

Influence of Learning Disabilities on Parents of Children with Physical Disability: Counselling Implications

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Abstract

the study assessed the social and financial burden on parents of children with physical disability and its counseling implications. The study was a cross-sectional one conducted in all special education secondary schools in Nasarawa State, Nigeria, with a purposive sample size of 70 students. Two instruments designed by the researcher were used for the study, as follows: Social Burden Scale (SBS) and interview technique for parents. Simple percentages were used for data analysis. The results show that parents have to bear huge financial liabilities, over and above that of rearing normal children. The financial burden made the parents more impoverished and indebted. Based on the findings, it was recommended, among others, that urgent support for activities of the physically disabled children at the secondary school level should be put in place in order to curb the huge economic and social burden of caregiving; efforts should be made to strengthen the existing schemes for the disabled, with a special focus on the parents working in the unorganized sector; NGOs, CBOs, and Disability Rehabilitation Centres should be reinvigorated to play active roles in popularizing and facilitating their utilization; trained psychologist should be recruited in all secondary schools and counseling should form an integral part of rehabilitation.

Keywords: Learning disability and physical disability.

Introduction

To understand this subject, distinctions shall first be drawn of the usages of disability and handicap where the two words are often used interchangeably. While disability is used to refer to a condition whereby the body or part of it is not functioning optimally, handicap refers to a condition in which a persons' body functions dismally in relation to society's expectations (Ulrich, 2018 & Freeman, 2017). Thus, it can be adduced that disability is complex, dynamic, multidimensional, and contested where there is a shift from a medical model to a social model in which children are viewed as being disabled by society rather than by their bodies. While discrimination is not intended, the system indirectly excludes persons with disabilities by not taking their needs into account. Institutions and organizations also need to change to avoid excluding people with disabilities in the day to day activities (Barnes, 1991). Raising awareness and challenging negative attitudes are often first steps towards creating more accessible environments for persons with disabilities. On the other hand, negative imagery, language, stereotypes, and stigma only persist for people with disabilities around the world.

Disability is generally equated with incapacity. The impact is remarkably similar in different countries and across health conditions where the general public lacks an understanding of the abilities of people with physical impairments (Spicker, 2018 & Jordan, 2017). Negative attitudes and behaviours can have adverse effects on children and adults with disabilities, leading to negative consequences such as low self-esteem and reduced participation. Persons who feel harassed because of their disability sometimes avoid going to places, changing their routines, or even moving from their homes. Example of abuse of persons with disability abound: children bullying other children with disabilities in schools; taxi drivers failing to support access needs of passengers with disabilities; employers discriminating against people with disabilities and strangers mocking people with disabilities. Stigma and discrimination can be combated through Community-based rehabilitation (CBR) programmes by challenging negative attitudes in communities, leading to greater visibility and participation by persons with disabilities (Rohwerder, 2018; Etieyibo & Omiegbe, 2016; Idrees & Ilyas, 2012 and Smith, 2011).

Signs and Symptoms of Learning Disabilities

A range of environmental, biological, genetic, and perinatal conditions may be associated with adverse developmental of learning disability. Symptoms do not necessarily predict later learning problems or indicate the existence of a disability, particularly when only a single indicator is present (Onukwufor, 2016). Similarly, protective factors do not rule out the presence of a disability. However, the presence of risk indicators warrants substantial and serious efforts to facilitate early learning success, because many children at risk respond positively to high quality instruction and support. Therefore, children at risk, who may or may not have LD, need to receive carefully planned and responsive services and supports to enhance their opportunities for learning Systematic Observations - Systematic observations of a child's behavior and abilities over time are an important addition to examining the presence of risk indicators and protective factors.

Observations may be informal or may follow a standard observation protocol; in either case, they should be conducted multiple times and in varying contexts (e.g., home, diagnostic preschool, Head Start classroom, playgroup) to increase the reliability and validity of the hypotheses made regarding a child's behavior. In many cases, an extended period of observations will be necessary. Observations should provide a description of the frequency, consistency, and severity of the behaviors causing concerns in relation to contextual demands. The child's family should be involved throughout the entire process. When professionals raise a question about the course of the child's development as a result of systematic observation, they should discuss the findings with the caregivers and family. When indicated, a referral should be made to appropriate professionals for further evaluation and, if warranted, provision of supports and services should be recommended.

