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TO STUDY THE SELF-ESTEEM AND SOCIAL INTERACTIONS OF TEENAGERS WITH LEARNING DISABILITIES

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ABSTRACT

Learning disorder is a condition of arrested or incomplete mental growth, according to the World Health Organisation. Dyslexia, dyscalculia, auditory and visual processing difficulties and nonverbal learning disabilities are the most common learning disabilities. Adolescents with learning disabilities have trouble communicating their emotions, calming down, and interpreting non-verbal messages that can lead to difficulties in the classroom and with their peers. Around 13 to 14 per cent of all school children in India suffer from learning disabilities. Adolescents with learning disabilities have a positive effect on their self-esteem and their social relationships. This encourages them to maintain a positive bond with their peers, teachers and parents. The research focused on understanding the relationship between self-esteem and social interactions among adolescents with learning disabilities.

The research was conducted at an alternative school in Bangalore for all adolescents with learning disabilities. The sample size was 50, which included both sexes, and purposeful sampling was the sampling design. The research included adolescents with intellectual disabilities in the 11-18 age groups. The level of self-esteem of the students was evaluated using a 10-item scale. On a 4-point Likert scale ranging from 1 (strongly disagree) to 4, the Rosenberg Self- Confidence Scale was graded (strongly agree). Five items that were negative in nature were rated by the reverse investigator so that higher scores would suggest a higher degree of self-esteem.

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Learning disorder is a disease that can be remedied using effective teaching techniques. In remedial teaching and building self-esteem, early recognition assists. The current research shows that there would be high self-esteem for adolescents with learning disabilities with stronger social relationships. A multidisciplinary approach is needed to initiate effective interventions in building self-esteem and educating learning disabled children, understanding the value of self-esteem and its relationship with social relationships. This helps the learning disabled child to be effectively integrated.

KEYWORDS: Learning disorder, Dyslexia, dyscalculia, self-esteem

INTRODUCTION

Increasing attention has been given to the problems of learning disability over the last two decades, i.e... "A state of arrested or incomplete mind development"; Popular learning disabilities: (1) Dyslexia-a impairment dependent on language in which a person has difficulty reading written words. It can also be referred to as a difficulty for reading or a reading impairment. (2) Dyscalculia, a mathematical condition in which it is difficult for a person to solve arithmetic problems and understand math concepts. (3) Dysgraphia is a writing disorder in which a person finds it difficult within a given space to shape letters or write. (4) Auditory and Visual Processing Disorder-sensory disorders in which, despite normal hearing and vision, a person has trouble understanding language. (5) Nonverbal learning disabilities-a neurological condition that originates in the brain's right hemisphere, causing visual-spatial, intuitive, organisational, evaluative and holistic processing function issues.

Much attention has been given to raising awareness among parents and teachers in recent years. There are empirical studies in which remedial programmes can be focused, but there are minimal studies on the Indian background and India's alternative education. Adolescents with learning disabilities are important social beings, like their peers; they learn and grow through their contact with both the social and physical world. Dyslexia has been recognised as a disorder by the Board of Secondary Education (C.B.S.E).

As the teaching approach of most alternative schools plays an important role in the creation of psychosocial skills to cope with the demands and challenges of daily life, the perception of alternative schooling among parents is increasingly growing. Life skill preparation is aimed at promoting psychosocial skills. This increases the mental well-being, self-esteem and self-worth of children.

Teenagers with learning disabilities are found to be as intelligent or smarter as their peers. But if left to find out stuff by them or if taught in traditional ways, they have trouble reading, writing, spelling, and reasoning, remembering and / or organising knowledge. They have trouble voicing their emotions to calm down and interpreting non-verbal signs, which can lead to difficulty with peers and in the classroom. Many teens with learning disabilities are mocked and taunted all their lives, and they feel so rotten about themselves that they are not happy with themselves even when they excel. Typically, children with learning disabilities are smart enough to find out that their peers are able to identify letters and play with symbols effectively as early as in kindergarten, and they are not.

