iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 8 **Issue:** VI **Month of publication:** June 2020

DOI: http://doi.org/10.22214/ijraset.2020.6032

www.ijraset.com

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International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.429
Volume 8 Issue VI June 2020- Available at www.ijraset.com

Identification of Behavioral Problems among Learning Disabled Children

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Abstract: ***The present paper planned to deal with behavioral problems among learning disabled children. For the present study selected Sample size age ranged from 6-15 Sample boys included 450 learning disable children who have learning disabilities (LD) and behavior problems. Children with LD are at risk of developing behavior problems. The Aberrant behavior checklist was administered for the present study and checklists filled by the respective parents are collected and the scoring procedure is done Statistical computations after the quantification of data, various statistical measures such as Mean, standard deviation. This study explored the behavioral problems among learning disabled children. This knowledge allows therapists and parents to develop knowledgeable empathy about the children's experiences and to enforce fantastic administration strategies. The approach emphasizes that the therapist conveys to the father and mother which fosters larger perception through the Parents of their children.***

Keywords: ***learning disabilities, Behavioral problems, Socio economic status***

I. AN OVERVIEW OF LEARNING DISABILITIES

[4] Victoria Zakopoulou, Dimitrios Sarris, et el,. (2018) Learning disabilities are characterized by students' weaknesses in reading, spelling, comprehension, written and spoken words, and social behavior. Commonly, learning disabilities are associated with problems in executive and extensive behavior. Learning disabilities are neurologically-based processing problems. These processing troubles can interfere with mastering fundamental skills such as reading; writing and/or math additionally interfere with abilities as time planning lifestyles beyond teachers and can affect relationships with family, friends. Because difficulties with reading, writing and/or math are recognizable troubles in the course of the faculty years, the signs and symptoms and signs of learning disabilities are most regularly recognized all time. Boys, girls do no longer evaluate until additional issues in their jobs or relationships with family and friends. Cultural or financial disadvantages. People with disabilities are below-average intelligence. There regularly appears to be a gap between the individual's manageable and real skill can also be unable to reveal the degree expected from their chronological age. Learning Disability is lifelong trouble with the processes such as dyslexia, dyscalculia and dysgraphia.

Dyscalculia a particular mastering task affects a person's ability to recognize negatively. The student having challenge writing while doing schoolwork, expressing symptoms of Dysgraphia is a precise learning disability that influences a person's handwriting ability and exceptional motor skills like writing as well as thinking and writing at the equal time.

In 1974, aiming to be studied the common framework of problems such as dyslexia, dysgraphia, aphasia, perception problems or problems with small brain dysfunction or even the problems of misconduct, the term "learning disabilities" was adopted [1] Alharbi, M. (2018). The term of learning disabilities refers to several conditions that may affect the acquisition, organization, preservation, understanding or use of verbal or non-verbal information. They are due to lesions, one or more processes related to perception, thought, memorization or learning [2]. Amerongenm (2004).Disabilities and Behavior Problems. A Self Psychological and Intersubjective Approach to Working with Parent, 2004. Doi: 10.1300/J032v11n02 03 Learning disabilities may also be mild, moderate or severe, and students differ in skills to deal with these disabilities [3]. Hassan, Ahmed Elhassan. (2015). Emotional and Behavioral Problems of Children with Learning Disabilities. Journal of Educational Policy and Entrepreneurial Research. 2. 66-74. Some learn to adapt to learning disabilities so well that they "go unnoticed" while others are struggling for their whole life to do even "simple" things. In both cases, the occurrence of learning disabilities begins from childhood and is a lasting condition [4]. The most common types of learning disabilities are dyslexia, dysgraphia, dyscalculia, ADHD. These affect the fields of reading, mathematics and written expression [5]. .Cowan, N. (2008). Students with learning disabilities may: (a) have difficulty learning the alphabet, associating letters with their sounds, rhetoric words, understanding, spelling, organization-written and oral, and (b) are unable to express their ideas in writing, to write legibly, to distinguish homonymous words, to separate mathematical symbols and numbers, to complete a work, and follow social standards [6]. NASET (2011) Similarly, it becomes important to highlight the difference between learning disabilities and school difficulties arising from other causes. Such may be an inadequate school

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management, the lack of well-educated and effective teachers in schools, the large number of students in classes, teaching in another language than the students' mother tongue, and unfortunately, sometimes, negative behaviors among some teachers to children with difficulties, and their integration into mainstream schools as a result of teachers' tradition and culture [7] Eron, D, & Guerra, N.G. (1997). Dyslexia Describe a precise learning incapacity that affects reading and associated language-based Learning Disability. Dyspraxia is an ailment characterized using challenge muscle control, which causes the troubles with motion and coordination, language and speech, and can affect learning.