Suspected Causes of Learning Disability

It is thought that learning disabilities may be caused by *hereditary*, alcohol or cocaine use during *pregnancy*, premature birth, *diabetes*, *meningitis* of mother or offspring, and/or environmental factors of *malnutrition and* poor prenatal healthcare (Shriver, 2018). A leading theory among scientists is that learning disabilities stem from subtle disturbances in the way brain structures are formed (Grodzinsky, 2017). Learning disabilities are not caused by economic disadvantage, environmental factors, or cultural differences. In fact, there is frequently no apparent cause for learning disabilities (Sheldon Horowitz, 2003). More generally, there are multiple factors that cause learning disabilities, including atypical brain organization. Specifically, there may be differences in cells or in the basic "hard-wiring" of the brain. One patient explained that his brain "was wired by a non-union electrician." There also may be differences in brain development due to metabolic disorders such as maternal diabetes or thyroid disease. Parental alcohol abuse and maternal smoking are well-known agents contributing to childhood learning problems. In addition, there may be stress to the baby during birth when there is a sudden lack of oxygen to the baby's brain (Weinstein, 2016).

Type of Learning Disabilities

There are many *types of learning disabilities* in school-aged children. Learning disabilities are an umbrella term for a wide variety of learning problems. A learning disability is not a problem with intelligence or motivation. Kids with learning disabilities are just as smart as everyone else. Their brains are simply wired differently. This difference affects how they receive and process information. Children with learning disabilities see, hear, and understand things differently. This can lead to trouble with learning new information and skills and putting them to use. The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening, and speaking. Here are five of the most common learning disabilities in classrooms today:

- a. Dyslexia (reading-based or print-based) is a most common form of all learning disabilities. It is a language-based disability in which a child has trouble understanding words, sentences, or paragraphs. The child may have difficulty identifying and comprehending words from a book or with spelling. They often have problems with processing or understanding what they read or hear. Because decoding printed

words from a book become so much of a struggle, they often miss the meaning of what they have read. Many dyslexic people are notably talented in arts and music; visual perception; athletic and mechanical ability.

Common signs include:

- i. Reading painfully and slowly;
 - ii. The difficulty with basic letter sounds;
 - iii. Trouble decoding, the order of letters become mixed up;
 - iv. Cannot recall known words;
- b. **Dyscalculia:** Dyscalculia is a life-long learning disability that affects the ability to grasp and solve math concepts which result in your child having trouble recognizing numbers and symbols and understanding basic math concepts. There are many different types of math disability, and these can affect people differently at different stages of a child's life. People with dyscalculia often have difficulty manipulating numbers in their head and remembering steps in formulas and equations. Just like dyslexia, people with dyscalculia can be taught to achieve success.

Common signs include:

- i. Difficulty recalling number sequences;
 - ii. May mistake numbers that look similar in shape;
 - iii. Cannot retain patterns when adding, subtracting, multiplying, or dividing;
 - iv. The difficulty with handling money or estimating cost.
- c. **Dysgraphia:** Dysgraphia is a writing disability which means a child may not have the complex set of motor and information processing skills to be able to write his or her own thoughts down on a piece of paper. Children find it hard to form letters and write within a defined space. Many people with dysgraphia possess handwriting that is uneven and inconsistent. They struggle with writing complete and grammatically correct sentences and often have poor handwriting. Many are able to write legibly but do so very slowly or very small. Typically, people with dysgraphia are unable to visualize letters and do not possess the ability to remember the motor patterns of letters and writing requires a large amount of energy and time.

Common signs include:

- i. Awkward pencil grip;
 - ii. Illegible handwriting;
 - iii. Frustration with writing thoughts on paper;
 - iv. Can talk about an idea, but cannot write it down on paper.
- d. **Dyspraxia:** Dyspraxia is a disorder that affects the development of motor skills. People with dyspraxia have trouble planning and executing fine motor tasks, which can range from waving goodbye to getting dressed. Dyspraxia is a life-long disorder with no cure, but options are available for helping to improve a child's ability to function and be independent. Dyspraxia is not a learning disability, but it commonly coexists with other learning disabilities that can affect learning ability.
- e. **Attention Deficiency Hyperactivity Disorder (ADHD):** ADHD is a disorder that causes people to lose focus on tasks very easily. ADHD has two main types, with a third being a combination of the two. Hyperactive-Impulsive ADHD is distinguished by the child's excessive amount of activity. This may include constant fidgeting, non-stop talking, problems with doing quiet activities, trouble controlling their temper, and more. Inattentive ADHD causes people not to put the needed attention into a required task. People with inattentive ADHD may struggle with paying attention to instruction, daydream a lot, process information slowly, become bored easily, and be very poorly organized. ADHD is not a learning disability, but can cause people to struggle with learning and is commonly linked to other learning disabilities.

