

1 **DOI: <https://doi.org/10.47391/JPMA.1092>**

2
3 **Specific learning disorder among primary school children of Sarai**
4 **Alamgir**

5
6 **Noreena Kausar¹, Nadia Farhat², Fauzia Maqsood³, Hafsa Qurban⁴**

7 **1,2,4** Department of Psychology, University of Gujrat, Gujrat, Pakistan; **3** Department of
8 Sociology, University of Gujrat, Gujrat, Pakistan.

9 **Correspondence:** Noreena kausar. **Email:** noreena.kausar@uog.edu.pk

10
11 **Abstract**

12 **Objective:** To examine the frequency of specific learning disorder among
13 primary school children.

14 **Methods:** The cross-sectional study was conducted from January to July 2018 in
15 Sarai Alamgir, Gujrat, Pakistan, and comprised children studying in 3rd and 4th
16 grades of six local public and private primary schools. Data was collected using
17 structured clinical diagnostic interviews based on the fifth edition of the
18 Diagnostic and Statistical Manual of Mental Disorders. Data was analysed using
19 SPSS 16.

20 **Results:** Of the 837 subjects, 413(49.3%) were from private schools and
21 424(50.7%) from public schools. A total of 174(20.7%) children were found
22 vulnerable to specific learning disorders, while 13(7.5%) of them were diagnosed
23 as suffering from different specific learning disorders. Of these 13 subjects,
24 1(7.7%) child had reading impairment, 3(23.1%) had mathematics impairment,
25 4(30.8%) had multiple impairment in mathematics and writing, 1(7.7%) had
26 multiple impairment in mathematics and reading, 1(7.7%) had multiple
27 impairment in reading and writing, and 3(23.1%) had multiple impairment in
28 mathematics, reading and writing.

29 **Conclusion:** Specific learning disorder was found to be prevailing in public and
30 private schools' children.

31 **Key Words:** Specific learning disorder, Diagnostic and statistical manual of
32 mental disorder, Screening tool.

33

34 **Introduction**

35 Mental and physical health of individuals are at stake, especially in developing
36 countries like Pakistan where basic needs remain unmet for a large portion of
37 population. A study¹ reported that 85% population from the developing and 50%
38 from the developed countries have mental illness receive no treatment. Mental
39 illness problems are high in low- and middle-income countries (LMICs).²

40 Children in Pakistan are also facing crisis related to their basic needs, including
41 health services. Research on child mental health is a neglected area in Pakistan.³

42 This includes neuro-developmental issues, like specific learning disorder (SLD),
43 which impedes the ability to learn specific educational abilities that are the basis
44 for other educational learning.⁴ SLD happens not due to lack of instructions.⁵

45 There are different forms of SLD, such as reading, written expression, spelling
46 and mathematical problems.⁶ The Colorado Department of Education has
47 reported eight areas of SLD.⁷ The most common areas of SLD are written
48 expression, reading and mathematical among schoolchildren and adolescents.⁸⁻¹⁰

49 Individuals with SLD may perform well in one area while in other area they face
50 some difficulties.¹¹ A study¹² reported that every 10th child has to face difficulties

51 in one or more areas of school curriculum, and the most common impairment

52 areas are spelling and reading. The American Psychiatric Association (APA) has

53 described three SLD categories: impairment in reading called dyslexia,
54 impairment in written expression called dysgraphia, and impairment in

55 mathematics called dyscalculia.⁴ Its severity level can range from mild to severe.

56 Dyslexia is very common and 70-80% of SLD students suffer in this category.⁴

57 On the other hand, dysgraphia prevalence is 1-6.5% across different countries.⁸ If

58 proper attention is not given, SLD creates many problems, such as low confidence
59 level, high proportion of school expulsion, low achievement and high
60 psychological dysfunction.⁴ These three categories can be present separately and
61 with other categories. Many studies have reported that these three categories also
62 have relationship with each other.¹³⁻¹⁵ One study¹⁶ observed the prevalence of
63 SLD among third and fourth grade students in Germany based on criterion
64 outlined by the fifth edition of Diagnostic and Statistical Manual of Mental
65 Disorders (DSM-V) , and reported that the prevalence rate of arithmetic and
66 spelling was higher than the rate of arithmetic and reading, and the association
67 between arithmetic and reading differed from the association between arithmetic
68 and spelling. Another study¹⁷ reported that the ratio of reading, arithmetic and
69 spelling deficits were four to five times higher.

