

ROLE OF FAMILY IN THE DEVELOPMENT OF SOCIAL COMPETENCE AND EMOTIONAL RESILIENCE AMONG CHILDREN WITH LEARNING DISABILITIES

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Abstract

In this contemporary period, life is changing very swiftly. As a repercussion, adolescents are facing lots of challenges and adjustment problems at home and school. Parents and teachers are worried about the academic achievement and social, emotional adaption of adolescents. The characteristics of family like; parental attitudes, parental involvement, and family relationships, have been found predicting social skills in children with disabilities (Bennett & Hay, 2007). The present study was conducted to examine the relationship of family role with social competence and emotional resilience among children with learning disabilities by applying the test co-efficient of correlation. The sample of the study comprised of 60 (15 LD children, 15 fathers, 15 mothers, 15 siblings) selected from U.T. Chandigarh. The major findings revealed that social competence has no relationship with family role but emotional resilience has significant correlation with family role.

Key words-: Social Competence, Emotional Resilience, Family Role and Learning Disabilities.



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INTRODUCTION

The family system plays significant roles in the society as an organized structure. The family in India is often understood as an ideal homogenous unit with strong coping mechanisms. This is the first line of defense especially for children and a major factor in their survival, health, education, development, and protection (Desai, 1995a). Role of the family becomes more crucial in learning disabled child's context. Learning disabilities are accompanied by various psychological, social and emotional issues. Such issues may be of

great concern to the family and may affect adequate family functioning as children are an extremely vital and precious part of a family. Literature shows that parents play a key role in supporting children with dyslexia (Reid, 2004). Social-emotional problems are either a primary or secondary characteristic of LD (Hammill, 1990). 15-30 % of children with learning disabilities have emotional and behavior problems (Kite, 1998). Only dyslexia so far appears to be gaining recognition as specific learning disability in India, which can be attributed largely to the proactive lobbying by concerned parents (Sandhu, 2015). Children with learning disabilities need parental support to become the best in the social-emotional area at home and to bring their talent into school. Social-emotional skills are essential for academic learning. Family support can improve the school performance of youth with learning disabilities because children with learning disabilities face academic problems. Social-emotional issues of children and adolescents with learning disabilities have increased exponentially over the last three decades. Children with learning disabilities appear to exhibit emotional problems due to adjustment difficulties resulting from academic failure (Pandey, 2017). Grossman (2001) suggested that family relationships are challenging and raising a child with LD/ADHD can create even more stress for a family. Concerns about a child with learning disabilities may impact the marital relationship, parent interactions with that child as well as other children, sibling relationships and relations with intergenerational family members. An emerging area of research suggests that social-emotional problems of learning disabled children have been enlarged day by day. Further, studies also suggested that social and emotional aspects more influenced by the home environment.

FAMILY ROLE

Family is the single most important influence in a child's life. From their first moments of life children depend on parents and family to protect them and provide for their needs. By nurturing and teaching children during their early years, families play an important role in making children ready to learn when they enter school. Children thrive when parents are able to actively promote their positive growth and development. Disability is a state of being disabled or incapacity. It causes mental anguish to the sufferer and a large amount to parents. With such children, parents have to play a different role. Census 2011 has revealed that there are over 26.8 million PWDs in India (Social Statics Divison, 2016). The Indian Administrative Service reported that disabled people's list has been increased. Besides Government, it is for the Society to help them. Social support may improve learning for students with learning disabilities. Family plays a very vital role in the learning disabled

child's growth and development. Learning disabilities are accompanied by various psychological, social and emotional problems. Such problems may be of great concern to the family and may adversely affect the family functioning. Literature shows the effects of having a child with learning disabilities within the family (Reid, 2004). People with learning disabilities needs more support from friends, family and service staff to develop a new relationship and keep their existing ones (Bane, 2012). Parents showed negative attitudes and reactions toward their child's diagnosis of SLD (Sahu, Bhargava, Sagar & Mehta, 2018). Lower level of education of parents of LD children have less stimulate home environment, which leads to cause of basic skills development in LD children (Ramon and Sanchez, 2013).

