

**PRIMARY SCHOOL TEACHERS' PERCEPTIONS
AND MANAGEMENT SKILLS OF LEARNING
DIFFICULTIES IN IBADAN NORTH-EAST LOCAL
GOVERNMENT AREA, OYO STATE NIGERIA**

BY

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**A PROJECT SUBMITTED TO THE CENTRE FOR CHILD AND ADOLESCENT
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REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN CHILD &
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IBADAN**

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DECLARATION

This dissertation is submitted in partial fulfilment of the award of the Master of Science in Child and Adolescent Mental Health in the University of Ibadan.

I hereby declare that this study or part of it has not been, and will not be submitted for any other diploma, fellowship, degree or any other examination.

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DEDICATION

This work is dedicated to the memory of my late loving and caring husband, Olusegun Akintunde Akinboade. He was a strong pillar of support for all my academic achievement till his death. His encouragement led to my enrolment in this programme but he did not witness the end of the programme with me. My dear Segun, continue to rest peacefully in the bosom of our Lord Jesus Christ.

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CERTIFICATION BY SUPERVISOR

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ACRONYMS

AAIDD	The American Association on Intellectual and Developmental Disabilities
ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychiatric Association
CRC	The Convention of the Right of the Child
DD	Developmental Dyscalculia
DSM-5	Diagnostic and Statistical Manual of Mental Disorders
EFA	Education for All
ICD	International Classification of Disease
ICF	The International Classification of Functioning, Disability and Health
ICT	Information Communication and Technology Equipment
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Acts
INE	Ibadan North East
IDEA	Individuals with Disabilities Education Acts
IQ	Intelligence Quotient
LA	Low achievers
LAMIC	Low and middle income countries
LD	Learning difficulties
LGA	Local Government Area
MDG	Millennium Development Goals
MLD	Mathematics Learning Difficulties
MRI	Magnetic Resonance Imaging
NACHC	National Advisory Committee on Handicapped Children
NCE	The National Certificate of Education
RD	Reading Difficulties
RTI	Response to Intervention
SLD	Specific Learning Difficulties
SPSS	Statistical Package for Social Sciences
SUBEB	Oyo State Universal Basic Education Board
UN	United Nations
UNESCO	United Nation Educational, Scientific and Cultural organization
UNICEF	United Nations Children Educational Fund

VLBW

Very low birth weight

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ABSTRACT

Learning difficulties (LD) significantly interfere with academic achievements of school children leading to repeated failure, low self-esteem and school dropout. In Nigeria, the proportion of school children experiencing LD is on the increase. Teachers are in the ideal position to detect learning difficulties early in school children and provide additional support. Teachers' ability to deal with children with LD is affected by their knowledge and attitudes. Few studies have investigated teachers' knowledge, attitudes and management of school children with learning difficulties in Nigeria despite a considerable percentage of school children being affected. This study aimed to determine Primary school teachers' perceptions and management of learning difficulties in school children and associated correlates.

This was a descriptive cross sectional study, using a three-stage multistage sampling to select 450 teachers in Ibadan North East local government area, Oyo state. The study participants completed a Socio-demographic Questionnaire and Learning Difficulties Questionnaire. The socio-demographic variables included respondents' age, highest educational qualifications among others. About two thirds (60.4%) of the participants had good knowledge of learning difficulties. Two thirds of the respondents (62.7%) also had positive attitudes towards school children with LD, while three quarters of the respondents (78.2%) had good management skills for LD in school children.

However, there was poor knowledge of specific learning difficulties. Two thirds of the respondents also had negative attitudes towards inclusive education and one third believed in the spiritual causation of LD in children. Better knowledge among respondents was associated with higher degree educational qualifications. There was also a significant association between respondents' lower age, increased number of years of teaching, positive attitudes and good management skills. Resources required by the teachers for effective teaching and learning of the school children with LD were greatly lacking. There is need for

adequate provision of instructional materials for teaching the school children with LD as well as provision of other necessary supports from the government. In-service training of teachers should also focus on improving teachers' knowledge of specific learning difficulties.

