

# Gender differences on self-esteem in children with specific learning disability

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**ABSTRACT : Background:** Specific Learning Disability (SLD) is a disorder in one or more of the basic psychological processes involved in understanding/using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

**Objective:** To examine the level of self-esteem among children with specific learning disability and to examine the self-esteem among male and female children.

**Method:** Sample comprised of 100 students (8-11years) was randomly selected from different schools of Patna. Purposive sampling method was used to select the sample. Using the screening tool 50 children with SLD and 50 children without SLD were screened out.

**Tools:** Specific Learning Disability screening questionnaire and; Battle's Self-esteem Inventory for Children. **Results:** Children without SLD showed significantly (p>0.01) higher level of self-esteem in the academic, parental and general domain of self-esteem than children with SLD. However, no significant difference was seen between the two groups in the social domain of self-esteem. There were significant differences found between male and female SLD children. **Conclusion:** Children with SLD showed low self-esteem than their healthy counterparts in the academic, parental and general domain of self-esteem. Female SLD children have high self esteem than male SLD children.

Keywords: Specific Learning disability, gender, self-esteem

# I. INTRODUCTION

Specific Learning Disability (SLD) involves disorders of learning and cognition that are intrinsic to the individual. SLD are specific in the sense that these disorders each significantly affect a relatively narrow range of academic and performance outcomes. SLD may occur in combination with other disability conditions, but they are not due primarily to other conditions, such as mental retardation, behavioral disturbance, lack of opportunities to learn, or primary sensory deficits (Bradley, Danielson, & Hallahan, 2002).

In the years following the report on the first case of dyslexia, different types of specific learning disabilities were defined: dyslexia (difficulty in reading), dysgraphia (difficulty in writing), dyscalculia (difficulty in numbers and mathematical concepts) and dysnomia (difficulty in naming). Simultaneously dysphasia (expressive language difficulty) was also being noted together with receptive language difficulties (Karanth, 2002).

Specific Learning Disabilities are seen in approximately 8 to 10 percent of school children (Rozario, 2004) affecting their school performances. Majority of children having SLDs are not identified in time and are not able to get specific help for their disabilities. Early identification and intervention brings significant difference for child with SLD in academic performance as well as in psychological development.

The prevalence study on Learning Disability conducted at the L.T.M.G. Hospital, Sion, Mumbai reveals that of the total number of 2,225 children visiting the hospital for certification of any kind of disability, 640 were diagnosed as having a Specific Learning Disability. These children came from the lower, middle and upper middle socioeconomic strata of society. Referral was due to their poor school performance (LTMG, 2006).

Studies conducted by the SreeChithiraThirunal Institute of Medical Sciences and Technology in Kerala in 1997 revealed that nearly 10% of the childhood population has developmental language disorders of one type or the other and 8-10% of the school population has learning disability of one form or the other.

The Institute for Communicative and Cognitive Neurosciences (ICCONS), Kerala, has been conducting research programs in child 162 language disorders and developing research and rehabilitation programs for learning disabilities. Screening for LDs for Classes I to VII in schools



with follow up assessments by experts in 10 panchayats in Kerala revealed that 16% of these school children have a learning disability (Suresh, 1998).

Other studies have been done at child guidance clinics in India (Khurana, 1980; John & Kapur, 1986) where 20% children attending the clinic were diagnosed to be scholastically backward.

However, variables such as the socio-economic class, exposure to language act as confounding variables in such clinic-based studies (GEON, 2005).