The rationale of the study

When looking at the prevalence of problem behaviors in Learning disability, it becomes an apparent problem behavior affect a large number of individuals with a Learning disability. The impact of problem behaviors is even greater when one considers the number of family members, care providers and other related people who are affected by problem behavior daily. Therefore, problem behaviors are presently a valid and necessary topic for both research and clinical attention in the field of Learning disability. Deficiencies usually present themselves in three areas: motor ability, communication, and social skills (Sowa & Meulenbroek, 2012). Furthermore, team sports or group exercise can also be a challenge because of social skill limitations (Todd & Reid, 2006). (Burns &Ault, 2009). Another is that there is a lack of research the duration of how long the child's stereotypic behavior decreases is unknown. The emphasis in this paper is on working collaboratively with parents. It is understood that behavior issues are not particularly a feature of household dynamics. Sinha, D. (2014): Research on poverty has been very limited in helping understand what types of approaches are most efficient for elevating the impact of poverty Psychological Development & Social Policy in India (pages 211-221).

Nevertheless, the therapist assesses the family relationships, as would any family therapist. Family dysfunction associated with factors such as the parents' private or marital problems can complicate the management of LD-related behavior problems.

II. REVIEW OF LITERATURE

[3]Ahmed Elhassan Hassan (2015) the followed descriptive statistic method in the study. The sample of the study consisted of 50 children with learning disabilities in Jazan King of Saudi Arabia. Indicated

emotional and Behavioral problems among learning disabled children

have problems with poor concentration, attention deficit, less of activity, lack of interaction, lack of a sense of self-confidence, reduce the value of self, sadness, emotion confusion, and emotional distractions, fidgety (unsettled), aggression, excess consumption of activity, Non-interaction, hyperactivity delinquency, phobia, sleep for short periods, continuing changes in sitting, and busy with concern topics, and the differences exist in emotional and Behavioral problems among learning disabilities children according to a type of learning disabilities.

Disabilities can be divided into one of the kind subtypes, such as language Learning Disability or nonverbal Learning Disability Specific subtypes of Learning Disability are associated with specific Behavioral profiles (Palombo, 2001a; Rourke & Fuerst, 1992) San Miguel et al., 1996), an affiliation is illustrated in case examples. Several Researchers NLD includes visual-spatial deficits and difficulties in processing complex and novel information. Characteristics are associated with a misreading of situations, ways considered inappropriate, and having problems adjusting to transitions it is advised that young people with NLD have issue decoding affective states. A study by Demitrovsky and colleagues (1998) found that children with NLD had greater situation through facial expressions contributes to responding inappropriately to others. For example, a child may purposely repeat what started as an unintentional social blunder due to the fact the young people can also structure a feel of themselves as flawed, susceptible and stigmatized. Further, they may additionally come to dread conditions in which their weaknesses will be uncovered and

In which they sense criticized, unsupported or overwhelmed. Its consequence no longer stunning that youth LD may develop avoidant such as clowning, teasing peers, or temper tantrums. The parents may feel bewildered and guilty and blame their teens of affairs is rife viable for damage to the already fragile self-esteem of the toddler with LD, and such a family local weather is simply detrimental to the child's ordinary development and that of different youngsters in the household. Moreover, the stress can erode parents' self-esteem and put them at risk of marital discord (Lancaster, 2001; Roth & Willer, 1985) to the already heavy burden of the single parent. The Rationale of the Study

When looking at the prevalence of problem behaviors in Learning disability, it becomes an apparent problem behavior affect a large number of individuals with a Learning disability. The impact of problem behaviors is even greater when one considers the number of family members, care providers and other related people who are affected by problem behavior daily. Therefore, problem behaviors are presently a valid and necessary topic for both research and clinical attention in Learning disability. Deficiencies

