

“A Study To Assess The Parent Reported Level Of Psychosocial Functioning Among Their Dyslexic Children Studying In Selected Schools Of Sangli, Miraj, Kupwad Corporation Area.”

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ABSTRACT-

“A study to assess the parent reported level of psychosocial functioning among their dyslexic children studying in selected schools of Sangli, Miraj, Kupwad corporation area”.

The objectives of the study was to assess the level of psychosocial functioning of dyslexic children as reported by parents and to find out the association between psychosocial functioning with selected socio demographic variables.

The research design used for study was used in non-experimental descriptive design. The sample of study constituet 35 children in selected schools of sangli miraj kupwad corporation area based on study objectives modified PSC 35 scale by Jelinek M.S. Murphy J.M. & little M.was used for collection of data. The tool was devided into two languages, the first Marathi language and second Marathi language in that PSC (35) tool contains 35 checklist in that scale score is 28 or above is = impaired in psychosocial functioning and 27 or below = not impaired in psychosocial functioning since is structured checklist the grading of the score was formulated by the investigated with help of statistician and educationist data was collected from 15th April 2021 to 25th April 2021.

The result of the study was there were two sections for the research study section 1 consists of demographic variable and Section 2consist of PSC (35) scale questioneries.Study result shows there is significant impairment of psychosocial functioning in dyslexic children. Researcher concluded that the planned assessment of parent reported psychosocial functioning in dyslexic children .

KEYWORDS- Psychosocial, Dyslexic, Parent reported, Functioning

INTRODUCTION

Dyslexia, also known as reading disorder, is characterized by trouble with reading despite normal intelligence. Different people are affected to different degrees. Problems may include difficulties in spelling words, reading quickly, writing words, "sounding out" words in the head, pronouncing words when reading aloud and understanding what one reads. Often these difficulties are first noticed at school. When someone who previously could read loses their ability, it is known as "alexia". The difficulties are involuntary and people with this disorder have a normal desire to learn. People with dyslexia have higher rates of attention deficit hyperactivity disorder (ADHD), developmental language disorders, and difficulties with numbers.

Dyslexia is believed to be caused by the interaction of genetic and environmental factors. Some cases run in families. Dyslexia that develops due to a traumatic brain injury, stroke, or dementia is called "acquired dyslexia". The underlying mechanisms of dyslexia are problems within the brain's language processing. Dyslexia is diagnosed through a series of tests of memory, vision, spelling, and reading skills. Dyslexia is separate from reading difficulties caused by hearing or vision problems or by insufficient teaching or opportunity to learn.

Treatment involves adjusting teaching methods to meet the person's needs. While not curing the underlying problem, it may decrease the degree or impact of symptoms. Treatments targeting vision are not effective. Dyslexia is the most common learning disability and occurs in all areas of the world. It affects 3–7% of the population; however, up to 20% of the general population may have some degree of symptoms. While dyslexia is more often diagnosed in men. It has been suggested that it affects men and women equally. Some believe that dyslexia should be best considered as a different way of learning, with both benefits and downsides.

Dyslexia is an often misunderstood, confusing term for reading difficulties, but despite the many confusions and misunderstandings the term dyslexia is commonly used by a number of medical personnel, researchers and the general public. Identifying an individual as 'dyslexic' can help them to understand their experiences but this label does not give any information or direction on how to support and teach this individual to read and write. For this reason the term dyslexia is often avoided in educational contexts with preference given to the terms 'learning disability', 'specific learning disability' or 'specific learning difficulty'. However, the continued use of the term dyslexia in research and by many members of the general public means that these phrases are often used interchangeably, as will be the case in this review. The purpose of this literature review is to examine available international research and information over the last decade on dyslexia, with particular attention to the students that have been identified as "dyslexic", the tools commonly used to identify these students, the support services that are available to these students and who provides these services. The overarching goal is to gather evidence on the effectiveness of interventions used to improve literacy levels of dyslexic students or students at risk of dyslexia in order to inform evidence based policy development within the New Zealand Ministry of Education. As part of the peer review process for this literature review,

