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# A preliminary survey of learning problems and associated behaviours in some school children in Sri Lanka

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SUMMARY A preliminary survey of learning problems in school children was done. Children between the ages of 6-14 years in Grades I-VII from 10 schools were included in the survey. The percentage of slow learners identified varied from 16% in Grade I to 7% in Grade VII. The pattern of behaviour in these children was found to resemble that found in similar studies elsewhere.

#### INTRODUCTION

Children under the age of 14 years form 37% of the population of Sri Lanka; i.e. 5.4 million of 14.2 million (Dept. of Census and Statistics 1979). It has been necessary and inevitable that considerable emphasis has been placed on the physical well-being of these children, in view of the socio-economic constraints prevalent in the country. There has been therefore a relative non-awareness of the mental health needs of children.

Psychiatric problems in children do exist here, although morbidity patterns may differ from those found elsewhere. Many children with mental health problems may not be perceived as needing help by parent or teacher. A major reason for parents seeking help regarding their child is school failure with or without associated emotional or behaviour problems.

W. H. O. comments that cognitive factors have been found in many studies to be closely related to mental health problems. This is due to several factors. The same aetiological factors could result in both conditions. In addition, school failure and loss of confidence contributes to mental ill-health. Work in developing countries has shown that school failure results in public recognition of the slow attaining child, in the absence of any support for such children, and does form a very stressful experience for child and family. (W.H.O. 1977).

The position in Sri Lanka, where a high value is placed on academic success not only for its own sake but because it is related to socio-economic advancement, is similar. Non-recognition of the low attaining child leads to considerable pressure being placed on the child by parents and teacher.

Some idea of the extent of this problem in our schools seemed desirable.

that one quarter of school days (or that year)

This paper is a report on a preliminary survey of children with learning and behaviour problems in 10 schools.

## A preliminary survey of learn YDOJOHOHM and associated behaviours in some

Ten schools of varying size and type were selected.

A questionnaire was prepared which included questions relating to income of parents, family size, birth order of child in question, presence of known family problems, physical illness or handicap. The main part of the questionnaire was divided into two

- 1. Learning problems- further subdivided into presence of difficulties in reading (fluency of word recognition) comprehension (of what was read), number concept (understanding of), writing.
- 2. List of behaviours which could be exhibited by children with emotional or behaviour problems in a school setting.

The questionnaire was first given to a group of teachers on one of the schools included in the study. The ease of obtaining the information with a minimum wastage of staff time was discussed and easily applicable criteria decided on.

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Criteria related to reading and comprehension - children whose ability was at least a Grade lower that its present level when using the standard texts. Criteria relating to the understanding of number concept and writing depended on the child's performance in class in relation to other children, and it was realised that teacher expectation and school academic standard would affect this greatly.

The questionnaire was first used for three groups of children in this school, and the accuracy of information verified by comparing the performance of the slow learners identified, with their performance in the previous year. All the children identified (they were Grade 5) had been noticed to have definite problems in the previous year.

failure results in public recognition of the slow attaining child, in the absence of any support

The main study was done in the 3rd academic term, so as to allow maximum time for the teacher to become aware of childrens ability in the class. The criteria decided on, and the meaning of the terms used to describe behaviour, were discussed by the investigator with all the teachers who participated in the study. It was emphasised that comments on behaviour should be limited to observations on the child's usual behaviour pattern, and not an occasional occurrence.

Frequent absence from school was defined as any child who had been away for more that one quarter of school days for that year.

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TABLE I Description of Schools in the Study

		10/51	THE SECRETARIAN							
Schools	A	В	C diamet	D P	E	F	G	Н	I	J
Status	M.V.	M.V.	<b>V</b> 1	Village school	M.V.	v	M.V.	M.V.	M.V.	M.V.
Туре	lary & Ilary	lary & Hary	lary only	lary only	lary & Hary	Iary & Iiary	lary & Hary	lary & Hary	Iary & Hary	Iary & Hary
No. of children	630	400	0-08 81	210	1200	183	1187	800	4000	1200
Distance from Colombo	56 miles	60	58	20	20	42	41 3VE	30	In C	Colombo.

M.V. - Maha Vidyalaya

V. - Vidyalaya.

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All schools were within 5 miles from a town. In all looks they in dignass later and to start

Schools A-H—One language stream (Sinhala) with a predominantly Sinhala Buddhist population with a few Muslim children.

All were mixed sex schools.

Sex ratio on the total sample of 1400 children- 52.4% Boys/47.6% Girls.

School I-Boys only. Two language streams-Sinhala and Tamil.

School J - Girls only. Three language streams-Sinhala, Tamil and English.

Schools I and J had Sinhala, Tamil and Muslim children.

Other relevant data- The parental income of children in the study as known by the school varied from Rs. 100-800/- per month for schools A-H, and from Rs. 300-3,000/- per month for Schools I and J.