SELF-ESTEEM

A variety of variables, such as personal and family goals, peer achievements and teachers and school standards, are likely to mediate the relationship between the scholastic success or achievement of a student and his/her sense of personal worth or self-esteem. Self-esteem can be described as the judgement of an individual's self-worth. The evaluative part of the self-concept, a wider description of the self that includes cognitive and behavioural dimensions as well as evaluative or affective ones, is usually called self-esteem. Although the term is most commonly used to refer to a global sense of self-worth, narrower terms such as self-confidence or body-esteem are used in more specific domains to suggest a sense of self-esteem. It is also commonly assumed that self-esteem acts as a trait, that is, within individuals, it is constant over time. Self-esteem is an incredibly common psychological construct that has been connected to nearly every other concept or area in psychology, including personality (e.g., shyness), behavioural (e.g., task performance), cognitive (e.g., attribution bias), and clinical concepts (e.g., anxiety and depression). The recognition and achievement environment increases self-esteem, while the

failure environment decreases it. Studies say that school is always the first for children aged seven to teenagers, where they are behaving on their own and weighing themselves against others. Therefore, schooling provides an initial proving ground.

DETERMINANTS OF SELF-ESTEEM IN CHILDREN AND ADOLESCENTS

According to Harter, in the production and preservation of self-esteem in children and adolescents, two factors play an important role: (1) perceived competence in areas of significance and (2) perception of social support. Domains of perceived competence not only have a direct effect on self-esteem, but also affect parents' and peers' acceptance and support. That is, parents are accepted and supported by good academic competence and behavioural conduct, while good physical appearance, peer relationships and athletic competence result in peer approval and support.

By achieving success in areas of perceived competence, many children and adolescents maintain a positive image of themselves (Crocker and Park 2002). Boys who are reasonably good at football, for instance, may play football more often and may spend more time in training. As a result, even their football abilities increase and their self-esteem continues to remain strong. Young people, however, are not always capable of achieving success, which makes them participate in interventions to preserve, sustain or boost their levels of self-esteem. Children and adolescents may use techniques such as downward social comparison, external attributions (attributing failure to external causes) or decrease the value of the area in which they fail to achieve success in the face of failure.

High self-esteem individuals take chances more quickly than people with low self-esteem. There are several different types of low self-esteem; withdrawal, depression and loss of self-confidence are all low self-esteem symptoms. Many teenagers show rage and resentment because they can not quickly or effectively accomplish such tasks. They reinforce feelings of low self-esteem when these feelings are turned inward.

SOCIAL RELATIONS

The ability to build healthy relationships between friends and peers depends on the self-identity self-esteem and self-reliance of an adolescent. At its highest, peer pressure can mobilise the enthusiasm of teenagers, inspire them to excel and enable them to stick to healthy behaviour. Peers can and do serve as good role models, too. Peers may and do show acceptable social behaviours'. The frustrations, struggles and concerns associated with becoming an adolescent are always listened to, acknowledged and understood by peers.

They understand each other; they can talk about their issues and work together to find ways to fix them. Adolescents choose their mates, or to make themselves more famous, because of common interests. Adolescents sometimes ask themselves, "what will my friends think?" before agreeing to do something this does not mean that their choices are dumb. This indicates that there is a trade-off between doing what you feel is right and being embraced by colleagues. Parenting styles can affect the influence of peers as well. Authoritative parenting promotes adolescents to be less susceptible to peer influence, especially in areas where peers participate in inappropriate behaviours, but more susceptible to peer influence in areas approved by adults. Parents should therefore, change their parenting style to reflect these favourable results.