MATERIAL AND METHOD:

The research design used in this study is a Non-Experimental descriptive design. The sample of study constitutes of 35 children in selected schools in Sangli, Miraj, Kupwad Corporation area. Based on the study objectives, Modified PSC (35) scale by Jellinek M.S., Murphy J.M, And Little

M. was used for collection of data. The tool was divided in two languages the first is Marathi language and second is English language, in that PSC (35) tool contain 35 checklist in that scale score is 28 or above = impaired and 27 or below = Not impaired. Since it is a structured checklist the grading of the score was formulated by the investigator with the help of statistician and educationist. Data was collected from 15 April 2021 to 25 April 2021. The total score was divided into four categories as 28 - Above (Impaired), 27 - Below (Not Impaired). Total 15 experts give the content validity of the tool. Karl Pearson's coefficient formula was used for estimation of the reliability.

RESULTS AND DISCUSSION

In the current study, impairment in psychosocial functioning observed in according to parents Age 62.86%, Gender 54.29%, Education 45.71%, Occupation 62.86% and Income 34.29%. Findings are consistent with the study conducted by school children about impairment of psychosocial functioning according to gender of the parent in the study 48% were male and 52% were females. Prevalence of common dyslexic children. It was found that psychosocial impairment were more prevalent in female students. According to the studying class of the dyslexic children in the study, 58.50% were from primary and secondary standards. The need of counseling cell in the school was agreed participants. And the inclusion of mental health information in the curriculum was reported and participants. According to type of family of the in the study, 69.50% were from the nuclear families and 30.50% from the joint families. As per the stream of education of dyslexic children in the study, 25% childrens were from the primary, 75% children were from the secondary. Psychosocial Functioning of Dyslexic childrens Prevalence is present in 35 childrens out of 1000. That means overall score of Psychosocial dysfunctioning in childrens is 28.5%. Out of these seven adolescents 34 (87.17%) were in the mild psychosocial dysfunctioning group, 4 (10.25%) in the moderate psychosocial dysfunctioning group and 1 (2.56%) in the Severe psychosocial dysfunctioning group.

Table 1 – Frequency and Percentage distribution of parents according to Demographic Variables:

n = 35

Demographic Variables	Frequency	Percentage
Age		
21-30	13	37.14%
31-40	22	62.86%
Gender		
Female	19	54.29%
Male	16	45.71%
Education		
SSC	9	25.71%
HSC	7	20.00%
Diploma	1	2.86%
Graduate	2	5.71%

Post Graduation	16	45.71%
Occupation		
Service	22	62.86%
Business	4	11.43%
House Wife	9	25.71%
Monthly Income		
< = 5000	9	25.71%
5001-10000	8	22.86%
10001-20000	12	34.29%
>20000	6	17.14%

