

Anxiety Life Interference and Self Concept of Slow Learners

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ABSTRACT

Objective: The study was designed to assess anxiety and its interference in life of slow learners, their self concept and find out relationship between anxiety and self concept. **Study Design:** Descriptive Case Series. **Place and Duration of Study:** The study was conducted from March, 2012 to October, 2012 in Government Special Education Institute for Slow Learners, Jhang. **Method:** Sample (N=54) was comprised of children, drawn from Government special Education Institute for Slow Learners, Jhang through purposive sampling technique. Participants were identified as slow learners on the basis of Mental State Examination (MSE) and Raven's Colored Progressive Matrices (CPM). The test booklet comprised of three instruments including, Informed Consent Form, Children Anxiety Life Interference Scale (CALIS) and Self-Perception Profile for Children (SPPC).

Descriptive analysis and Pearson Correlation coefficient was used to analyze and make inferences from the data collected from sample by using SPSS version 13. **Results:** Descriptive analysis showed that slow learners (M=25.54, SD=6.59), N=54 on anxiety scale and (M=62.80, SD=11.38), N=54 on self perception profile as Athletic Competence (M=13.96, SD=3.13), Conduct (M=12.15, SD=2.45), Peer Acceptance (M=13.37, SD=3.13), Physical Appearance (M=12.72, SD=1.88) and Scholastic Competence (M=10.76, SD=2.39) that indicate negative self concept with moderate level of anxiety and correlation (**P<0.01) of anxiety life interference and self-perception profile.

Conclusion: Slow Learner Children have moderate level of anxiety and negative self concept.

Key Words: Slow Learners, Anxiety Life Interference, Self Concept.

INTRODUCTION

Learning is an innate urge of every human being. It is a dynamic process irrespective of the disability one has. It depends mainly upon the environmental stimulation, the opportunity and guidance one is able to receive¹. The challenge of identifying slow learners has been a topic of increasing concern of researchers from last few decades². Slow learner is not a diagnostic category, academically slow learners are usually identified based on their attained scores on intelligence test, with IQs between 75-89. A slow learner differs slightly from normal children in learning ability and cannot meet average standards year to year².

It is evident from literature that their deficit in skills (e.g. inadequate coping mechanisms, poor self image, immature interpersonal relationships troubled communications and inappropriate social role ideology) make them vulnerable or at risk of several psychosocial problems³. They are prone to anxiety, low self-image and eventually may be quick to give up⁴. Anxiety life interference refers to anxiety, start to interfere with one's home life, friendship, school performance and cause one's to miss out on activities⁵, whereas self concept refers to self evaluation or self perception and reflect how one evaluate himself or herself in domains (or areas) in which he or she considers success important⁶.

METHOD

Method of the present study was consist of inclusion and exclusion criteria. Slow learner children were

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included in the study, whereas mentally retarded, deaf and dumb children and children with average and above average IQ were excluded from the study. Sample of the study was comprised of (N=54), children drawn from Government Institute for Slow Learners, Jhang through purposive sampling technique. Participants were identified as slow learners on the basis of Mental State Examination (MSE) and Raven's Colored Progressive Matrices (CPM);⁷ scoring between 10th to 25th percentile and teacher appraisal based on the consideration of the child performance in curricular and recreational interests and overall academic performance in the class, designated as dull or below average. Colored Progressive Matrices (CPM) is an internationally recognized culture-fair, nonverbal IQ test to measure the general factor. It is specially design for use with children between ages of 5 ½ and 11 ½ years. This easily administered paper and pencil test is comprises of three sets of twelve problems, arranged to "assess mental development up to a stage where a person is sufficiently able to reason by analogy to adopt this way of thinking as a consistent method of inference"⁷. In the present study children having the raw score and corresponding percentile between 10th to below 25th percentile were identified as slow learners⁸. Literature supports that Raven's CPM is a reliable source to identified slow learners, intellectually sub normal and have deteriorated cognitive abilities⁷.

The test booklet was comprised of three instruments including, Informed Consent Form, Children Anxiety Life Interference Scale (CALIS) and Self-Perception Profile for Children (SPPC). Written informed consent from the institute, teachers and parents of slow learners was obtained before conducting study. The Children's Anxiety Life Interference Scale (CALIS) is developed by Lyneham in 2012. It is designed to assess life interference attributed to fears and worries from child and parent perspectives. The measure targets interference on the child's life and also on the parent's/family's life. It is a likert type scale and designed for children aged approximately 6 to 12 years of age and results obtained by sum of all items with 10 cut off score⁹. Self-Perception Profile for Children (SPPC) is developed by Susan Harter in 1985. It provides a series of measures that may use to assess

the self concept of children. SPPC is a 30 items scale subdivided into 6 items subscale to measure each of the following domains of self concept as scholastic competence, athletic competence, physical appearance, peer acceptance, and conduct morality. Each item of every domain is scored from 1 to 5 (with some items scored inversely) and 17 cut off score with positive and negative self concept¹⁰ (Harter, S 1985). After collecting data, raw results were tabulated obtained from the participants. Descriptive analysis and Pearson Correlation coefficient was used to analyze and make inferences from the data collected from sample by using SPSS version 13.

