

Self-esteem and Adaptive Behavior in Children with Specific Learning Disability

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ABSTRACT

Objective: In this study, an attempt has been made to examine self-esteem and adaptive behaviors in school-going children (8-11 years) with specific learning disabilities (SLD) in comparison to their healthy counterparts. **Method:** A sample of 100 children with specific learning disabilities and their matched cohort of children with no specific learning disabilities were drawn from schools of Bihar state. Self-report measures of Indian Adaptation Battle's Self-Esteem Inventory for Childre (Kumar, 2005), child and youth resilience measure (Unger, 2016), and Vineland Adaptive Behaviour Scale (Doll, 2005) were used to assess the relevant variables. **Results:** The two groups significantly ($p < 0.01$) differed in academic and paternal domains of self-esteem. On adaptive behavior, SLD children were significantly poor ($p < 0.05$) than their non-SLD counterparts. SLD children scored significantly ($p < 0.01$) higher on the maladaptive behavior domain, internalizing sub-domain, and other sub-domains. SLD children were also found to be significantly poor ($p < 0.01$) on the following sub-domains of adaptive behavior: personal sub-domain (daily living skills domain), socialization domain, interpersonal relationship sub-domain (socialization domain), and coping skills sub-domain (socialization domain). On the expressive sub-domain (communication domain) and gross sub-domain (motor skills domain), SLD children scored significantly lower ($p < 0.05$) than their non-SLD counterparts. **Conclusions:** The self-esteem of children with SLD is lower and they have poor adaptive behaviour when compared to children without SLD. **Implication:** Findings have implications for parents, teachers, and policymakers in the early identification of psychological issues in children with SLD as well as for introducing timely intervention programs to prevent adverse clinical outcomes.

Keywords: *Self-esteem, Adaptive Behaviour, Children, Specific Learning Disability*

INTRODUCTION

The term "specific learning disability" (SLD) refers to a dysfunction in one or more of the fundamental cognitive functions necessary to comprehend or use language, whether it be spoken or written. This disorder may cause problems with listening, speaking, thinking, reading, writing, spelling, or performing mathematical calculations. Dyslexia, executive function problems, perceptual difficulties, brain injury, minimal brain malfunction, and developmental aphasia are a few examples of specific learning disability categories.

Learning issues caused by physical challenges (visual, hearing, motor skills), emotional disturbance, cultural influences, or environmental or economic adversity are not considered to be part of SLD.

The notion (Individuals with Disabilities Education Act, 2004) makes reference to Specific Learning Disability, with the notion being that a specific disability must be determined in accordance with Federal rules in order to qualify for an IEP (Individual Education Plan).

The Rights of Persons with Disabilities Act of 2016 states that "Specific learning disabilities mean a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or do mathematical calculations, and includes such conditions as perceptual disabilities,

dyslexia, dysgraphia, dyscalculia, dyspraxia, and developmental aphasia" (Jahan, Singh, Kishore & Tom, 2019).

According to Sparrow, Balla, and Cicchetti (1984), adaptive behavior is the ability to carry out routine tasks that are necessary for social and personal self-sufficiency. In other words, adaptive abilities are the qualities that help a person eventually lead an independent life, retain social connections, and integrate into society. Adaptive abilities are highly correlated with age and are measured by effectiveness rather than aptitude.

Children who struggle with learning have low self-esteem, a sense of powerlessness when learning, problems making decisions, a low threshold for frustration, and difficulties adjusting to peers (Brook, 2001). Children who struggle academically also experience challenges in their personal and social lives (Rozario, 1991).

Individuals with learning disorders frequently display maladjustment, clinical maladjustment, emotional symptoms, and depression, which leads to behavioral issues (Martinez & Semrud-Clikeman, 2004; Kempe, Gustafson, & Samuelsson, 2011). Low levels of self-esteem and adjustment issues also have an impact on interpersonal relationships (Patil & Padakannaya, 2009).

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Researchers discovered the essence of resilience in infants exposed to numerous stresses during a longitudinal study (Luthar, 2003). Resilience is the ability to adjust to one's surroundings or circumstances, especially when they are challenging (Luthar, 2003). According to Panicker and Chelliah (2016), children and adolescents with specific learning disabilities possessed (75%) low levels of resilience.

In an effort to evaluate numerous data, Carnwale and Bawden (1992) discovered a link between behavioral issues and learning disabilities. They came to the conclusion that learning impairments and hostility were present in the classroom.

In 1992, LaGreea, Vaughn, Pearl, Swanson, and Malone reviewed a number of studies that indicated distinct learning disabilities had some kind of substantial relationship with students' social functioning.