### **Review of literature**

Self-esteem is the degree to which we perceive ourselves positively or negatively. It is our overall attitude toward us (Baron, Branscombe, Byrne & Bhardwaj, 2010). A person feels good about herself (positive self-esteem) if her current self compares well against possible selves, or she feels bad about herself (negative self-esteem) if the comparison is unfavorable (James, 1892). Rosenberg (1965) defined self-esteem as a favorable or unfavorable attitude toward the self. Polce-Lvnch, Mvers, Kliewer and Kilmartin (2001) explored gender differences in self-esteem of adolescents. 93 boys and 116 girls in grades 5, 8 and 12 were taken for the study. Results indicated significant gender differences in self esteem with girls showing lower self-esteem than boys. According to Understood.org, studies have found that based on scientific criteria; there is no gender gap when it comes to learning problems. It's just that teachers recommend twice as many boys as girls for LD. According to report of Brooks (2001), many children with learning problems are burdened with feelings of low self esteem and they exhibit helplessness in learning, have difficulty in making decisions, exhibit low tolerance for frustration and poor adjustments with peers. Although learning difficulties are isolated problems but it can affect personal, social, self esteem and adjustment areas (Rozario, 1991). Many studies show that parents have significant role in adjustment of children with learning disability. The study suggests that children in special schools view themselves as more socially accepted in their new environment. They also appear to feel more comfortable with their ability to learn, think that they have more to contribute in the classroom and perceive that their contributions are valued. Thus changes occur in social arena and self-esteem (Cruise, Judge & Sheubrooks, 2007). Mac Master, Donovan and Mac Intyie (2002) studied the effect of being diagnosed with a learning disability on elementary school children's self-esteem using a quasi-experimental design.

Self-esteem increased significantly above pre diagnosis levels following diagnosis of a learning disability while self -esteem levels in a control group of children without learning disabilities remained unchanged. The study states that children with learning disabilities report higher levels of self-esteem following diagnosis than before diagnosis. Ahmad, Imran, Khanam and Riaz (2013) reported significant gender differences in the domains of personal, social and academic selfesteem. No gender differences were found in general, parent/home and overall self-esteem. Moksnes and Espnes (2013) explored gender differences in self-esteem and life satisfaction in Norwegian adolescents. Results indicated that there were significant gender differences in self-esteem with boys scoring higher as compared to girls on self-esteem. Sprecher, James and Avogo (2013) concluded that there were significant gender differences in self-esteem of young adults with men having higher self-esteem than women. Tam, Lee, Har and Pook (2011) concluded that there were no gender differences in perceived social support and self-esteem among adolescents. Tamini and Valibevgi (2011) found that male students have high self-esteem then female students. Pike. Evangelista, Doering, Eastwood, Lewis and Child (2012) found that there were no sex and age differences in self-esteem. No gender differences were found in the overall self-esteem among the preadolescents children (Bhardwaj & Agrawal, 2013). Research has found that boys and girls are equally likely to have learning disabilities and ADHD (Singh, Yeh, Das, 2015). Arti and Dharvinder Singh (2017) concluded that on selfesteem the male and female adolescents show significant differences. Significant differences in urban and rural adolescents were also found on self-esteem.

# Rational of the present study:

Most of the earlier studies have focused on the deficits of children with SLD while on the same time very little work is done in the Bihar region. Findings of this study may enrich information about less studied SLD children of Patna region. As well as early identification may help in intervention as studies report that children with learning problems often experience frustration, develop emotional problems and adjustment problems thus affecting the interpersonal relationship which in turn may influence achievement.

**Objective:** To examine the level of self-esteem among children with specific learning disability and also examine the gender differences among



children with specific learning disability on self-esteem.

# **II. METHODOLOGY**

To verify the objectives framed in the previous chapter an appropriate scientific empirically sound methodology was designed. This chapter deals with hypotheses, research design, sample, tools and procedure of current study.

### I Hypotheses:

**Hy1.** Children with SLD would not differ significantly in their overall self-esteem compared to their non-Specific learning

disability (NSLD) children counterparts.

**Hy2.** Children with SLD would not differ significantly in their various domain of self-esteem (general, social, academic, and parental) compared to their non-specific learning disability (Non-SLD) children counterparts.

**Hy3.** There would be no gender difference among SLD children as compare to their counterparts' non specific learning disability children (NSLD).

The sample was comprised of 100 children (N=100) of age ranging from 8-11 years. Sample has been drawn from different schools of Patna namely, Patna Convent and Holy Faith High School. A purposive sampling method was used for the selection of the sample. Using screening tool 50 SLD children ( $n_1$ =50) 50 healthy counterparts ( $n_2$ =50) has been identified.

