

IMPACT OF A TRAINING PROGRAMME ON PRIMARY SCHOOL TEACHERS' BEHAVIOURAL OUTCOME IN TERMS OF EARLY DETECTION OF LEARNING DISABILITIES IN SCHOOL GOING CHILDREN

Harish Kumar A. R.*

Professor and HOD Dept of Community Health Nursing, ETCM college of Nursing P B No 4, Kolar 563101.

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*Corresponding Author: Harish Kumar A. R.

Professor and HOD Dept of Community Health Nursing, ETCM college of Nursing P B No 4, Kolar 563101.

ABSTRACT

Background: Learning disabilities are due to genetic and/or neurological factors or wound or hurt that modifies brain task in a way that influences one or more methods related to learning. **Method:** A Quantitative research approach with pre experimental one group pre and posttest design was used to carry out the study at selected educational institutes by using Non - probability convenient sampling technique 40 primary school teachers were included in the study. By using knowledge questionnaire and Opinniare - Likert scale used to data as collected from subjects. **Results:** The difference in post test scores with pre test scores of knowledge regarding early recognition of learning disabilities among government and private institution primary school teachers was statistically significant indication that the intervention has improved their Knowledge. The difference in post test scores with pre test scores of attitude regarding early recognition of learning disabilities among government and private institution primary school teachers was statistically significant indication that the intervention has improved their attitude. The impact of training programme on behavioural outcome in terms of early detection of learning disabilities in school going children had beneficial effect on primary school teachers. **Conclusions:** Organized and Implemented training programme on early recognition of learning disabilities proved its beneficial effects for primary school teachers in terms of behavior scores in improving knowledge and attitude level on recognizing children with learning disabilities.

KEYWORDS: efficiency; Training programme; Impact; learning disabilities; primary school teachers; behavioural outcome.

INTRODUCTION

Today's children are tomorrow's future, but how we choose to raise our children determine the outcome of our future. Children become the happiness of the society and home as well as future of the country. We cannot ignore their involvement and contribution in the life of parents, teacher and other related persons all through the life. Children are very liked by everyone and life becomes very boring and upset without children. Children are blessed by the God and conquer our hearts with their beautiful eyes, innocent activities and beautiful smiles.

Children are considered as the building blocks of the strong nation. Children are very small but they have capability to change the all over nation positively. We know Children are the responsible citizen of the tomorrow as development of the country lies in their

hands. They are also leaders of tomorrow so they need to get respect, special care and protection from their parents, teachers and other family members.

School is the main access of children to written language and for this reason, it becomes fundamental for the teachers and coordinators to recognize the learning disorders and adapt their teaching methods, so that they can attend all the children, and not only the ones who do not present any learning disorder.

Learning how to write may take place in an ineffective way, generating learning alterations for some children. The process of learning how to read and write comprises the use of phonological and orthographic strategies, considering that some children may present serious difficulties towards the phonological aspects, while others may present such limitations in relation to orthographic aspects. According to Salles, the classroom

is a natural context for evaluating the written language of the children, besides allowing continuous and longitudinal analyses of their progress; therefore, the role of the specialist, in conjunction with the teacher provides great importance for the teaching practice. Carvalho claims that the determination of the teachers, concerning students who fail, may be linked to internal & external factors apart from the teaching-learning system.

Learning is also an essential component of education process. In fact, learning is the outcome of effective teaching. It is therefore desirable to understand some of the basic concept of learning as related to teaching. According to Heidgerken, "Learning may be defined as the mental activity by means of which knowledge, skills, attitude, appreciations and ideals are acquired resulting in the modification of behavior. The modification comes through knowledge and experience; it involve no additions or subtractions of knowledge and experiences as such, but rather implies something new which has not existed for the individual before.

Concepts of learning involve Learning is the process of modification and implies a progressive change in behavior as a result of synthesis of old and new knowledge and experience. Learning is developing abilities to respond to various situations intelligently and meaningfully. Learning can be accomplished by learner's own active efforts. Learning is mental activity which involves the process of conceptualization, description, inductive and deductive reasoning for acquiring knowledge, attitude and skills.

Learning is a very complex brain function of understanding, recalling and utilization of this knowledge in the future. The capacity to learn varies from individual to individual even among children of the same age and intellectual ability. Without proper knowledge and perception regarding their reality, all parents and teachers force the children to come out with first rank. Malcolm Knowles said about learning that is the process of gaining knowledge and expertise.

