

Effectiveness of Self Instructional Module on Knowledge of Primary School Teachers Regarding Learning Disorders Among Children in Selected Schools at Karad City

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children in India have learning disorders making it the most widespread disorder. It is estimated that India has five students with learning disorders in every average-sized class [3]. Learning disorder refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of skills such as listening, speaking, reading, reasoning, writing or mathematical skill. LDs are intrinsic to the individual and are due to central nervous system dysfunction. Movies like Taare Zameen Pe has

will be a part of the intervention in terms of how they aid the individual in successfully completing different tasks. School psychologists quite often help to design the intervention, and coordinate the execution of the intervention with teachers and parents. Social support can be a crucial component for students with learning disorder in the school system, and should not be overlooked in the intervention plan. With the right support and intervention, people with learning disorder

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can succeed in school and go on to be successful later in life. [5].

Indian former President, Dr. Abdul Kalam is always talking about 'school drop outs' and is campaigning for developing their skills. Lack of awareness about 'learning disorder' or 'dyslexia' is one of the reasons for not identifying great talent and potential in school children. It is generally reported that approximately 5-20 percent of the children across the world suffer from learning disorder.[5] These children find difficulty in managing the academic works. They may also be slow learners. They would score poor marks. In most of the cases, these children are branded as 'useless', 'poor performers', etc. by the teachers and parents. They are also given punishment. These children are not intellectually weak. They possess different skills like music, sports, art, acting, innovation, drawing, craft, driving, etc. Many eminent people like Winston Churchill, Einstein, Isaac Newton, Thomas Alva Edison and many popular Hollywood actors were dyslexia in their childhood. If these children are not identified and remedied, we will be guilty of losing great men of eminence for future. [6]. Many teachers lacking in the appropriate training and experience to identify a young child who is at risk. Although they should assess a child's problems every two to three months, they often delay frequent evaluation of a young child with reading difficulties until third or fourth grade because they think that the problems are just temporary and that they will be outgrown. Early intervention is not a universal remedy, but it can result in more effective educational planning. Parents cannot afford to wait until their child suffers tragic losses in educational opportunities, self-respect, and eventual academic and intellectual achievement. [7].

3. Literature Review

3.1 Literature related learning Disorders.

Washburn EK, Joshi RM, Binks (2011) Reading disabilities such as dyslexia, a specific learning disability that affects an individual's ability to process written language, are estimated to affect 15-20% of the general population. Consequently, elementary school teachers encounter students who struggle with inaccurate or slow reading, poor spelling, poor writing, and other language processing difficulties. However, recent evidence may suggest that teacher preparation programs are not providing pre service teachers with information about basic language constructs and other components related to scientifically based reading instruction. As a consequence pre service teachers have not exhibited explicit knowledge of such concepts in previous studies. [8].

Cardon (2006) describes Dyslexia is a neurological disorder with a possible genetic origin. Brain imagery studies have shown differences in the anatomy, organization and function of a dyslexics brain, but it is unknown whether these are a Cause or effect of the reading difficulty. A gene may have been identified that is responsible for dyslexia and as this gene is dominant it would make dyslexia an inheritable condition. [9].

Wadsworth et al. (2008) States that Dyslexia is more common in males than females. A number of reports suggest

that dyslexia is more frequent in males than females ranging from 1.5:1 to 4.5:1 but it is unclear whether this observation is a result of selection factors and/or bias. Until further controlled research is carried out the consensus is that dyslexia occurs in both sexes with equal frequency[10].

3.2 Literature related to effectiveness of self instructional module. & Knowledge

Padmavathi D, Lalitha (2009) conducted quasi experimental study to assess the effectiveness of structured teaching programme on the level of knowledge of teacher trainees towards learning disabilities. The samples were 32 teacher trainees from second year D. Ed. programme at Shree Vijayendra D. Ed. College, Kolar Gold Fields. The tools used for the study comprised of socio demographic data, knowledge about learning disability questionnaire and opinion about learning disability questionnaire. The pre-test knowledge mean score was 17.75, standard deviation was 4.19 and the post-test knowledge mean score was 28.78, standard deviation was 5.41. The paired difference between the pre-test knowledge and post-test knowledge showed the knowledge gain and the value was 11.3 and 'p' value was significant at 0.001. This indicated that study was effective in improving knowledge of teachers on learning disabilities. [11].