Table 2– Demographic Variables of Age

Age	Percentage
21-30	37.14%
31-40	62.86%

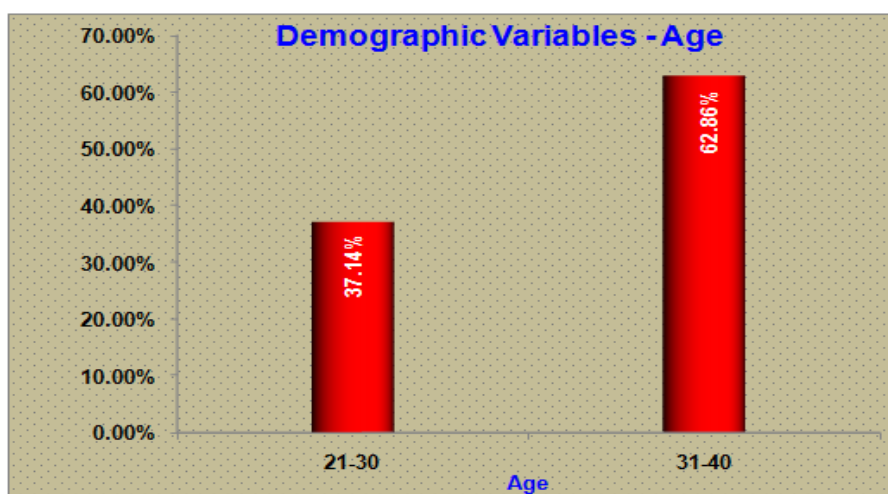


Table 3– Demographic Variables of Gender

Gender	Percentage
Female	54.29%
Male	45.71%

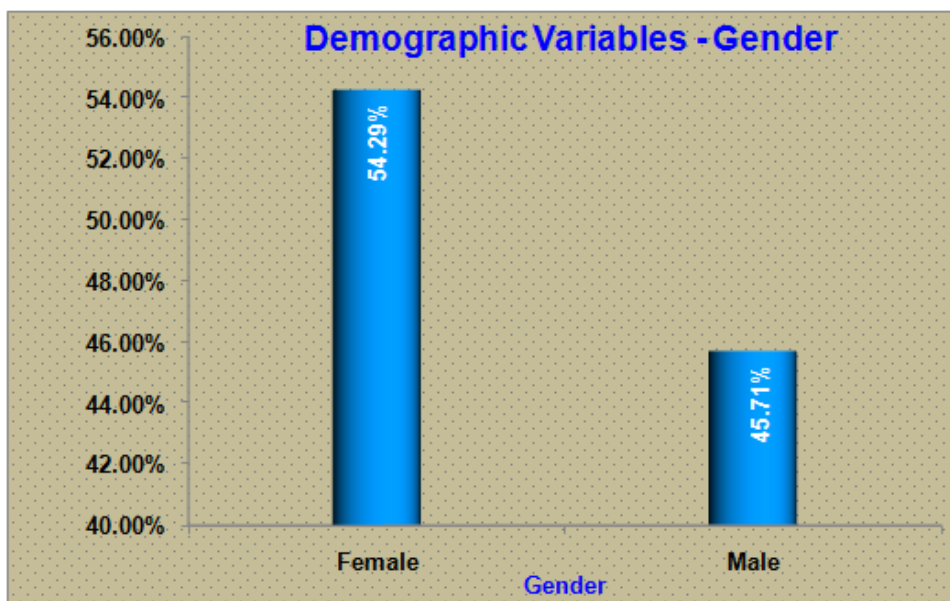


Table 4– Demographic Variables of Education

Education	Percentage
SSC	25.71%
HSC	20.00%
Diploma	2.86%
Graduate	5.71%
Post Graduation	45.71%