Learning does not take place in vacuum. By and large it goes along with teaching process. Both learning and teaching are always under the influence of certain factors within the learners, teacher and in the environment- both physical and social. These factors include: Intelligence of the learner, hereditary endowment, motivation, good physical health, maturation, the study habits, emotional stability, prejudices, biases, the learning experience, the leaning situation, teaching techniques and the school environment.

The term learning disability is used to describe the seemingly unexplained difficulty a person of at least average intelligence has in acquiring basic academic skills. These skills are essential for success at school and at work and for coping with life in general. Learning disability is not single disorders. It is term that refers to a

group of disorders. Learning is the primary activity of childhood and represents the principal development task for school age children. Learning disabilities are lifelong conditions and although they will not go away, they don't have to stop a person from achieving his or her goal. The learning disability plays a significant role as a silent handicap among children.

Learning is the process of acquiring various skills and gaining them in a methodological and systematic way. When these skills are applied in the day to day life then the learning is considered to be successful and appropriate. The process of learning starts when the child or the infant learns to cry for their basic needs like food and elimination. In the later stages the child acquires his/her milestones and learns to talk, interpret the languages, write etc. Problem in talking, interpreting languages, writing, hearing together is called as learning disability.

The study was conducted to assess the percentage of learning disability students in India it was found that 1%-19% of the students was suffering from learning disability.

In conclusion, it is evident that children with LD are truly a heterogeneous group. The characteristics exhibited by one child with a learning disability may be quite different than another one with a learning disability. As a future educator, it is essential that you understand all of the possible characteristics that may be seen in these children. By knowing what to look for and being able to identify the common characteristics, you may be able to help in the identification, diagnosis, and assessment of a child with a suspected learning disability. Ultimately, depending on where a student's problems lie, understanding these characteristics or learning styles can lead to significant improvement in the academic performance, social awareness, and overall self-esteem of a child with a learning disability in your classroom. The present study was carried out with the objective of finding out the Impact of a training programme on primary school teachers' behavioural outcome in terms of early detection of learning disabilities in school going children.

MATERIALS AND METHODS

A present study is based on quantitative research approach with pre experimental research design with one group pre and posttest design was adopted in ordered to achieve the objectives of the study, after gathering permission from authority study was carried out for the period for one months. The training programme on early recognition of learning disability in children developed by author is independent variable, behavioral outcomes regarding early recognition of learning disability in children is the dependent variable. By adopting Non - probability convenient sampling technique. Total 40 primary school teachers were included in the study with following sampling criteria:

Inclusion criteria

Primary school teachers who are

1. Willing to participate in the study.
2. Available during the time of data collection.
3. Selected educational institutes of Kolar

Exclusion criteria

Primary school teachers who are

1. Sick on the day of data collection
2. Engaged in official work.

Following are the operational definition defined under study

1. **Impact:** In this study it refers to the degree to which awareness training programme make changes in regarding early recognition of learning disability in children among primary school teachers before and after the intervention.
2. **Training programme:** In this study it refers to the researchers' systematically designed lesson plan for educating educators on early recognition of the learning disability in children, which includes context, etiology, characteristics, types, early recognition, coping strategies, management and rehabilitation.
3. **Behavioral outcomes:** In this research, the findings and behavior of educators in early recognition of the

learning disability in children involve awareness and attitudes.

4. **Early recognition of learning disability in children:** In this study it refers that the educators ability to detect the learning disability at early stage among children in the school by observing children activity in the school.
5. **Primary school teachers:** The research currently applies teachers from both government and private institutions who are teaching school children in education institute and includes both males and females.

Data collection tool

The data collection tool consist of three sections, Section A – Socio-demographic Variables, Section B: Self Administered Structured Knowledge questionnaire on early recognition of learning disability in children, section C: Attitude scale on early recognition of learning disability in children.

RESULTS AND DISCUSSION

The data were analyzed on the basis of the study objectives, using both descriptive and inferential statistics. Findings are organized in the following headings

Table 1: Frequency and percentage distribution of demographic profile of primary school teachers N=40.