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usually present themselves in three areas: motor ability, communication, and social skills (Sowa and Meulenbroek, 202) Furthermore, team sports or group exercise can also be a challenge because of social skill limitations (Todd & Reid, 2006) another is that there is a lack of research the duration of how long the child's stereotypic behavior decreases is unknown. The emphasis in this paper is on working collaboratively with parents. It is understood that behavior issues are not particularly a feature of household dynamics. Nevertheless, the therapist assesses the family relationships, as would any family therapist. Family dysfunction associated with factors such as the parents' private or marital problems can complicate the management of LD-related behavior problems. When this occurs, the therapist integrates the interventions described in this paper with greater regular tactics to family therapy As a part of the inclusive education for learning disabled children. Socioeconomic disadvantage causes Behavioral problems among intellectually disabled children.

A variety of socio-demographic factors have been implicated in the aetiology of child behavior problems. Children described as Behaviorally problematic are more likely to come from families of lower parental monthly income groups. Low family income may be especially salient in both the early onset of serious behavior problems (Offord et aI, 1991) and the maintenance of chronic and serious antisocial behavior (Farrington, 1995) Werner Smith 1980) Low parental monthly income is consistently correlated with a range of risk factors for development and maintenance of child behavior problems including early onset maternal pregnancy, perinatal complications, large family size, family discord and parental psychopathology (Eron , Guerra, Nancy, & Huesmann , 1997 Offord et al., 1989) Typically, when key family correlates of parental income are con-trolled, parental income shows a much-reduced role in accounting for externalizing problems for both preschool and school age children According to Robins, 1978The effects of low family income may be mediated by associated adverse family factors such as inconsistent parenting and family instability (Emerson & Hatton 2007) found a significant association between intellectual disability in children and social and environmental risk factors; poverty, one-parent family, exposure to negative life events and households with no paid employment were all more common in families with a child with mild intellectual disability. Side both arms and collaborators (2006) found that socioeconomic status was associated with child abuse and neglect. An increased risk of socioeconomic disadvantage has been found among mothers of children with intellectual disability (Emerson & Hatton, 2007) In another study, socioeconomically disadvantaged women had an increase in the risk of having a child with mild or moderate intellectual disability (Leonard et al., 2005). Economic disadvantage is linked with relatively high rates of marital unhappiness, general dissatisfaction, vulnerability to depression and restricted access to employment opportunities; child care and social participation (Riordan, 2002, Evans, 2004).Compared to their economically advantaged peers, children in economically disadvantaged households are exposed to more family turmoil, violence, separation from their families and instability.[24]Amerongenm, Margaret & Mishna, Faye. (2004). Learning Disabilities and Behavior Problems. the paper which is informed by self-psychology and intersubjectivity theory, to working with parents of children who have learning disabilities (LD) and behavior problems. The approach emphasizes the empathy that the therapist conveys to the parents which foster greater understanding by the parents of their children. [4] Victoria Zakopoulou, Dimitrios Sarris, et el,. (2018) The research highlighted an important relationship between learning disabilities and social behavior, stressing that the target learners were those who did not participate in the learning process, created class fuss, received comments from teachers, participated in all the problematic situations during of the breaks, often visited the Director's office to impose the appropriate sanctions-penalties (within the framework of the regulations).[25] Michael H. Epstein, Douglas Cullinan and Robert Rosemier (1983) Problem-behavior rating scale data on elementary-aged learning disabled and normal boys were factors analyzed according to the Quay and Peterson (Note 1) procedures. Somewhat different factors were identified for normal and learning disabled groups. The discussion focuses on the implications of the findings for a current issue in child psychopathology - hyperactivity as distinct from other conduct problems - and for classifying youngsters' behavior and emotional problems.[26]Daniel C. Marston(2008) National Health Interview Surveys (Boyle et al, 2011) Family incomes below federal poverty level associated with higher levels of Developmental disabilities, Learning disabilities, Intellectual disabilities. Visser, Lesesne & Perou, 2007: Higher prevalence of ADHD among children below the poverty level (Pediatrics, 123, 5099-5106) As we will see in this presentation, there are neurological and psychological factors associated with poverty that relate directly to the higher prevalence of these disorders. Children in poverty--show higher levels of Behavioral problems.[12] Michael L. Handwerk, Richard M. Marshall (1998) This study investigates the Behavioral and emotional problems of children with learning disabilities (LD), serious emotional disturbance (SED), and LD/SED, using the Teacher Report Form (TRF) and Child Behavior Checklist (CBCL). The sample consisted of 217 students with LD, 72 with SED, and 68 with SED/LD, ages 6 to 18 (mean age = 11.5). The students with SED were rated more impaired than the students with LD on all TRF scales except Attention Problems and on three of the eight CBCL syndrome scales. The children with LD differed from those with SED mainly in terms of severity of problems, not concerning the type of problem. It is concluded that students with co-morbid LD and SED are under-identified and underserved in special education