70 In Pakistan, a study¹⁸ explored the prevalence rate of SLD among 3rd, 4th and 5th
71 grade schoolgirls, and found that from 200 girls, 75 had SLD. Another study¹⁹
72 identified 5.37% ratio of dyslexia in students of 6th, 7th and 8th grades, and boys
73 had higher ratio than girls. One study²⁰ reported that there was no difference in
74 SLD according to gender. The current study was planned to explore the frequency
75 of SLD among primary school students and SLD's relation to gender.

76

77 **Subjects and Methods**

78 The cross-sectional study was conducted from January to July 2018 in Sarai
79 Alamgir, Gujrat, Pakistan. After taking approval from the institutional ethics
80 review board of University of Gujrat, the sample was rased using multistage
81 stratified sampling technique from among children aged 8-9 years studying in 3rd
82 and 4th grades of 6 private and government schools (Figure). Children with any
83 physical or mental disorder other than SLD were excluded. After getting
84 permission from school authorities, the students were approached in their classes,
85 and data was collected by using proportional allocation method.

86 The data-collection tool consisted of four parts. The first part was related to
87 informed consent, while the second part gathered demographic information. The
88 third part had screening questions to separate vulnerable cases of SLD, while the
89 fourth part was about the diagnostic criterion of SLD. The screening tool had 10
90 items to measure vulnerability to reading, mathematics and writing disabilities.
91 The items were scored Yes/No, with 'Yes' indicating vulnerability. The
92 diagnostic tool was used to assess the diagnostic criteria of SLD on all the
93 vulnerable cases. It consisted of 29 items based on DSM-V⁴. Each SLD sub-
94 category was assessed by applying the diagnostic criteria relevant to the disorder.
95 Data was analysed using SPSS 16. Descriptive data was expressed as frequencies
96 and percentages. T-test was used to assess the gender difference in SLDs.

97

98 **Results**

99 Of the 914 students, 837(91.5%) participated; 413(49.3%) from private schools
100 and 424(50.7%) from public schools. A total of 174(20.7%) children were found
101 vulnerable to SLDs, and 13(7.5%) of them were clinically diagnosed as suffering
102 from SLDs. Of these 13 subjects, 1(7.7%) child had reading impairment,
103 3(23.1%) had mathematics impairment, 4(30.8%) had multiple impairment in
104 mathematics and writing, 1(7.7%) had multiple impairment in mathematics and
105 reading, 1(7.7%) had multiple impairment in reading and writing, and 3(23.1%)
106 had multiple impairment in mathematics, reading and writing (Table 1). Among
107 the diagnosed cases, there were 6(46.2 %) boys and 7(53.8%) girls (Table 2).
108 There was significant gender difference related to impairment in mathematics and
109 writing (Table 3).

110

111 **Discussion**

112 There were 20.7% participants vulnerable to SLDs and of them 7.5% were
113 diagnosed with SLD. The findings are similar to 7.6% prevalence reported by a
114 study in Brazil.

115 In the current study, the prevalence ratio of participants in impairment in
116 mathematics was also high at 23.1% compared to 5% reported earlier²² in the
117 United Kingdom, but the UK is in the group of high-income countries (HICs).
118 Also, the current study found high prevalence of impairment in mathematics and
119 writing at 30% which is high compared to 10% reported by a study done in
120 Lahore²³. Though part of Pakistan, Lahore happens to be a major city, while Sarai
121 Alamgir is small a town, and that may explain the differenc.

