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Learning Disability Among Children Under Age Group 3-6 and Effect on Their Psychosocial Aspect

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***Abstract*: This paper presents a study on the learning disability among the children under the age group 3-11 and effect on their psychosocial aspects.**

***Keywords*: Learning disability.**

1. Introduction

Learning Disorder is not single disorder but include disabilities in any of seven areas related to Reading, Language and Mathematics. These separate types of learning disabilities frequently co-occur with one-another and with Social Skill Deficits and Emotional or Behavioral Disorder. Approximately 7% of all school children under the age group of 3-6 years are identified as Learning Disability in the Composite Regional Centre (CRC) according the Survey done during the period of 2018. Using many tests and assessments, it was found that these children with LD are also attributed to other emotional or behavioral disorders. While learning disability, learning disorder and learning difficulty are often used interchangeably, they differ in many ways. Disorder refers to significant learning problems in an academic area. These problems, however, are not enough to warrant an official diagnosis. Learning disability, on the other hand, is an official clinical diagnosis, whereby the individual meets certain criteria, as determined by a professional (psychologist, pediatrician, etc.). The difference is in degree, frequency, and intensity of reported symptoms and problems, and thus the two should not be confused. When the term "learning disorder" is used, it describes a group of disorders characterized by inadequate development of specific academic, language, and speech skills. Types of learning disorders include reading (Dyslexia), mathematics (Dyscalculia) and writing (Dysgraphia).

Dyslexia: Dyslexia, also known as reading disorder, is characterized by trouble with reading despite normal intelligence. Different people are affected to varying degrees. Problems may include difficulties in spelling words, reading quickly, writing words, "sounding out" words in the head, pronouncing words when reading aloud and understanding what one reads. Often these difficulties are first noticed at school. When someone who previously could read loses their ability, it is known as alexia. The difficulties are involuntary and people with this disorder have a normal desire to learn. Dyslexia is believed to be caused by both genetic and environmental factors. Some cases run in families. It may begin in adulthood as the result of a traumatic brain injury, stroke, or dementia. The underlying mechanisms of dyslexia are problems within the brain's language processing. Dyslexia is diagnosed through a series of tests of memory, spelling, vision, and reading skills. Dyslexia is separate from reading difficulties caused by hearing or vision problems or by insufficient teaching.

Dyscalculia: Dyscalculia is difficulty in learning or comprehending arithmetic, such as difficulty in understanding numbers, learning how to manipulate numbers, performing mathematical calculations and learning facts in mathematics. It is generally seen as the mathematical equivalent to dyslexia. It can occur in people from across the whole IQ range – often higher than average – along with difficulties with time, measurement, and spatial reasoning. Estimates of the prevalence of dyscalculia range between 3 and 6% of the population. In 2015, it was established that 11% of children with dyscalculia also have ADHD. Dyscalculia has also been associated with people who have Turner syndrome and people who have spinal bifida.

Mathematical disabilities can occur as the result of some types of brain injury, in which case the proper term, acalculia, is to distinguish it from dyscalculia which is of innate, genetic or developmental origin.

Dysgraphia: Dysgraphia is a deficiency in the ability to write, primarily handwriting, but also coherence. Dysgraphia is a transcription disability, meaning that it is a writing disorder associated with impaired handwriting, orthographic coding (orthography, the storing process of written words and processing the letters in those words), and finger sequencing (the movement of muscles required to write).[In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), dysgraphia is characterized as a learning disability in the category of written expression when one's writing skills are below those expected given a person's age measured through intelligence and age-appropriate education. The DSM is not

clear in whether or not writing refers only to the motor skills involved in writing, or if it also includes orthographic skills and spelling.

A. Causes

The causes for learning disabilities are not well understood, and sometimes there is no apparent cause for a learning disability. However, some causes of neurological impairments include: Heredity and genetics

Learning disabilities are often linked through genetics and run in the family. Children who have learning disabilities often have parents who have the same struggle. Kids whose mother who has had less than 12 years of school are more likely to have a reading disability. Some children have spontaneous mutations (i.e. not present in either parent) which can cause developmental disorders including learning disabilities. One study estimated that about one in 300 children had such spontaneous mutations, for example a fault in the CDK13 gene which is associated with learning and communication difficulties in the children affected.

