

Intermediary of Scholastic Backwardness

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Abstract: Scholastic problems are associated with faulty academic behaviour, poor attention, lack of interest in the study, failure in examination, emotional imbalance, aggression, physical and psychological complains specially in school time. Cognitive inferiority is also one of the major causes of scholastic backwardness. Other factors include poor social conditions, defects in hearing and vision, perceptual defects, language lag and lack of stimulation in the environment. Cognitive sub-normality, ADHD, home and school environment are also key contributors in scholastic backwardness.

Key Words: Scholastic, Imbalance, Aggression, Psychological, Inferiority, Backwardness and Stimulation

1. INTRODUCTION:

Scholastic backwardness affects 5-15 % of school children. That amounts to huge numbers and it is estimated that today, this involves over more than 2.8 million school children. The human and financial implications of poor academic performance in children, to the society, are staggering. In addition, the distress it causes to child, the parents and the school is considerable. Scholastic backwardness has a lifelong impact on the child as it affects the child's self esteem, higher education, employment opportunities, interpersonal relationships, marriage and almost every other sphere of his/her life. Whenever we identify a child who is not performing well in academics, remember always to proceed managing the child under the premise that '**No child performs poorly in studies on purpose**'. Every child has the inner desire to excel in whatever he/she does and wants to be looked upon as 'good' by parents, teachers and peers. Therefore, if a child is performing poorly in studies, there has to be an underlying cause. Every such child must be given the benefit of an assessment. Early identification of scholastic backwardness absolutely vital as early remediation and intervention has the best chance of favorable outcome. We must ask leading questions to parents on school performance at the time of medical consultations, immunizations and especially so when a child presents with psychosomatic symptoms. Consider 'Poor marks' as a symptom just like cough and fever analyse the problem to understand the child's difficulties in its entirety and offer appropriate remedies. We do not want these children to be wrongly branded "Lazy", "Stupid" or "Stubborn and obstinate" and be punished and teased unnecessarily.

1.1. Criteria for Weeding out Children with Scholastic Backwardness:

- Child who fails in one or more subjects
- Child who fails in one or more classes
- Child in the lower 10th percentile marks in his/her class
- Child identified by parent or teacher to be 'difficult' to teach.

1.2. Presentation of Children with Scholastic Backwardness:

Since parents and schools do not yet consider us the experts in scholastic matters, they do not report this as a problem to us. Hence, we need to have this issue at the back of our mind at all times when examining children.

Pointers

- Psychosomatic symptoms – central abdominal pain, headaches, sighing, etc.
- Hyperactivity
- Aggressive behaviour, oppositional or defiant behavior in class
- Early language delays are high risk for learning difficulties
- School phobia

- Truancy and high-risk behaviors like smoking and substance abuse in adolescents

1.3. Useful Leading Questions

- Is the child's speech normal? Is he able to speak fluently? Can he tell a story?
- How is your child doing in school?
- Is he able to cope with studies? Are there any problems in academics?
- Is there any difficulty in reading, writing or Mathematics? What is his concentration like?
- What is the teacher's report?
- Does he have friends in school? How does he get along with other children?

2. CAUSES OF SCHOLASTIC BACKWARDNESS:

A. In the home Environment

- Deprived, discordant, un-stimulating home
- Lack of adequate facilities for studying
- Lack of encouragement for studying and lack of role models
- Parental illiteracy, poor reading and TV viewing habits
- Significant life events
- Child abuse
- Single parent, separated parents
- Alcoholic, workaholic parents

B. In the School Environment

- Recent change of school/ medium of teaching
- Over expectations
 - Parents
 - Teachers
- Poor / inadequate teaching methods
- Overcrowded classrooms
- Rote based learning methods and poor study skills
- Teacher insensitivity to problems of children with poor scholastic performance

C. In the Child

Etiology is diverse and many factors may be overlapping and coexistent

- Specific Learning Disability – accounts for a good proportion of all children with poor scholastic performance for whom remediation is most effective.
- Emotional Problems - anxiety, obsessive-compulsive, mood disorders, depression, and psychosomatic disorders. Conduct disorders, oppositional defiant disorders. Children with emotional problems exhibit hyperactivity, poor attention span, impulsivity, learning difficulty and performance below grade level and poor coping skills.
- Attention Deficit Hyperactive Disorder (ADHD).
- Chronic and Recurrent Illness - Several medical problems in the child contribute to learning problems. This may be the direct effect of the condition itself, or due to effects leading to recurrent school absenteeism, adverse effects of medication, poor self esteem affecting motivation and performance. Concentration deficits, inattentiveness, impaired short-term memory, poor time management (decreased psychomotor functioning), mood changes and fatigue, may cause functional impairment of academic and psychosocial functioning. Common chronic conditions such as asthma, allergies, repeated otitis media, lead poisoning, cancer, epilepsy, cerebral palsy and type I diabetes mellitus and hypothyroidism are known to be associated with poor academic performance. For ex., factors that may contribute to poor school performance among children with asthma include iatrogenic effects of oral steroids, poor medical management of the disease, and psychological problems. Obstructive sleep apnea affects 1–10% of children. OSA often results from adenoid hypertrophy, neuromuscular disease, and craniofacial abnormalities. Behavioral problems, inattentiveness and poor academic performance are seen in children with habitual snoring and sleep apnea.
- Intellectually Challenged - Children have a significantly sub average general intellectual functioning, with IQ below 70. There is a generalized learning deficit differing from specific learning disability such as dyslexia, which is significant in severity. Such children also exhibit impairments in adaptive behavior, self care and communication and mobility. The prevalence of intellectually sub normality is 3% of the general population. Most children with IC/MR are recognized before the first years of school. The common genetic causes of

IC/MR include Down's syndrome, Fragile X, and Klinefelter's syndrome. Whatever the etiology, all of them cause varying degrees of impairment in language development, short term memory deficits, low attention span and behavioral problems and a severe learning difficulty.

