

GAP iNTERDISCIPLINARITIES A Global Journal of Interdisciplinary Studies (ISSN - 2581-5628) Impact Factor: SJIF - 5.047, IIFS - 4.875 Globally peer-reviewed and open access journal.



ATTITUDE OF PARENTS TOWARDS CHILDREN WITH SPECIFIC LEARNING DISORDER

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Abstract

There is no denying the fact that parents are the most important people in a child's academic and social success. Children with Specific Learning Disorder (SLD) show consistent difficulty in learning to read, write, and other academic skills. Unfortunately, parents of children with SLD undergo stress in coping with their child's disorder. **Aim**

Currently, there is a paucity of research on parents' experience and attitude towards the children with SLD. As such, the present study aims to explore the perception of parents in Kashmir towards the children with SLD and the effect of their wards' disorder on them.

Method

For the present study, face-to face interviews were conducted with 18 parents of the children with SLD at Child Psychiatry Centre, SMHS Hospital, Srinagar, Jammu, and Kashmir. Data was interpreted by using the method of conceptual analysis to extract the key conceptual themes from the interviews.

Results

The parents of children with SLD reported to have worries about the poor academic performance and the future of the child. Some of the caregivers showed negative attitude and reaction towards the diagnosis of the SLD such as denial, disappointment, and rejection. Findings revealed that some of the parents physically assault their child when they see their children doing good in other activities besides academics.

Conclusion

The study portraysthat parents have developed mild anxiety issues after their children were diagnosed with academic disorder. The study concludes that there is a need of educating parents about the symptomatology of the disorder and to instruct them to lower their expectations for children with SLD. The study also calls attention to provide supportive services to the parents to relieve their stress and train them to develop learning skills in children.

Keywords Specific Learning Disorder, Parental Attitude, Parental Stress.

INTRODUCTION

Specific Learning Disorder (SLD) is a neurodevelopmental disorder that gets manifested in childhood in the form of persistent difficulties in learning academic skills such as reading, writing, and arithmetic, despite having the normal intelligence, conventional schooling, adequate hearing and vision, sufficient motivation, and conducive socio-cultural environment. SLD is presumed to be due to the functional disruption of central nervous system. SLD is the most common developmental disorder that shows impairment in learning to read (dyslexia), write (dysgraphia), or to perform mathematical calculations (dyscalculia) which are fundamental to achieve school grades.

Parents are the primary caretakers for children and play an essential role in the child's academic success. Positive home environment and positive parental attitude can regulate the behaviour of child with disability. Unfortunately, parents have lack of knowledge about SLD that leads to delay in early recognition of the hidden disorder. Parents deny their children having learning issues who are diagnosedwith SLD. They display negative attitude towards the problem which include rejection, and denial. Studies report that the parents experience a sense of disequilibrium: anger, frustration, guilt, blame when they are confronted by their child's disability. In addition, existing literature has focused on parents' cognition and stressors involved in dealing with children with learning disorders. However, relatively little is known about how parents respond to the children with SLD and how the child's condition has impact on them. Current study focuses on the knowledge, experience, attitude, and reaction of parents of children with SLD.

MATERIALS AND METHODS

Study Design

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A qualitative research approach was used to get an in-depth understanding of the parents' experience and attitude towards the child with SLD. Semi-structured interview was used to gather information about the topic. Interviews were conducted at home or Child Psychiatry Centre, SMHS Hospital, Srinagar (Jammu, and Kashmir).

• Participants

The study sample consists of 18parents —15 mothers and 3 fathers of 18 children with SLD who attend the Child Psychiatry Centre, SMHS Hospital, Srinagar, Jammu, and Kashmir. All the children had been diagnosed as having SLD by clinical psychologists and special educators. The diagnosis of SLD was confirmed by *NIMHANS Battery of Specific Learning Disorder*. The age range of children was between 7-12 years. Mothers' age ranged between 30 to 40 years and fathers' between 35 to 45 years.

Ethical consideration

Academic and the ethical approval was obtained for the conduct of the study. Each parent had signed the consent form before conduct of the study which outlined the nature and the purpose of the research.

Data Analysis

The study used content analysis to analyse data from taped conversations. In content analysis, concepts and themes are quantified, analysed and then inferences are drawn.