Problems during Pregnancy and Birth a Learning disability can result from anomalies in the developing brain, illness or injury. The fetal exposure to alcohol or drugs. The low birth weight. That weight being 3 pounds or less. These children are more likely to develop a disability in math or reading. Children who are born prematurely, late, have a longer labor than usual and have trouble receiving oxygen are more likely to develop a learning disability.

B. Accidents after birth

Learning disabilities can also be caused by head injuries, malnutrition, or by toxic exposure (such as heavy metals or pesticides). It was also observed in the current research that the Learning Disability is not the attribution primarily to Mental Retardation, emotional disturbances. The concept of Learning disability focuses on the idea of a discrepancy between a child's academic achievement and his capacity to learn.

It was also observed in the current research that the Learning Disability mostly was found in Male children as compared to the Female Children. The data collected and analyzed showed an increase in the Learning Disability Graph. This could also be concluded primarily that Male children are mostly affected with Learning Disability. Current research indicates, however, that disability in basic reading skills primarily caused by deficits in Phonological awareness, Late Kindergarten and Poor and sub-standard quality of academic arrangements. The prevention of learning disability has dramatically increased in past 20 years. There is not clear demarcation between students with normal reading abilities and those with mild reading disabilities. The relatively mild reading disabilities have relatively mild reading disabilities. Thus the overall findings of the research depicts that the attributions of learning disability are other identifications of the learning disability. There severity are the measure of approach to treat the children in their best academic form and provide them with best possible quality, training and schooling with special needs and education. As discussed before there is a higher value of male children with learning disability than those of female children.

Table 1
Learning disability statistics of children reported in CRC 2018

S. no.	Subject's Age	Male	Female
1	6	M	
2	5	F	
3	5+	M	
4	4+	M	
5	3	F	
6	6	F	
7	4	M	
8	3	M	
9	4	M	
10	4	F	
11	5	M	
12	6	M	
13	5+	M	
14	3	F	
15	6	M	
16	5	F	
17	5+	M	
18	4+	M	
19	3	F	
20	6	F	
21	4	M	
22	3	M	
23	5	F	
24	6	M	
25	5	F	
26	5	M	
27	4	M	
28	3	M	
29	6	M	

Challenges of Children with Learning Disability: Children with a learning disability are also more likely to suffer from mental health problems than children without a learning disability. There are many reasons why people with a learning disability are more likely to experience poor mental health. Four types of risk factor are discussed below:

- Biology and genetics may increase vulnerability to mental health problems
- A higher incidence of negative life events
- Access to fewer resources and coping skills
- The impact of other people's attitudes

Every person is different, but people with a learning disability may be particular a vulnerability to negative life events and might not have the mechanisms for coping with these. This leads to people with a learning disability having an increased risk of developing mental health problems. This can cause long-term pain which may lead to distress, irritability and anger, especially if not properly treated.

Psychosocial effects of learning disability: Various research studies have found that learning disability created out of psycho-social and economic reasons greatly impacted scholastic achievement so also behavior of the students. These children with behavior and emotional problems are likely to be

at high risk of the development of specific learning difficulties, converting to learning disability. Learning difficulty at school level in long run throws challenges for academic achievement of students in future. Thus learning difficulty due to low socio-economic status with parental negligence is a powerful correlate of academic achievement. The problem of learning disability emanating from family environment is a vicious circle with growing family discontent and impoverished family condition. Learning difficulty of students greatly affect students' performance and parental expectations. This in turn throws challenges like special needs, over protection, parent child enmeshment and rigidity, which create the vicious circle of learning disability. Several research studies enquiring the psycho-social dynamics of the problem have unfolded the myth surrounding the most pertinent and baffling issue, affecting the quality of education and student learning ability at elementary level. Comprehending the problem from socio-economic perspective, it has been widely observed by experts that preponderance and material facilities are power of agents effecting learning ability of students. This directly perpetuates poor concentration along with reading and writing difficulties, (Janaki, 1986). The main cause for scholastic backwardness was found to be faulty parental attitude, poor at motivation for studies. Besides psychological stress due to fear of school activities and teacher, isolation among friends, rejection by teachers and difficulties in school subjects etc greatly contribute towards the problem of learning difficulty. Scholars who totally disagreed genetic factors as major determinant of learning disability strongly argue that social dynamics such as large family size, low financial status and low educational status of parents, low parental involvement and encouragement as major contributing factors associated with scholastic backwardness of students. Several studies have also revealed that socio-economic status of parents was regarded as significant predictor of lower and higher learning performance students.