Key Words: Teachers, school children, knowledge, attitudes, management skills, learning difficulties.

Word

count:

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Education is a human right and enhances human dignity through its fruits of knowledge, wisdom and understanding (Claude, 2005). Education according to Igwesi et al., (2012) is a vital instrument for a sustainable national development, transmission of cultural heritage and technological advancement of any nation depends on it (Onyekuru and Ibegbunam, 2013). Education has been identified as one of the best investment a country can make to ensure its development (UNICEF, 1999). It has also been identified as one of the main foundations for a child's development (Kamal and Bener, 2009). Ensuring the right to education is a matter of morality, justice and economic sense (Vrasidas et al., 2009). The Convention on the Rights of the Child (CRC) aims at assuring that all children have access to relevant and meaningful education regardless of their background (CRC, 1989).

Primary education lays the foundation on which other educational levels build (Adebowale and Moye, 2013). Primary education gives children the skills they need to continue learning throughout life. However, while most children find school exciting, some develop fear, anxiety and cannot cope adequately because they have difficulties with learning (Ikediashi, 2012). A large number of school children are doing poorly in schools as a result of learning difficulties (LD) and about 20% of children fail to achieve good marks in school (Kamal and Bener, 2009). Failure at school and class repetition as a result of LD is a serious concern among affected children and their parents (Kamal and Bener, 2009). Learning difficulty is a broad term that teachers, schools and assessors apply to school children who cannot meet the normal requirements of classroom learning in the same way as others. These students seem to have strengths similar to their peers in some areas, but their rate of learning is slower, LD

results in a student not learning as quickly as someone who is not affected by LD (Adebowale and Moye, 2013). LD can cause an individual school child to have trouble in learning and using certain skills and not keeping up with the curriculum at school (Essa and El-Zeftawy, 2015).

Difficulties with learning in school children can arise from Specific Learning Difficulties (SLD), Intellectual Disabilities (ID), developmental, environmental, emotional or even physical problems (Kamal and Bener, 2009). Learning difficulties are common among elementary school children (Little, 2004), it may occur early during the first years of formal schooling (Schulte-Körne, 2014). The difficulty may be in the areas of reading, Mathematics, written expression, auditory perception and communication or may be more global. LD occurs regardless of gender, race, or ethnic origin (Lisle, 2011). However a study carried out by Choudhary et al. (2012), learning difficulties (LD) was found to have higher prevalence in males than females (11.40% Vs 7.14% respectively).

Generally, children with LD have impairment in acquiring, retaining and processing information. This could be manifested by significant difficulties in listening, speaking, reading, writing, reasoning or mathematic abilities (Lopez and Crenitte, 2013). The difficulties in learning significantly interfere with academic achievements or daily living (Encyclopedia of Children's Health, 2016).

Learning difficulties among school children in Nigeria has not received the needed attention. It has been observed that the development of education in response to children's identified special educational needs is still in its very initial stages (Okolo, 2001). There is still little attention to LD in Nigeria. In many rural and urban communities where there is no awareness of LD, the cause is attributed to evil spirits and children with LD are often misunderstood. Many people also attribute LD to laziness, (Samuels, 2010; Silver, 2006).

The estimation of learning difficulties among school children ranges from about 2% to the highest 20-40% (Essa and El-Zeftawy, 2015). Approximately 5% of all public school students are identified as having LD in general (Lyon, 1996; Lagae, 2008) which has negative impact on their education and learning. Abosi (2007) submitted that there is an increase in the number of children with LD in schools in Africa which has become a major issue and concern. He affirmed that the situation is reflected in various school-leaving examinations, with an average of 30 percent of the results below average or failures each year especially in some core subject areas.