Family size (number of children) varied from 1-11.

TABLE II Average income and family size (No. of children) divided according to school.

	School	Average income Rs./month.	Av. Family size (No. of children)
ting great	med well all arbei	The street dorg gains at to	by percentages of the type of
	Α	255 TAY	4.9
	В	400	4.0
	C	130	5.5
	D	200	5.5
	E	300	timed 4.6 autoball
	F	300	5.0
	G	400	5.7
	H	280	4.2
	I	800	4.0
ronie	inatone J rest	500	4.0

Birth Order-24% of the total sample were the youngest in the family.

TABLE III Number and percentage of children identified as having a problem with learning in each school.

School	No. of slow learners	% of slow learners in	Number of children in total
H	OF THE PARTY.	total sample.	sample. (100%)
A	38	26.0	168
В	16	12.0	118
C	15	30.0	51
D .	30	30.0	104
E	68	22.0	311
F	19	17.6	108
G	44	12.0	360
H	37	18.5	200
I	101	09.0	1107
J	8	0.0	357
			Q
	376		2884

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The socio-economic status of the slow learners identified in each school resembled that of the total sample in each school. Family size was the same. Distribution by sex-Schools A-H 69% boys/ 31% girls. (total sample 267) Birth Order - 32% of the slow learners were the youngest in the family. Average age of the slow learners did not significantly differ to that of the total sample according to Grade except in Grade I.

Grade I - Average age of total sample was 7.2 years as opposed to 8.2 years in the slow learning group. Range  $6\frac{6}{18}$  -  $9\frac{6}{12}$ .

TABLE IV Percentage of children identified as having problems according to Grade (All schools together)

Grade %	with problems	No. with problems	Total No.in Grade (100%)	ed ba
Grade I	16.3	1 140 month heirou	fresh 858 To end	
Grade III	14.6	108	739	
Grade V	11.8	83	701	
Grade VII	07.6	shighlow 45) and ylimit bac	586 × A . If au	

TABLE V Description by percentages of the type of learning problem identified in the slow learning group, in each Grade.

(All schools together)

Grade	Reading	Comprehensio	n (x)(); 4((ii) (x))4 (	Writing	Number	Total No. of slow learner (100%)
I	73.0	95.0		80.0	98.0	140
III	76.4	94.0	500	60.0	1 97.0	108
V	69.0	90.0		60.0	95.0	83
VII	55.0	96.0		50.0	98.0	45

TABLE VI Distribution expressed as a percentage of the slow learning group of behaviours exhibited.

(According to Grade - all schools together.)

Grade	Poor concentration	Restless Fidgety	Timid Withdrawn from peers.	Aggressive Disobedient Resents authority	Often Absent.	Total Number (100%)
1	72	59	26	lo-luois <sub>12</sub> de tgunes	22	odub brit
III.	80	52	30	adi tani 27 ani beari	44	140
VERIOUS	m 4200 78 JUDG 1	41	15	27	41	83
VII	82	26 010	100 30 08	41	67	45

Associated physical disability - 5% had been identified as having difficulties of hearing or vision.

Mental retardation- 2% of children in Grade I had been identified by teachers as being several mentally retarded.

## Socio-economic factors-

Financial stress was mentioned as a known family problem in 41% of the slow learner group, the least proportion from School I (10%), and the largest proportion from Schools C and D(50-60%). This data is not tabulated in detail, as knowledge of such difficulty is, in most instances, entirely dependant on the degree of contact between school and family.

Teachers in Grade V and VII of School I mentioned that 10-12% of the slow learners had deteriorated since one or both parents had left for employment abroad.

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When planning this survey, the initial problem was the questionnaire which had to be answered by teachers working in schools of varying type and academic standard. A major problem when considering questions on learning ability, and easily applicable criteria, is the lack of systematic assessment of a child's learning abilities in schools in Sri Lanka. Evaluation of reading age is not done. The criteria set attempted to minimise intra observer discrepancy, but it was recognised that the standards of the individual teacher and school would affect the observations noted. The situation therefore does not permit comparison of types and extent of learning difficulty found in this survey.

Questions on behaviour observed were similar to those used in the questionnaire used by Rutter in the Isle of Wight survey, and in a W.H.O. screening instrument for disorders in children (W.H.O. colloborative study).

Particular behaviours asked for included those associated with (a) poor learning ability e.g. limited concentration, restless, fidgety (b) emotional disorder e.g. withdrawal, timidity, and of conduct disorder e.g. aggressive behaviour, disruptive disobedient, and also of neurotic traits such as stammering, nail biting.

It must be remembered that identification of these behaviours in the slow learner group did not indicate psychiatric disturbance, but only the existence of symptoms which do occur in disturbed children.