Variable	Primary school teachers of Government institution		Primary school teachers of Private institution	
	Frequency	Percentage	Frequency	Percentage
1. Age in years				
21-30 years	4	20.0	4	20.0
31-40 years	4	20.0	4	20.0
41-50 years	6	30.0	6	30.0
50 years and above	6	30.0	6	30.0
2. Gender				
Male	12	60.0	12	60.0
Female	8	40.0	8	40.0
3. Religion				
Hindu	16	80.0	16	80.0
Christian	2	10.0	2	10.0
Muslim	2	10.0	2	10.0
4. Languages Known				
Kannada and English	6	30.0	6	30.0
Kannada/Hindi/English	14	70.0	14	70.0
5. Marital Status				
Married	6	30.0	6	30.0
Un-married	10	50.0	10	50.0
Divorced/Separated	2	10.0	2	10.0
Widow/Widower	2	10.0	2	10.0
6. Type of Family				
Nuclear Family	16	80.0	16	80.0
Joint Family	4	20.0	4	20.0
7. Total Members in family				
Two	2	10.0	2	10.0
Three	8	40.0	8	40.0

More than four	10	50.0	10	50.0
8. Residence				
Urban	12	60.0	12	60.0
Rural	8	40.0	8	40.0
9. Education Qualification				
Postgraduate	8	40.0	8	40.0
PhD Degree	6	30.0	6	30.0
TCH	6	30.0	6	30.0
10. Family Income				
Less than Rs. 10000	6	30.0	6	30.0
Rs.10001-20000	4	20.0	4	20.0
Rs.20001-30000	8	40.0	8	40.0
Above Rs.30001	2	10.0	2	10.0
11. Type of Diet				
Vegetarian	2	10.0	2	10.0
Mixed	18	90.0	18	90.0
12. Personal Habits				
Smoking	4	20.0	4	20.0
Drinking	4	20.0	4	20.0
No habits	12	60.0	12	60.0
13. Previous Information				
Yes	10	50.0	10	50.0
No	10	50.0	10	50.0
14. Years of Experience				
1 to 5 years	2	10.0	2	10.0
6 to 10 years	4	20.0	4	20.0
11 to 15 years	6	30.0	6	30.0
16 years and above	8	40.0	8	40.0
15. Source of Information				
Social media	4	20.0	4	20.0
Family members & friends	8	40.0	8	40.0
Health personnel	8	40.0	8	40.0
16. Attended SDP				
Yes	8	40.0	8	40.0
No	12	60.0	12	60.0
17. Attended workshop				
Yes	14	70.0	14	70.0
No	6	30.0	6	30.0

From above table it is evident that majority 30% participants were in age group of 41-50 years and above from government institution and in private institution also 30% were in age group of 41-50 years and above. In relation to gender majority 60% participants were males from government institution and in private institution also 60% were males. Religion majority 80% participants were Hindus from government institution and in private institution also 80% were Hindus. Languages known majority 70% participants knew Kannada/Hindi/English from government institution and in private institution also 70% were knew Kannada/Hindi/English. In relation to marital Status majority 50% participants were unmarried from government institution and in private institution also 10% were unmarried. In relation to Type of Family majority 80% participants belongs to nuclear family from government institution and in private institution also 80% were belongs to nuclear family. Total Members in family showed majority 50% participants had more than

four members in family from government institution and in private institution also 50% were had more than four members in their family. Residence showed majority 60% participants were residing in urban area from government institution and in private institution also 60% were residing in urban area. Education Qualification showed majority 40% participants were completed post graduation from government institution and in private institution also 40% participants were completed post graduation. In relation to Family Income showed majority 40% participants had Rs.20001-30000 family income from government institution and in private institution also 40% participants had Rs.20001-30000 family income. In relation to type of diet showed majority 90% participants had mixed diet pattern from government institution and in private institution also 90% participants had mixed diet pattern. In relation to Personal Habits showed majority 60% participants had no habits from government institution and in private institution also 60% participants had no habits. Previous

Information showed majority 50% participants had no information from government institution and in private institution also 50% participants had no information. Years of Experience showed majority 60% participants had 16 years and above from government institution and in private institution also 60% participants had 16 years and above. Source of Information showed majority 60% participants had information from Family members & friend's health personnel from government institution

and in private institution also 60% participants had information from Family members & friends health personnel. Attended SDP showed majority 60% participants had not attended SDP from government institution and in private institution also 60% participants had not attended SDP and attended workshop showed majority 70% participants had attended workshop from government institution and in private institution also 70% participants had attended workshop.

Table 2: Comparison of pretest and post test knowledge scores of primary school teachers in government educational institutes N=20.

