

1 **ASSESSING THE KNOWLEDGE ON LEARNING DISABILITY AMONG MOTHERS**
2 **OF UNDERFIVE CHILDREN AT SELECTED AREAS IN CIKKABANAVARA,**
3 **BANGLORE.**

4
5 **Abstract:**

6 **Background of the study:**

7 Recognition and identification of learning disabilities is a daunting task in India due to the vast
8 socio-linguistic diversity we see among the population, the pronounced socioeconomic
9 disparities and many other schisms. Whether it's the sheer number of languages spoken or the
10 cultures that thrive, whether it's the polarity between regions or the differences in ethos, the more
11 diverse and therefore complex a society is the harder it becomes to assess and scrutinise
12 intellectual activity objectively. That we are a developing nation that lives in various stages of
13 industrialization and urbanization simultaneously, ranging from the archaic to the most
14 cosmopolitan, the intellectual disposition of our society and least of all intellectual disability or
15 learning disability to be precise cannot be narrowed down without taking into consideration
16 many factors

17 **Objectives:** To assess the knowledge on mothers regarding learning disability of children's

18 **Methods:** A Descriptive research design was adopted for this study. The samples were selected
19 using purposive sampling technique. The sample considered of 60 mothers of under-five
20 children. The instruments used for data collection were demographic characteristics and a
21 structured knowledge questionnaire.

22 **Results:** Regarding learning disabilities, 35 (58%) of the study participants had average
23 knowledge, 15 (25%) had bad knowledge, and 10 (17%) had strong knowledge. There is a
24 substantial correlation ($p < 0.05$) between mothers' education and their knowledge of learning

disabilities in their children. Mothers' knowledge scores about learning disabilities in children did not significantly correlate with sociodemographic factors such as age, religion, family monthly income, type of family, and number of children.

Conclusion: According to the study's findings, most people had a modest level of expertise. Through the information booklet that was given to the subjects, the study assisted the mothers in understanding about learning difficulties.

Keywords: Assess, Knowledge, Learning Disability, Underfive, Children,

Introduction:

Learning disabilities (LD) are a group of neurological conditions that disrupt a child's ability to receive and understand information, which has an impact on their communication, learning, and academic achievement. These disorders, which can manifest in reading (dyslexia), math (dyscalculia), writing (dysgraphia), and language development, sometimes go undiagnosed in early childhood despite having a significant impact on a child's long-term academic and social accomplishment. Better outcomes depend on early detection and intervention because they offer targeted strategies to help children overcome their particular challenges.¹

Mothers of children under five are often the first to notice developmental delays or scholastic challenges in their children. Parents have a critical role as primary caregivers in spotting early signs of learning disabilities, advocating for their children, and seeking appropriate therapy. However, mothers' understanding and awareness of cognitive challenges may vary significantly. Many parents, particularly those of young children, may not be well-informed on the origins, symptoms, and available treatments for learning challenges, which can delay diagnosis and intervention, according to studies.²

Mothers' perspectives have a significant influence on when and how appropriate it is to seek professional assistance, thus it is important to look at how they perceive and respond to early signs of learning challenges. The findings of this study could have important implications for public health campaigns, parenting education programs, and early childhood intervention strategies.³

By raising mothers' knowledge of learning disorders, it is possible to enhance early diagnosis, reduce intervention delays, and ultimately enable better outcomes for children with learning impairments. Additionally, this research may contribute to the establishment of targeted educational initiatives that provide mothers with the information and tools necessary to support their children's growth during the critical early years of life.⁴

Material and Methods:

Study area and period

Study was conducted at selected area and study was conducted at one month

Research design: Descriptive research design was conducted

Population

Target population: Under five children's mothers currently available during data collection was the population source.

Accessible population: Under five children mothers at selected areas

Inclusion Criteria: Available during data collection

Exclusion Criteria: Not interested for the study were excluded from the study.

68 **Sample Size**

69 60 Under five children's mothers were selected.

70 **Results**

71 **Section: I : frequency and percentage distribution of respondent**

72 N=60

S. No	Demographic Variables		Frequency	Percentage
1	Age(in years)	<20	26	43
		21-30	14	23
		31-40	15	25
		>40	5	8
2	Religion	Hindu	35	58
		Christian	15	25
		Muslim	10	17
3	Number of children	1-2	47	78
		3-4	11	18
		>5	2	3
4	Family Monthly income	Less than 10,000	19	32
		Rs10,000-20,000	16	27
		Above Rs.20,000	25	42
5	Type of family	Joint	33	55
		Nuclear	19	32
		Extended	8	13
6	Heard Learning disability of children	Yes	15	25
		No	45	75
6	Education status	No formal education	14	23
		Primary School	13	22
		High School	10	17
		Higher secondary	16	27