- f. **Auditory Processing Disorders:** Auditory processing disorders are disorders that may cause a person to struggle with distinguishing similar sounds, as well as other difficulties. Auditory processing disorders are not considered learning disabilities by the Canadian Government, but they might explain why someone would be having troubles with learning
- g. **Visual Processing Disorders:** Visual processing disorders are disorders that cause people to struggle with seeing the differences between similar letters, number, objects, colors, shapes, and patterns. Just like auditory processing disorders, visual processing disorders may not be considered learning disabilities but could be an issue when it comes to learning.
- h. **Non-verbal Learning Disorders:** Non-verbal learning disabilities (NLD), or non-verbal learning disorders, are neurological syndromes that develop in the right side of the brain. People with NLD have very strong verbal ability, remarkable memory, and spelling skills, and strong auditory retention; although they possess poor social skills and have difficulty understanding facial expression and body language. Many do not react well to change, and some possess poor social judgment. Some people with NLD have poor coordination, balance problems and difficulty with fine motor skills. Students with physical handicap need adequate building codes to accommodate their disabilities. In many of these cases, the students are able to perform their work normally. After all, when all necessary provisions are met, most students can reach their optimum educational goal (Gous, Elott and Moen, 2014).

Psychological Effects of Children with Learning Disability

The feeling of trauma appears vivid in children with disability. This trauma could be either social or psychological (Mevisen and Jongth, 2018). The victims are usually occupied with thoughts of anger, fear of death, the guilt of having to pass it on to others, thoughts of how to fit into the society or cope with work (Wigham, Hatta and Taylor, 2011).

Children with disabilities could be having a physical disability (Eskay and Umar, 2012). Such children will need help with self-care, mobility and decision making. They, therefore, require special care. To ensure their safety, laws have been enacted by the Federal Government of Nigeria (Asiwe and Omiegbra, 2015; Omede, A.A., 2016). The continuous negative perceptions of children with disabilities have made accountability difficult to achieve, especially when Federal, State, and Local responsibilities are misappropriated. The deep misrepresentations of cultural beliefs about children with disabilities and their alleged maltreatment by society cannot be allowed down the drain without being challenged. The immediate impact of these negative societal perceptions is that teacher training and certification in special education are not maintained.

Ignorance, superstition and societal taboos have also contributed immensely to the lack of care of children with disabilities (Barriya, Buchana, Cerimovic and Sharma (2017) further found that cultural behaviours resulting from superstition and negative perception of these children have led to poor identification, evaluation, placement, and instruction. Further, the absence of legal mandate indicates that parents of disabled students lack the legal rights to due process, and as a result, they cannot initiate litigation against any form of discrimination against their children in terms of admissions into schools, manpower placement, and service delivery.

Statement of the Problem

The statement under study was to investigate the influence of learning disabilities on parents of children with physical disability and its counselling implications.

Research Question

The study was guided by the research question:

What is the influence of learning disabilities on parents of children with a physical disability?

Hypothesis

The study tested the following hypothesis:

Ho: There is no significant influence of learning disabilities on parents of children with physical disability.

Methodology

This study covered all special education secondary schools in Nasarawa State, Nigeria utilizing a sample of 70 students (35 male students and 35 female students) drawn from the schools. Purposive and accidental sampling techniques were used to select the students with special needs. Two instruments designed by the researchers were used for the study, as follows:

- i. Social burden of parents was assessed using the Social Burden Scale (SBS). It consisted of 24 items arranged in 6 categories namely of the financial burden, disruption of the routine family activities, family interaction and leisure, the effect on physical and mental health. The rating for each category was given on a three-point scale of (a) Severe burden (3 points), (b) Moderate burden (2 points), (c) No burden (1 point) and Undecided (0). The final score was expressed as the average score of all items in each of the 6 categories.
- ii. Parents were further interviewed with a semi-structured questionnaire to find out the reasons for their perceived burden.