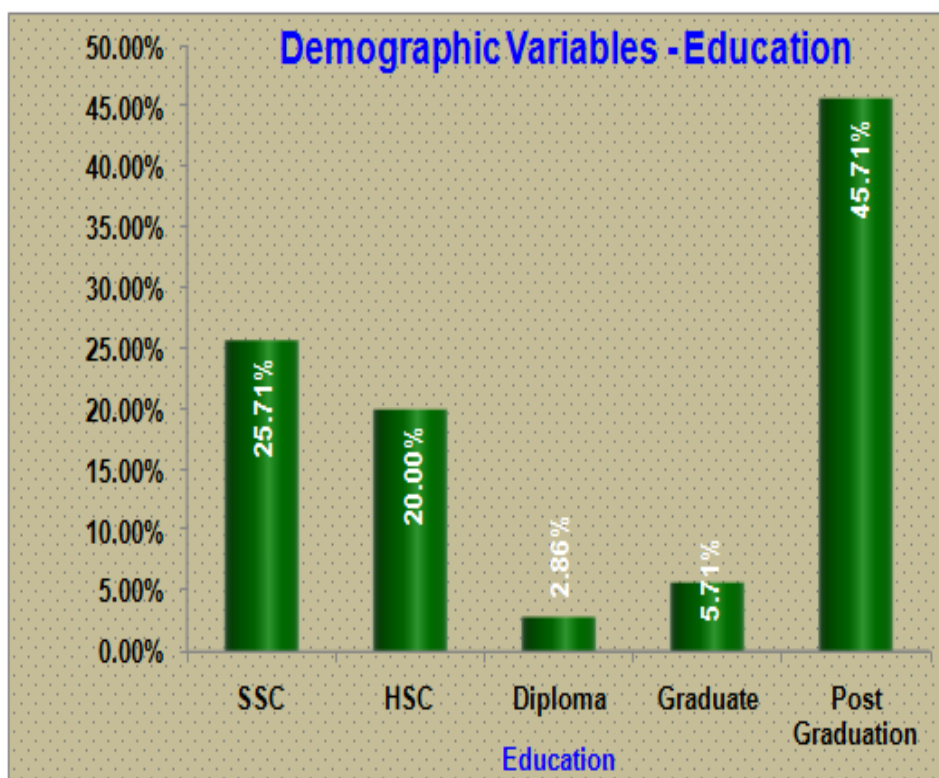


Table 5– Demographic Variables of Occupation

Occupation	Percentage
Service	62.86%
Business	11.43%
House Wife	25.71%

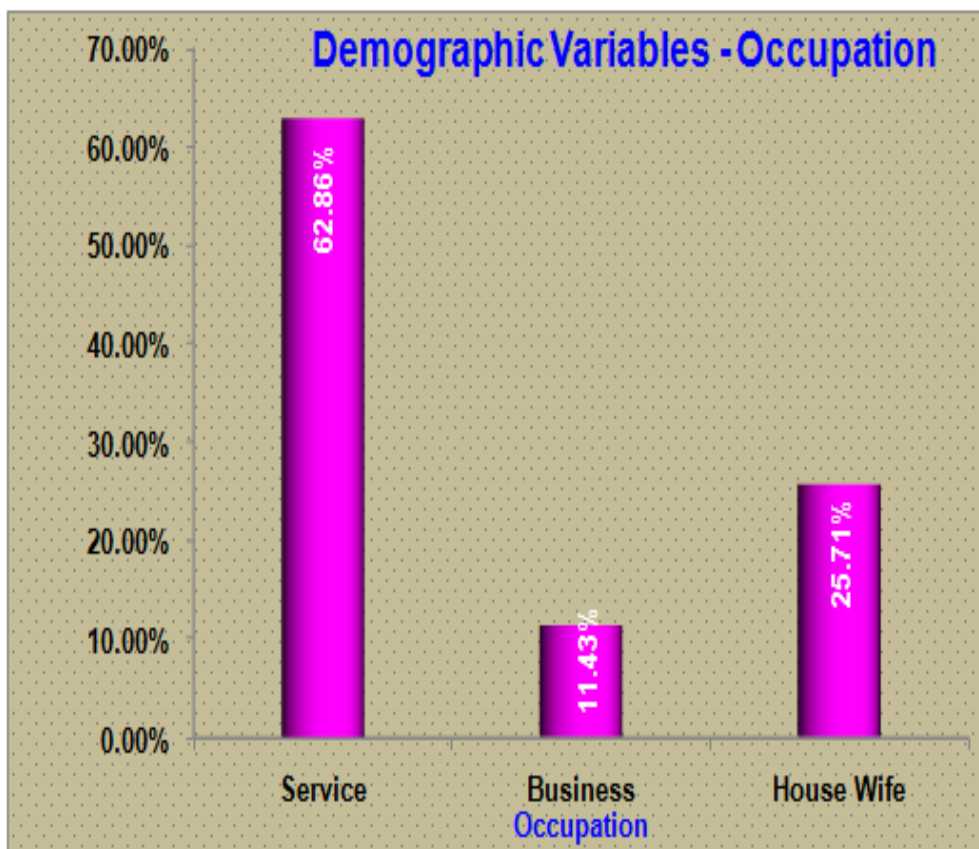


Table 6 – Demographic Variables of Monthly Income

Monthly Income	Percentage
< = 5000	25.71%
5001-10000	22.86%
10001-20000	34.29%
>20000	17.14%