		Graduation and above	7	12
	Total		60	100

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74 The frequency and percentage distribution of the motorists' demographic data are displayed in
75 Table 1. The majority of them, 26 (43%) were under 20, 15 (25%) were between 31 and 40, 14
76 (23%) were between 21 and 30, and 5 (8%) were beyond 40.
77 In terms of mothers' religions, a maximum of 35 (58.3%) were Hindu, 15 (25%) were
78 Christian, and 10 (16.7%) were Muslim. In terms of the number of children, 47 (78%) had one
79 to two children, 11 (18%) had three to four children, and 2 (3%) had more than five.
80 In terms of moms' maximum monthly income, 25 (41%) had monthly incomes over Rs.
81 20,000, 19 (31%) had monthly incomes under Rs. 10,000, and 16 (27%) had monthly incomes
82 between Rs. 10,000 and Rs. 20,000. In terms of the moms' family types, a maximum of 33
83 (55%) were joint, 19 (32%) were nuclear, and 8 (13%) were extended. 15 children (25%) and
84 45 children (75%) did not have a hearing impairment. Regarding the moms' educational
85 background, 16 (27%) had a higher secondary education, 14 (23%) had no formal education,
86 13 (22%) had a primary education, 10 (17%) had a high school education, and 7 (12%) had a
87 degree or higher.

88 **Table II: knowledge Level of under five children mothers regarding learning disability**

Level of knowledge	No of study subjects	Percentage
Poor knowledge	15	25
Average knowledge	35	58
Good knowledge	10	17

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Table 2 shows that the majority 35(58%) of study subjects had average knowledge and 15(25%) of study subjects had poor knowledge and 10 (17%) of them had good knowledge regarding learning disability.

Table: III: Association between knowledge Level of under five children mothers regarding learning disability with selected socio-demographic variables.

N=60

Demographic Variables		Level of knowledge			χ^2 value	df	p value
		Poor	Average	Good			
Age (Years)	<20	5	18	3	1.799 ^a	6	0.463 ^{NS}
	21-30	6	10	2			
	31-40	4	5	5			
	>40	4	2	5			
Religion	Hindu	10	25	8	0.107 ^a	4	0.058 ^{NS}
	Christian	2	8	1			
	Muslim	3	2	1			
Number of children	1-2	6	12	6	1.443 ^a	4	0.837 ^{NS}
	3-4	2	13	2			
	>5	7	10	2			
Family Monthly income	Less than 10,000	5	10	5	1.523 ^a	2	0.467 ^{NS}
	Rs10,000-20,000	4	16	4			
	Above Rs.20,000	6	9	1			
Type of family	Joint	10	20	6	0.153 ^a	1	0.532 ^{NS}
	Nuclear	3	10	2			
	Extended	2	5	2			
Heard learning disability	Yes	7	20	5	1.952	2	0.931 ^{NS}
	No	8	15	5			
Education status	No formal education	2	6	1	0.204 ^a	8	0.002*s
	Primary	2	4	2			

	School						
	High School	1	12	5			
	Higher secondary	5	8	1			
	Graduation	5	5	1			

*p<0.05 level of significant association, S- significant NS-non significant

The **table 3** showed that education of the mothers significant association with knowledge score of mothers regarding learning disability among children's p<0.05. Socio-demographic variables like Age, religion, family monthly income, type of family, number of children's were no significant association with knowledge score of mothers regarding learning disability among children's.

Discussion

Early detection and intervention of learning disorders (LD) in children under five years old depend heavily on mothers' knowledge and awareness of LD. Early childhood development lays the groundwork for learning, and parents—particularly mothers—are frequently the first to notice possible problems with language development, motor skills, or cognitive difficulties. Therefore, a crucial first step in determining how effectively moms are able to identify early indicators of learning difficulties and how they seek assistance or interventions is to evaluate their expertise in certain areas. Drawing on elements like knowledge gaps, information sources, comprehension barriers, and the implications for early diagnosis and intervention, this discussion examines the findings regarding mothers' awareness of learning disabilities in children under five.⁵

Conclusion:

Genetic and/or neurobiological factors that modify brain function in a way that impacts one or more learning-related cognitive processes are frequently blamed for learning impairments. Learning fundamental abilities like reading, writing, and/or math may be hampered by these processing issues. Higher level abilities including organization, time management, abstract reasoning, long-term or short-term memory, and attention might also be hampered. Underachievement, stigma, and misconceptions about learning disabilities remain obstacles that parents and kids must overcome.

Competing interest:

The authors report no conflicts of interest for this work.

Authors' contributions

All authors were involved in the interpretation of the data and contributed to manuscript preparation. All authors have read and approved the final version of the manuscript

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