# Inclusion criteria for SLD children (Experimental group):

- Child must be suffering from SLD as per the screening tool (cut off score <=).</li>
- 2. age range of 8-11 years
- 3. With no other chronic disease
- 4. With no other major medical/clinical history
- Exclusion criteria for SLD children (Control Group):
- 1. Child must not be suffering from SLD as per the screening tool (cut off score>).
- 2. Age range<8-11>years
- 3. With any other chronic disease
- 4. With any other major medical/clinical history

III Design: Quasi-experimental design



 Table 1 Distribution of demographic characteristics of selected sample

Mean Gender Class														
Groups	Ν	age	Male	Male Female		III VI		V		VI				
			f	%	f	%	F	%	F	%	f	%	f	%
SLD	50	9.54	21	42	29	42	21	84	9	39.13	13	32.5	7	58.33
NSLD	50	10.04	29	58	21	58	4	16	14	60.86	27	67.5	5	41.66

#### IV Tools:

# 1. Social Demographic Data Sheet:

This was developed to investigate the socio demographic variables for this study purpose. The following socio demographic variables were included in it: age, gender, religion, residential area, education, family annual income, family type.

2. Specific Learning Disability Screening Questionnaire (SLD-SQ), Uday K. Sinha(2012). It made for school going children of class III to class VII. It consists of 12 items. Reliability of the questionnaire is 0.87.

3. Indian Adaptation Battle's Self-esteem inventory for children (SEIC), Anand kumar (2005). It can be administered on children of the age group from 8-13. It consist 49 items. It measures self-esteem of children.

II Sample:-



**V Procedure**: The data was collected in 2 phases; in the 1<sup>st</sup> phase SLD children were identified using the screening tool from different schools of Patna. Then respective data was collected from them. In the 2<sup>nd</sup> phase a comparative sample of Non-SLD children were selected and data was collected from them too. Proper permission was taken from the concerned schools authorities before collecting data. Ethical guidelines of APA were strictly followed while working with the human participants of the study. After data collection the hypothesis framed were tested using descriptive (mean & SD) and inferential statistics (t-test).

# **III. RESULTS AND INTERPRETATION**

This chapter deals with the result and interpretation of the findings. The descriptive statistics (Mean & SD) and inferential statistics (tvalue) were computed on the scores of self esteem. The interpretation of the obtained results is being discussed hypothesis wise.

**Result Table 1:** Showing descriptive (mean & SD) and inferential (t-ratio) for self-esteem among children with and without SLD

Descripti	Domain	Domains of Self-esteem											
ve & inferenti al statistics	General		Social		Academic		Parental		Overall				
Sample type	SLD NSL D		SLD	NSL D	SLD	NSL D	SLD	NSLD	SLD	NSLD			
Ň	50	50 50		50	50	50	50	50	50	50			
Mean	11.5	13.08	5.26	5.24	6.52	7.84	6.16	7.28	30.52	34.42			
SD	3.604	2.709	1.352	1.559	1.904	1.856	1.67	1.654	7.584	5.997			
t-value	2.478*		0.69		3.477**		3.369**		2.852*				
Significa	p<0.05		p>0.05		p<0.01		p<0.01		p<0.05				
nce value													

Result table 1 shows that the general selfesteem of NSLD children were significantly (p>0.01) higher (mean=13.08, SD=1.352) than SLD children (mean= 11.5, SD=3.604). In social domain of self-esteem SLD children scored higher (mean=5.26, SD=1.352) than NSLD counterparts (mean=5.24, SD= 1.559). However, this difference was not statistically significant (p<0.05). The parental self-esteem of NSLD children was significantly (p>0.01) higher (mean=7.28, SD= 1.654) than SLD children (mean= 6.16, SD= 1.67). The academic self-esteem of NSLD children was also significantly (p>0.01) higher (mean=7.84, SD= 1.856) than SLD children (mean=6.52, SD=1.904). From the above table it was also notify that the overall self-esteem of NSLD children were significantly (p>0.01) higher (mean= 34.42, SD= 5.997) than their SLD counterparts (mean= 30.52, SD= 7.584). It is observed that NSLD children have high overall self-esteem than their SLD counterparts. So, it can be concluded that the results do not support hypothesis 1(a) stating "Children with SLD would not differ significantly in their self-esteem (general, social, academic and parental) compared to their counterpart without Specific learning disability (NSLD)".