Learning difficulties present with different school problems at different ages, (Lagae, 2008). Children with learning difficulties often struggle with various areas of academic performance (Cortiella and Horowitz, 2014). Academic difficulties, mal-adaptive behaviour, school dropout and failure in life are negative consequences of learning difficulties on school children (Hen and Goroshit, 2014). Repeated failures result in low self-esteem, depression, slowly stop trying to learn and eventually drop out of school. School dropout is linked to illegal activities; adolescents with LD who drop out are at a higher risk of becoming involved with tobacco, alcohol and drug abuse in the absence of attention, proper management and support (Sawhney and Bansal, 2013). However, LD is a problem not only of the school years, but may continue right into adult life and cut across the life span (Hammill et al, 1987). Silver (1986) is of the same view that the same problems that interfere with normal learning processes may also impact on self-image, peer- relationships, family relationships, and social interactions of individuals with LD, if early recognition and help are not available.

For children with learning difficulties to be able to acquire, retain, and perform academic and social skills as their peers, they require additional support from their teachers (Lackayeand Margalit, 2006). Teachers are the child's first contact after school entry; they play a significant role in early recognition and proper management of school children with

LD(Sharma and Samuel, 2013). Poor management skills of LD by the teachers and limited teaching resources can result into overwhelming stress for this group of learners. Such learners may engage in work-avoidant behaviours, such as repeatedly getting out of their seat, constantly asking to go to the toilet, disturbing classmates during independent work time, being verbally or physically aggressive with peers or frequently getting up to sharpen pencils (Hinshaw, 1992). They can also develop anxiety-related symptoms such as not wanting to go to school, complaints of headaches or crying in school. Adebowale and Moye (2013) asserted that teachers who do not have a good understanding of learning difficulties in school children are likely to misinterpret or not notice these problems.

Gwernan-Jones and Burden (2010) also confirmed that teachers' abilities in dealing with different forms of learning difficulties and the associated behavioural problems will be affected by their knowledge and attitudes about those learning difficulties. Kataoka, Kraayenoord and Elkins (2004) also stated that since teachers have the task of identifying students' learning difficulties, their knowledge of learning difficulties and understanding of their students will enable them to develop positive attitude towards school children with LD which in turn leads to acquiring or developing better competencies to handle such children and influence their provision of support for this group of students. Therefore, primary school teachers have important roles to play in identifying early young children who are having learning difficulties and should be able to utilise effective management strategies that will be of help to such children. When LD is early recognized and properly managed, the child has the potential for a reasonably successful future, but without help, the child's difficulties may become incapacitating and function as a major handicap throughout life (Silver, 1986).

1.2 Justification and Relevance

Learning difficulties can make it difficult for a student to read, write, spell, or solve mathematical problems. Students who experience learning difficulties do not respond to the usual classroom teaching that schools provide. They are well acquainted with academic difficulties and are at risk of school dropout and failure in life.

Learning difficulties affect a large number of school children, approximately 5.34% of young children attending public schools in the United States experience learning difficulties and this account for 51% of special education classifications (Dombrowsky, Reynold and Kamphaus,2004: cited in Mohamed and Laher(2012). In Nigeria, there is a dearth of information and limited literature on prevalence of LD among school children. Abosi (2007) affirms that there are no statistical records available in most African countries on the prevalence of learning difficulties and teachers' perceptions about LD among school children, but it is believed that about 8 percent of the students in school are experiencing learning difficulties. Early detection and effective management are paramount in the provision of support for this group of school children. Teachers have been identified as having an important role to play in early identification and provision of appropriate intervention for children with LD but unfortunately, most teachers either ignore the presence of the learning difficulties or have wrong perceptions by blaming it on the child's personality, seeing it as laziness, an attitude problem or aggression on the part of the students (Lisle, 2011). This can be attributed to the relative lack of awareness, and wrong perceptions of learning difficulties among teachers.

Adebowale and Moye (2013) in Ile-Ife, South western Nigeria carried out a study on awareness and attitude of primary school teachers to learning difficulties and found that a significant percentage (38.3%) had just fair knowledge of what learning difficulties entail.

Meanwhile teachers' knowledge of learning difficulties influences their provision of support for school children with LD. Similarly, the beliefs that teachers hold regarding teaching will have a strong impact on the kinds of decisions that they make in their classrooms as well as the type of materials, activities and instruction they will use in their lessons will be guided by these beliefs (Abd Samad and Nurusus, 2015).