RESULTS

A total of 54 children were included in the study over a period of 7 months. The age of children varied from 6 to 13 years with mean age of 9.09 years (see table 1). The number of children in Mild (3.7%), Moderate (53.7%) and Severe (42.6%) category on Anxiety Life Interference Scale is shown in table 2, (see figure 1). Descriptive analysis of present study on anxiety life interference scale showed that slow learners children have moderate level of anxiety as cut off score is 10 whereas (M=25.54, SD=6.59), N=54 (see table 3) and on the scale of self perception profile (M=62.80, SD=11.38), N=54 that indicate negative self concept as cut off score is 85 (see table 4). Athletic Competence has (M=13.96, SD=3.13), Conduct/Morality has (M=12.15, SD=2.45), Peer Acceptance has (M=13.37, SD=3.13), Physical Appearance has (M=12.72, SD=1.88) and Scholastic Competence has (M=10.76, SD=2.39), N=54 with 17 cut off score (see table 5). It was also found that anxiety life interference and self perception profile has significant correlation at the level of **p<0.01 (see table 6).

Table-1
Minimum to Maximum Age Distribution among Slow Learners with Mean and S.D, N=54

Age	N	Minimum	Maximum	Mean	Std. Deviation
	54	6	13	9.09	2.33

Table-2
Number of children with Percentage and Category of Mild, Moderate and Severe

Categories	Frequency	Percentage (%)
Mild	2	3.7
Moderate	29	53.7
Severe	23	42.6
Total	54	100

Table-3
Mean and Std. Deviation of Anxiety Life Interference Scale with Minimum and Maximum Score, N=54

Life Interference Anxiety Scale	N	Minimum	Maximum	Mean	Std. Deviation
	54	11	38	25.54	6.59

Table-4
Mean and Std. Deviation of Self Perception Profile for Children with Minimum and Maximum Score, N=54

Self-Perception Profile for Children	N	Minimum	Maximum	Mean	Std. Deviation
	54	43	89	62.80	11.38

Table-5
Mean and Std. Deviation of Domains of Self Perception Profile with Minimum and Maximum Score, N=54

Self-Perception Profile for Children	N	Minimum	Maximum	Mean	Std. Deviation
Athletic Competence	54	07	20	13.96	3.13
Conduct / Morality	54	07	18	12.15	2.42
Peer Acceptance	54	08	20	13.37	3.13
Physical Appearance	54	08	16	12.72	1.88
Scholastic Competence	54	07	16	10.76	2.39

Table-6
Correlation Coefficient of Anxiety Life Interference and Self Perception Profile

	Anxiety Life Interference	Self-Perception Profile for Children
Anxiety Life Interference	01	-.719**
Self-Perception Profile for Children	-.719**	01

**P<0.01

Figure-1

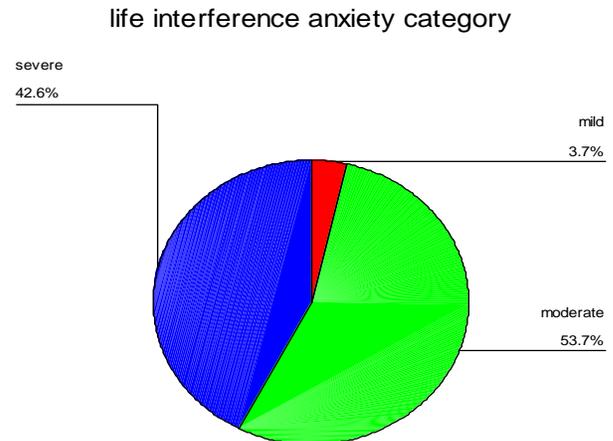
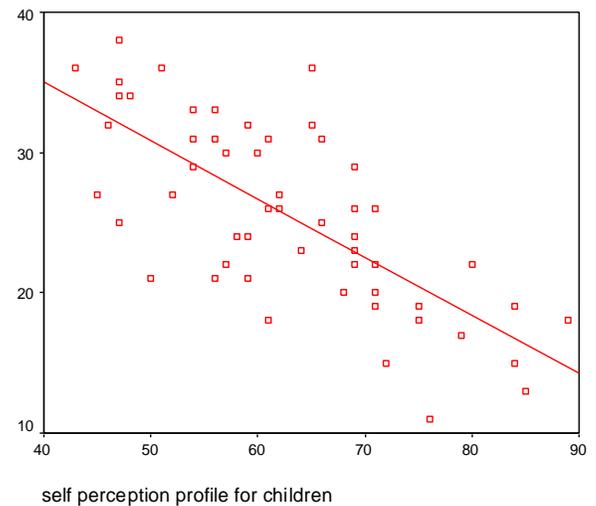


