

Original Research Article

Effectiveness of Self Instructional Module (SIM) on Knowledge Regarding Selected Learning Disabilities in Primary School Children among Primary School Teachers

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ABSTRACT

Background: Learning disabilities can be managed effectively if the parents and teachers identify the problem at the earliest. Though the child may have normal intelligence level they are struggling hard to keep up with other normal children. Unfortunately, there are children who are still remaining unidentified and are regarded as failures or mentally challenged by the school authority as well as by the family members.

Objectives: - 1) To assess the existing knowledge regarding selected learning disabilities in primary school children among primary school teachers. 2) To assess the effectiveness of Self Instructional Module (SIM) on knowledge regarding selected learning disabilities in primary school children among primary school teachers. 3) To associate the knowledge scores with selected demographic variables.

Materials and Methods: An interventional analytical approach was used in this study with one group pre-test post-test research design. 60 samples were selected by a Non-Probability Purposive Sampling Technique. A structured questionnaire was used to collect the data.

Results: The pre test knowledge of primary school teachers was 45.65% and the post test knowledge score was 88.1%. The calculated t-value was 23.063. Hence, it is statistically interpreted that the self instructional module was effective.

Conclusion: As self instructional module was found to be effective in this study, it was also necessary to carry out a self structured study among parents of learning disability children to enhance their knowledge and give awareness so as to manage and reduce learning disabilities among children.

Key words: Knowledge, learning disabilities, primary school children, primary school teacher

INTRODUCTION

The young generations are the future of our country. However, the children and adolescents of our today's world also have medical and psychological problems, below average intelligence level, specific learning disabilities, attention deficit hyperactivity disorder, emotional problems, poor socio-cultural environment and other psychiatric

disorders. ^[1] It is difficult to identify the disorders or problems due to the instability of obtaining results from formal testing procedures. Teachers are the first person to notice that the child is not learning as expected. A learning disability is not a problem with intelligence or motivation. Kids with learning disabilities are not lazy or dumb. In fact, most are just as smart as

everyone else. Their brains are simply functioning differently. This difference affects how they receive and process information. The most common types of learning disabilities involve problems with reading, writing, mathematics, reasoning, listening, and speaking. [2]

Even though the child has an average or above average level of intelligence, these children struggle hard to keep up with those normal children. Unfortunately, many of the children are still remains as unidentified and are branded as failures or mentally challenged by the school authority as well as by the family members. Learning disabilities can be managed effectively if the teachers or parents identify the problem early and go for expert advice. [3] The psychological co morbidity such as emotional and behavioral problems is also increasing in children with learning disability. [4] The learning problems can significantly interfere with academic achievements or activities of daily living that require reading, mathematical overwriting skills. [5] Identifying them early and treating them would reduce the burden of this disorder and may help in better treatment of the co-morbid conditions in these patients. [6] The study was designed to assess the effectiveness of Self Instructional Module (SIM) on knowledge regarding selected learning disabilities in primary school children among primary school teachers. The study was initiated after obtaining the ethical approval from the ethical committee.

MATERIALS AND METHODS

The study was based on interventional analytical approach with one group pre-test post-test research design. A Non-Probability Purposive sampling technique was used and 60 samples of primary school teachers were participated from selected primary schools in Vidharbha region. The inclusion criteria were 1) Primary school teachers who are working in selected primary schools. 2) Primary school teachers who are present at the time of data

collection. The exclusion criteria were 1) Primary school teachers who have already attended the programme on the same topic. 2) Primary school teachers who are not willing to participate in the study. The study was started after ethical clearance was taken from the ethical committee. Selected primary schools were visited in advance and obtained permission from the concerned authorities. An informed written consent was gathered from the subjects to participate in the study. All the necessary information regarding the study were provided to the subjects prior to the data collection. A structured self instructional module and a structured questionnaire were employed for the study. A pre-test and post-test were administered by means of structured questionnaire. Based on the objectives and the hypotheses the data were analyzed by using descriptive and inferential statistics.

Statistical Analysis

Statistical Analysis was done by descriptive and inferential statics with the help of SPSS 16.0 Software.