SOCIAL COMPETENCE

Social competence plays an important role in the individual. It is the essential component of the members of a progressive society. Home plays an important role in developing social competence among adolescents, such as loving and caring environment, that should be provided at home which gives academics stimulation, protectiveness ideas and opportunities to participate in home affairs (Vimple and Sawhney, 2017). According to Rubin and Krasnor (1992), social competence is the ability of an individual to attain individual goals in social communication along with sustaining positive relations with other people over time and across setting. In the current years, the study of the social competence has received better attention from social scientists and policy makers across discipline, partly in modern time due to enlarged concerns about the lack of social competencies. Transformational leadership behavior and social competence have positive effect on organizational citizenship behavior of employees as well as the integration between them that impact on the citizenship behavior (Alajili and Noor, 2018). Development of social competence in learning disabled adolescents; teachers and parents have always recognized the central role. The pioneers of the field of learning disabilities, Kirk (1962), Johnson and Mykelbust (1967) and Orton (1957) also acknowledged social skills as a significant challenge for many of these students. Adolescents with learning disabilities were not good in making friends and also showed less involvement in recreational activities (Sharma, 2017). Parenting style and family communication patterns are found to strongly influence adolescent's social competence (Peterson and Leigh, 2001). In recent years, lot of attention has been given to bring awareness among parents and teachers (Shilpa, 2000). For learning disabled adolescents, it is difficult to mastery in social skills of every aspect of life. Here, the role of parents becomes more important to develop social skills in their children's with appropriate environment.

EMOTIONAL RESILIENCE

The term ‘emotional resilience’ broadly as a dynamic, multi-dimensional and complex defense mechanism referring to the ability to adapt positively to stress and adversity (Bobabzo, 2004; Lamond et al., 2009; Luthar et al., 2000). Empirical evidence demonstrated that the notion of emotional resilience can be qualified as a personality attribute that “encompasses genetic, neurological, developmental, interpersonal, contextual, spiritual, affective and non-stress related cognitive attributes, such as intelligence and values, as well as individual difference dimensions that impart relatively stable levels of stress resistance to at-risk populations” (Karoly & Ruchlman, 2006); although some researchers argue that resilience may not be a fixed personality trait (Egeland et al., 1993). Research has also demonstrated various psychological and neurobiological mechanisms through which mindfulness may lead to improved psychological functioning and enhanced resilience which in turn ensure ready and resilient workforce (Pawar & Panda, 2016). Emotional resilience simply refers to one’s ability to adapt to stressful situations or crises. More resilient people are able to “roll with the punches” and adapt to adversity without lasting difficulties, while less resilient people have a harder time with stress and life changes. To some degree, emotional and physical resilience are something one is born with. Some have always the ‘sensitive kind’ while others are not bothered by anything. Some don’t like rugged physical activity, while others can play in the mud all day long! Both biological and social factors contribute to personality development, so there is something about being “naturally resilient” that is out of one’s control. However, psychological and social research have demonstrated the emotional resilience is something that can be learned or improved upon no matter what level of it one is born with.

OBJECTIVES

For the purpose of investigation, the following are the objectives of the study

1. To study the role of family in social competence and emotional resilience for their children with learning disabilities.
2. To study the level of social competence and emotional resilience of children with learning disabilities.
3. To study the relationship of family role with social competence and emotional resilience among children with learning disabilities.

HYPOTHESES

For achieving the above mentioned objectives the following null hypotheses formulated for testing statistically

1. There will be no significant role of family in social competence and emotional resilience for their children with learning disabilities.
2. There will be no significant level of social competence and emotional resilience of children with learning disabilities.
3. There will be no significant relationship of family role with social competence and emotional resilience among children with learning disabilities.

DELIMITATIONS

The present study was delimited to –

- Govt., schools of U.T.
- 15 Learning disabled children.
- 9th, 10th class.
- Close age sibling.

RESEARCH METHODOLOGY

- On the basis of the objectives and hypotheses the study has been conducted in descriptive method.
- The sample of the present study consists of 60 subjects, in which 15 Learning Disabled children 15 Mothers, 15 Fathers, 15 Siblings of LD belonging in U.T. Chandigarh.
- As per nature of the study, the researcher used convenient method to select the inclusive school of Chandigarh and purposive sampling technique was used to select children to meet the objective of the study.
- The data has been collected with the use of Social Competence Scale by Rani and Sharma (2010), The Resilience Scale by Wagnild and Young(1993) was used to study the emotional resilience of children with LD and to study the Role of Family, self-constructed tool has been used at for two group. One checklist for Parent (Mother & Father) and Second checklist for Sibling.
- Mean score, SD, Pearson's Product Moment Method of correlation statistical techniques have been used.