Result Table 2: Showing descriptive (mean & SD) and inferential (t-ratio) for self-esteem among male female
children with and without SLD

Descriptive inferential statistics	&	Sample ty	pe	N	Mean	SD	t-test	Level of significance
		SLD	Male	21	8.81	3.502	5.382	P<0.01
General			Female	29	13.45	2.148		
		NSLD	Male	29	11.97	2.897	4.293	P<0.01
			Female	21	14.62	1.396		
		SLD	Male	21	4.52	1.401	3.503	P<0.01
Social			Female	29	5.79	1.048		

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	NGLD		20	1.50	1 200	4 5 4 4	D 0 01
	NSLD	Male	29	4.52	1.299	4.544	P<0.01
		Female	21	6.24	1.338		
	SLD	Male	21	5.29	2.171	4.114	P<0.01
Academic		Female	29	7.41	1.119		
	NSLD	Male	29	7.45	2.277	2.037	p>0.05
		Female	21	8.38	.805		
	SLD	Male	21	5.19	1.692	3.812	P<0.01
Parental		Female	29	6.86	1.274		
	NSLD	Male	29	6.93	1.963	1.985	p>0.05
		Female	21	7.76	.944		
	SLD	Male	21	24.71	6.965	5.701	P<0.01
Overall self		Female	29	34.72	4.735		
esteem	NSLD	Male	29	31.76	6.446	4.868	P<0.01
		Female	21	38.10	2.343		

Result table 2 reveal that female SLD children are statistically significantly scored higher on general, social, academic and parental domains of self esteem. On overall self esteem female SLD scored statistically significantly higher than male SLD children. Female NSLD children statistically significantly higher on general and social domain of self esteem and on overall self esteem female NSLD children scored significantly more than male counterparts.

# IV. DISCUSSION

In the present chapter, the results are discussed in terms of the original hypotheses with regard to the literature that was reviewed. The meaning, implication of the study, results, and the congruence with the results of other studies, was all explored.

The objective of the study was to study self-esteem of children with specific learning disability in Patna compared to their non-specific learning disability children counterparts. From Results of the study it is observed that there is statistically significant difference in self-esteem among children with SLD and non-SLD. Out of four domains of self-esteem SLD showed slightly higher self-esteem in one domain (social). Among four three were statistically significant (general, academic & parental). The overall self-esteem of SLD is low as compare to their healthy counterparts. Self-esteem is a case of I evaluate me, which results in either a positive or negative judgement. Studies reveal that SLD children are rejected more often (Raskind & Higgins 1995). Often rejection by people also can be the reason of low self-esteem of SLD children. Female SLD children have significantly higher score on general self esteem, social self esteem, academic self esteem parental self esteem and overall self esteem. Female NSLD children scored significantly more

on general self esteem, social self esteem and overall self esteem than male counterparts. Arti and Dharvinder Singh (2017) concluded that on selfesteem the male and female adolescents show significant differences. Most of the previous researches show that either there are no gender difference (Arti and Dharvinder Singh 2017; Bhardwaj & Agrawal, 2013; Pike, Evangelista, Doering, Eastwood, Lewis and Child 2012; Tam, Lee, Har and Pook ,2011) or male children have scored higher (Tamini and Valibeygi 2011; Sprecher, James and Avogo 2013; Polce-Lynch, Myers, Kliewer and Kilmartin 2001) than female children

Lyon (2000) concluded that children with learning problem often experience frustration and develop emotional problems such as low selfesteem as a result of repeated failures. Because of repeated failures self-esteem of SLD children reduce. In some other studies it is reported that there is significant gender differences in the domains of personal, social, and academic selfesteem and no gender differences were found in general, parental, and overall self-esteem. Other comparison studies revealed same result. Brooks (2001) found that many children with learning problems are burdened with feelings of low selfesteem. In another study conducted by Patil and Padakannaya (2009) found that children with learning disability have low level of self-esteem and have adjustment problem and it affects the interpersonal relationship of children with SLD. Children with SLD have adjustment problem which effect social relation and social relation may have an effect on academic self-concept which in turn may influence achievement. Swanson and Hoskyn in 1998 found that the children with SLD are quite motivated and persistent in striving for their goals, yet they don't display positive attitude regarding competence and it may be because they have low



self-esteem. Brooks in 2001 reported that many children with learning problems are have feelings of low self-esteem and they exhibit helplessness in learning and as a result they have difficulties in making decisions, exhibit low tolerance for frustration and poor adjustment with peers. Learning difficulties can affect personal, social, self-esteem and adjustment with environment although it is an isolated problem.

