Identification of Children with Disabilities in Government Primary Schools of Hyderabad District - Survey

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Author’s contribution
The sole author designed, analysed, interpreted and prepared the manuscript.

ABSTRACT
Disability can be defined as any limitation or restriction to perform developmentally appropriate activities which are desired by society. The International Classification of Functioning, Disability and Health: Children and Youth Version (ICF-CY) defined disability as, “neither purely biological nor social but instead the interaction between health conditions, environmental and personal factors.” It described disability at three levels: 1. An impairment in body function or structure, such as a cataract which prevents the passage of light and sensing of form, shape, and size of visual stimuli.; 2. A limitation in activity, such as the inability to read or move around; 3. A restriction in participation, such as exclusion from school. Children with disabilities require interventions and support. Difficulty in oral language 1. Slow development in speaking words or sentences (also referred to as,late talkers) 2. Pronunciation problems 3. Difficulty learning new words; slow vocabulary growth 4. Difficulty finding the right word to use when speaking 5. Difficulty understanding and following simple (one-step) directions 6. Difficulty understanding questions 7. Difficulty recognizing or learning rhyming words 8. Lack of interest in storytelling. Students with learning disabilities are among the most vulnerable-at chronic risk for "not learning” under the aforementioned conditions, for long-term academic and social problems, and for lifelong debilitating side-effects of their classroom experiences. 30 Government Primary schools from class 1 to 5 were identified in Hyderabad district and 3200 children were screened to identify...
whether they have hearing and speech impairment, Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder and learning Ethical norms were followed in this study for collecting the data. Care has been taken to meet the ethical requirements in this research study, during developing the screening camp while discussion with the teachers and children. Out of 3200 children 660 children were identified with different disabilities and referred to the concerned Institutes for detailed evaluation and intervention services. There is an urgent and substantial need to identify as early as possible those young children in need of services. The need for early identification of learning disabilities is highly related to potential.

Keywords: Hearing impairment; speech disorders; learning disabilities; autism spectrum disorder; intellectual disability; inclusion.

1. INTRODUCTION

Disability can be defined as any limitation or restriction to perform developmentally appropriate activities which are desired by society. The International Classification of Functioning, Disability and Health: Children and Youth Version (ICF-CY) defined disability as, “neither purely biological nor social but instead the interaction between health conditions, environmental and personal factors.” It described disability at three levels:

1. An impairment in body function or structure, such as a cataract which prevents the passage of light and sensing of form, shape, and size of visual stimuli
2. A limitation in activity, such as the inability to read or move around
3. A restriction in participation, such as exclusion from school [1].

The term, children with disabilities, is used to refer to the children with disabling health conditions or impairment or as a result of illness, poor nutrition or injury. In our community we see people around who cannot walk or have some body part deformed; have difficulty in seeing or hearing; have difficulty in understanding or learning. These people are suffering from some impairment and are having disability. There is a range of disabilities as defined by different models. The major are listed below. Sensory impairment: Any condition which implies a loss or impairment of the sensory organs such as hearing, vision, speech and olfactory senses. While a majority of such conditions can be treated and rehabilitated, some conditions persist lifelong and might require therapy and constant support. Developmental disabilities: These are diverse group of chronic conditions which are due to mental or physical impairment. This may include delayed or abnormal development. The conditions such as autism spectrum disorder, cerebral palsy, down syndrome and Asperger syndrome falls under this [2].

The Convention on the Rights of Persons with Disabilities (UN, 2006) describes people with disabilities as “those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.” At present, no clear distinction can be made in the early years between children whose problems may persist, and those who will make adequate progress with time. Therefore, young children who demonstrate difficulties in early development may or may not be at risk for Learning Disabilities. Nevertheless, screening, evaluation, enhanced learning opportunities, and intervention services should be provided. In the child’s best interest, it is not recommended to “wait and see” or hope that the child will “grow out of” her or his problems. The purpose of early identification is to determine which children have developmental difficulties that may become obstacles to their learning or may place the children at risk [3].

1.1 Need

During the last decade or two, however, there has been an increasing awareness and identification of children with LD in India. Learning disability (LD) is one of the major causes of poor scholastic backwardness. Undetected and unmanaged specific LDs result in chronic scholastic backwardness ensuing school dropouts, emotional and behavioral problems such as depression, substance abuse and social delinquency. Since teachers are the ones who first encounter academic difficulties of children, their knowledge and training on LD is of utmost importance in identifying it at an initial stage and to prevent further mental and social damage. There is lack of knowledge regarding
these conditions due to lack of awareness and special training courses to the teachers regarding identification of learning difficulties [4].

