of a tertiary hospital were found to be having Specific Learning Disability. Learning disabilities are life disabilities; they are seen in children as well as adults. The impairment may be so subtle that it may go undetected throughout the life. These disabilities create a gap between the true potential, day-to-day productivity and performance. A study was conducted in Mysore to assess the knowledge regarding learning disability among mothers. The findings revealed that mothers had inadequate knowledge regarding learning disability so interventions should be given to mothers to improve knowledge of mothers. Mothers did not identify having a child with a learning disability as an essentially positive or negative experience. This knowledge can provide a heuristic to help nurses and other caregivers to guide mothers in adjusting to having a child with a learning disability. [5]

Significance: The need for the study is to assess the knowledge of parents regarding Childhood Specific Learning Disabilities in children and this will help the parents to cope up with the present condition of the children. Parents may detect early signs of Childhood Specific Learning Disabilities in preschool aged children. This helps to provide appropriate care in order to prevent further complications.

Aim: The main aim of this study was to assess the knowledge of parents regarding

Childhood Specific Learning Disabilities visiting a selected hospital.

Purpose: To assess the level of knowledge of parents regarding Childhood Specific Learning Disabilities in a view to note the awareness in identifying the affected children.

Objectives of the study:

1. To assess the level of knowledge of parents regarding Childhood Specific Learning Disabilities in children.
2. To find out the association between the level of knowledge of parents regarding Childhood Specific Learning Disabilities in children and selected demographic variables. (Age, gender, place of living, educational status of father or mother, number of living children, suffered/suffering from diseases such as psychiatric illness, mental retardation, autism, specific learning disabilities in the family.)

MATERIALS AND METHODS

A descriptive survey design was used for the present study. The sample consisted of 100 parents who were selected by convenient sampling technique. Tools used were baseline proforma and a Structured Knowledge Questionnaire. Criteria laid down for the selection of subjects were:

Inclusion criteria:

1. Parents of children visiting the hospital.
2. Parents who can understand English, Kannada and Malayalam.
3. Parents with in the age group of 20 to 50 years

Exclusion criteria:

1. Parents who are critically ill.
2. Parents who cannot speak (deaf or dumb).
3. Parents who are mentally challenged.

Data collection instruments:

Section 1: Baseline Proforma to collect baseline data of the subjects.

Section 2: Structured Knowledge Questionnaire for parents regarding Childhood Specific Learning Disabilities.

Data collection process: The investigator obtained a formal written permission from the authority concerned. After selecting the sample who met the inclusion criteria of the study, the purpose of the study was explained with the subjects and confidentiality of the data collected was assured. Convenient sampling technique was used to select the subjects in the study. After obtaining written consent, the Tool (Part A: Baseline proforma and Part B: Structured Knowledge Questionnaire) was administered to assess the knowledge of parents regarding Childhood Specific Learning Disabilities. The average time taken by the subjects to complete the tool was 15 - 20 minutes. The selected subjects were 100 parents visiting a selected hospital and all the subjects were very cooperative and the investigators expressed their gratitude for their cooperation. The collected data was compiled for analysis. The data was analyzed using both descriptive and inferential statistics.

RESULTS

The results are as follows:

Section 1: Demographic variables data in table 1 showed that:

- Out of 100 subjects, majority 41% of the subjects belong to 41 - 50 years.
- Majority 62% of subjects were female
- Majority 65% of subjects belong to rural area
- 27% of subjects have studied up to 10th standard, 35% of subjects have studied up to PUC, and 24% of subjects are undergraduates whereas 14% are post graduates.
- 28% of subjects have one live child, 54% of subjects are having 2 living children and 18% of subjects

are having 3 or more than 3 as living children.

- Family members of 3% subjects are suffering/ suffered from diseases (Psychiatric illness,

Mental retardation, Autism, Specific learning disabilities) whereas family members of 97% subjects have got no diseases.

Section I: Description of demographic variables

Table 1: Frequency and percentage distribution of subjects according to their demographic variables. N = 100

| Variables | Frequency | Percentage |
|---|-----------|------------|
| Age in years | | |
| a)20-30 | 24 | 24 |
| b)31-40 | 35 | 35 |
| c)41-50 | 41 | 41 |
| Gender | | |
| a)Male | 38 | 38 |
| b)Female | 62 | 62 |
| Place of living | | |
| a)Urban | 35 | 35 |
| b)Rural | 65 | 65 |
| Educational status of mother/father | | |
| a)S.S.L.C | 27 | 27 |
| b)P.U.C | 35 | 35 |
| c)Undergraduate | 24 | 24 |
| d)Post graduate | 14 | 14 |
| Number of living children | | |
| a)1 | 28 | 28 |
| b)2 | 54 | 54 |
| c)≥3 | 18 | 18 |
| Diseases suffered/suffering in the family(Psychiatric illness, MR, Autism, SPLD) | | |
| a)Yes | 3 | 3 |
| b)No | 97 | 97 |

Section 2: Assessment of knowledge of parents regarding Childhood Specific Learning Disabilities.