Also, studies have shown that there are an incredibly large number of people who have LD that are undiagnosed and the numbers are growing (Lisle, 2011). Furthermore, despite the fact that the population of people with LD is large, yet research is underdeveloped in exploring how this group of individuals are perceived by others as perceptions of others have consequences on people with LD and may even affect how they perceive themselves (Wong and Butler, 2012).

As a result of a dearth of information and limited literature on prevalence and teachers' perceptions about LD among school children in Nigeria, this study therefore hopes to establish baseline knowledge of learning difficulties among primary school teachers in Ibadan, as well as explore their attitude about school children with LD and determine their management strategies for LD. The findings will be a pointer to the training needs of teachers in the area of recognition and management of LD among school children. It is hoped that the findings will also help policy makers in the formulation of appropriate policies regarding meeting the needs of the school children with LD for optimal learning outcomes.

1.3 Aim of the study

The aim of this study is to determine the Perceptions and Management skills of learning difficulties among primary school teachers in Ibadan, Oyo state.

1.4 Specific Objectives

1. To determine the baseline knowledge of learning difficulties (LD) among primary school teachers in Ibadan
2. To examine the attitude of primary school teachers in Ibadan towards students with learning difficulties
3. To determine the management strategies currently used by primary school teachers to help students with LD.
4. To evaluate the factors associated with the knowledge, attitudes and management skills of LD among primary school teachers in Oyo State.

1.5 Research Questions

1. What is the baseline knowledge of LD among primary school teachers in Ibadan North-East local government area?
2. What are the attitudes of primary school teachers in Ibadan North-East local government area towards students with LD?
3. What are the management strategies currently used by primary school teachers to help students with LD?
4. What are the factors associated with the knowledge, attitudes and management skills of LD among primary school teachers in Ibadan North-East local government area?

1.6 Null hypothesis

There is no significant relationship between socio-demographic characteristics of primary school teachers and their knowledge, attitudes and management skills of learning difficulties.

1.7 Primary outcome measures

Primary school teachers' knowledge, attitudes and management skills of learning difficulties will be determined.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Children and adolescents constitute almost a third (2.2 billion individuals) of the world's population and almost 90% live in low and middle-income countries (LAMIC), where they form up to 50% of the population (Beidas and Kendall, 2014) citing UNICEF, 2010. In Nigeria, about 45% of the population are youth, many of whom fall within the primary school age group (Asodike and Ikpitibo, 2014). Nigeria agrees to the fact that education is an essential means of promoting national development (Jaiyeoba, 2011; Obiweluzor, 2015; Olaseinde et al., 2015) and becomes a signatory to various International agreements that concern child's education among which are the Convention on the Rights of the Child (CRC), Education for All (EFA) and Millennium Development Goals (MDG) (Suku, 2011; Ajeyalemi and Ogunleye, 2009). The education sector in Nigeria has undergone various reform initiatives in conformity with the EFA and Millennium Development Goals (Ajiye, 2014). Example of this is the free compulsory universal basic education programme which includes primary education (UNESCO, 2012; EFA Review Report, 2015; Unagha, 2008). The goal of the reforms is to widen access, improve quality and efficiency and to eliminate inequalities in both access and quality (Moja, 2000).

Primary education plays an important role in the life of a child and the nation as a whole (Jaiyeoba, 2011) therefore, forms a very vital component of Nigeria education system; it has the largest enrolment (Asodike, 2014). Primary education sets the foundation for formal

education on which other levels of education are built; in Nigeria it is the child's stepping-stone to attain higher education and social goals (Asodike, 2014). This first level of education provides children with the fundamentals of reading, writing, and capacity to calculate, thereby eradicating illiteracy which is one of the predictors of poverty (Domike and Odey, 2014).