RESULTS

Table No. 1: Distribution of samples with regards to selected demographic variables n=60

DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE (%)
Age (in years)		
21-25	3	5
26-30	12	20
31-35	22	36.6
36-40	23	38.3
Gender		
Male	12	20
Female	48	80
Residence Area		
Urban	37	81.6
Rural	23	38.3
Marital Status		
Married	50	83.3
Unmarried	8	13.3
Widow/Widower	2	3.33
Divorce	0	0
Educational Qualification		
Secondary	10	16.6
Higher Secondary	14	23.3
Graduate	8	13.3
Post-Graduate and above	28	46.6
Year of Teaching Experience		
1-2 years	1	1.6
3-4 years	5	8.3
5-6 years	19	31.6
Above 6 years	35	38.3

The above table, demographic data consists of seven variables of age, sex, gender, residence area, marital status, educational qualification and year of teaching experience. It indicates that 23 (38.3%) were at the age group of 36-40 years, 22 (36.6%) were between 31-35 years of age, 12 (20%) were between 26-30 years and 3 (5%) were at the age group of 21-25 years of age. In respect to their gender, 40 (80%) were female and 12 (20%) were male. Majority of 37 (81.6%) were reside in urban areas and 23 (38.3%) were lived in rural areas. Subjects of 50 (83.3%) were married, 8 (13.3%) were unmarried, 2 (3.33%) were widow/widower and none of them were divorced. The educational level of 28 (46.6%) were having post graduate and above education, 14 (23.3%) have higher secondary qualification level, 10 (16.6%) have secondary level education and 8 (13.3%) have graduate level of education. 35 (38.3%) of the subjects were having above 6 years of teaching experience, 19 (31.6%) have 5-6 years of teaching experience, 5 (8.3%) were having 3-4 years of teaching experience and 1 (1.6%) have 1-2 years of experience in teaching. There was no association between the knowledge scores and demographic variables in this study.

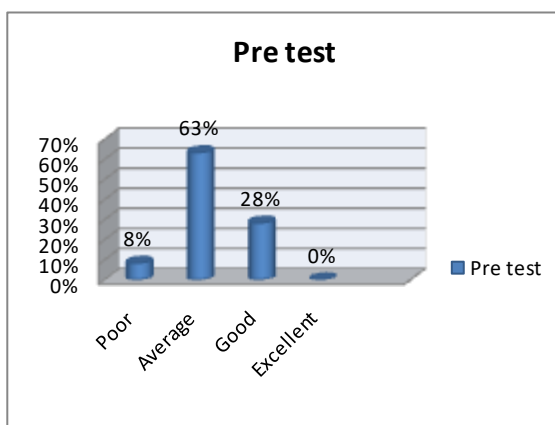


Figure.1 Pre test knowledge regarding selected learning disabilities in primary school children among primary school teachers.

Knowledge regarding selected learning disabilities in primary school children among primary school teachers was that 17 (28.3%) had good knowledge score, 38

(63.3%) of them had average level of knowledge score, 5 (8.3%) of them had poor knowledge score. None of them had excellent level of knowledge score. The minimum score was 3 and the maximum score was 15, the mean score was 9.13 ± 2.514 with a mean percentage score of 45.65%.

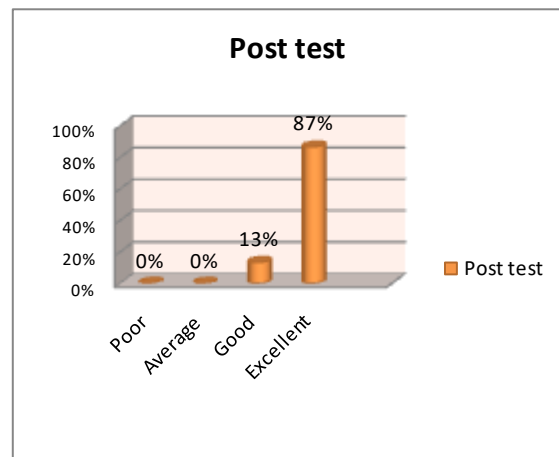


Figure.2 Post test knowledge score regarding selected learning disabilities in primary school children among primary school teachers.