Adolescents with learning disabilities have fewer peers and are less common and more rejected. Adolescents with learning disability exhibit a high degree of aggressive behaviour and therefore face difficulties in developing a healthy interpersonal relationship. The fundamental challenge faced by children with learning disability in building healthy relationships may be the lack of skills in initiating and sustaining positive social relationships. These differentiations in the social interaction skills of teenagers with learning disabilities have a profound effect on self-esteem and their social relationships. Early teens with learning disabilities earned substantially less social attractions and more social rejection votes compared to children balanced for sex, race and classroom.

Reliability in the acceptance and rejection rate of children over time and through schools, possibly because the basis for liking or disliking of children is reasonably defined by the time they are teenagers. Cooper and Patricia (1993) suggested that children with learning disabilities

prefer non-LD children slightly more often than they were chosen later as co-workers and playmates. Furthermore, children with LD were rejected far more frequently by non-learning disabled children than they were rejected by the latter. In addition, a learning disabled child has been rejected by non-learning disabled children more often than by other LD children. L.D girls were rejected by non-learning disability girls as work and play partners to a greater degree than non-LD boys were rejected by learning disability boys.

MAGNITUDE OF LEARNING DISABILITY

Around 13-14% of all schoolchildren in India suffer from learning disability. Kids with learning disabilities in India are viewed as a burden to the education system. The burden on children with learning disabilities is growing with the trend of competitive tests and great work prospects for highly skilled and technically trained individuals. The burden is placed on by their parents, teachers, colleagues and the community in general. Thus, children with learning disabilities are sidelined by the new education system in India. India is thought to have about ninety million people with different types of learning disabilities and a typical school class has about five students with learning disabilities in a school. However, researchers suggest that the number of children with learning disabilities can be much higher than five or fifty to sixty in a class Students. Adolescent children with learning disabilities are not accepted in India. The numerous explanations include, Owing to the lack of teacher instruction, learning disabilities at school level go unnoticed.

Since there has been no national census of learning disabled persons in India, it is difficult to ascertain their exact number, although there is an estimated representation. Neither the New Delhi National Council of Educational Research and Training (NCERT) nor the Karnataka State Council of Education has data on students with learning disabilities.

Around 13 to 14 per cent of all school children in India suffer from learning disabilities. And most of these cases are not diagnosed, due to different reasons such as lack of resources, knowledge, overcrowded classrooms, etc. Hence the researcher hopes to give teachers, parents and education some light through this report. Policymakers should pursue alternative ways to

coping with learning disorders and building self-esteem in school children who have been ignored for different reasons.

The aim of this study is to examine the distinctive effect of children with learning disabilities in alternative schools on self-esteem and social relationships and the role of peers, teachers and parents. And to provide the country's leaders with the necessary information to change education policies by implementing policies addressing the needs of children and parents of children with learning disabilities.

This research is mainly inspired by the need to tackle the role of self-esteem in children with learning disabilities. Healthy self-esteem is necessary to be effective and happy in one's life. Knowing that learning disabilities also present enormous barriers to positive self-esteem and in effect, lead to a cycle of self-doubt, resentment and disappointment that is difficult to break.

The researcher hopes that this research provides a framework for addressing the importance of childhood self-esteem, especially in children with learning disabilities. The research will assist in decision-making on instructional methodologies and services dependent on funding. This was followed in India by reinvestigating "best practises." This will result in a healthy, constructive partnership that is crucial to the child's success with teachers, parents, and everyone involved in his or her education. The need for policy creativity is thus becoming more urgent.

AIM OF THE STUDY

- To investigate the self-esteem and social interactions of teenagers with learning disabilities

RESEARCH METHODOLOGY

The research on the self-esteem and social relationships of teenagers with learning disabilities is based in Bangalore, India, in alternative schools. The study consisted of 50 adolescents between the age range of 11 to 18 years with learning disability and was chosen based on purposive sampling. Two classes of 11-14 as pre-adolescents and 15 to 18 as adolescents were chosen for the study. Rosern Bergs's instruments used in the study were 10 Item Likert scale with the alpha

value of Cronbach 0.7 and thirty other self-structured questionnaires on variables such as colleagues, teachers and parents for particular objectives. In order to study the feasibility of the study covering 10 percent of the sample size, a pilot study was performed and required adjustments were made in the study based on the pilot study. This was followed by the compilation of data, analysis of results and the conclusion of the findings of the study. To systematically solve the research problem, scientific methodology was used.