### V. CONCLUSION

This chapter presents concluding results regarding hypotheses framed on major objectives.

The present study aimed to study selfesteem of children with specific learning disability in Patna.

In order to meet the requirement of the objectives a quasi-experimental research design was selected. A sample comprised of 100 children (N=100) of age range from 8-11 years, and was divided into two groups (SLD, n1=50; NSLD, n2=50) based on inclusion and exclusion criteria.

Psychometrically sound tools were used as per need of the present study which included, sociodemographic form was used and Specific Learning Disability Screening Questionnaire (Singh, 2007) to screen children with SLD and without SLD, Indian Adaptation Battle's Self-esteem inventory for children (Kumar, 2005) was used.

Further appropriate inferential and descriptive statistics were applied on the data to test the hypotheses framed.

An extensive and comprehensive discussion of the result has led to the following conclusions:

- 1. General, academic, parental and overall selfesteem among SLD and Non-SLD children was statistically significant.
- 2. On overall self-esteem of SLD children scored lower than Non-SLD children.
- 3. On social self-esteem SLD children scored higher however, the difference was statistically not significant.
- 4. Thus, the self-esteem of SLD children was lower than Non-SLD children.
- 5. Female SLD children scored significantly higher on general, social, academic, parental domains of self esteem and overall self esteem.
- 6. Female NSLD children scored statistically significantly higher on general and social domain of self esteem, and overall self esteem than male NSLD children.

#### Implication

The current study may help in early identification of children who may be susceptible to SLD. This, in turn, may help in designing a proper and timely intervention program for preventing adverse clinical outcome.

#### Limitations and future Suggestions:

Following are some points which worked as limitations to the study and more confidence might be gained if it is checked in further studies:

- 1. Owing to small sample size of the present study generalizing of its findings has its own limitations.
- 2. The study was delimited to Patna district of Bihar.
- 3. The study has been confined to students studying in class III, IV, V and VI only.
- 4. Sample was taken from 2 schools situated in urban area of Patna district (Bihar).
- Based on the findings and conclusion of the present study following future suggestions can be made:
- 1. This study conducted in only Patna region, it also can conducted in other states, with large sample size
- 2. This study did not included gender as a variable so gender also can be included for future research
- 3. To enrich the study parents and teachers are also can be included in study

#### REFERENCES

- Ahmad, R. Imran, H., Khanam, S. J., Riaz, Z. 2013. Gender differences in domain specific self- esteem of adolescents. Asian Journal of Social Sciences & Humanities, 2(2), 432-44
- [2]. American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders.(4th edition, text revised). Washington DC: American Psychiatric Association.
- [3]. American Psychiatric Association (APA) (2013) The Diagnostic and Statistical Manual of Mental Disorders: DSM 5: Washington,DC.
- [4]. Baron, R.A., Branscombe, N.R., Byrne, D., Bhardwaj, G. 2010. Social Psychology. New Delhi: Pearson.
- [5]. Bhardwaj, A. K. & Agrawal, G. 2013. Gender difference in pre-adolescents' selfesteem. International Journal of Social Science & Interdisciplinary Research, 2(8)114-119.
- [6]. Bradley, R., Danielson, L., & Hallahan, D.
   P. (Eds.). (2002). Identification of learning disabilities: Research to practice. Mahwah, NJ: Lawrence Erlbaum Associates.