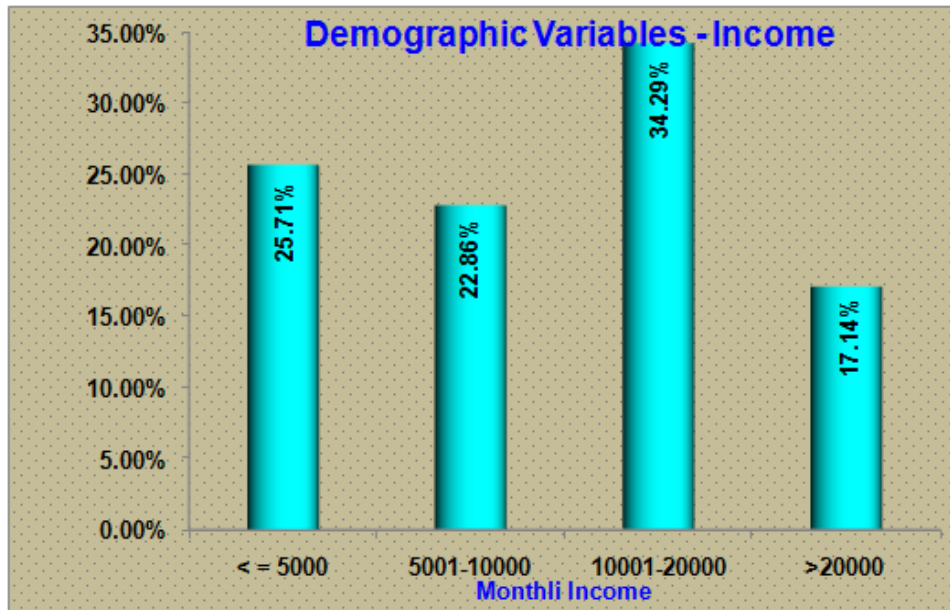


Table 7 – Frequency and Percentage and A.M. and S.D. according to Impairment

Impairment	Frequency	Percentage	A.M.
27 or below = not impaired in Psychosocial Functioning	2	8.57%	22.50
28 or above = impaired in Psychosocial Functioning	33	94.29%	35.97

Impairment	Percentage
27 or below = not impaired in Psychosocial Functioning	8.57%
28 or above =impaired in Psychosocial Functioning	94.29%

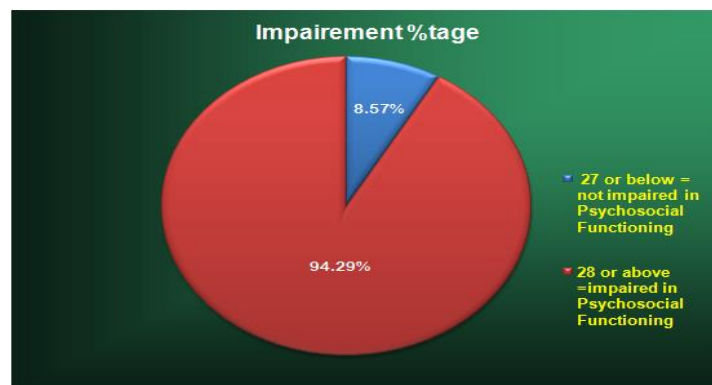


Table 8 – Chi square test details (Parents)