122 In the current study, there was no difference in reading impairment related to
123 gender. The finding is in line with a local study²⁰. The current study reported high
124 writing impairment prevalence among boys compared to girls, and the results are
125 consistent with earlier findings²⁴. Also, the finding that girls had more
126 mathematics impairment compared to boys is supported by literature.²⁵

127 The current study has some limitations as it was conducted only in primary
128 schools of a small town. Despite the limitation, however, the study, which is the
129 first one done on the subject in Sarai Alamgir town, is helpful in evaluating the
130 prevalence of SLD in primary schools of the area.

131

132 **Conclusion**

133 Findings suggest that schoolchildren may face some problems related to their
134 brain functioning which directly hinder their academic learning. There is a need
135 to understand the issue and to develop some policy which may cater to such cases.

136

137 **Disclaimer:** None.

138 **Conflicts of interest:** None.

139 **Source of Funding:** None.

140

141 **References**

- 142 1. Pescosolido BA, Lafsdottir SO. Beyond dichotomies: Confronting the
143 complexity of how and why individuals come or do not come to mental health

- 144 care. *World Psychiatry*. 2013 Oct 04; 12(3): 269-271.
145 doi: 10.1002/wps.20072.
- 146 2. Thyloth M, Singh H, Subramanian V. Increasing burden of mental illness
147 across the globe: Current status. *Indian J Soc Psychiatry*. 2016; 32: 254-256.
148 doi:10.4103/0971-9962.193208.
- 149 3. Jamali T, Tanzil S. Child mental health research in Pakistan; Major
150 challenges and pitfalls: A systematic review. *Pak J Pub Health*. 2016; 6(3):
151 18-23.
- 152 4. American Psychological Association. *Diagnostic and statistical manual of*
153 *mental disorders 5th ed.* USA: American Psychological Association; 2013.
- 154 5. Dyslexia-SPELD foundation literacy services. *Understanding learning*
155 *difficulties: A guide for parents.* South Perth, Western Australia. 2017 Feb
156 [cited 2019 september 3]. Available From:
157 URL:<https://dsf.net.au/wpcontent/uploads/2017/02/clinical-services.pdf>.
- 158 6. Barbaresi WJ, Katusic SK, Colligan RC, Weaver AL, Jacobsen SJ. Math
159 learning disorder: Incidence in a population-based birth cohort, 1976-82,
160 Rochester, Minn. *AmbulPediatri*. 2005; 5(5): 281-289.
- 161 7. Connecticut State Department of Education. *Guidelines for*
162 *identifying students with specific learning disabilities.* Colorado: Author.
163 2010 [cited 2019 september 3]. Available From: [https://portal.ct.gov/-](https://portal.ct.gov/-/media/SDE/Special-Education/2010_Learning_Disability_Guidelines_Acc.pdf)
164 [/media/SDE/Special-](https://portal.ct.gov/-/media/SDE/Special-Education/2010_Learning_Disability_Guidelines_Acc.pdf)
165 [Education/2010_Learning_Disability_Guidelines_Acc.pdf](https://portal.ct.gov/-/media/SDE/Special-Education/2010_Learning_Disability_Guidelines_Acc.pdf).
- 166 8. Adi-Japha E, Landau YE, Frenkel L, Teicher M, Gross-TsurV, Shalev RS.
167 ADHD and dysgraphia: Underlying mechanisms. *Cortex*. 2007; 43(6): 700-
168 709. doi:10.1016/S0010-9452(08)70499-4.
- 169 9. Becketta A, Ellisona N, Barretta S, Shaha S. Away with the fairies? Disability
170 within primary-age children's literature. *Disabil and Soc*. 2010; 25(3): 373-
171 383. doi:10.1080/09687591003701355.