Self-esteem levels are impacted by tendencies associated with reading disorders (dyslexia) (Gordon & Cullen, 2022).

Personal, academic, and social self-esteem were found to differ by gender (Ahmad, Imran, Khanam, & Riaz, 2013). Significant gender-based differences in self-esteem were also discovered by Moksnes and Espnes in 2013 to corroborate that conclusion. According to Moksnes & Espnes (2013), Sprecher, James & Avogo (2013), Tamini & Valibeygi (2011), and others, boys exhibit better self-esteem than girls. No sex or gender differences in self-esteem were detected, in contrast to findings from other thorough investigations (Tam, Lee, Har, and Pook, 2011; Pike, Evangelista, Doering, Eastwood, Lewis, and Child, 2012; Bhardwaj and Agarwal, 2013).

Student self-esteem is unaffected by specific learning disabilities (Sinead Woods, 2022). Self-esteem levels across students with learning disabilities were low (Shambhavi G, Rajeshwari N, Kenchappanavar, 2018).

Rationale for the study: While very little research has been done in the Bihar region, the majority of past studies have concentrated on the impairments of children with SLD. Information regarding the understudied SLD children in the Patna region may be enriched by the findings. Early detection may also aid in intervention, since studies show that children with learning difficulties frequently feel frustrated, experience emotional problems, and have difficulty adjusting, all of which can disrupt interpersonal relationships, which can, in turn, hinder academic success. Children with learning difficulties struggle with low self-esteem, a sense of incompetence when it comes to learning, difficulty making choices, a low threshold for frustration, and poor peer interactions.

Objective: To examine self-esteem, and adaptive behavior in children with specific learning disabilities (SLD) in comparison to children without specific learning disabilities (NSLD).

METHOD

Hypotheses:

1. Children with SLD and without SLD would not differ significantly in their self-esteem (in general, academic, social, and parental domains).
2. Children with SLD would not differ significantly in their adaptive behavior (communication, daily living skills, socializing, motor skills, and maladaptive behavior) than children without SLD (non-SLD children).

Design: A cross-sectional survey research was conducted with 100 school-going children drawn from several schools in Bihar state.

Sample: The sample for this study was drawn from the schools of Patna state following a purposive sampling technique. 100 children (N=100) ranging in age from 8 to 11 were included in the final sample. Fifty children with SLD and 50 of their counter-healthy children were screened from the schools using the screening tool, Specific Learning Disability Screening Questionnaire by Singh, (2007), (cut-off score being ≥ 4).

Inclusion criteria for SLD children:

1. According to the screening tool, the child must have SLD if he scores ≥ 4 .
2. Child's age must be in the range of 8–11 age
3. Having no other long-term illness
4. Having no significant prior medical or clinical background

Exclusion criteria for SLD children:

1. According to the screening tool, the child must have a score < 4 .
2. Aged 8 to 11 years.
3. With any other persistent illness
4. With any additional significant medical/clinical history

Tools used:

The following psychometrically sound questionnaires were used to test the hypotheses:

1. Specific Learning Disability Screening Questionnaire (SLD-CQ) (Sinha, 2007)- It consists of 12 items that are made for school-going children from class III to class VIII. Its reliability is 0.87.

2. Indian Adaptive Battle's Self-esteem Inventory for Children (SEIC) (Kumar, 2005)- It consists of 50 items. It is applicable for children from age 8 to 13. The split-half reliability coefficient for males is 0.92 and for females is 0.93, test-retest reliability coefficient for males and females is 0.90 and 0.92 respectively.
3. Vineland Adaptive Behaviour Scales-revised (Doll, E. A., 2005)- It was developed for the person age range from 0-90 years. It has 455 items which measure five domains of adaptive behavior. Internal consistency reliability for the Adaptive behaviour composite is 0.97 and Test-retest reliability for adaptive behaviour composite is 0.82.

Procedure: The sample was drawn following the purposive sampling technique with the help of structured questionnaires. Prior approval was taken from the school authorities and respective parents of the participating children for collecting data. Rapport was established with the participants and the informed consent was taken in both written and oral form from the parents as well as children.

The information was gathered in two stages. In the first stage, children with SLD were identified in several schools in Patna using the screening tool. After that, pertinent information was obtained from them. In the second phase, data was gathered from a comparative group of children without SLD. Their responses were kept confidential. When working with the study's human subjects, the ethical standards of the American Psychological Association (2010) were adhered to. For data handling and statistical analysis, SPSS version 26 was utilized.

Ethical approval: The ethical approval to conduct the present study was given by the concerned departmental committee of the respective department of the authors' university.