Many people don’t have knowledge about various disabilities and under the impression that children are not performing as per the teachers and parents' expectations. They always compare either with their siblings or with other children in the class, which leads these children to feel inferior and tend to develop withdrawal tendency from all situations not only from studies.

Hence the present study was conducted to assess the knowledge level of primary school teachers on learning disability in Government Schools of Hyderabad district of Telangana.

Hence there is a dearth need for screening the children with low performance academically in Government schools whether if there are any issues facing by psychologically, emotionally, physically, intellectually and socially. After screening the detailed evaluation need to be carried out to rule out the problem diagnostically.

1.2 Identifying Children with Disabilities

Children with disabilities require interventions and support, if they are experiencing any of the following: Difficulty in oral language 1. Slow development in speaking words or sentences (also referred to as late talkers) 2. Pronunciation problems 3. Difficulty learning new words; slow vocabulary growth 4. Difficulty finding the right word to use when speaking 5. Difficulty understanding and following simple (one-step) directions 6. Difficulty understanding questions 7. Difficulty recognizing or learning rhyming words 8. Lack of interest in storytelling [5].

2. Difficulty in reading and writing skills, slow speed in naming objects and colours 2. Limited phonological awareness (rhyming and syllable blending) 3. Difficulty understanding that written language is composed of phonemes (individual sounds) and letters that make up syllables and words 4. Minimal interest in print and limited print awareness 5. Difficulty recognizing and learning the letters of the alphabet 6. Difficulty learning the connection between letters and sounds.

2. Difficulty related to cognition 1. Trouble memorizing the alphabet, numbers, days of the week etc. 2. Poor memory for what should be routine (everyday procedures) 3. Difficulty with cause and effect, sequencing, and counting 4. Difficulty with basic concepts, such as size, shape, and colour.


1.3 Learning Disabilities
Learning disability is an umbrella term used to describe many different neurological disorders.

Children with learning disabilities have a glitch in how their brains are wired so that they might have difficulty with reasoning, spelling, writing and reading.

A child who demonstrates internalizing behaviors is not necessarily an introvert. Instead, they become quiet and withdrawn when faced with a learning situation that they are not confident in. Other internalizing behaviors include boredom, disorganization and inattention [8].

Likewise, a child who demonstrates externalizing behaviors is not necessarily an extrovert. Instead, they become loud and disruptive when they are faced with learning situations that they are not confident in. Other externalizing behaviors include delinquent behaviors, aggressive behaviors and clowning around. The disorders are often described as disabilities because they may interfere with the student's ability to learn. Many students with a learning disability have average or above-average intelligence. However, many students with a learning disability also struggle with other disorders, such as Autism and ADHD [9].

Since the 1980s the broad definition of LD formulated by the US National Joint Committee on Learning Disabilities (NJCLD) Learning Disability is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction and may occur across the life span. Problems in self-regulatory behaviors, social perception and social interaction may exist with learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions or with extrinsic influences such as cultural differences, insufficient or inappropriate instruction, they are not result of these conditions or influences [10].

1.4 Classroom Arrangement

Common classroom conditions can and do affect many students adversely—to some degree, at one time or another, in one way or other—but, some students are especially vulnerable to classrooms' hazards (e.g., children of poverty, nonnative speakers, those with attention deficits) [11]. Students with learning disabilities are among the most vulnerable—at chronic risk for "not learning" under the aforementioned conditions, for long-term academic and social problems, and for lifelong debilitating side-effects of their classroom experiences. These students' particular needs get inadequate attention in most general education classrooms as currently constituted. Common, often central, characteristics of classrooms are at odds with the kinds of activities, interchanges, and consistency their learning requires. While it is possible to remold classrooms to respond more effectively [12].

1.5 Differentiation and the "Fairness Doctrine"

Another barrier is the common belief that "including" students with learning disabilities is fundamentally a matter of ensuring that the student "fits in." By and large, teachers in general education classrooms aim for their students with learning disabilities to be well accepted, for them to feel comfortable and to "not stick out." This translates into not wanting to treat them differently—a problematic predicament, to say the least! To even begin approaching these students' learning needs requires treating them considerably differently [13].