- 172 10. Callens M, Tops W, Brysbaert M. Cognitive profile of students who enter
173 higher education with an indication of dyslexia. PLoS One. 2012; 7(6): 1-14.
174 doi: 10.1371/journal.pone.0038081.
- 175 11. Bhise CD, Desetty RV. Writing errors of elementary school children and their
176 selected background variables. Indian Psychol Rev. 2004; 62 (4); 189-195.
- 177 12. Prior M. Understanding specific learning difficulties. UK: Psych Press
178 Publisher; 1996.
- 179 13. Ehri L. Learning to read and learning to spell: Two sides of a quenching
180 program for reading, spelling, and speech. Austin, Texas: Pro-Ed; 2000.
- 181 14. Fitzgerald J, Shanahan T. Reading and writing relations and their
182 development. J Educ Psychol. 2000; 35: 39-50. doi:
183 10.1207/S15326985EP3501_5.
- 184 15. Pape S. Middle school children's problem-solving behavior: A cognitive
185 analysis from a reading comprehension perspective. JRes Math Educ. 2004;
186 35(3); 187-219.
- 187 16. Moll K, Kunze S, Neuhoff N, Bruder J, Schulte-Keorne G. Specific learning
188 disorder: Prevalence and gender differences. PLoS ONE. 2014; 9(7):
189 e103537. <https://doi.org/10.1371/journal.pone.0103537>.
- 190 17. Landerl K, Moll K. (2010). Comorbidity of learning disorders: Prevalence
191 and familial transmission. JChild Psychol Psychiatry. 2010; 51(3): 287-294.
192 <https://doi.org/10.1111/j.1469-7610.2009.02164.x>.
- 193 18. Irshad EE. Specific learning difficulties: Diagnosis and implication for social
194 psychological functioning [Unpublished doctoral dissertation]. Peshawar:
195 University of Peshawar; 2005 [cited 2019 September 3].
196 <http://pr.hec.gov.pk/jspui/handle/123456789//6107>.
- 197 19. Ashraf M, Majeed S. Prevalence of dyslexia in secondary school students in
198 Lahore. Pak J Psychol Res. 2011; 26(1): 73-85.
- 199 20. Ashraf F, Najam N. Identification of learning disabilities in students: A
200 gender perspective. Pak J Soc and Clin Psychol. 2017; 15(1); 36-41.

- 201 21. Fortes IS, Paula CS, Oliveira MC, Bordin IA, de Jesus Mari J, Rohde LA. A
 202 cross-sectional study to assess the prevalence of DSM-5 specific learning
 203 disorders in representative school samples from the second to sixth grade in
 204 Brazil. *Eur Child Adolesc Psychiatry*. 2016; 25(2): 195-207. doi:
 205 10.1007/s00787-015-0708-2.
- 206 22. Morsanyi K, Van Bers BMCW, McCormack T, McGourty J. The prevalence
 207 of specific learning disorder in mathematics and comorbidity with other
 208 developmental disorders in primary school-age children. *British JPsychol*.
 209 2018; 1-23. DOI: 10.1111/bjop.12322.
- 210 23. Ashraf F, Najam N. Validation of learning disabilities checklist in public
 211 sector schools of Pakistan. *PakJPsycholRes*. 2014; 29(2); 223-244.
- 212 24. Naeem F, Mahmood Z, Saleem S. Dyslexia a myth or reality: Identification
 213 of dyslexia in school children of grade fourth and fifth. *Fatima Women Uni*
 214 *Soc Sci*. 2014; 8(1); 1-9.
- 215 25. Dirks E, Spyer G, van Lieshout ECDM, de Sonnevile L. Prevalence of
 216 combined reading and arithmetic disabilities. *J Learn Disabil*. 2008; 41; 460–
 217 473. <https://doi.org/10.1177/0022219408321128>.

218 -----

219

220

221 **Table 1: Subjects and impairment profile.**

Cases	f	%
Target Population (N=914)		
Screening cases (n=837)		
Vulnerable participants for SLD	174	20.7
Non vulnerable participants	663	78.9
Diagnosed cases of SLD	13	7.5
Non-diagnose of SLD	161	92.5
Impairment in reading	1	7.7
Impairment in mathematics	3	23.1
Multiple impairment in mathematics and writing	4	30.8
Multiple impairment in mathematics and reading	1	7.7

Multiple impairment in reading and writing	1	7.7
Multiple impairment in mathematics, reading and writing	3	23.1

222 **SLD: Specific learning disorder**

223

224 -----

225

226 **Table 2: Demographic characteristics of diagnosed participants (n=13).**

Variables	Categories	F	%
Gender			
	Boys	6	46.2
	Girls	7	53.8
Grade			
	3 rd	7	53.8
	4 th	6	46.2
Nature of School			
	Private	5	38.5
	Public	8	61.5