Sr. no.	Variables	27 or below = not impaired	28 or above = impaired	d.f.	p value	Significance	Conclusion
1	Age						
	21-30	13	1	0.263552	Not significant	No Association	
2	Gender						
	Female	2	17	0.182149	Not significant	No Association	
3	Education						
	Male	16					
4	Education						
	SSC	2	7	4	0.190364	Not significant	No Association
	HSC		7				
	Diploma		1				
	graduate		2				
	post-graduate		16				
5	Occupation						
	Bussiness	4	2	0.046888	Significant	Association	
	service	22					
	H.W	2	7				
5	Monthly income						
	<= 5000	2	7	3	0.105916	Not significant	No Association
	5001-10000		8				
	10001-20000		12				
	>20000		6				

Result

	Count	Percentage	A.M.
28 or above = impaired	33	94.29	35.97
27 or below = not impaired	2	5.71	22.50

CONCLUSION

The aim of the study was study to assess the parent reported psychosocial functioning of dyslexic children in the selected schools of Sangli, Miraj and Kupwad Corporation area.

The study was conducted with dyslexic childrens from selected schools of Sangli, Miraj and Kupwad Corporation area. The sample size of the study was 35. The reliability of the tool was found to be 0.88. The pilot study was conducted, to assess the feasibility of the study and to decide the statistical analysis and practicability of research. It was found feasible.

Student nurses should be given adequate exposure and training regarding dyslexic children with respect to management of psychosocial functioning in dyslexic children. The nurse educators should supervise and guide the dyslexic children to improve their skills. The students needs to be taught evidence based practices and keep their knowledge up- to-date. The nurse administrator can organize and conduct in-service education and continuous nurse education programmers for nurses in order to manage psychosocial functioning of children's. The nurse researcher should conduct workshops, seminars, and poster sessions and should publish research findings in journals to communicate findings to nursing profession

REFERENCES

1. Adenoid Misty. (2013) what should teachers know about spelling? UKLA Literacy.
2. <https://cpezaro.files.wordpress.com/2015/03/adoniou-finalproof-what-should-teachers-know-about-spelling-literacy.pdf> (6/05/15) Albrow K H. (1972) Vol. 2. The English writing system: notes towards a description. Longman.
3. Allen C. Read It and Weep. The Weekly Standard. USA
4. <https://www.weeklystandard.com/charlotte-allen/read-it-and-weep-14959> (16/07/07)
5. Ashby/Rayner (2006) Ch4. Literacy Development: insights from research on skilled reading.
6. Handbook of Early Literacy Research. Vol 2. The Guildford Press
7. Barbash S. (2008) Pre-K Can Work. <http://www.city-journal.org/2008/18.html>
8. BDA. Singleton (Ed) The Dyslexia Handbook 2008/9 Bishop D. (2008) BDA ppt. <http://psyweb.psy.ox.ac.uk/oscci/presentations.htm/BDA%202008b.ppt>
9. Bishop D. (2010) what's in a name? <http://deevybee.blogspot.com/2010/12/whats-in-name.html>
10. Bishop M. (1986) The ABC's and all their tricks. Mott Media USA.
11. Blumenfeld Samuel L. (1986) How to Tutor. Paradigm. USA.
12. Blumenfeld Samuel L. (1996) The Whole-Language/OBE Fraud. Paradigm. USA
13. BPS. (Reprint 2005). British Psychological Society. Dyslexia, literacy and psychological assessment. <http://shop.bps.org.uk/dyslexia-literacy-and-psychological-assessment.html>
14. Burkard T. The Promethean Trust: www.promethean.fsnet.co.uk/
15. Burkard T (2007) Inside the Secret Garden: the progressive decay of liberal education. Pub. UBP.
16. Burton, Davey, Lewis, Ritchie & Brooks. (2008) Improving Reading: Phonics and Fluency. NRDC. www.nrdc.org/publications_details.asp?ID=156
17. Carle E. www.newswithviews.com/Erica/Carle9.htm (13/10/03)
18. Chall Jeanne S. (2000) The Academic Achievement Challenge. Guildford Press. .
19. Chew J. (1996) Spelling Standards: How to correct the decline. CPS. www.cps.org.