1.6 Review

Shukla and Agrawal [14] conducted a study on Awareness of Learning Disabilities among Teachers of Primary Schools in Hardwar region. 15 schools were selected and data was collected from 60 primary teachers from these 15 schools. The study found the low level of knowledge and awareness about learning disabilities among teachers of primary schools. Majority of the teachers 67% had no knowledge of learning disabilities. 20% teachers had little aware of learning disabilities 11% teachers knew about the learning disabilities satisfactorily.

Charan and Kaur [15] reported that knowledge level regarding dyslexia among teachers in 10 selected schools of Punjab. Study found that 35.5% teachers had average knowledge, 29.1% had below average, 27.3% had well and very few of them had 8.2% excellent knowledge. Study also found that there is a highly significant association between level of knowledge and socio-demographic variables i.e. age, qualification, teaching experience, marital status, areas of residence, religion and source of
information Ghimire (2017) conducted a Descriptive cross-sectional design to assess the knowledge of primary school teachers. A structured knowledge questionnaire was developed focusing on learning disabilities. The study was carried out in 16 schools of Dharan, Nepal. About 150 primary school teachers were selected by convenience sampling technique. Majority, 52.67% of the primary school teachers had moderately adequate knowledge and 47.33% had inadequate knowledge regarding learning disabilities. There was a significant association of knowledge of primary school teachers with demographic variables such as class involved in teaching.

Arifa and Siraj [16] conducted a descriptive study on 60 primary school teachers to assess the knowledge and attitude of primary school teachers regarding learning disabilities among children in selected schools of district Pulwama Kashmir. The study revealed that majority of teachers 73.3% had moderate knowledge on learning disability, 20.0% had inadequate knowledge regarding learning disability and only 6.7% teachers had adequate knowledge on the subject.

Basim et al. [17] analyzed the knowledge levels on learning disability among government primary school teachers of Malappuram district, Kerala. Majority of the teachers (56%) had some knowledge about the outcome and treatment of learning disability, they lack sufficient knowledge about its concepts and causes and it is grossly insufficient for its practical application in the class room, there is a need to improve the knowledge of primary school teachers on LD and to enhance their basic skills in recognizing learning disability at the earliest.

1.7 Research Questions

2. Whether the referral services are required to them for detailed evaluation to overcome the problem.
3. Whether this study will help the principals and teachers working in government primary schools in early identification of different disabilities among children.

2. METHODOLOGY

2.1 Sample

30 Government Primary schools from class 1 to 5 were identified in Hyderabad district and 3200 children were selected for the present study.

2.2 Approval

Permission and approvals was taken from the Principal Secretary, School Education, Telangana State to conduct the screening camp. Government order was issued by the Principal Secretary, School Education to the concerned District Education Officers and School Principals to permit to screen the children. Detailed report was sent to all schools after screening. Permission was also taken from the authorities of the organization (AYJNISH, RC, Secunderabad) to conduct the screening camp and to keep the data confidentially.

2.3 Measures

Proper measures were taken to keep the collected data confidentially by not revealing the names of the schools and children to follow ethics. Principals and teachers were willingly participated in the camp and cooperated well to conduct the in their school premises.

2.3.1 Screening of children studying in government primary schools of Hyderabad district

30 Government Primary schools from class 1 to 5 were identified in Hyderabad district and 3200 children were screened to identify whether they have hearing and speech impairment, Intellectual Disability, Autism, Attention Deficit Hyperactivity Disorder and learning disabilities such as Dysphasia / Aphasia, Visual Processing Disorder, Auditory Processing Disorder, Dysproxia (Sensory Integration Disorder) Dyslexia, Dysgraphia and Dyscalculia. Out of 3200 children 660 children were slow learners, 62 were Hearing Impaired, 64 were speech impaired, 92 were intellectual disabled and 5 were Autism Spectrum Disorder.

3. RESULTS AND DISCUSSION

Table revealed that selected research question - 1 is proved that out of out of 3200 children 660 were identified with different disabilities. Out of which 437 were identified slow learners it shows
that teachers and parents are now paying attention to identify the learning problems in children. It could be lack of awareness among the parents or socio economic problems also. Teachers need to be given timely orientation in how to identify the learning problems among children and different teaching strategies to be followed in the classroom teaching. Guided teachers in how to handle the slow learners and children with learning disabilities by creating a positive environment and modification of teaching strategy by using the teaching learning material specially designed for the children with disabilities. Frequent conduct of parent teacher meetings will help the teachers and parents identifying the problems. It will also give the clear picture in how to modify the teacher and learning strategies.