RESULTS AND DISCUSSION

Four main themes and sub-themes emerged from this study that include lack of the awareness, attitude towards diagnosis, psycho-social challenges and permissive behavior, (see Table1).

Themes and sub-themes identified from the interviews of parents of children with SLD, n=18.

Themes	Sub-themes	
Lack of Awareness	Poor Knowledge	
	Delayed Identification	
Attitude towards diagnosis	Denial	
	Rejection	
	Frustration	
Psycho-social challenges	Disappointment	
	Conflicting feelings	
	Feeling of insecurity	
Permissive Behavior	Parents as educator	
	Parents as motivators	

1. Lack of Awareness

The main themes revealed from the data analysis pertaining to parents' inadequate information were— poor knowledge and delayed identification that are discussed below:

a) Poor Knowledge

Parents disclosed that they do not possess any knowledge about SLD and heard the term SLD first time during the diagnosis. Majority of the parents revealed that before the diagnosis of SLD they believed that the poor academic performance in children occurred due to lack of interest of their ward in studies and their involvement in playing and other activities besides education.

b) Delayed Identification

5 Parents reported that they identified poor performance in children in Kgs orgrade I. However, 13 parents reported to recognize academic issues from the grade II or III. As a result, SLD got diagnosed after the symptoms had been present for 2-3 years. All parents had a belief that the child's educational achievement will boost with age.

2. Attitude Towards Diagnosis

The data also covered those aspects that revealed the attitude of parents towards the diagnosis of SLD. Two subthemes emerged in this regard, namely, denial and rejection.

a) Denial

Parents reported that they changed schoolsand tuitions of their children at the initial phase. All parents believed that the child's academic problems occurred due to the inadequate curriculum, poor school system, impatient and uncooperative teachers, and vast syllabus. A substantial number of parents confessed that they were not ready to visit child psychiatric centre(n=10); however, they got the assessment done only on the repeated persuasion and motivation of teachers or someeducated persons in the family.

b) Rejection

Parents rejected to accept the child's diagnosis of SLD at the initial stage. The acceptance of the problem was very difficult for the parents as they felt that their child was physically and mentally fit. They see their child doing

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much better in other activities besides academics.

3. Psycho-social challenges faced by parents

Psycho-social stressors impinge upon the parents of children with learning disorder. The four sub-themes emerge that emerged here are frustration, disappointment, conflicting feelings, feeling of insecurity.

a) Frustration

Parents reported to experience frustration and anger while helping their children in academics (n=12). They confessed that, without possessing the requisite knowledge of dealing with them they find it an uphill task to cope with the child's disorder and lose their temperquickly. A substantial number of parents reported to experience helplessness, and become hostile and abusive towards the child (n=5).

b) Disappointment

The study reports that parents were hopeful and excited about the child's future. When the parents came to know about the child's learning issue, they became disappointed and hopeless. Parents believe that without academic success the child can never be valued and cannot play any significant role in society. Parents criticised the limited workforce of teachers and tutors who cannot pay individual attention to children with disorder due to the regular work load.

c) Conflicting feelings

There were conflicts in families of children with SLD due to the constant failure to achieve the set of goals (n=18). These conflicts impair the family functioning, disrupt the parent-child relationship, disturb the parents' interpersonal relation and increase stress in family.

d) Feeling of insecurity

Parents feel insecure about the child's academic issues (n=12). They believe that their child has low social status as compared to his peer groups. Parents experience social anxiety in social gatherings because they are afraid that people may discuss their child's academic problems. Parents avoid visiting friends, relatives, or extended families and wants to spend their leisure time in child's academic activities and avoid their comfort and social life.

4. Permissive Behavior

In some interviews, parents described their permissive behaviors in assisting their child to overcome their problems. Two sub-themes were extracted from the interview transcripts. These are: parents as educators and parents as motivators

a) Parents as educators

Parents function as educators and assist their children at home (n=12). They support their homework tasks and help their child in practicing the given work. They also remind their children to prepare his/her home tasks on time.

b) Parents as motivators

Parents reported that they encouraged their child by citing the examples of their siblings and peers. Once the child is encouraged, he/she becomes passionate to review his/her classwork and lectures. Child gets easily frustrated and demotivated as soon as he/she finds any difficulty.

DISCUSSION

The findings of the study are discussed under various headings below.