Groups	Pre test		Post test		Mean difference	t Value	Df	Inference
	Mean	S D	Mean	S D				
Introduction and prevalence of child with learning disability	0.85	0.366	1.9	0.852	1.050	4.70	19	S
Definition and characteristics of child with ld	2.9	1.447	3.55	1.234	0.650	3.32	19	S
Leaning process and causes of ld in children	1.15	0.489	1.6	0.503	0.450	3.32	19	S
Importance of early identification of ld in children	1.9	0.912	2.2	0.834	0.300	2.34	19	S
Concept of dyslexia	2.75	1.743	4.85	1.531	2.100	5.12	19	S
Concept of dysgraphia	1.6	1.273	3.3	1.418	1.700	5.50	19	S
Concept of dyscalculia	2.45	0.945	3.6	0.995	1.150	3.52	19	S
Concept of dyspraxia	1.8	0.834	1.85	0.875	0.050	0.43	19	NS
Diagnosis, management and myths related to learning disability	1.7	0.979	2.65	1.13	0.950	3.13	19	S
Overall	17.1	3.243	25.5	3.441	8.400	8.22	19	S

The difference in post test scores with pre test scores of knowledge regarding early recognition of learning disabilities among government institution educators was

statistically significant indication that the intervention has improved their Knowledge.

Table 3: Comparison of pretest and post test knowledge scores of primary school teachers in private educational institutes N=20.

Groups	Pre test		Post test		Mean difference	t Value	Df	Inference
	Mean	S D	Mean	S D				
Introduction and prevalence of child with learning disability	1.0	0.649	1.8	1.005	0.800	2.886	19	S
Definition and characteristics of child with ld	2.95	1.356	3.65	1.309	0.700	3.621	19	S
Leaning process and causes of ld in children	1.05	0.510	1.5	0.513	0.450	3.943	19	S
Importance of early identification of ld in children	1.8	0.894	2.25	0.967	0.450	3.327	19	S
Concept of dyslexia	2.85	1.725	5.55	3.069	0.700	3.921	19	S
Concept of dysgraphia	1.45	1.099	2.95	1.468	01.500	6.381	19	S
Concept of dyscalculia	2.35	0.587	4.05	1.099	01.700	6.474	19	S
Concept of dyspraxia	1.6	0.754	2.4	0.754	0.800	5.812	19	NS
Diagnosis, management and myths related to learning disability	1.6	1.046	3.05	1.146	1.450	5.659	19	S
Overall	16.65	2.961	27.2	4.008	10.550	9.417	19	S

The difference in post test scores with pre test scores of knowledge regarding early recognition of learning disabilities among private institution educators was

statistically significant indication that the intervention has improved their Knowledge.

Table 4: Comparison of pretest and post test attitude scores of primary school teachers in government educational institutes N=20.

Groups	Pre test		Post test		Mean difference	t Value	Df	Inference
	Mean	S D	Mean	S D				
General Information	5.85	2.134	9.45	3.052	3.600	6.791	19	S
Characteristics of learning disability	6.1	1.917	10.2	1.704	4.100	7.559	19	S
Understand the learning process	6.85	1.843	10.95	2.012	4.100	10.006	19	S
Learning disability	9.35	3.117	12.7	1.342	3.350	4.781	19	S
Management of learning disability	6.4	1.903	9.4	2.909	3.000	4.055	19	S
Overall	34.55	5.491	52.7	4.964	18.150	15.390	19	S

The difference in post test scores with pre test scores of attitude regarding early recognition of learning disabilities among government institution educators was

statistically significant indication that the intervention has improved their attitude.

Table 5: Comparison of pretest and post test attitude scores of primary school teachers in private educational institutes N=20.

Groups	Pre test		Post test		Mean difference	t Value	Df	Inference
	Mean	S D	Mean	S D				
General Information	6.05	1.986	10.35	3.498	4.300	7.079	19	S
Characteristics of learning disability	6.35	1.565	10.8	1.936	4.450	7.954	19	S
Understand the learning process	7.45	1.932	11.25	1.888	3.800	11.270	19	S
Learning disability	9.5	3.22	12.7	1.342	3.200	4.442	19	S
Management of learning disability	6.65	1.843	9.9	2.808	3.250	4.483	19	S
Overall	36.0	5.731	55.0	5.448	19.000	17.987	19	S

The difference in post test scores with pre test scores of attitude regarding early recognition of learning disabilities among private institution educators was statistically significant indication that the intervention has improved their attitude.

CONCLUSION

Organized and Implemented training programme on early recognition of learning disabilities proved its beneficial effects for primary school teachers in terms of behavior scores in improving knowledge and attitude level on recognizing children with learning disabilities. This study confirmed that training programme can lead primary school teachers to be motivated to recognizing children with learning disabilities in early stage and educate parents to subject such student to special school.

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