Sunil Karande (2007) conducted study on impact of an educational program on parental knowledge of specific learning disability (SpLD). The study aims to investigate parental knowledge of SpLD and to evaluate the impact of an educational intervention on it. Prospective questionnaire-based study conducted in Mumbai. From April to November 2002, 50 parents who were conversant in English and willing to follow up were interviewed. After the interview, each parent was administered a structured educational program and re-interviewed after 3 months. The pre and post-intervention responses were compared using Chi-square test. After the intervention, there was significant improvement in parental knowledge and it was concluded that parental knowledge of their child's SpLD is inadequate and this can be significantly improved by a single-session educational program. [6].

V.R. Mohite, S.Thomas.(2014) conducted study on Effectiveness of Self Instructional Module on the Knowledge Regarding Diabetic Diet among Diabetic Patients. This study concluded that the SIM was an effective method to improve the knowledge. [12]

3.2.1 Problem Statement

"Effectiveness of Self Instructional Module on Knowledge of Primary School Teachers regarding Learning Disorders among children in selected schools at Karad City"

3.2.2 Objectives

- 1) To assess the knowledge of primary school teachers regarding Learning Disorders among school children.
- 2) To assess the effectiveness of Self Instructional Module on knowledge of primary school teachers on learning disorders among children.
- 3) To find an association between pre-test knowledge & selected demographic variables.

3.2.3 Assumptions

- 1) Primary school teachers will be having less knowledge on Learning Disorders.
- 2) Self Instructional Module may help to improve primary school teacher's knowledge regarding learning disorders.

3.2.4 Hypothesis

- 1) Ho- There will be no significant effect among primary school teacher's knowledge regarding learning disorders after administration of Self Instructional Module.

4. Research Methodology

Research methodology involves the systematic procedure by the researcher which starts from the initial identification of programme to its final conclusion.

4.1 Research Approach

In the present study, evaluative research approach was taken.

4.2 Research Design

The research design selected for the study was a quasi-experimental one group pretest posttest design.

4.3 Setting of the Study

The study was conducted at primary school teachers from selected institutions from Karad City.

4.4 Sample

The study subjects were primary school teachers from selected institutions from Karad City.

4.5 Sample Size

The sample of the study consisted of 60 primary school teachers from selected schools of Karad city.

4.6 Sampling Technique

Sampling refers to the process of selecting a portion of the population to represent the entire population. In the present study convenient sampling technique was adopted for selection of samples.

5. Criteria For Selection of the Sample

5.1 Inclusion Criteria

- 1) Primary school teachers available at the time of data collection.
- 2) Primary school teachers willing to participate in the study.

5.2 Exclusion Criteria

Teachers who were not willing to participate in the study

5.3 Tools

Self designed semi-structured questionnaire was used to

collect quantitative and qualitative data by interview technique. Section I include Demographic information collected age, sex, professional qualification, & experience in years. Section II include questionnaire Related to knowledge assessment regarding learning Disorders.

5.4 Data Collection Method

The investigator assured confidentiality of the reply and the findings. Written consent was obtained from the samples to participate in the study. Pre test was conducted by administering knowledge questionnaire. After that investigator implemented self instructional module on primary school teachers. Investigator motivated the primary school teachers to read self instructional module. Post test was conducted with the same questionnaire after 7 days of pretest.

5.5 Analysis of data

The data analysis was planned to include descriptive and inferential statistics.

6. Results

Table 1: Demographic descriptions of primary school teachers by frequency and percentage

Sr. No	Characteristics	Frequency n=60	Percentage
1	Age(yrs)		
	21-30	19	31.66
	31-45	31	51.66
2	46-60	10	16.66
	Gender		
	Male	25	41.7
3	Female	35	58.3
	Educational Status		
	D.Ed.	33	55.0
4	B.Ed.	27	45.0
	Experience(yrs)		
	1-5 yrs	21	35.0
4	6-10 yrs	8	13.3
	11-15 yrs	18	30.0
	> 15 yrs	13	21.7

The above table shows that maximum number of subjects 31 (51.66%) belongs to age group of 31-45 years. Majority of primary school teachers 55(58.3%) were females and only 45(41.7%) was male. In relation to educational qualification most of the of primary school teachers 33 (55%) have diploma in education (D.Ed.) In relation to the years of experience most of primary school teachers 21 (35%) have 1-5 years of experience.

Table 2: Distribution of frequency & percentage total knowledge score of subject regarding knowledge of learning Disorders.