Lack of the awareness

The study reveals that the awareness level of SLD among parents is significantly low. The lack of awareness and insufficient knowledge among parents leads to delayed identification and intervention. Early identification and detection of disorder helps to improve the disorder. The lack of awareness is the first problem that needs to be addressed for raising a significant knowledge level among parents, essential efforts must be taken by the professionals and government officials. Awareness programmes should be conducted to educate and sensitise parents about all the details concerning SLD. Once the parents are aware about the symptomatology of the disorder, they can play a pivotal role in handling the children and the status of these children could be improved significantly.

The study reported that parents had very less and insufficient information about the child's learning disorder and they learnt about the disorder only during the child's clinical sessions. Majority of parents reported that for 2 years they received complains about the child's academic problems from school and tuition centres but were unclear about how to take care of their wards and where to seek help. Parents of such children consulted religious saints, teachers, elder members in the family before visiting the child psychiatrist and child counsellors.

Attitude towards diagnosis

Studies report that denial or rejection are the two common attitudes of parents towards children with learning disorder. Every parent expects a perfect child in all respects, however, the discrepancy between the perfect child and the real child may develop negative attitude among parents of such children. Research states that the diagnosis of SLD is sometimes a crisis for parents where the variation in sensitivity and parenting effectiveness are related to the degree of resolution. Further, the studies report that parents usually express less feelings and



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emotions, provide negative feedback to their children's ability, criticize them, and show less affection. Such attitude may elevate both internalizing and externalizing problems in child such as poor self-image.

The present study revealed that the family usually denies the diagnosis of SLD in the child by an expert which means that their child is deficient or inadequate. The diagnosis of SLD is unfamiliar and stressful in terms of family's perception. The study also reveals that parents find it difficult to mobilize into action or to visit a psychiatrist or psychologist. Parents are not ready to hear that anything is wrong with their children.

Psycho-social challenges

The study revealed that there are two major challenges that parents face with such children— stressors and social stigma. Most parents reported that they hide their stressors instead of speaking it out. Due to the constant failure of children to achieve a set of goals, a sense of stress and frustration develops among parents. Parents become hopeless and disappointed and sometimes become hostile and abusive.During the interviews, most of the parents reported that the child's disorder has disrupted the interpersonal relationship between the couples and hasincreased the family stress level. Studies report that parents of children with disabilities develop chronic sorrow—sadness, guilt, pain, and shock (Wikler et al. 1981) and develop the feelings of pessimism, shame, and hostility (Rangaswamy, 1989). Further, the usual parental reactions are denial, grief, guilt, withdrawal, projection of blame, rejection, and acceptance (Drew et al, 1984). The interviews revealed that most of the parents felt insecure due to the stigma associated with such children in thesociety and experienced loss of comfort and social life.

Permissive behaviour

Studies have shown that most of the parents of children with learning disorder encounter extreme stress, frustration and exhibit criticising behaviour towards children. However, some parents cope with the child's disorder and adapt well by responding with positive behaviour. Most of the studies focused on the involvement of parents in child's educational sphere. It has been shown that parental involvement enhances child's academic motivation, and their commitment to school. Furthermore, parents have been shown to be actively engaged in educating such children (Stoll. 2000; Joyce, 2005; Alomar, 2006; Smith and Adams, 2006; Saucedo & Perez, 2009). However, few studies also report that as the child's academic issues increase, parental cooperation begins to decline and parents' negative attitude towards the educational system and school curriculum increases. The interviews conducted for the present study revealed that only fewparents (n=12) help children in their studies at home during which the parents experience high level of frustration and stress.

Conclusion

To summarize, Specific Learning Disorder is a hidden and unexpected blockage in children with average intelligence which develops parental stress and disturbs parent-child relationship. The lack of awareness among parents may lead to development of negative attitude among parents towards such children. Professionals need to know how well parents understand their child's condition so that appropriate measures may be taken. Health professionals should strengthen the social network and support system of the parents which would help them to overcome stress and negative attitude towards their children with learning disorder. The feeling of anxiety, insecurity, guilt, denial, frustration, anger, and hopelessness sweep through parents as they confront such children. Thus, parents need psychoeducational therapy to lower their high academic expectations and to reduce negative emotions towards children with SLD. The lack of parental support system and negative attitude can have an adverse effect on the prognosis of learning disorder. In Kashmir, the research in this field is significantly limited and there is a dire need to develop culturally embedded intervention and programs to overcome parental stress.

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