Research question -2 is proved that identified children were referred to the concerned Institutes for detailed evaluation and intervention service such as slow learners, Autism Spectrum Disorders and Intellectual Disabilities were referred to the National Institute for the Empowerment of Persons with Intellectual Disabilities (NIEPID), Hearing Impaired children and Speech Impaired were referred to Ali Yavar Jung National Institute of Speech and Hearing Disabilities (AYJNISHD), Parents of the identified children were given proper guidance and counselling for proper placement and usage of aids and appliances such as hearing aids. They were also explained about the concessions and facilities provided by the State and Central Government for the persons with disabilities and given the relevant government orders also. They were counselled how to be empowered by accepting their wards problems.

Research question – 3 is accepted that the teachers were counselled in how to organize the classroom set up for remedial teaching to bring out the best among the slow learners. Involving them in the curricular and co-curricular activities will enhance the confidence levels among the children. Guided the management of the schools how to arrange lectures with professionals and counsellors to create awareness among the teachers and parents identifying the problems and how to increase the usage of audio visual aids will also help the slow learners to learn the concept simple in easy manner.

Table showing the details of children having different disabilities

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of the school</th>
<th>No. of children screened</th>
<th>Male</th>
<th>Female</th>
<th>Hearing Impairment</th>
<th>Speech Problem</th>
<th>Autism Spectrum Disorder</th>
<th>Slow Learners</th>
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62 children were identified having hearing problems, they need to be given more focus while teaching with small adjustments in the classroom by making them to sit in front benches and repeating the lessons twice with slow rate of speech. More explanation need to be given the hard topics. Children need to be counselled wearing of hearing aids and maintenance also. 64 children were identified speech problems such as stammering, stuttering etc. 92 children were identified intellectual disability.

3.1 Ethical Norms

The aim and purpose of the research study was informed at my organization, and with the permission of authorities in my organization and the government schools authorities were approached and necessary permission was obtained to contact the government schools and take the data from the participants.

The work in this study has not been copied from any other work or study, and free from any plagiarism. This is genuinely my own research work.

3.2 Implications of the Study

This study will help the government officials in taking proper measures to create awareness among the general public, principals and teachers working in government schools and parents in early identification and early intervention to minimize the problem among the children with disabilities. Conduct of such screening camps at Government Primary schools in all districts of Telangana state will reduce school drop – out rate and out of school and help the children with disabilities to become a part of the society by integrating themselves.

This study will give scope to the policy makers to conduct community based rehabilitation programs to empower the people from rural back ground those who are less educated.

4. CONCLUSION

The lack of awareness among the general public as well as educators and officials in the education department is the first problem that needs to be addressed. The findings of the study concluded that the teachers had a meager knowledge about learning disability. It has been recommended that orientation programs and workshops need to be conducted so that they can diagnose the problem of these children and intervene accordingly. There is an urgent and substantial need to identify as early as possible those young children in need of services. This will help to ensure that intervention is provided when the developing brain of the young child is most capable of change. The need for early identification of learning disabilities is highly related to potential. Children who may initially have been thought to have lower intelligence than their peers may have normal intelligence, but may have some other difficulty or different style/approach of learning that prevents them from reaching their potential. Early help can offer children the support needed to reach their full potential. It can improve the quality of a children’s life and enable them to perform better at school and in life later. In order to diagnose a learning disability, it is necessary to establish that the child is experiencing an unexpectedly high level of difficulty in a particular area [18,19].

CONSENT

The data collection, storage analysis, dissemination of information is maintained confidential during the collection of the data, the consent form was designed as per the norms and contents in the consent form was informed to the participants the purpose of study in their local language and consent of participants were obtained.

ETHICAL APPROVAL

Ethical norms were followed in this study for collecting the data. Care has been taken to meet the ethical requirements in this research study, during developing the screening camp while discussion with the teachers and children, selection of the Schools and the participants and permissions to collect the data. It was taken care that the interests and rights of participants are not affected by this research work and they are safeguarded and ensured that all legislation on human rights and data is protected.
COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES


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