PILOT STUDY

A pre-test was performed by the researcher to identify the inconsistencies that could have crept in and to eliminate them and make appropriate adjustments to the questionnaire. The investigator performed the pre-test on six respondents (4 boys and 2 girls), representing 10 percent of the sample size. All the respondents were Alternative School students. The researcher made few adjustments in the design of the questionnaire after the pilot study, such as increasing the font size, with enough space to answer the questions, and removing a few irrelevant questions from the socio-demographic session.

ANALYSES OF THE DATA

The researcher entered it into Microsoft Office Excel after collecting the data. And the data on social demography, self-esteem and social relationships have been coded for stastic processes. For each stratum of a particular variable, a code was given in the form of a numerical value. According to the range of each variable in the socio-demographic data, codes 1, 2, 3 and 4 were issued. Accordingly, the self-esteem scale data and semi-structured questions were also coded on the scale (0-4). The score obtained by each respondent is thus evaluated. The total score is further processed with the use of SPSS and acceptable Stastic checking for the findings was performed in each sample. The significance level was set at 0.005($p<0.05$).

The number and percentage of respondents were used to define socio-demographic data such as age, gender, education, place of birth, etc. For the comparison of the selected variables such as age, income, gender, self-esteem and social relationship, descriptive stastics such as mean, standard deviation, and percentage and t. test were used.

ANALYSIS AND INTERPRETATION

The arrangements of the tables and graphs are based on the respondent's social demographic profile, parent relationships with children and parent relationships, peer relationships and peer relationships, and teacher relationships and teacher relationships. The respondents' self-esteem and social relationships are examined with regard to income, age and gender. The findings are examined in order to research the effect on self-esteem and social connections of income, age and gender. The self-esteem of the respondents is evaluated and contrasted with the respondents' social ties. And the study is done to clarify the relationship between adolescents' social interactions with regard to high self-esteem and low self-esteem.

The research explores the self-esteem and social interactions of teenagers with learning disabilities that are enrolled in Bangalore's alternative schools. This research aims to study the social relationship effect, which includes the relationship of respondents with their peers, teachers and parents in building self-esteem in alternative schools for adolescents with learning disabilities. The goal of the study is to find a connection between self-esteem, social relationship with age, gender and income of the respondents. The research is a descriptive study. The researcher used the Rosernberg 10-item scale to measure the respondents' self-esteem and further self-structured closed-ended questionnaire to measure the social relationship and socio-demographic data, with a 4-point Likert scale as a tool. Using the SPSS Statistical Kit for Social Science applications and numerous other statistical tests, the data was analysed. The study's outcome illustrates the hypothesis that adolescents with learning disabilities with stronger social interactions may have high self-esteem.

DISTRIBUTION OF RESPONDENTS BY SELF-ESTEEM

The majority of respondents, about 80 percent have high self-esteem and about 20 percent of respondents fell under the low self-esteem group. The teenagers have greater self-esteem in alternative schools. It is important to foster understanding among parents of the value of self-esteem and alternative schooling for children with learning disabilities.

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COMPARISON OF SELF-ESTEEM AND SOCIAL RELATION WITH RESPECT TO INCOME

Variables	<15,000/- N=15	>15,000/- N=35	P -value
	Mean ± SD		
Self-esteem	16.21 ±2.77	16.64 ± 6.1	.639 (NS)
Parental	25.64 ± 6.01	25.36 ± 6.41	.641 (NS)
Peers	19.14 ± 2.23	17.53 ± 6.10	.640 (NS)
Teachers	28.21± 4.162	30.33 ± 3.50	.446 (NS)

In contrast to earnings, there is not much significance in self-esteem and social ties.