Results

The research question was answered using percentages.

The results of the study are indicated in Table 1

Table 1: Severity and Different Types of Burden Cited by Parents

S/N	Burden	Severity			
		Severe (%)	Moderate (%)	No Burden (%)	Undecided (%)
1	Disruption of family interaction	54	21	21	4
2	Effect on the physical health of the family	58	19	12	11
3	Financial burden	44	23	31	2
4	Effect on the mental health of the family	15	73	3	9
5	Disruption of family leisure	21	31	39	9
6	Disruption of the routine family activities	22	31	28	19

(i) Financial Burden:

Overall expenditure on disability had resulted in severe burden among 44% of the parents (Table 1). Out of these 44 subjects, the majority (55%) of them were either daily wage earners or small traders. Financial burden in the form of loss of daily wages, the requirement of frequent job change and loss of a job. Unlike the Government employees who could still avail of casual or medical leaves, the parents in private or unorganized sector were deprived of these benefits.

(ii) Routine family activities:

31% of the families felt they were moderately burdened, in terms of disruption of the routine family activities. Most common reasons cited for the disruption were as follows; frequent visits by attendants to physiotherapy or occupational therapy, arrangement for the purchase of appliances or for corrective surgeries.

(iii) Family leisure:

21% felt that they were severely burdened, in terms of disruption of family leisure like watching T.V, going for movies, picnics, or leisurely travel.

(iv) Family interaction:

21% of the parents were moderately burdened, in terms of disruption of family interaction within the family and outside.

(v) Physical health:

Physical health was moderately affected in 19% of the parents, indicating that disability in the child may have an indirect bearing on the parents' health and self-care.

(vi) Mental health.

15% of the parents felt they were severely burdened in terms of mental health.

Discussion

The present study revealed that the parents have to bear huge financial liabilities, over and above that of rearing of a normal child. A significant association was found between rural & urban slum (combined) with the severity of economic burden. The financial burden made the parents more impoverished and indebted. More than half of the families had taken money from either local money lenders and had to sell their assets to pay back huge loans. Only 9% had correct information regarding Government-run schemes (in the form of aids and appliances, subsidization of operation cost and educational benefits and all of them were Government employees. The reasons highlighted were problems of commuting, feeling of embarrassment in visiting public places of recreation and spending holidays due to frequent visits to the rehabilitation centres. An adverse effect on the marital relationship was more profound in nuclear families than joint families.

The parents felt that caring for the daily routine of the disabled child had considerably robbed them of their own health.

There was also a significant association between poor literacy status and mental health of mothers.

Only a marginal proportion of parents, working in the Government sector had access to schemes for the disabled. Hence, there is an urgent need to popularize the existing benefits for the disabled and make them more user-friendly, particularly among the parents of the unorganized sector.

The health-care demands of the disabled child such as frequent visits to physiotherapy or occupational therapy, arrangement for the purchase of aids or appliances, take a toll on their routine activities and leave little time for family leisure. The findings corroborate with that of another institution-based study, which observed significant disruption of routine activities and leisure in families of disabled children. Gathwala and Gupta (2004) assessed the burden of parents of mentally disabled children, using the same scale and reported that 40% of the families had disruption of family routine and leisure. The difference in the magnitude of disruption could be due to the difference in the type of disabilities. However, the above findings are at variance with observations of some authors in developed countries. Langergren, Boyeson, and Kohley (2000) did not observe any significant disruption in the family routine. This may be perhaps due to differences in socio-economic conditions, cultural practices and attitudes of the parents as well as the society.

Majority of the parents (21%), were moderately burdened in terms of disruption of family interaction. A study conducted among the mentally handicapped children using the same scale reported a higher proportion (45%) of severely burdened families in relation to family interaction. Dupont (1996) assessed the socio-psychiatric aspects of families of mentally retarded children and observed that 87% of the parents had limited cultural interactions owing to various inferiority complexes suffered by them. It is clear from the above discussion that

the family interactions are not as severely affected among physically disabled subjects as compared to mentally disabled ones

The present study also revealed conflicts among the family members arising from the burden of rearing a disabled child. Often these conflicts lead to marital problems, as was observed in the study and corroborated by many other studies too. The burden of caregiving a disabled child if not shared equally by both parents, may mount to marital disharmony and hence indicating the need to establish counselling sessions for both parents and day care centres, to reduce the burden on parents.