ANALYSIS AND INTERPRETATION

Table 1: a summary of descriptive statics of family role

VARIABLES	TOTAL SCORE	MEAN	SD	Sk	Ku
Mother	38	21.2	4.10	1.16	2.365
Father	38	13.4	6.01	0.38	-0.857
Sibling	33	19.13	4.34	-0.69	-0.222

The table 1 shows that the value of mean and SD of mother rated score for social competence & emotional resilience for sample were 21.2 and 4.10 respectively. Mean is found to be above average as per the norms. It demonstrates that the role of mother is above average in the development of social competence and emotional resilience of their LD children. Skewness is found to be 1.16 which revealed that the data positively skewed. Kurtosis is 2.365 which is greater than 0.263 for normal curve and shows that the curve is leptokurtic.

The table 1 shows that the value of mean and SD of father rated score for social competence & emotional resilience for sample were 13.4 and 6.01 respectively. Mean is found to be below average as per the norms. It demonstrates that role of father in the development of social competence and emotional resilience of their LD children is found below average. Skewness is found to be 0.38 which revealed that the data positively skewed. Kurtosis is -0.857 which is greater than 0.263 for normal curve and shows that the curve is leptokurtic.

The table 1 shows that the value of mean and SD of sibling rated score for social competence & emotional resilience for sample were 19.13 and 4.34 respectively. Mean is found to be above average as per the norms. It shows role of sibling is above average in the development of social competence and emotional resilience of their LD sibling. Skewness is found to be -0.69 which revealed that the data negatively skewed. Kurtosis is -0.222 which is less than 0.263 for normal curve and shows that the curve is pletykurtic.

figure1: shows difference of mean & SD between mother, father and sibling role

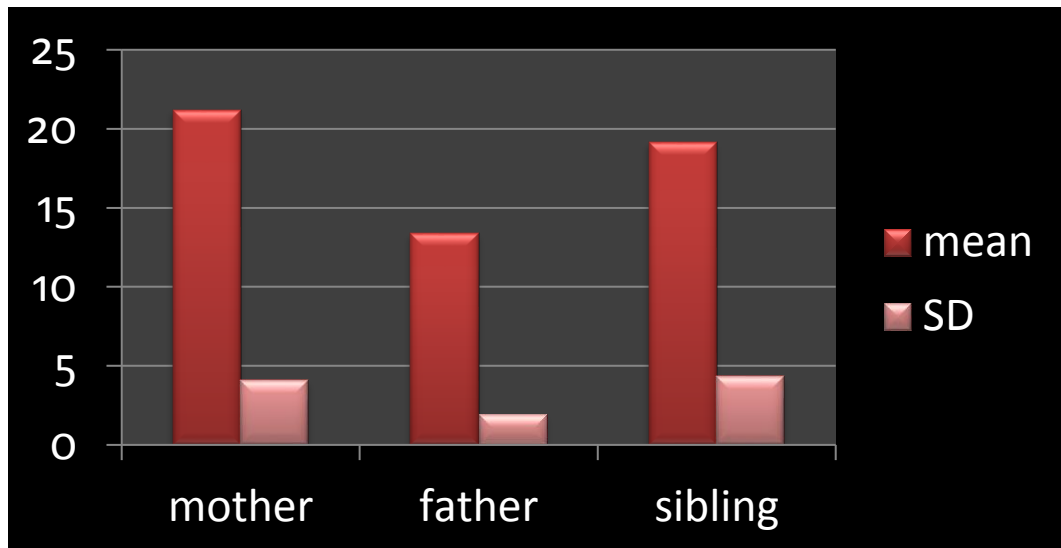


Table 2: a summary of descriptive statics of social competence

VARIABLE	MEAN	SD	Sk	Ku
Social Competence	88.93	26.14	0.77	-0.013

The above table shows that the value of mean and SD of social competence for sample were 88.93 and 26.14 respectively. Mean is found to be low as per the norms. It means that learning disabled children have low social competence. This demonstrates that LD has low social competence for the social adjustment in the society, and they are less competent in social adjustment with their family, peer, siblings and society. Skewness is found to be 0.77 which revealed that the data positively skewed. Kurtosis is -0.013 which is less than 0.263 for normal curve and shows that the curve is platykurtic

Table 3: a summary of descriptive statics of emotional resilience

VARIABLE	MEAN	SD	Sk	Ku
Emotional Resilience	123.3	26.09	-0.19	-1.31

The table 3 shows that the value of mean and SD of emotional resilience for sample were 123.3 and 26.09 respectively. Mean is found to be moderately low as per the norms. This demonstrates that LD has moderately low emotional resilience, which means LD

children have moderately low ability to adapt the stress or changes. Skewness is found to be -0.19 which revealed that the data positively skewed. Kurtosis is -1.31 which is greater than 0.263 for normal curve and shows that the curve is leptokurtic.