Knowledge Score	Pretest, N=60		Post Test, N=60	
	frequency	percent	frequency	percentage
Poor	3	5.0	00	00
Average	43	71.70	5	8.30
Good	14	23.3	55	91.70

In above mentioned table represents total knowledge score of subject regarding knowledge of learning disorders in pre

test 3 (5.0%) of the subject had poor knowledge,43(71.7%) teachers had average knowledge &14(23.3%) had good knowledge . In post test no sample had poor knowledge, 5(8.3%) of the subject had average & knowledge, 55(91.7%) teachers had good knowledge. The knowledge scores of the samples showed a marked increase as seen in the post administration of SIM score of primary teachers, which indicates that the administration of SIM is effective in increasing the knowledge score of primary teacher.

7. Discussion

The first objective was to assess the knowledge of primary school teachers regarding Learning Disorders among school children. The level of knowledge score of primary teachers in relation to total knowledge score, 14 (23.3%) of the subject had good knowledge, 43(71.7%) teachers had average knowledge &03(5%) had poor knowledge. The study findings are supported by study findings of Mr. Desai A. The mean knowledge score obtained for overall knowledge was 13.48 with standard deviation of 3.17. [13] The study findings are supported by study findings of Jamal m. al Khatib conducted a survey on “general education teachers' knowledge of learning disabilities in Jordan”

The second objective was to assess the effectiveness of Self Instructional Module on knowledge of primary school teachers on learning disorders among children.

The comparison of pre and post test knowledge on learning disorder among primary school teachers reveals that the overall knowledge improvement mean was 21.13with standard deviation 2.76. The paired ‘t’ test value was 12.99, which is highly significant at $p < 0.001$ level of significance. The study findings are supported by study findings of a quasi experimental study was conducted by NIMHANS Bangalore, to assess the effectiveness of structured teaching programme on the level of knowledge of teacher trainees towards learning disabilities. [11,8].

The third objective was to find an association between pre-test knowledge & selected demographic variables. The analysis was done for association between pretest level of knowledge and with selected demographic variables using chi-square test. As the computed chi- square value was greater than the table value at $p > 0.05$, level of significance. Hence it states that there is no association between age, gender, education & experience of primary school teachers. The study findings are supported by study findings of Jamal m. al Khatib conducted a survey on “general education teachers' knowledge of learning disabilities in Jordan.”[14]

8. Conclusion

The self instructional module significantly brought out improvement in the knowledge of primary school teachers regarding learning disorders among children.

9. Scope of Study

9.1 Nursing Practice

As a psychiatric nurse she should have knowledge regarding learning disorders among children & thus need to impart knowledge to school teachers so they can identify the student with learning disorders at school level. For imparting knowledge self instructional materials, pamphlets, booklets can be distributed to the teachers regarding learning disorders. Nurse support people with learning disabilities, usually in a multidisciplinary team, and are concerned with their clients health in the widest context. She helps clients of all ages to live their lives as fully and independently as possible, while respecting their rights and dignity. She works with clients and their families to assess their needs and draw up care plans, monitoring the implementation of recommendations. She works with other nurses and health and social welfare professionals to help clients with basic living skills and social activities to ensure they lead as normal a life as possible.

9.2 Nursing Education

The nursing curriculum can be modified with more emphasis on learning disorders among children. Nursing personnel should give an opportunity to update their knowledge periodically. The nurse educator when equipped with proper knowledge will prepare students & school teachers aware about learning disorders among children. Conferences, workshops, seminars can be held for nurses on learning disorders.

9.3 Nursing Administration

The nursing administrator should give more emphasis on training of the psychiatric & community nurse in learning disorders. The administrator should give the opportunity to the nurses to work in community setting. They can arrange workshop, seminar special lecture etc. for school teachers on learning disorders in children so, they can be familiar with the learning disorders among children & this knowledge they can be apply in their day to day teaching practice. Teaching students and training health and social care colleagues. Maintaining awareness of local community activities and opportunities.

9.4 Nursing Research

A profession seeking to improve the quality of its practices and to enable its professional status would strive for continuous development of its body of knowledge. There are only few studies are conducted on learning disorders, there is necessity of more studies in this field. The findings of the study have added to the existing body of the knowledge in the nursing profession. Other researcher may utilize the suggestions & recommendations for conducting further study. The tool & technique used has added to the body of knowledge & can be used for further references.

9.5 Limitations

- 1)The study is limited to the primary teachers of selected schools of Karad city.
- 2)Limited demographic variables were taken in present study.

9.6 Recommendations

- 3)The study can be replicated with a large number of primary school teachers for generalizations.
- 4)The same study can be done with an experimental research approach having a control group.
- 5)A comparative study can be conducted on special education teachers & general education teachers.

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