- [7]. Brooks, B. (2001). Nurturing Resilience in Your Child. Correlates of peer victimization and achievement: an exploratory model. Psychology in the Schools, 46(4) Education and Urban Society, 16,323-337.
- [8]. Cruise, K., Judge, M., and Sheubrooks, J. (2007). Quantifying Changes in Learning Disabled Students'Self esteem Following Special School Placement. Mental Health and Learning Disabilities Research and Practice, 5, 278-287.
- [9]. Cummingham, B. (2020). Are Learning and thinking differences more common in boys than in girls? Understood.org
- [10]. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. (DSM-5) American Psychiatric Association. American Psychiatric Association Publishing. 2013.
- [11]. Individuals with Disabilities Education Act. (2004). Wrightslaw: special education law
- [12]. Karanth, P. (2002). Learning disabilities in the Indian context. [cited 2006 March]; Available from: URL: <u>http://www.nalandainstitute.org/aspfiles/</u> learning.asp
- [13]. Legislative Department. Ministry of Law and Justice, Govt. of India. The Right of Children to Free and Compulsory Education Act, 2009. Available from: <u>http://www.eoc.du.ac.in/RTE%20-</u> %20notified.pdf
- [14]. L.T.M.G Hospital, Sion, Department of pediatrics. Mumbai. 2006 In. Learning Disability Rehabilitation Council of India
- [15]. M.acMaster, K., Donovan, L. A., & Macintyre, P. D. (2002). The effects of being diagnosed with a learning disability on children's self-esteem. Child Study Journal, 32(2), 101-108.
- [16]. MacMaster, K., Donovan,L., and MacIntyie, P. (2002). The effects of being diagnosed with a learning disability on children's selfesteem. Child Study Journal, 32, 121-127.
- [17]. Moksnes , U.K., Espnes, G.A. 2013. Selfesteem and life satisfaction in adolescents gender and age as potential moderators. Quality of Life Research, 22 (10), 2921-2928.
- [18]. Pike, N., Evangelista, L., Doering, L., Eastwood, J., Lewis, A., & Child, J. (2012). Quality of Life, Health Status, and Depression: Comparison between adolescents and adults after the fontan procedure with healthy counterparts. Journal of Cardiovascular Nursing, 27(6): 539–546.

- [19]. Polce-Lynch, M., Myers, B.J., Kliewer, W.,Kilmartin, C.2001.Adolescent Self-Esteem and Gender: Exploring Relations to Sexual Harassment, Body Image, Media Influence, and Emotional Expression. Journal of Youth and Adolescence, 30(2), 225-244
- [20]. Rosernberg, (1965).Your Self Esteem -Your Confidence, Worth, and Body Image. Message posted on <u>http://www.selfhelpcollective.com/self-</u> <u>esteem.html</u>
- [21]. Rozario, J. (1991). NIMHANS Index for Specific Learning Disabilities. Department of ClinicalPsychology, Bangalore: NIMHANS.
- [22]. Rozario, J. Learning disability in India: willing the mind to learn. Journal of health management, 16 (1).
- [23]. Singh, A., Yeh, C. J., Verma. N., Das, A. K. (2015). Overview of attention deficit hyperactivity disorder in young children. HealthPsycho/Res; 3(2): 2115 doi: 10.4081/hpr.2015.2115
- [24]. Sprecher, S., Brooks, J.E., Avogo, W. (2013). Self-Esteem Among Young Adults: Differences and Similarities Based on Gender, Race, and Cohort (1990–2012). Sex Roles, 69, (5), 264-275
- [25]. Suresh, P.A. and Sebastian, S. (2003). Epidemiological and neurological aspects of learning disabilities. In P. Karanth and J.Rozario (eds.), Learning Disabilities in India: Willing the mind to learn 51-61. New Delhi: Sage Publications.
- [26]. Tam,C., Lee, T, Har, W, and Pook, W., 2011. Perceived Social Support and Self-Esteem towards Gender Roles: Contributing Factors in Adolescents. Asian Social Science, 7 (8), 49-58.
- [27]. Tamini, B. K., Valibeygi, R. 2011. The impact of gender, age and academic branch on Self esteem of the students. Journal of Basic and Applied Scientific Research, 1(9), 1065-1069.
- [28]. Uday K. Sinha(2012). Professional Manual of Specific Learning Disability Screening Questionnaire.
- [29]. World Health Organization. How to Define and Categories Learning Disability. Retrieved august6, 2010 from <u>http://www.aboutlearningdisabilities.co.uk/h</u> <u>ow-definecategorise-</u> learningdisabilities.html