Assessment of post test knowledge regarding selected learning disabilities in primary school children among primary school teachers was 52 (86.6%) have excellent knowledge score and 8 (13.3%) have good level of knowledge score and none of them had poor and average level of knowledge score. The minimum score was 13 and the maximum score was 20, the mean score was 17.62 ± 1.795 with a mean percentage score of 88.1%.

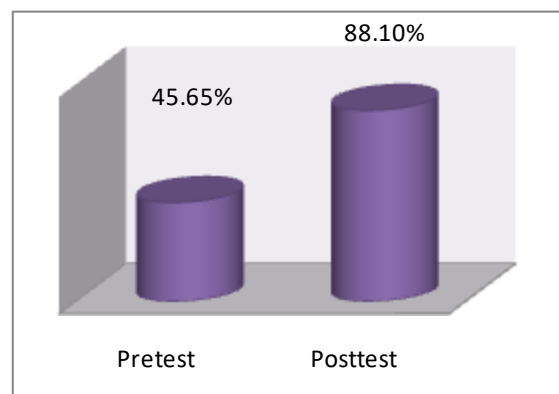


Figure.3 Comparison of self instructional module on knowledge regarding selected learning disabilities in primary school children among primary school teachers

Mean value of pre test was 9.13 and post test was 17.62 and standard deviation values of pre test was 2.514 and post test was 1.795. The calculated t-value was 23.063 and tabulated p-value was 0.000. Hence it is statistically interpreted that the self instructional module on knowledge regarding selected learning disabilities in primary school children among primary school teachers was effective. Thus the H_1 was accepted and H_0 was rejected in this study.

DISCUSSION

In the current study, the findings of the study were discussed with reference to the objectives stated and with the findings of the other studies in the section. The present study undertaken is a study to assess the effectiveness of self instructional module regarding selected learning disabilities in primary school children among primary school teachers.

Distribution of primary school teachers show that 52 (86.6%) were having excellent knowledge, 8 (13.3%) having very good knowledge and none of them were having average knowledge and poor knowledge. The overall mean knowledge scores of pre-test and post-test of primary school teachers which reveal that the post-test mean score was higher 17.62 with SD of ± 1.795 when compared with the pre-test mean knowledge score value which was 9.13 with SD of ± 2.514 . The calculated t-value is 23.063 and tabulated p-value is 0.000. Hence it is statistically interpreted that the self instructional module regarding selected learning disabilities in primary school children among primary school teachers was effective. There is no significant association of knowledge with age, gender, residence areas, marital status, education and years of teaching experience.

In this study, the main aim was to assess the effectiveness of self instructional module on the knowledge regarding diabetic diet in selected hospitals of Karad city. The research approach adopted for the present study is an evaluative approach. The

research design selected for the present study was Quasi- experimental study. The setting for the study was selected, which was selected hospitals of Karad city. The sample size for the present study was 40 diabetic patients in selected hospitals of Karad city. The findings of the study were that pretest mean knowledge score and SD of the diabetic patients regarding diabetic diet was 16.025 ± 4.371 , which increased in Post test to 20.975 ± 1.860 .^[7]

In this study, the findings related to knowledge scores of care givers in hemodialysis patient was before giving self -instructional module the knowledge of care givers is poor or in the average. After giving self -instructional module to care givers their knowledge has improved. There was no association found with any demographic variables. The pre -test data depicts majority of care givers of hemodialysis patient 29(51.79%) had good level of knowledge about home care management, of hemodialysis patient, whereas 24(42.86%) is poor knowledge and 3(5.36%) excellent knowledge of care givers of hemodialysis patient. In the post test data depicts that, majority of care givers of hemodialysis patient 51(91.07%) is excellent, 5(8.93%) is good and 0(0%) is poor knowledge regarding home care management of care givers after administrating of self -instructional module. In the association of knowledge level of care givers of hemodialysis patient regarding home care management of hemodialysis patient before administrating self -instructional module with their selected demographic variables ,using chi-square test. The analysis reveals that there is no association could be found with any demographic variables and pre-test knowledge ($p > 0.05$).^[8]