However, children have different situations or challenges that can impede their effective learning and academic development (Zins and Elias, 2004). There are differences in children's physical development, intelligence, emotional, maturity and social development (Oladejo and Oladejo, 2011). Similarly, there are differences in level of academic performance among individual learners for various reasons (Felder and Brent, 2005; Garcia et al., 2007, Subramaniam, et al., 2014). Some students do not learn as quickly as others and do not find learning easy in school. These school children are being referred to as having learning difficulties (LD) (Adebowale and Moye, 2013).

A wide range of conditions may give rise to learning difficulties in school children. These include presence of sensory deficiencies (visual or hearing deficit), medical conditions (congenital or acquired) motor disabilities, intellectual disabilities, specific learning disorders, environmental, cultural, or economic disadvantage (Ritney, 2003). Disproportionate numbers of children with LD come from lower socio-economic disadvantaged backgrounds (Westwood, 2013). Learning difficulty is also related to teaching problems, unfavourable and poorly stimulating school environment, socio-cultural and emotional conditions (Siqueira, 2011; Goncalves, 2014; and Milkie and Warner, 2011).

According to Price and Cole (2009) effective recall and application of basic academic skills are key prerequisites for school learning however, individuals with LD may experience difficulties in processing information, information recall and application of basic academic skills which in turn affect their learning (Graham, Berman and Bellert, 2015). Learning

difficulties have a very significant effect on individuals, family and on society (Ritney, 2003). Rimrod and Lipkin (2011); Igwue and Ashami (2013) assert that children with learning difficulties may have normal intelligence, however, the intellectual level of some other group of students with LD may be somewhat below average (Westwood, 2013) resulting in poor academic performance. Poor performance in school subsequently results in emotional distress and family concern (Siqueira, 2011).

Learning difficulties occur regardless of gender, race, or ethnic origin (Lisle, 2011). It is usually first identified among preschool and primary school children although it tends to progress into adulthood (Bhavya, et al., Chinnu, Joseph, Thomas and Prasad, 2015). Findings of a study conducted by Morris et al (2014) also affirm that learning difficulties may persist into adulthood. Little (2004) also affirms that learning difficulties are common among elementary school children as it occurs early during the first years of formal schooling (Schulte-Körne, 2014). The number of school children with LD varies across schools and across countries but at least 20% of school population are considered to have difficulties in academic areas (Westwood and Graham, 2000; Westwood, 2000; Wong and Butler, 2011). The percentage of school children with LD continue to increase and students with these problems are therefore quite common in schools (Forlin and John Lian, 2008; Ritney, 2003).

2.1 Learning Difficulties: Definitions

The term Learning Difficulty (LD) is used to refer to the general problems in learning experienced by school children (Westwood, 2003). LD applies to students who are not making adequate progress within the school curriculum, particularly in basic skill areas covering language, literacy and numeracy. These students find the learning of basic literacy and mathematical skills incredibly problematic. The term learning difficulties is applied to school children who are not making adequate academic progress within the school curriculum

(Westwood, 2013). Their learning difficulty may be associated with just one particular school subject or may be evident across all subjects in the academic curriculum (Westwood, 2013). Children who have problems in learning during the first years of primary school may have problems with educational tasks at other levels of education.

The terms underachievement, underperformance, learning disorders, learning disabilities, Intellectual disabilities, slow learners, specific learning difficulties, global learning difficulties are often used to characterise those children who are doing poorly in school (Lambert and Sandoval, 1980). Westwood (2013) also affirms that over many years, students with LD have been given a variety of labels such as educationally subnormal, slow learners, dull students, low achievers, the hard to teach, learning disabled and so many others.

2.2 Aetiology of Learning Difficulties

Regardless of whether a learning difficulty is general or specific, several factors can cause difficulties in learning. Westwood (2013) opines that the cause of learning difficulty usually cannot be attributed to a simple factor. Westwood (2008) citing Twomey (2006) suggests that there are three perspectives of LD and their underlying causes. These are; the deficit model, the inefficient learner model and the environmental factors model.

The deficit model assumes that learning difficulties are caused by weaknesses within the student. The deficits include low intelligence, visual and auditory processing difficulties, weak memory capacity, health problems, emotional problems, poverty, lack of support and disadvantages in the student's cultural or home background. However, Westwood (2015) opines that some learning difficulties are indeed due to specific weaknesses within the learner but it is most unlikely that this is applicable to every case of students with LD.