- The p value of 0.639 indicates that there is no important association between the respondents' self-esteem and the respondents' profits.
- The p value of 0.641 suggests that there is no important correlation between the respondents' parental relationships with the respondents' income.
- The p value 0.640 testifies that there is no important association between the peer relationships of the respondents with Income of the respondents.
- The p value of 0.446 indicates that there is no important association between the respondents' teachers' relationships with the respondents' income.

COMPARISON OF SELF-ESTEEM AND SOCIAL RELATION WITH RESPECT TO GENDER

Variables	Male N=30	female N=20	P -value
	Mean ± SD		
Self-esteem	16.55± 6.021	16.47 ± 4.46	.863
Parental	25.29± 7.240	25.95 ± 6.22	.765
Peers	22.48± 5.215	15.42± 5.881	.102
Teachers	31.35 ±4.378	30.11 ± 3.332	.041

- The P-value 0.863 in the above table indicates that there is no important association between self-esteem with regard to the gender of the respondents.
- The P-value 0.765 indicates in the above table that there is no important association between the relationship between respondents and parents with regard to the gender of respondents.
- The P-value 0.102 indicates in the above table that there is no important relationship between the relationship between respondents and peers with regard to the gender of respondents.

CONCLUSION

Learning disorder is a disease that can be remedied using effective teaching techniques. In remedial teaching and building self-esteem, early diagnosis of the problem is very critical, because it is very difficult to correct a child at a later stage. The current research shows that there would be high self-esteem for adolescents with learning disabilities with stronger social relationships. Parents, teachers, educators, social workers and physicians should collaborate in finalising the approach needed for intervention in building self-esteem and educating children with learning disabilities, recognising the value of self-esteem and its connection with social relationships. Schools can develop unique programmes to create self-esteem and to strengthen a child's social relationships. So that, without much effort, the learning disabled child can be incorporated.

REFERENCES

- Abraham, L., Gregory, N., Wolf, L., and Pemberton, R. (2018). Confidence, Stigma and Community Participation among People with Learning Difficulties Living in the Community. Diary of Community and Applied Social Psychology, 12, 430 – 443.
- Agaliotis, I., and Kalyva, E. (2016). Nonverbal social connection aptitudes of kids with learning inabilities. Examination in Developmental Disability, 118 - 125.
- Blake and Slate. (2017).Internal/External Locus of Control, Self-Esteem, and Parental Verbal Interaction of At-Risk Black Male Adolescents. The diary of social brain science, 134(3), 45-48.

- Bryan, T. (2015). Evaluating the individual and societal position of understudies with learning incapacities. Learning Disabilities Research and Practice, 12, 63-76.
- Burnett, P., Mc Crindle and Andrea, R. (2015). An examination on the connection between critical others' positive and negative articulations, self-talk and confidence. Place for Cognitive Processes in Learning School of Learning and Development, 21.
- Cooper and Patricia, S. (2014). Confidence and facial allure in learning debilitated kids. Youngster Study Journal, 23, 79-88.
- Crocker and Park. (2012). An Invitation to Wellness with Inforac : Making Healthy Choices. Learning Disability Quarterly, 25, No. 1, Spring 2002, 79.
- Voyage, K., Judge, M., and Sheubrooks, J. (2007). Evaluating Changes in Learning Disabled Students' Self-regard Following Special School Placement. Psychological well-being and Learning Disabilities Research and Practice, 5, 278-287.
- Heyman, W. (2000). The Self-Perception of a Learning Disability and its relationship to Academic Self-idea and Self-regard. Diary of Learning Disabilities, 23, 473-475.
- Judy and Arin. (2004). The Relationship of Coping, Self-Worth, and Subjective Well-Being. Rehabil Couns Bull, 53(3), 131-142.
- MacMaster, K., Donovan,L., and MacIntyie, P. (2002). The impacts of being determined to have a learning incapacity on kids' confidence. Youngster Study Journal, 32, 121-127.