In the other study, it focused to give awareness to the young drivers and their passengers on road traffic safety, ability to master different driving situations and vehicle maneuvering. Sixty adolescent students were asked to participate for the study. The participants were selected by using purposive sampling method. One

group pre-test post-test quasi experimental design was used to evaluate the effectiveness of self-instructional module on prevention of road traffic accidents among adolescents. Self-administered structured knowledge questionnaire and practice checklists were used to collect data from the subjects. It is evident from the findings that the mean pre-test knowledge and practice scores was found to be 34.0% and 38.1% respectively. The post-test mean knowledge and practice scores on prevention of road traffic accidents noticed as 81.5% and 82.5% respectively. The result of the study clearly evidenced that there was significant enhancement in case of knowledge on prevention of road traffic accidents and practice of preventive measures the analysis and interpretation of data are based on collected data through structured knowledge and practice checklist from 60 subjects. [9]

This study was based on a pre experimental, one group pre-test post-test design. Using the purposive sampling technique, 50 antenatal mothers were selected and the data was collected by administering the Structured Knowledge Questionnaire on breast disorders during postnatal period. After collecting data, the Self-instructional Module (SIM) was administered to the subjects on the same day and on 8th day; a post-test was conducted using the same Structured Knowledge Questionnaire. The collected data was analyzed using the descriptive and inferential statistics. The analysis of the pre test knowledge revealed that in the pre-test scores, majority (84%) of the sample had average knowledge, 12% had good knowledge and 4% of them had poor knowledge on breast disorders where as in the post test scores, majority (66%) of the sample had average knowledge and 34% of the sample had good knowledge and none of them had poor knowledge on breast disorders. There was no significant association between the variables like age, type of family, place of residence, religion, and occupation and there was significant association between the variables like

educational status, parity and previous knowledge and the post-test knowledge scores. The findings of the study concluded that the Self-instructional Module on breast disorders was effective in improving the knowledge of the antenatal mothers regarding prevention and management of breast disorders during postnatal period. [10]

This study was to determine the effectiveness of self instructional module regarding childhood ADHD among school teachers. A pre experimental (one group pre-test post-test) design was adopted for the study. Using convenient sampling technique fifty primary school teachers were selected. Data was collected using structured knowledge questionnaire on childhood ADHD. The result showed that mean knowledge score of post test (22.44) was higher than the pre-test score (10.42) and the calculated value ($t = 24.36$) computed between pre-test and post-test was statistically significant ($p < 0.05$). Thus, the self instructional module was effective in improving the knowledge of teachers regarding childhood ADHD. [11]

This study was to improve the knowledge and attitude level by examining the effectiveness of self-instructional module on antenatal care among primigravida mothers in District Women Hospital, Dehradun, Uttarakhand. The study was conducted at District Women Hospital, Dehradun, using quantitative approach and pre-experimental one - group pre-test - post-test design. 62 primigravida mothers attending antenatal clinics were selected by consecutive sampling technique. Pre-test was conducted, then intervention (self-instructional module) was implemented. Post-test was carried out after 7 days. Findings of the study reveal that self-instructional module was effective (at 0.05 level of significance) in improving the knowledge and attitude level among primigravida mothers. Self-instructional module is an effective method to improve the knowledge and attitude level among primigravida mothers. Self-instructional module was useful tool to improve the

knowledge and attitude of primigravida mothers regarding antenatal care. Hence, the effective teaching material on antenatal care must be instituted in all communities with a view to bring awareness regarding maternal and child health and to achieve the definitive goal of antenatal care, a healthy birth from healthy mother. ^[12]

Recommendation

A similar study on a large scale including more than five schools can be carried out to assess the effectiveness of self instructional module on knowledge regarding selected learning disabilities in primary school children. Comparative study can be conducted in urban and rural areas on knowledge regarding selected learning disabilities in primary school children.

CONCLUSION

Thus, it was concluded that self instructional module regarding selected learning disabilities in primary school children among primary school teachers was found effective as a teaching strategy in this study. It is also necessary to conduct a study regarding the care and management of children with learning disabilities among parents and improve their attitude towards it in order to prevent and reduce learning disabilities in children.

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