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systems.[27]Stephen L. Buka, Marie C,et., el(2006) The findings are based on a prospective follow-up of these children at 8 years of age. Results: Compared to children without verbal LD (VLD), those with VLD were twice as likely to exhibit clinical levels of total behavior problems and 89% more likely to exhibit externalizing behavior problems These findings provide evidence that distinct differences Analysis of specific subscales of behavior revealed significant associations with anxious/depressed and withdrawn behaviors, as well as an increased likelihood of attention problems among children with VLD. No significant association was found between nonverbal LD (NVLD) and any type of behavior problem. Furthermore, there was a significant interaction between VLD and the intervention, in which the odds of internalizing behavior problems were greater among children with VLD. No interaction effect of the intervention occurred for any type of behavior problem among children with NVLD. [3]Hassan, Ahmed Elhassan. (2015 study was to know the emotional and Behavioral problems of learning disabilities children. The researcher followed the descriptive statistic method in this study. The sample of the study consisted of 50childrenwith learning disabilities in Jazan-King of Saudi Arabia. An emotional and Behavioral problems scale was developed and used in Assessing problems for LD children. The reliability and validity of the scale were established. The researcher used the T-test and percentage to answer the research questions. The results indicated that the emotional and Behavioral problems among children with learning problems are: thinking problems, poor concentration, attention deficit, less of activity, lack of interaction, lack of a sense of self-confidence, reduce the value of self, sadness, emotion confusion, and emotional distractions, fidgety (unsettled), aggression, excess consumption of activity, Non-interaction, hyperactivity delinquency, phobia, sleep for short periods, continuing changes in sitting, and busy with concern topics, and the differences exist in emotional and Behavioral problems among learning disabilities children according to the type of learning disabilities.

III. METHODOLOGY

A. *Objectives*

1) *Hypothesis:* There would be a significant difference in the Behavioral problems of the Learning disability based on the place of living
2) *Hypothesis:* There would be a significant difference in the Behavioral problems of Learning disabled children based on parental income.

B. *Design of the Study*

1) *Participants:* The participants for the present study included children diagnosed with mild intellectual disability as per the diagnostic criteria of DSM-IV TR. These children attend special schools across Coastal Districts of Andhra Pradesh. The age ranged from 6-15 years, boys included 444 Learning disabled children.
2) *Tools:* The Aberrant behavior checklist and demographic variables were utilized for the present study. The Aberrant behavior checklist was developed by Aman, MG. Singh, N.N, Stewart, A. W., and Field C.J. (l985a). The Aberrant behavior checklist is a symptom checklist for assessing the effects of treatment and as an instrument for assessing behavior in mentally retarded persons (Child through Adult).
3) *Administration:* 10 to 15 minutes. The checklist has 58 items that are divided into five subscales: I. Irritability, Agitation, Crying (15 items); 11. Lethargy, Social Withdrawal (16 items); III Stereotypic Behavior (7items); IV, Hyperactivity, Non-compliance (l6items); and V, Inappropriate Speech (4items).en. The researcher used a Telugu translation of the ABC. The translation was developed by Raju M.V.R., Devi Pothini N., Saraswathi Devi T, and Alamuri S. (2009).