Table 2: Frequency, cumulative frequency and percentage distribution of subjects according to the grading of knowledge score regarding Childhood Specific Learning Disability. N=100

| Range of Knowledge score | Range of % | Category | f % |
|--------------------------|------------|--------------|-----|
| 16-21 | 81-100 | Excellent | 1 |
| 11-15 | 61-80 | Good | 58 |
| 6-10 | 41-60 | Satisfactory | 38 |
| 1-5 | 0-40 | Poor | 3 |

Data in the table 2 depicts that out of 100 subjects, 1% excellent knowledge, 58% had good knowledge, 38% had average knowledge and 3% of subjects had poor knowledge.

The data presented in table 3 and figure 1 depicts the area mean percentage knowledge score of subjects is 2.04%.The maximum increase of knowledge was in the area of identification.

Table 3: Area-wise mean standard deviation and mean percentage of subject's knowledge score regarding Childhood Specific Learning Disabilities. N=100

| Areas of knowledge | Max. score | Mean | SD | Mean % |
|----------------------|------------|------|--------|--------|
| Identification | 8 | 4.93 | 1.27 | 4.93 |
| Action | 7 | 3.71 | 1.52 | 3.71 |
| Parental information | 6 | 2.44 | 1.22 | 2.44 |
| Overall | 21 | 2.04 | 0.3457 | 2.04 |

Maximum score= 21

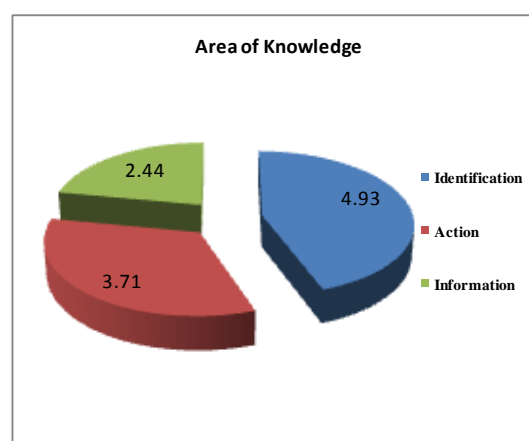


Figure 1: Area-wise mean percentage knowledge score of subjects

Section 3: Association between selected variables and knowledge score of parents regarding Childhood Specific Learning Disabilities.

Table 4: Association between selected variables and knowledge score of parents regarding childhood specific learning disabilities
N=100

| Variables | Knowledge | | χ^2 | P Value (#Fisher Exact) |
|--|---------------------|---------------------|----------|-------------------------------|
| | <Median (11) | >Median (11) | | |
| Age 20-30 31-40 41-50 | 12 17 28 | 12 18 13 | 3.627 | 0.163 |
| Gender Male Female | 25 32 | 13 30 | 1.932 | 0.165 |
| Place of Living Urban Rural | 18 39 | 17 26 | 0.682 | 0.409 |
| Educational Status of Mother Or Father S.S.L.C P.U.C Under Graduate Post Graduate | 16 20 12 9 | 11 15 12 5 | 0.840 | 0.840 |
| Number of Living Children # 1 2 ≥3 | 15 28 14 | 13 26 4 | — | #0.143 |
| Diseases Suffered/Suffering In The Family (Psychiatric Illness, MR, Autism, SLD) # YES NO | 2 55 | 1 42 | — | #1.00 |

NOTE:

P value attained in Fishers value

The data in table 4 shows that Chi-square test value computed between knowledge score and demographic variables [age, gender, place of living, educational status of mother/father] and Fishers Exact [number of living children and diseases suffered/suffering in the family (Psychiatric Illness, MR, Autism, SLD)] was not significant at 0.05 levels. Therefore there is no association between knowledge score of subjects and above listed selected demographic variables. Hence null hypothesis is accepted and research hypothesis is rejected.

DISCUSSION

The findings of this study showed 1% of the subjects to have excellent knowledge, 58% parents have good knowledge, 38% parents have satisfactory knowledge, and 3 % parents have poor knowledge. In comparison to a phenomenological study conducted to assess the lived experience of 6 Iranian mothers of children with learning disabilities in Tehran, mothers lacked knowledge as to how to care for the child

and how to make use of coping strategies as well as they do not have enough knowledge for creating a positive caring relationship between family and child. [4]

A descriptive study conducted to assess the knowledge regarding learning disability in Siddhartha Layout, Mysore using a Self-administered Structured Knowledge Questionnaire from 60 mothers reported majority of mothers 42(70%) had inadequate knowledge and there was a significant association between the selected demographic variables (religion, education of mother, occupation, type of delivery) with the level of knowledge(p <0.05). [6] These findings contradict the present study finding which reports no significant association between knowledge score of subjects and demographic variables such as age, gender, place of living, and educational status of father or mother, number of living children, suffered/suffering from diseases such as psychiatric illness, mental retardation, autism, and specific learning disabilities in the family.

CONCLUSION

Nurses play a key role in the identification of problem and provide

timely intervention for the existing problems by motivating the caregivers and the staff for learning and caring for children with specific learning disability. The present study can help nurses create multi modal opportunities to help the caregivers to analyse and understand the problems about specific learning disability which in turn promotes health maintenance behaviour among the people. The present study helped the investigators to develop insight regarding Specific Learning Disability and will serve as a valuable reference material for future investigation.

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