According to Twomey (2006) the inefficient learner model believes that the learning difficulty is due to an individual student failing to approach school learning in a systematic and productive way and has not yet discovered how to learn effectively in school. The environmental factors model is divided into two; teaching methods and curriculum. The environmental factor model considers that learning difficulties are due mainly to environmental influences, the most significant of which is the quality and appropriateness of the teaching that an individual receives. Difficulty in learning could arise if inappropriate teaching methods are used. It was further stated that not all methods of instruction are equally effective in achieving particular goals in learning and similarly, not all methods are equally effective with all students. Examples of such inappropriate teaching methods identified include unstructured approach and use of student centred approach rather than direct teaching in the early stages of learning. Others include the teacher moving ahead too quickly, devoting too little time to practice, using complex language when explaining, a shortage or non availability of suitable teaching materials and teachers not carefully monitoring students' daily progress (Twohey, 2006).

Curriculum was also identified as an environmental factor in the possible aetiology of LD. This manifests when the subject matter is beyond the cognitive ability of the students, when the tasks and activities are boring or cumbersome or when the demands of curriculum content and learning activities are too high (Westwood, 2013).

Lingeswaran (2013) also identified other possible aetiological factors of LD. He identified varieties of genetic, prenatal, perinatal, and postnatal factors that can lead to development of LD. Pennington et al., (1982) also concluded from evidence in their study among children with sex chromosome anomalies that learning difficulties can have a genetic basis. Lingeswaran (2013) further identified other contextual factors such as parental illiteracy, lack of access to quality pre-school instruction; overcrowded classrooms, poor classroom teaching

and poverty. Maternal socio-demographic and economic disadvantage have also been associated with the increased prevalence of intellectual disability and learning difficulties (Leonard et al., 2005; Jones and Stephen White, 2000; Casanova et al., 2005)

Poor socio-economic conditions are related to a number of factors which could subsequently result in LD such as malnutrition, limited pre- and post-natal care. According to the National Population Commission up to 12% of pregnant women in Nigeria are malnourished and only 58% of a nationally representative sample of pregnant women had access to antenatal care, out of which 35% at point of delivery had in attendance, a skilled birth attendant. In a study conducted by Choudhary et al., (2012) history of complications during delivery was identified more in children with LD than in children without LD (20.83% vs. 4.17%).

Also, malnutrition before birth or during the formative years can limit neurological growth and development and thus have long-term consequences for cognitive development leading to cognitive, linguistic, and academic deficits. Westwood (2013) citing Eysenck and Schoenthaler (1997); Marques et al., (2013) also asserted that poor nutrition in the early years is associated with lower IQ, poor attention, poor memory, and lower school achievement. It was further explained that individual's nutritional status can influence mood, responsiveness, concentration, and general readiness for learning. It was also affirmed that some substances in foods (for example, Omega-3, fatty acids, Iron, vitamins and Zinc have effects on cognition and brain functions (Gomez-Pinilla, 2008). Fretham et al., (2011) asserted that early life iron deficiency may result in learning and memory deficit in affected children and may persist despite repletion. Generally, lack of food, eating at irregular intervals, or eating the wrong kinds of food can cause problems with the child's concentration in school and can affect the child's general health. Morris and Sarll (2001) confirmed in their study that low blood sugar level reduces a learner's listening span, however, it is not unusual to find children coming to school each day without breakfast (Mhurchu et al., 2010).

2.3 Specific Learning Difficulties (SLD)

Specific learning difficulties are sub-group of learning difficulties which stem mainly from internal factors related to weakness in language processing, perception or cognition (Westwood, 2013). SLD have been grouped as a category of learning difficulties with impairments in reading, writing, and mathematics (Poletti, 2014). According to Al-Mahrezi et al. (2016) a specific learning difficulty is defined as a neuro-developmental disorder of biological origin which manifests in learning difficulties in acquiring age-appropriate academic skills during the early school years.