IV. PROCEDURE

An interview was conducted with the parent. The purpose of the interview was to gather rich information from the subject in an "informal conversation The interview with the parent helped the researcher better understand the family history, as well as identify the various problems that the child was experiencing in-home and School. Besides, the parent expanded on how the child is affected by behavioral problems. The Aberrant Behavior Checklist instrument was provided to the parents. Where ever doubts were raised, the researcher explained to the parents of mild intellectually disabled children. The Aberrant Behavior Checklist (ABC) in Telugu version was completed by the mothers. The checklists filled by the respective parents are collected and the scoring procedure is don Statistical computations after the quantification of data, various statistical measures such as Descriptive statistics, Pearson Correlation, ANOVA have been used for present study with the help of SPSS 21 package.

1) *RH:* There would be a significant difference in the behavioral problems of the Learning disability based on the place of living
2) *NH:* There is no significant difference in the Behavioral problems of the Learning disability based on the place of living

Table-1: Results of Descriptive statistics for Behavioral problems of the Learning disability based on the place of living

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Table-1: Results of Descriptive statistics for Behavioral problems of the Learning disability based on the place of living

Dependent Variable	Place of living	N	Mean	SD	F-value
Lethargy	Rural	258	15.50	10.75	
	Urban	144	18.65	9.13	
	Semi urban	42	16.57	8.44	4.55*
Inappropriate speech	Rural	258	3.53	3.02	
	Urban	144	4.40	3.15	
	Semi urban	42	3.81	3.13	3.63*

*.Correlation is significant at the 0.05 level (2-tailed).

*.Correlation is significant at the 0.05 level (2-tailed).

Table 4. 1 observed in the Behavioral problems of the Learning disability based on the place of living. The mean score (M=18.65) of Urban children is higher than the mean score (M=16.57) of semi-urban children and the mean score (M=15.50) of rural children in predominantly Lethargy. The F-Value is found to be significant at 0.05 levels. Therefore it can be inferred that there is a significant influence of place of living on Learning disability children lethargic behavior problem.so null hypothesis accepted by the result of this study. Hence null hypothesis rejected and research hypothesis accepted that there was a significant difference in the Behavioral problems of the Learning disability based on the place of living The mean score (M=4.40) of Urban children is higher than the mean score (M=3.81) of semi-urban children and the mean score (M=3.53) of rural children In predominantly in the inappropriate speech. The F-Value is found to be significant at the 0.05 level. Therefore it can be inferred that there is a significant influence of place of living on Learning disability children inappropriate behavior problem.so null hypothesis accepted by the result of this study.

a) *RH:* There would be a significant difference in the Behavioral problems of Learning disabled children based on parental income.

b) *NH:* There is no significant difference in the Behavioral problems of Learning disabled children based on parental income. Table-2: Results of Descriptive statistics for behavioral problems of the Learning disability based on the Parental Income

c) *RH:* There would be a significant difference in the Behavioral problems of Learning disabled children based on parental income.

d) *NH:* There is no significant difference in the Behavioral problems of the Learning disabled children based on parental income.

Table-2: Results of Descriptive statistics for behavioral problems of the Learning disability based on the Parental Income

Dependent Variable	Parental income	N	Mean	SD	F-value
Inappropriate speech	Up to Rupees 2500	135	3.21	2.52	4.59*
	Rs2501-5000	171	3.96	3.25	
	Above Rupees 5000	138	4.30	3.31	

*.Correlation is significant at the 0.05 level (2-tailed).

The above table obtained results on the computation of ANOVA concerning inappropriate speech the mean of the children with intellectual disability in the table -3shows that the mean score (M=4.30) Of children with parental monthly income Above rs 5000is higher followed by the mean score (3.96) of children with a parental monthly income of 2501 to 5000, and mean score (M=3.21) of children with parental monthly income ranging from above Rs 5000 and F- value is 4.59, which is significant at 0.05 level.

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V. DISCUSSION

The findings of the present study indicated that urban children with intellectually disabled facing more severe, moderately severe and moderate problems than other group children. Rural intellectually disabled Children with suffering from more moderately severe problems than semi-urban children. Moderate problems are high in semi-urban children than rural children. Nearly half of the rural and semi-rural children don't have any Behavioral problems.

Urban children with intellectually disabled facing severe stereotype problems than other groups. Rural intellectually disabled children facing more irritability than semi-urban children. Semi-urban children don't have any severe Behavioral problems. Children with intellectually disabled from Urban have higher Behavioral problems than rural children and semi-urban children. Semi-urban children have more Behavioral problems than rural children.