- Slow Learners - Children with an IQ range of 70–89 is classified as slow learners. Slow learners are considered neither learning disabled nor intellectual sub-normal, students with below average cognitive abilities who are not disabled, but who struggle to cope with the traditional academic demands of the regular classroom. 8-9 percent of primary school children score below average in standard IQ tests. Slow learners show the following characteristics that impair their academic performance; poor reasoning ability, short attention span, and poor retention; poor motivation and work habits; poorly developed language and communication skills; lack of confidence, lack of academic success, especially in reading; low power of retention and memory; reduced ability to make abstractions; anxiety and fear of failure; poor self-concept; and poor organization.
- Language Disorders - From 1% to 13% of the population have either a developmental expressive or receptive language disorder. Some 3% to 5% of children are specified in DSM-IV as having a developmental expressive language disorder, the majority of which are the developmental type with a childhood onset. DSM-IV suggests that a mixed expressive language disorder may be present in 3% of school-age children. As most learning takes place in schools through the medium of language, children with language disorders struggle in school. Children with early language disorder, even if they develop normal language competence later in life, are at risk for learning disorders. The Iowa longitudinal study found that early language status has long term effects on school performance. Children with poor language show persisting needs for special education services, indicating poor levels of class room performance. Research shows that 50 – 60% children who enter school with poor language have later difficulties in school.
- Hearing Impairment - Hearing loss in childhood is associated with poor language development in early childhood and with lower educational achievement and employment opportunities later in life. Apart from those children suffering from profound hearing loss, conductive hearing loss is common in school age group as a result of recurrent, chronic or acute otitis media. These children experience communication difficulties under adverse listening conditions such as noisy classrooms. Such conditions might impair their educational performance. Even children with minimal hearing loss, unilateral hearing loss, are 10 times more likely than normal hearing children to suffer academic difficulties. They are more likely to experience grade repetition or require extra assistance in school.
- Visual Impairment - Visual impairment caused by refractive error, amblyopia, strabismus, and astigmatism is a common condition among young children, affecting 5 percent to 10 percent of all preschoolers. Amblyopia is present in 1 percent to 4 percent of preschool children; an estimated 5 percent to 7 percent of preschool children have refractive errors. Uncorrected amblyopia may harm school performance, ability to learn, and later, adult self-image. Children with visual impairment may present with certain features such as deterioration in handwriting, slowness in copying from the board, deterioration activities dependent on eye hand coordination and asking for written instructions to be given verbally. Even though these children make progress within the curriculum, they progress at lower levels than expected, exhibit fatigue and frustration towards the end of the school day.
- Hypothyroidism
- Prematurity, low birth weight - Research has consistently demonstrated a greater risk for learning-related problems in preterm, low birth weight children. There is clear evidence to show significantly poorer cognitive and academic outcomes in children born preterm and/or with low birth weights compared with children born full term. Many preterm infants exhibit early cognitive and learning problems that present as expressive language delays, visual-motor and visual-spatial deficits, and/or attentional difficulties during the first few years of life. These early deficits are believed to be associated with later academic and learning problems. When premature, low birth weight children reach school age, they exhibit a higher rate of learning disabilities and lower scores on tests of reading, writing, math, spelling, and executive functioning. Bhutta, et al., conducted a meta-analysis of studies examining school-age children born preterm and found that preterm children exhibited significantly lower IQ scores than full-term controls.

Many of these factors may also be overlapping and coexistent.

3. Sift out cases of intellectual sub-normality as probable cause of poor scholastic performance :- We need to be able have an idea about whether the poor scholastic performance is due to intellectual sub-normality because then the prognosis is worse than if it were due to specific learning disability. In the latter, children have average to above average intelligence and therefore respond better to appropriate remediation.

- Children with global deficits are more likely to have intellectual sub-normality. Global deficit means a deficit in all aspects of learning unlike the specific deficits as the name implies in specific learning disability
- They would exhibit, in addition, impairments in adaptive behavior, self-care, communication, attention span and mobility
- Look for history of incidents that could cause intellectual sub-normality
- Check for delayed developmental milestones
- Look for clinical signs of syndromes associated with intellectual sub-normality

4. Must for all Rehabilitation Professionals, Teachers and Teacher Educators:

- Recognize factors in the home and school environment especially the former, which is the most common cause of scholastic backwardness in India, and provide advice
- Learn more about specific learning disability and how to suspect the same while early identification
- Suspect and refer for assessment children with probable ADHD, anxiety and obsessive traits
- Screen all children with poor scholastic performance for hearing and visual impairment
- Hypothyroidism would usually have been identified
- Manage chronic illnesses efficiently to reduce absenteeism, fatigue and frustration
 - Bronchial asthma
 - Recurrent otitis media
 - Cardiovascular malformations
 - Diabetes
 - Epilepsy

5. Conclusion:

It is important to understand that learning strategies/remediation effective for specific learning disability helps even normal children and is useful for slow learners i.e., children with an IQ range of 70-89 and children with borderline intellectual sub-normality i.e., children with IQ below slightly below 70.

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