In this study 13% of children were found to have learning difficulty, and of this group 90% had difficulty with comprehension of reading material and difficulty with number concept. Difficulties with reading affect the child's ability to gain from educational material presented. The slow learners in this group include children with general educational retardation and specific learning difficulty in relation to reading or number. 70-80% of these children had poor concentration and 41% of the older children in Grade 7 displayed behaviours similar to those in conduct disturbances.

# Absenteeism was high in the older age groups

General educational retardation could be due to mild intellectual retardation which usually becomes evident in the 5-7 age group, after the child has reached school going age. Educational retardation is also associated with low verbal intelligence and poor reading skill. Low socio-economic status, large family size tends to be associated with low verbal and reading skills, the strongest correlates being social class and birth order. (Rutter and Madge, 1976)

The aim of this study was to obtain some information regarding the prevalence of learning problems in schools, and to see whether the behavior of such children is similar to slow learners in other studies. Many studies have shown that mental health problems exist in 5-15% of children and reading retardation in 3-10% of normal children. (W.H.O. 1977) The British National Child Development study (1975) pointed out that 36% of high risk and 1.4% of low risk children could be expected to be educationally backward. The intermediate and low risk children formed the majority group in the British study. High risk factors are defined as low birth weight, low gestation period, fifth and subsequent births, Social class V, abnormal deliveries.

In Sri Lanka, Soysa and Jayasooriya (1975) found that 20% of all births at the De Soysa Maternity Hospital were of low birth weight, The incidence of prematurity was also high. In this study children in 8 of the 10 schools belonged to families receiving Rs. 100-800 per month. This represents the income of 48.3% of the population (Statistical Abstract 1977) but represents the lower income groups in the country. Average family size varied from 4-5.7 children which is within national norms but is one of the high risk factors identified above.

There is a significant difference in the number of younger children in the slow learning group as compared to the normal group, indicating that this is a position of disadvantage. Associated factors may be large family size and poor socio-economic status but further study is needed before conclusions applicable to the country can be made. Considering all these factors the prevalence of learning disorder found in this survey is not likely to be too high, although the study needs to be extended to include more schools and increased accuracy of reporting from staff desirable. The difficulty in achieving the latter, and of reducing inter observer bias is due is part to the lack of standardised assessment of learning ability mentioned earlier.

The sex differences observed in the prevalence of learning and behaviour problems is one seen in many studies. e.g. Rutter, Graham and Yule 1970. Specific reading retardation is 3-4 times commoner in boys as is conduct disorder. Mild intellectual retardation is also commoner in boys although the ratio is about 2/1. The causes of these differences is not clearly known. It would be tempting to relate the lower incidence of problems in Schools I and J to the differences in socio-economic conditions observed. The fact that these two schools have a reputation of having a high academic standard may also result in the slow learning child being excluded or being sent by parents to a school with a less demanding standard. The extremely low prevalence of learning problems in School J cannot wholely be accounted for by the sex difference associated with such problems. A further factor may be culturally determined i.s. the slow learning girl may not be sent to school or may be removed earlier by parents. As teacher bias could not be very successfully eliminated; this could also be a factor.

The reduction in the number of slow learners in Grade VII would be due to removal from school. The reduction in the total number of Grade VII children follows national trends. (Ministry of Education Statistical Report 1978).

The behaviour pattern of the slow learners is similar to those seen in other studies (Rutter et al, 1970b).

In extending this study behaviour of the normal children must also be examined. One is not attempting to say that behavior indicative of disturbance occurs only in slow learners but that this may be associated or a contributory factor. Information obtained during the continuation of this study must include parent interviews results, and correlated with information from the School Medical Inspection.

The aim in extending the study would to be clarify possible aetiological factors, obtain more information regarding prevalence of such problems, and also to assess how these children could be identified early. This could be a first step when considering the provision of educational/therapeutic help for these children.

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#### REFERENCES.

GOLDSTEIN, H. ANDWEDGE, P. (1975) British National Child Development Study, World Health Statistics report 28 No. 5 EF Statistical Report - Ministry of Education 1978.

SOYSA, PRIYANI E, AND JAYASOORIYA, DEVIKA S, (1975) Birth weight in Ceylonese, Human Biology 74. 1-15.

RUTTER M. AND MADGE, N. (1976) Cycles of Disadvantage and Review of research. London: Heinemann.

RUTTER, M., TIZARD J. AND WHITMORE, K. (1970) Education, Health and Social Behaviour. London: Longmans.

RUTTER, M. GRAHAM, P. AND YULF, W. A, neuro psychiatric study in childhood clinics in development medicine. (1970b No. 35 & 36 London P: Heinmann.

Statistical Abstract (1977) Dept of Census and Statistics, Govt of Sri Lanka.

Statistical Handbook (1979) Dept. of Census and Statistics, Govt. of Sri Lanka.

W. H. O. (1977) Child Mental Health and Psychosocial Development Technical Report series 613

W.H.O. (1980) Colloborative study for extending mental health care-(W.H.O. Geneva)