The significant differences observed between the children with intellectually disabled from rural, urban and semi-urban for Behavioral problems. Children with intellectually disabled from urban reported significantly more all types of Behavioral problems than other groups. Urban children are suffering from more hyperactivity than other groups of children. Secondly Lethargy and irritability also commonly high in urban children. In rural children, hyperactivity and irritability were higher than urban children Semi-urban children have more lethargy and stereotype problems than rural children.

Up to 2500 parental monthly income group children with intellectually disabled have severe hyperactivity than other income groups. 2500 to 5000 parental monthly income group children with intellectually disabled have severe stereotype problems at a severe level than other groups. Above 5000 parental monthly income group, children with intellectually disabled don't have any severe Behavioral problems. In moderately severe level, up to 2500 parental monthly income group children with intellectually disabled have more stereotype problems than other groups.2500 to 5000 parental monthly income group children with intellectually disabled have more inappropriate speech and hyperactivity than other groups. Above 5000 parental monthly income group, children with intellectually disabled suffer from inappropriate speech problems.

Up to 2500 monthly income group children have more hyperactivity than other groups at a moderate level. Above 5000 parental monthly income groups' children have more hyperactivity than Rs 2500 to 5000 parental monthly income group children. In a normal level, up to 2500 monthly income group, children don't have any stereotype problems. Above half of 2500 to 5000parental monthly income group, children don't have irritability and stereotype problems. Above 5000 monthly income group, children don't have stereotype problems.

Parental monthly income of children with intellectually disabled play determining role in the development of stereotype Behavioral problems of their children, parents' income was calculated. However, a significant mean difference could be found. In other types of Behavioral problems, there is no significant difference between Behavioral problems and parental monthly income except stereotype problems. This implies that the parental monthly income of children with intellectually disabled groups is similar for their Behavioral problems. Therefore, it may be said that parental monthly income did not play any determining role in the development of Behavioral problems among the children with intellectually disabled of our sample except stereotype problems.

Socio-economic disadvantage causes Behavioral problems among intellectually disabled children. Poor quality and quantity of maternal social contacts with relatives or friends outside the home influences mother-child interaction within the home. A variety of socio-demographic factors have been implicated in the aetiology of child behavior problems. Children described as behaviorally problematic are more likely to come from families of lower parental monthly income groups. Low family income may be especially salient in both the early onset of serious behavior problems (Offord et aI., 1991) and the maintenance of chronic and serious antisocial behavior (Farrington, 1995; Werner and Smith, 1980).

Low parental monthly income is consistently correlated with a range of risk factors for development and maintenance of child behavior problems including early onset maternal pregnancy, perinatal complications, large family size, family discord and parental psychopathology (Eron et aI., 1997; Offord et al., 1989). Typically, when key family correlates of parental income are con-trolled, parental income shows a much-reduced role in accounting for externalizing problems for both preschool and school-age children (Robins, 1978). The effects of low family income may be mediated by associated adverse family factors such as inconsistent parenting and family instability (Elder and Caspi, 1988).

Low parental monthly income has been found in a higher prevalence among parents of children with mild children with intellectually disabled than among parents of children with more severe intellectual disability (Stmmme& Magnus, 2000). Emerson and Hatton (2007a) found a significant association between intellectual disability in children and social and environmental risk factors; poverty, one-parent family, exposure to negative life events and households with no paid employment were all more common in families with a child with mild intellectual disability. Sidebotham and collaborators (2006) found that socioeconomic status was associated with child abuse and neglect. An increased risk of socio-economic disadvantage has been found among

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mothers of children with intellectual disability (Emerson & Hatton, 2007b). In another study, socio-economically disadvantaged women had at least a five-fold increase in the risk of having a child with mild or moderate intellectual disability (Leonard et aI., 2005). Economic disadvantage is linked with relatively high rates of marital unhappiness, general dissatisfaction, vulnerability to depression and restricted access to employment opportunities, child care and social participation (Riordan,2002). Compared to their economically advantaged peers, children in economically disadvantaged households are exposed to more family turmoil, violence, separation from their families and instability(Evans, [385]2004).