Most of the parents (19%) perceived moderate burden on their own physical health. Although the physical illnesses cannot be directly attributed to the disability itself, they could arise out of self-neglect. In the present study, only a meagre 13% sought professional help. Poor health-seeking behaviour among the parents of affected children is not uncommon in developed countries as well. The study highlights the deleterious effect on the mental health of caregivers particularly that of the mothers.

The study has few limitations. The ‘Social Burden Scale’ used in this study could only provide the perceived burden and not an actual estimate. Moreover, a father's perception may differ from that of the mother s due to differential subjective reporting. Some sensitive information, like marital disharmony, may even go unreported. Other family members if included, could have added some valuable information about the family environment. Lastly, there are more chances of recall bias, particularly, regarding the estimates of the financial burden.

Counselling Implications

Schools receive students with various disabilities. This means that they need age appropriate services or assistance. Once these services are put in place, they have much of what they need to succeed. Encouragement from parents, teachers, and counselors are, thus imperative in this regard. Students with disabilities, therefore, need more patience and understanding than the normal ones (Eskay, 2012).

The counselling strategy to use depends on the stage that the client is experiencing. If the client is in the denial stage, of course, the goal is to move the person outside the therapeutic step. In this regard, there has to be some gently push since denial is protective, there is no need to force the issue. Sometimes it helps in bringing the client closer to the realization that perhaps the problem is not only temporary. One strategy to use in gaining rapport and trust is to create cognitive dissonance in the client by communicating unconditional positive regard. Another strategy is to provide descriptive feedback to the client. An important role of the counsellor is to identify strengths to their clients that the clients may not see in themselves. This means observing them closely and providing objective, descriptive feedback on the parts of their lives that they are managing effectively.

Build the base for a solid, problem-solving approach to life. If the client is depressed, the approach to use is the same as for almost any kind of depression. The goal is to instill self-respect, a feeling which people who are feeling depressed do not have. Another strategy is to help the client achieve a sense of control. It is a disservice to tell people with a disability that they are different. Of course, they are different, but disability needs not to be an important concern in life. The important fact is that people can be different and, yet equal. De-emphasizing or overcoming the notion of normality means focusing on competence and on what persons can do. It is easy for people with disability to believe that the only reason they have problems is that they are disabled. It is necessary to combat this fallacy too.

Counsellors should have some understanding of the medical condition involved by talking to the family physician in the form of referral. Counsellors cannot be expected to know about the details of various ailments, but there are certain things they should know.

Conclusion

The overall goal of counseling is the same for anyone, whether the person is disabled or not, which is to help the clients do the best they can with the abilities they have. If a child has a learning disability, it's best to find support in the right way. A learning disability cannot be cured, but with the right resources and support, it can make the difference between success and failure by giving the child confidence and success in life. It is, therefore, not worthy to underestimate the difficulties involved in delivering the ambitious new vision for people with learning disabilities. Enabling people with learning disabilities to have their voices heard and had wider opportunities for a fulfilling life as part of the local community is central to the success of the message. Delivering this involves new ways of working in more effective partnerships. Getting it right for people with learning disabilities will show what can be achieved and for one of the most vulnerable and socially excluded groups in our society.

Recommendations

Based on the findings of this study, the following recommendations are made:

- a. The study points towards an urgent need for support activities for the physically disabled children at secondary school level in order to curb the huge economic and social burden of parents of children with learning disabilities;
- b. Sincere efforts should be made to strengthen the existing schemes for the disabled, with a special focus on the parents;
- c. NGOs, CBOs, and Disability Rehabilitation Centres should play active roles in popularizing and facilitating their utilization;
- d. The trained psychologist should be recruited and posted to special education schools where counseling should form an integral part of rehabilitation;
- e. The introduction of health insurance schemes and day-care centers for disabled children should be given serious boost. All these initiatives will go a long way in bringing down the social burden associated with physical disability;
- f. The students should be made to realize the positive attitudes that give them positive lives, given that negative ones will affect their lives negatively;
- g. Preventing disability should be regarded as a multidimensional strategy that includes prevention of disabling barriers as well as prevention and treatment of underlying health conditions.

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