2. Methodology

A. *Objectives*

- To study the relationship between learning disability and psychosocial aspects among the children under age group 3-11.
- To study the learning disability and psychosocial aspect among male and female children under age group 3-11.
- To study the learning disability among the children of low economic background.
- To study the comparison between the learning disability and psycho social aspect among children under age group 3-11.

B. *Hypothesis*

- There will be no positive relation relationship between learning disability and psychosocial issues.
- There will be no significant difference between male and female children with respect to learning disability and psychosocial issues.
- There will be no significant difference between the children from rural and urban areas with respect to learning disability and psychosocial aspect.

C. *Sample*

the investigator will use random sampling technique for this study, given the taboo associated with learning disability and psychosocial aspect. The sample size is 100 children 50 male 50 female. Sample is manipulated by using geographical variables viz, gender, locality, parental occupation etc.

D. *Tools*

Diagnostic test of learning disability by smriti swarup and D. H. Metha. This test is for children under age group of 3-11 years. This test consists of many sub tests involving different areas such as visual, auditory, perception and cognitive functioning.

3. Data Analysis and Interpretation

Data analysis provides a general depiction of the type of statistics used in study and a brief description of data organization method.

Table 2
Gender wise distribution of the respondents

	Frequency	**Percent**
Male	50	50
Female	50	50
Total	**100**	**100.0**

The above table shows the gender wise distribution of the respondents. The table shows that50% were males and 50% were females.

Table 3
Area wise distribution of the respondents

	Frequency	**Percent**
Rural	50	50
Urban	50	50
Total	**100**	**100.0**

The above table shows the area wise distribution of the respondents. The table shows that 50% of respondents were from rural area and 50% of respondents were from urban area.

A. *Statistical analysis of data*

Table 4
Mean comparison table

Gender	N	Mean	St. Deviation	t-value	Significant level
Male	142	15.70	2.868	0.401	NS
female	161	15.52	5.122		

The above table shows that mean comparison between male and female learning disable children and their psychosocial aspect. The result revealed that there is no significant difference

between male and female children with respect to learning disability and psychosocial issues.

Table 5

Group	N	Mean	Std. deviation	T value	Level significant
Rural	159	15.36	2.869	1.910	NS
urban	139	15.63	3.746		

This table shows the mean comparison between rural and urban children with learning disability and psychosocial aspect. The result revealed that there is no significant difference between rural and urban children with respect to learning disability and psychosocial issues.

4. Result and Conclusion

Present study focuses on learning disability and psychosocial aspect. The investigator used simple random sampling technique to this study. Given taboo associated with learning disability, the investigator for her own feasibility collected data from nearby hospital GP Panth. Srinagar Kashmir. Given the nature of study 100 sample of 50 males and 50 females. In order to access the tool, the investigator used Diagnostic test of learning disability by Smriti Swarup and D. H. Metha

- It was found that 70% of the total respondent were low income and belonged to rural areas and were mostly illiterate. Whereas 20% of the total respondent belonged to moderate income background and were literate. 10% of the total respondent belonged to well-educated and well settled families.
- There is no significant difference between children among urban and rural areas with respect to learning disability and psychosocial issues.
- Main factor which is responsible for learning disability is prenatal stage of mother.
- There is positive relationship between learning disability and psychosocial issues in children.
- There is no significant difference between male and female with respect to learning disability and psychosocial issues.
- Another factor responsible for learning disability and psychosocial issues is use of gadgets and social media.

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