RESULTS

Table 1: Descriptive (mean, SD) and inferential statistics (t-test) assessing self-esteem among SLD and non-SLD children

Domains of Self-esteem	Descriptive and inferential statistics					
	Sample type	N	Mean	SD	t-test	Level of significance
General	SLD	50	11.5	3.6	2.47	p<0.05
	NSLD	50	13.08	2.7		
Social	SLD	50	5.26	1.35	0.69	p>0.05
	NSLD	50	5.24	1.55		
Academic	SLD	50	6.52	1.9	3.47	p<0.01
	NSLD	50	7.84	1.85		
Parental	SLD	50	6.16	1.67	3.36	p<0.01
	NSLD	50	7.28	1.65		
Overall Self-esteem	SLD	50	30.52	7.58	2.85	p<0.05
	NSLD	50	34.42	5.99		

Table 1 demonstrates that the self-esteem in children with SLD was significantly ($p<0.05$) lower (mean=30.52, SD=7.584) than that in children without SLD scored (mean=34.42, SD=5.997).

The general ($p<0.05$), academic ($p<0.01$), and paternal ($p<0.01$) self-esteem dimensions were significantly higher in children without SLD. In light of these findings, it can be said that the hypothesis, " Children with SLD and without SLD would not differ significantly in their self-esteem (in general, academic, social, and parental domains)" is unsupported by these results.

Table 2: Descriptives (mean & SD) and inferential statistics (t-test) assessing adaptive behaviour among children with and without SLD

Domain and sub-domain of Adaptive behaviour	Descriptive and inferential statistics					
	Sample type	N	Mean	SD	t-value	Significance value
Communication domain	SLD	50	170.92	2.892	1.370	p>0.05
	NSLD	50	171.76	3.230		
Receptive	SLD	50	37.46	1.147	0.99	p>0.05
	NSLD	50	37.48	0.863		
Expressive	SLD	50	103.42	2.269	2.016	P<0.05
	NSLD	50	104.30	2.092		
Written	SLD	50	30.04	1.538	0.185	p>0.05
	NSLD	50	29.98	1.696		
Daily living skills domain	SLD	50	143.34	2.264	0.405	p>0.05
	NSLD	50	143.14	2.657		
Personal	SLD	50	77.48	0.580	3.190	P<0.01
	NSLD	50	77.84	0.548		
Domestic	SLD	50	21.42	1.896	1.251	p>0.05
	NSLD	50	20.90	2.169		
Community	SLD	50	44.44	0.861	0.125	p>0.05
	NSLD	50	44.40	0.728		
Socialization domain	SLD	50	153.88	2.438	4.757	P<0.01
	NSLD	50	155.84	1.595		
Interpersonal relationships	SLD	50	67.54	1.729	3.386	P<0.01
	NSLD	50	68.50	1.015		
Coping skills	SLD	50	39.20	0.881	5.116	P<0.01
	NSLD	50	39.88	0.328		
Play and leisure time	SLD	50	47.14	0.904	1.915	p>0.05
	NSLD	50	47.46	0.762		
Motor skills domain	SLD	50	137.64	2.789	1.586	P>0.05
	NSLD	50	138.52	2.750		
Gross	SLD	50	75.34	1.996	2.491	P<0.05
	NSLD	50	76.22	1.502		
Fine	SLD	50	62.30	1.529	0.001	p>0.05
	NSLD	50	63.31	1.930		
Maladaptive behaviour domain	SLD	50	8.14	2.372	6.923	P<0.01
	NSLD	50	5.28	1.703		
Internalizing	SLD	50	2.38	1.028	2.918	P<0.01
	NSLD	50	1.86	0.729		
Externalizing	SLD	50	0.10	0.364	0.936	p>0.05
	NSLD	50	0.18	0.482		
Other	SLD	50	5.66	1.955	6.491	P<0.01
	NSLD	50	3.24	1.738		
Adaptive behaviour	SLD	50	605.78	7.665	2.240	P<0.05
	NSLD	50	609.26	7.868		

Result table 2 illustrates that children without SLD significantly ($p<0.05$) scored higher on adaptive behavior (mean=605.78, SD=7.665) than children with

SLD (mean=609.26, SD=7.868). Children with SLD reported significantly lower adaptive behaviour in the expressive subdomain of communication ($p<0.01$), personal subdomain of daily living skills ($p<0.01$), socialization domain ($p<0.01$), interpersonal relationships subdomain of socialization domain ($p<0.01$), and gross subdomain of motor skills ($p<0.05$) compared to their healthy counterparts. Children with SLD responded significantly worse on the internalizing subdomain of the maladaptive behavior domain ($p<0.01$), the other subdomain of the maladaptive behavior domain ($p<0.01$), and the maladaptive behavior domain's maladaptive behavior domain ($p<0.01$).