Table 4: correlation matrix of Social competence and Emotional Resilience with family role (Mother, Father and Sibling)

	Social Competence	Emotional Resilience	Sibling	Mother	Father
Social Competence	1				
Emotional Resilience	0.132	1			
Sibling	-0.251	0.519	1		
Mother	0.174	0.616	0.410	1	
Father	-0.046	0.539	0.259	0.758	1

Table 4 shows that the correlation of social competence with emotional resilience is 0.132. This value is less than table value of 0.426 at 0.05 level of significance and hence is found to be insignificant at 0.05 level of significance. Positive but insignificant correlation is found between social competence with emotional resilience.

The correlation of social competence with the role of sibling is -0.251. This value is less than table value of 0.426 at 0.05 level of significance and hence it is found to be insignificant at 0.05 level of significance. Negative but insignificant correlation is found between social competence with role of sibling.

The correlation of social competence with the role of mother is 0.174. This value is less than table value of 0.426 at 0.05 level of significance and hence is found to be insignificant at 0.05 level of significance. Positive but insignificant correlation is found between social competence with role of mother.

Table 4 shows that the correlation of social competence with the role of father is -0.046. This value is less than table value of 0.426 at 0.05 level of significance and hence it is found to be insignificant at 0.05 level of significance. Negative but insignificant correlation is found between social competence with role of father.

The correlation of emotional resilience with the role of sibling is 0.519. This value is greater than table value of 0.426 at 0.05 level of significance and hence is found to be significant at 0.05 level of significance & insignificant at 0.01 level of significance. Positive but significant correlation is found between emotional resilience with the role of sibling at 0.05 level.

The correlation of emotional resilience with role of mother is 0.616. This value is greater than table value of 0.426 at 0.05 level of significance and hence is found to be significant at 0.05 level of significance & insignificant at 0.01 level of significance. Positive but significant correlation is found between emotional resilience with the role of mother at 0.05 level.

It is clear in table 4 that the correlation of emotional resilience with the role of father is 0.539. This value is greater than table value of 0.426 at 0.05 level of significance and hence is found to be significant at 0.05 level of significance & insignificant at 0.01 level of significance. Positive but significant correlation is found between emotional resilience with the role of father at 0.05 level.

DISCUSSION & RESULTS

The present study has been conducted to study the role of family in social competence and emotional resilience for their children with learning disabilities and to find out the relationship of family role with social competence and emotional resilience among children with learning disabilities. Findings of the study revealed that role of mother is above average in the development of social competence and emotional resilience of their LD children while the role of father is below average and role of sibling showed above average in the development of social competence and emotional resilience of their LD sibling. Learning disabled children have low social competence, moderately low emotional resilience. The major findings revealed that social competence has no relationship with family role but emotional resilience has significant correlation with family role. The formulation of a research agenda and services for the people with learning disabilities in India, where research and practice in the field of LDs are still at a nascent stage (Thapa, Aalosvoort and Pandey, 2008). It is necessary to develop an alternative approach in the form of home-based intervention for the holistic management of SLD (Sahu, Bhargava, Sagar & Mehta, 2018). For effective parenting, holistic and individualized needs assessment and education should be provided to address each parent's bio psychosocial and cultural needs in relation to caregiving (Chien and Lee, 2013). Need to educate parents to lower their expectations for children with specific learning disabilities, and to strengthen the social support network of these children's

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families (Chandramuki, Shastry and Vranda, 2012). Counselors suggested that parents need to be improving overall quality of life and these measures would also improve the home environment and help in the rehabilitation of children with SpLD (Karande and Kulkarni, 2009). Adolescent resilience promotion programs should focus on improving parental support in a family context and developing individual self-esteem (Tian, Liu and Shan, 2018). Literature showed that good home and warm family environment, lesser family conflicts and effective parenting have shown beneficial results in building resilience in childhood (Nebhinani and Jain, 2019).

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