There is evidence of a close response relationship between child behavior and poverty: the longer a child is in poverty, the more at risk they are of Behavioral problems when compared to children from families in short term poverty or affluence (Duncan, Brooks Gunn, Klebanov, 2004). The prevalence of significant Behavioral problems was found to be 6% higher for children from lower parental income groups than the veragel0%forchildren at primary school level in a recent study in the South East of Ireland. For children, the prevalence rate was 10% higher for those from lower parental monthly income groups than the average of 26% (Martin Carr, 2005). There is a greater prevalence of disordered behavior amongst families belonging to the lower economic strata of society (Sood, 1997; Mehta, 1969).

VI. SUMMARY AND CONCLUSION

There is a significant difference among children with intellectual disability based on their place of living and rural area children have the high mean score concerning their Behavioral Problems than that of Semi-urban and urban area children with intellectual disability.

There is a significant difference among children with an intellectual disability based on their place of living and rural area children have the high mean score for their Behavioral Problem of Irritability than that of Semi-urban and urban area children with intellectual disability.

There is a significant difference among children with an intellectual disability based on their place of living and rural area children have the high mean score concerning their Behavioral Problem of Lethargy than that of Semi-urban and urban area children with intellectual disability.

There is a significant difference among children with intellectual disability based on their place of living and rural area children have the high mean score for their Behavioral Problem of Stereotypy than that of Semi-urban and urban area children with intellectual disability.

There is a significant difference among children with intellectual disability based on their place of living and rural area children have the high mean score for their Behavioral Problem of Hyperactivity than that of Semi-urban and urban area children with intellectual disability. There is a significant difference among children with an intellectual disability based on their place of living and rural area children have the high mean score concerning their Behavioral Problem of Inappropriate speech than that of Semi-urban and urban area children with intellectual disability.] There is a significant difference among children with intellectual disability based on their parental monthly income and up to Rs.2500 parental monthly income of children have the high mean score for their Behavioral Problems than that of Rs.2501 to 5000 and above Rs. 5000 parental monthly income of children with intellectual disability. There is a significant difference among children with an intellectual disability based on their parental monthly income and up to Rs.2500 parental monthly income of children have the high mean score for their Behavioral Problem of Irritability than that of Rs.2501 to 5000 and above Rs. 5000 parental monthly income of children with intellectual disability. There is a significant difference among children with an intellectual disability based on their parental monthly income and up to Rs.2500 parental monthly income of children have the high mean score concerning their Behavioral Problem of Lethargy than that of Rs.2501 to 5000 and above Rs. 5000 parental monthly income of children with intellectual disability. There is a significant difference among children with intellectual disability based on their parental monthly income and up to Rs.2500 parental monthly income of children have a high mean score concerning their Behavioral Problem of Stereotypy than that of Rs.2501 to 5000 and above Rs. 5000 parental monthly income of children with intellectual disability. There is a significant difference among children with an intellectual disability based on their parental monthly income and up to Rs.2500 parental monthly income of children have a high mean score concerning their Behavioral Problem of Hyperactivity than that of Rs.2501 to 5000 and above Rs. 5000 parental monthly income of children with intellectual disability. There is a significant difference among children with intellectual disability based on their parental monthly income and up to Rs.2500 parental monthly income of children have a high mean score for their Behavioral Problem of Inappropriate speech than that of Rs.2501 to 5000 and above Rs. 5000 parental monthly income of children with intellectual disability.

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VII. SUGGESTIONS FROM THE STUDY

Counselling Approach Different forms of disabilities are discussed above each of which require specific nature of counselling programs. For each category of disability, counsellors need to have specialized training. However, John Cerney has developed some general approach for pre-counselling programs with any kind of disability.

A. Assertive Training

Many of the disables lack in the proper assertiveness to control their socio-cultural environment. They accept the exploitations and mal-treatments even without showing adequate defence about them. Gradual accommodation to such discriminations brings about worn-out effects in many disables. Counselling programs should be created to give them proper training in assertiveness.