National Advisory Committee on Handicapped Children (NACHC) (1998) also defines Specific learning difficulty as "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. SLD is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities (Reid, Lienemann and Hagaman, 2013, : Al-Mahrezi, 2016).

Specific Learning difficulties have been attributed only to intrinsic (neuro-biological) rather than extrinsic causes (Fletcher, Lyon, Barnes, Stuebing and Francis, 2001). The difficulties are believed to be intrinsic to the individual and presumed to be due to central nervous system dysfunction (Hammill et al., 1988; Vinson, 2012). SLD may occur concomitantly with other handicapping conditions such as sensory impairment, intellectual disability; social and emotional disturbance or environmental influences (cultural differences, insufficient or inappropriate instruction, emotional factors) but all these are not the primary causes (Lyon et al, 2001).

Individuals with SLD usually have average or above average intelligence but standardized tests place them well below their intelligence quotient range in their specific area of difficulty leading to a lower than expected academic performance in that area (Igwue and Ashami, 2013).

2.4 Co morbidities of Specific Learning Difficulties

The prevalence of psychiatric disorders can be as high as 36% among children with specific learning difficulties, compared to 8% among children without any learning difficulties (Emerson and Baines, 2011). SLD is also found to be associated with behavioural and emotional problems such as attention deficit hyperactivity disorder (ADHD) and conduct disorders in up to 30% of cases (Sahoo et al., 2015; Mamari et al., 2015; Schuchardt et al., 2015). Other findings among students with SLD include low levels of motivation, inefficient learning strategies, poor self management, secondary emotional and behavioural problems and anxiety symptoms (Westwood, 2003).

2.5 Types of Specific Learning Difficulties (SLD)

There are two subtypes of SLD; Verbal and Non-verbal SLD (Comptom et al, 2012). In the Non-verbal SLD, the affected individuals demonstrate adequate verbal expression, vocabulary and reading skills, but have deficits in perceptual reasoning domains. They have difficulties with certain nonverbal activities, such as problem-solving, visual-spatial tasks and reading body language or recognising social cues (Kimpton Heald, 2011; Volden, 2013). Non-verbal SLD is often associated with motor clumsiness, problematic social relationships and poor organizational skills. Verbal subtype involves cases in which there is an observable language deficiency manifested by impairment in vocabulary or reading skills. Verbal specific learning difficulties can be classified based on deficits in reading (dyslexia), writing

(dysgraphia), and mathematics (dyscalculia) (Moll et al., 2014). Difficulties in these areas frequently co- occur.(Lyon et al., 2001).

2.5.1 Reading difficulty (Dyslexia)

Reading difficulty is an example of a Verbal SLD that affects between 5 to 10% of school-age children (Huc-Chabrolle et al., 2010). Reading difficulty is the most common form of SLD in school-age children constituting about 80% of all SLD (Lyon, 1996, Shastry, 2007, Rimrodt and Lipkin, 2011). Reading difficulty affects accuracy and rate of decoding unfamiliar words, identifying familiar words, and spelling words (Nielsen et al., 2016). Males with Reading difficulty often outnumber similarly affected females. This follows the finding of Moll et al., (2014) who reported that more boys than girls showed spelling deficits, while more girls were impaired in arithmetic.

Reading is the process of understanding speech written down through a process of matching distinctive visual symbols to units of sound (phonology) (Ziegler and Goswami, 2005). There are three measured components of the process of reading, which are; reading accuracy, reading rate and reading comprehension (Schulte-Korne, 2014). Sumner et al. (2016) reported in the findings of their study that children with dyslexia made a high proportion of spelling errors (problems with reading accuracy) and exhibited within-word pauses (problems with reading rate), and had a lower lexical diversity within their written compositions compared to their verbal compositions (reading comprehension). Studies have also shown that children with dyslexia are hesitant spellers when composing; spelling is a prerequisite to expressing vocabulary in writing (Sumner et al., 2016).