Thereby, based on the data in Table 2, it is possible to draw the conclusion that the findings do not support the hypothesis that “Children with SLD would not differ significantly in their adaptive behavior (communication, daily living skills, socializing, motor skills, and maladaptive behavior) than children without SLD (non-SLD children).”

DISCUSSION

The key purpose of the present research was to examine self-esteem and adaptive behaviour in children with SLD compared to their healthy non-SLD counterparts. The main hypotheses were that children with and without SLD would not differ significantly in their self-esteem and adaptive behavior. Formalized hypotheses were not supported by the findings of this study.

A lack of self-esteem and adaptable behavior in children has been linked to low academic accomplishment, which in turn causes negative academic self-concept and a sense of social inefficiency, according to prior research. From the results, it can be seen that there is a statistically significant difference in self-esteem between children with and without SLD. Children with SLD demonstrated marginally better self-esteem in one (social) of the four self-esteem dimensions. While these children have reported significantly lower self-esteem in the other three (general, academic, and parental) domains. SLD individuals have lower overall self-esteem than their healthy counterparts. According to studies, SLD children face rejection and disapproval more frequently (Raskind & Higgins 1995). Children with SLD often experience low self-esteem due to social rejection. But in contrast, some researchers found (Rajeshwari & Kenchappanavar, 2018; Patil & Padakannaya, 2009; Brook, 2001; Rozario, 1991), SLD children had higher self-esteem levels than NSLD children. Children with SLD experience lower self-esteem as a result of repeated failure. Children who struggle with reading have lower self-esteem (Gorden & Cullen, 2022). Further studies on children with SLD revealed that many of them suffered from feelings of low self-worth and incompetence and that many of them thought that their circumstances would not get easier.

The stress of having a learning disorder is frequently manifested outwardly through clinical maladjustment, emotional symptoms index, and depression, which then leads to behavioral issues (Martinez and Semrud-Clikeman, 2004). Children without SLD behave more adaptively than children with SLD in the current study. Compared to SLD children, children without SLD exhibit more maladaptive behavior. The current investigation revealed a statistically significant difference in overall adaptive behavior between these two groups of children. Additionally, there were significant differences in the expressive subdomain of communication, personal subdomain of daily living skills, socialization and interpersonal relationship subdomain of the socialization domain, coping subdomain of the socialization, gross subdomain of the motor skills domain, and maladaptive behavior among SLD and non-SLD children. Two out of the five adaptive behavior domains and seven out of the fourteen subdomains were statistically significant. Children with SLD performed well in the receptive sub-domain of communication, written sub-domain of communication, daily skill sub-domain, domestic sub-domain of daily living skills, community sub-domain of daily living skills, maladaptive behavior sub-domain, internalization sub-domain of maladaptive behavior sub-domain, and other sub-domain of maladaptive behavior sub-domain. The majority of children with SLD will have limited social abilities, a lack of assertiveness, difficulty speaking in front of an audience, and an inability to connect and communicate with others in a social situation (Johnson, 2002). The findings of Carnwale and Bawden (1992) supported the findings of the result which stated that SLD children have more maladaptive behavior than their healthy children counterparts. They found that SLD is somehow related to aggression and classroom misconduct. SLD children also possess various behavioural difficulties (Carnwale & Bawden, 1992) and try to adjust to the situation but their learning difficulties hinders in it and it becomes maladjustment (Martinez & Semrud-Clikeman, 2004; Kempe, Gustafson & Samudsson, 2011). Specific learning disability not only affects their adaptive behaviour but also affect their interpersonal relationship (Patil & Padakannaya, 2009).

CONCLUSION

This study indicated significant variations in self-esteem and adaptive behavior between children with SLD and those without SLD.

SUGGESTION & IMPLICATIONS

It is crucial that parents and teachers are aware of the behavioral and emotional issues that children with specific learning disabilities experience. The diagnosis and treatment of SLD depend greatly on the participation

of children, parents, and educators (Tuija Aro, Kenneth Eklund, Anna-kaija Eloranta, Timo Ahonen, & Leslie Rescorla, 2022). Thus, the findings have implications for the parents, teachers, and policymakers paving the path to early identification of psychological issues of children with SLD and timely intervention programs for preventing adverse clinical outcomes.

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MENTAL HEALTH SERVICES & CLINICAL PSYCHOLOGY IN INDIA: CALL FOR PAPERS

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