B. The Need for Education Training

Disability becomes more of a disadvantage when compounded by low educational and socioeconomic status as such education of children with special needs becomes all the more important and an area of serious concern. Educational programs for students with different disable need to be designed to provide skills leading to independence as adults. They must also be developmentally sequential. The programs should incorporate a variety of components to meet the children's tremendous needs. Support for children is designed to provide training in modes of communication that are appropriate to their needs. These might include functional daily living skills (bathing, brushing teeth, dressing, etc.); sensory stimulation; self-sufficiency; pre-vocational/ vocational skills (job training); leisure time activities; domestic skills (cleaning, cooking, laundry); adaptive behavior and community involvement.

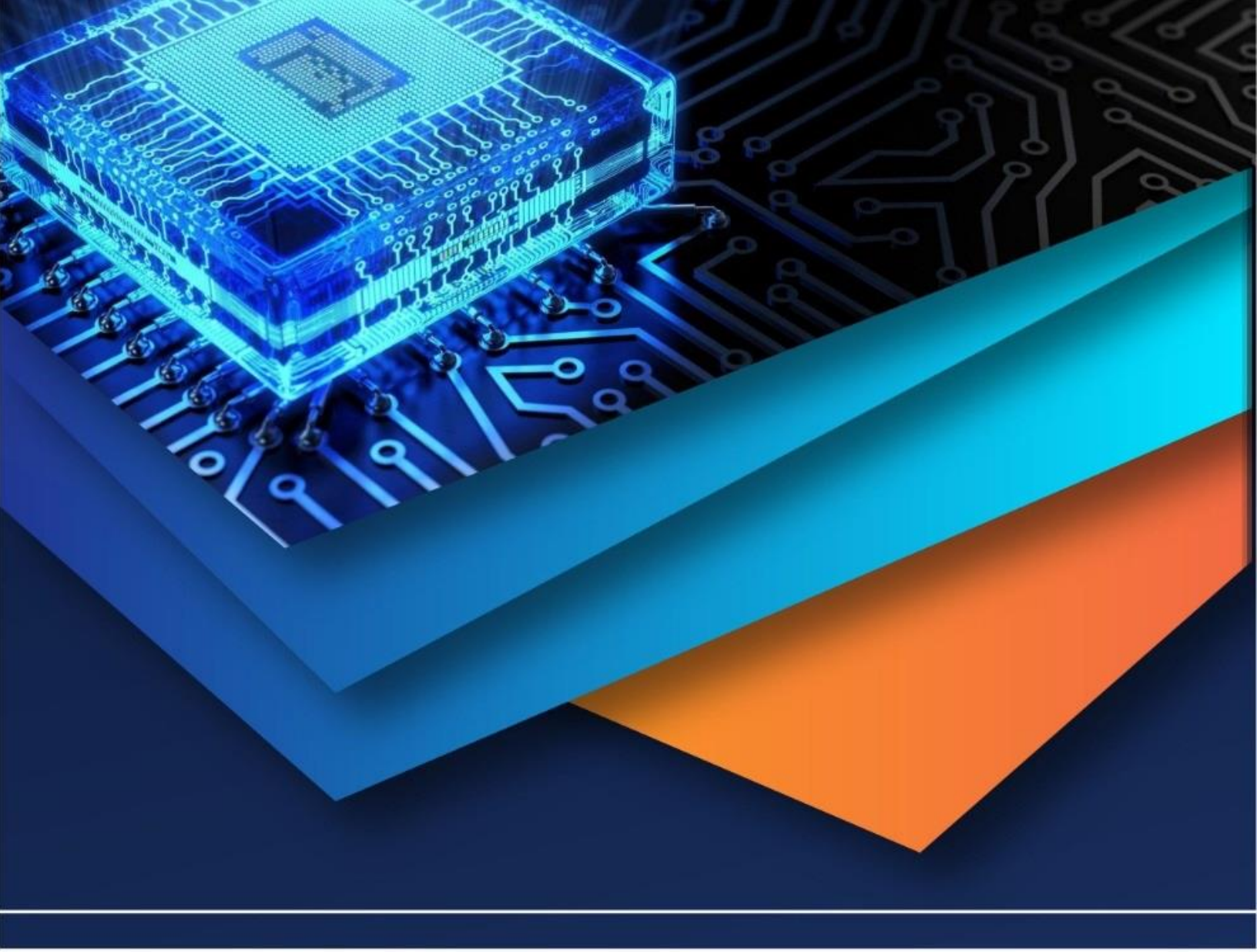
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