Figure-2
Correlation Coefficient of Anxiety Life Interference and Self Perception Profile



DISCUSSION

This study was conducted to find out relationship of anxiety and self concept and its interference in life of

slow learners. Descriptive analysis of present study showed that slow learners children have moderate level of anxiety as (M=25.54, SD=6.59), N=54. Epidemiological studies showed that prevalence estimates of child anxiety have been somewhat variable across countries and studies due to many factors including variations in criteria, assessment instruments and sampling. Overall, around 5% of children and adolescents meet criteria for an anxiety disorder during a given period of time in Western populations¹¹. There is little data available from other cultures, but one study from Puerto Rico has shown similar rates¹². In most studies prevalence is highest for specific phobias and moderate for separation anxiety, generalized anxiety and social phobia. Considerably lower rates are reported for obsessive compulsive disorder and the lowest rates are reported for post traumatic stress disorder Lanius RA et al 2010¹⁰.

Finding regarding self perception profile showed that slow learners have (M=62.80, SD=11.38), N=54 that indicate negative self concept as Athletic Competence has (M=13.96, SD=3.13), Conduct/Morality has (M=12.15, SD=2.45), Peer Acceptance has (M=13.37, SD=3.13), Physical Appearance has (M=12.72, SD=1.88) and Scholastic Competence has (M=10.76, SD=2.39), N=54. A research indicated that academically slow learners pose significant educational and behavioral difficulties in the schools because of their deficiencies in intellect and Psychosocial skills¹³. Alena et al (2008) have found that levels of self-worth in each domain of self-concept are associated with behaviors and accomplishments relevant to success in those particular areas of development. For children, having a high academic self-concept is associated with positive academic performance and having a high physical self-concept is related to increased physical activity. Positive overall self-concepts have been linked to various markers of positive development including positive peer relationships and overall happiness⁰⁶.

Another finding of the present study showed that anxiety life interference and perception has significant correlation at the level of $**p < 0.01$. Hussein's (2009) study supported the notion that; child's mental health is largely influenced by child's home environment, child's schooling, and the society at large¹⁴. This confirms the critical and helpful role of parents and teachers in giving prime attention, vigilance, and care

to ensure sound mental health¹⁵.

In the context of Pakistani academic setting, unfortunately there is sparse empirical evidence which may assist academic settings to identify slow learners¹⁵ with the help of standardized and objective measures (IQ tests scores)¹⁴ and to develop and implement special educational criteria and curriculum and provide interventions for associated mental health issues. Strategies that can be used to improve children self-concept include providing praise for accomplishments, praising effort, working with the individual to encourage improvement in areas where he or she feels deficient, and refraining from using negative feedback⁰⁶.

CONCLUSION

Because negative self-concept in children has been associated with anxiety and various maladaptive behavioral and emotional problems, it is important to address signs of negative self-concept in children. This brief emphasizes the importance of assessing the various domains that make up children's self-concept. Furthermore by determining the specific causes of negative self-concept, mental health professionals can use a variety of techniques to help children and adolescents combat any negative views that they may hold about themselves. By intervening to improve children and adolescents' self-concepts, out of school time hold the potential to influence the social, academic and behavioral adjustment at a critical time in their development.

CLINICAL IMPLICATIONS

The results of this study highlight the need to improve self concept and minimize anxiety among slow learners. Poorly informed parents are unlikely to make optimal treatment choices. Improving parent's knowledge and understanding about treatment and improving child's knowledge and understanding about self may lead to better engagement, retention, treatment, adherence and, ultimately better health outcomes. Future studies must focus on the development and implication of strategies to improve parents as well as child's knowledge and to explore the impact that variables such as beliefs perception and attitudes about psychological treatment may have on the clinical outcomes.

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Submitted for Publication:	08-04-2013
Accepted for Publication:	17-05-2013
After minor revisions	