227

228 -----

229

230 **Table 3: Comparison of boys and girls according to the type of impairment**
 231 **(n=13).**

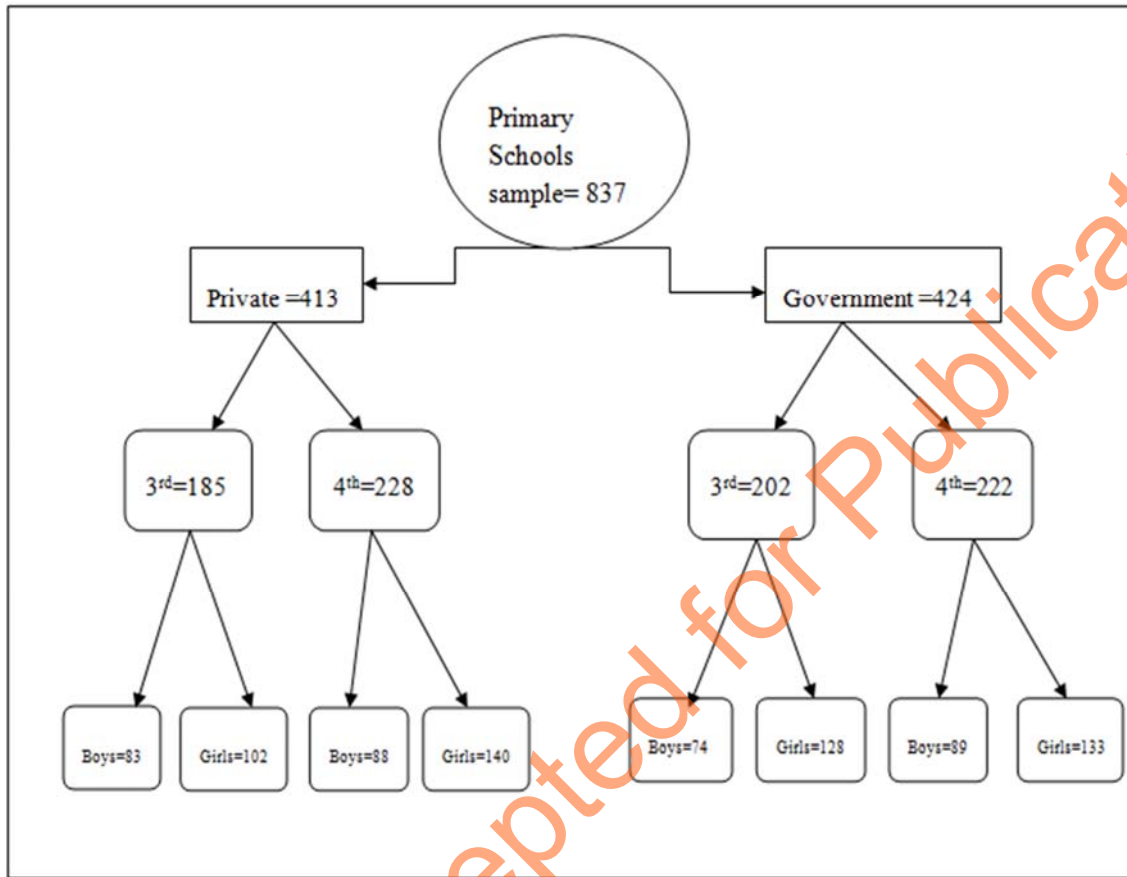
Variables	Gender Category	M	SD	p
Impairment in mathematics				
	Boys	9.67	1.51	0.01
	Girls	12.57	1.90	
Impairment in reading				
	Boys	8.67	2.07	0.12
	Girls	11.14	3.02	
Impairment in writing				
	Boys	8.33	1.51	0.02
	Girls	6.57	6.57	

232 **M: Mean, SD: Standard deviation**

233

234 -----

235



236
237

Figure: Flowchart for multistage stratified sampling.