The reading difficulties are usually unexpected considering the cognitive and academic abilities of the individuals and the use of effective classroom and traditional instruction methods (Lyon et al., 2003 and Ikediashi, 2012). Reading difficulty is a highly familial and

heritable disorder and this has been confirmed by twin studies (Huc-Chabrolle et al., 2010). Available evidence also suggests that reading difficulty could be due to the abnormal migration and maturation of neurons during early development (Shastry, 2007). If reading difficulty is not recognised and addressed at an early stage, the student is at increased risk of dropping out of school in order to minimize the damage to self-esteem caused by repeated failures and humiliations.

2.5.2 Writing Difficulty (Dysgraphia)

The term Writing Difficulty refers to difficulty of written expression or problem with expressing thoughts in written form. This usually consists of illegible handwriting and spelling errors (Adi-Japha et al., 2007). This is evident in difficulties with production of written language that has to do with the mechanics of writing. Writing is a highly valued human skill used for the highest level of human communication. One of the required academic tasks confronting children in school is writing (Rosenblum, Aloni, and Josman, 2009).

Many students struggle in school and find the process of writing challenging (Khaledi et al., 2014). Children who cannot write properly may have difficulty keeping up with the required pace of writing in class. They cannot keep up with written assignments, cannot put coherent thoughts together on paper, nor write legibly (Crouch and Jakubecy, 2007). This results in a negative impact on the success of a child in school (Crouch and Jakubecy, 2007). Dysgraphia often occurs alongside other behavioural problems like ADHD. A study conducted by Japha et al. in 2007 showed that majority of the children with ADHD demonstrated dysgraphia.

2.5.3 Mathematical Learning Difficulties (Dyscalculia)

Mathematical Learning Difficulties is a specific learning difficulty affecting the normal acquisition of arithmetic skills (Shalev and Gross-Tsur, 2001). This affects the ability to recognise, use, understand and manipulate numbers (Soleymani et al., 2015 and Clinton, 2015). The prevalence of dyscalculia among the school aged population is about 6–7% (Butterworth, 2008) and about 10% show persistent low achievement in mathematics, despite average abilities in most other areas (Geary, 2011). There are no gender disparities in the prevalence of Dyscalculia as reported by Shalev in 2004.

Dyscalculia, like other specific learning difficulties is a disorder presumed to be due to a specific impairment in brain function (von Aster and Shalev, 2007) which can be explained by different cognitive mechanisms (Julio-Costa et al., 2015). At least two reliable patterns of cognitive impairment may underlie mathematical learning difficulties. These are number sense inaccuracy and phonological processing impairment (Julio-Costa et al, 2015).

Dyscalculia can occur as a consequence of prematurity and low birth-weight and is frequently encountered in a variety of other neurological and behavioural disorders, such as ADHD, developmental language disorder, epilepsy, Turner's and Fragile X syndrome (Shalev, 2004 and Mazzocco, 2009).

2.6 Intellectual Disability

Rimrod and Lipkin (2011) defined Intellectual disability (ID) as a condition characterised by deficient performance on measures of both intellectual skill and functional skills in self-help and adaptive behaviour. The American Association on Intellectual and Developmental Disabilities (AAIDD) in 2010 defined Intellectual disability as “limitations both in intellectual functioning and adaptive behaviour”. According to the American Psychiatric

Association (2013) the Diagnostic and Statistical Manual fifth edition (DSM 5) defines intellectual disability as a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social and practical domains (APA, 2013). Adaptive behaviour assesses conceptual skills (e.g., language, money and time concepts), social skills (e.g., interpersonal skills and social problem solving) and practical skills (e.g., activities of daily living, occupation).

Intellectual disabilities have a negative impact on academic achievement. It has been identified as one of the possible intrinsic factors within learners that could be responsible for learning difficulties in schools (Twomey, 2006). Individuals with ID experience limitations in daily functioning activities and in their ability to learn remember and use new information (Graham, Berman and Bellert, 2015). School children with ID learn slowly, and exhibit cognitive skill deficit related to attention, memory and generalisation (Rosenberg, Westling and McLeskey, 2013). Such students have difficulties learning to read, learning basic Mathematical skills, writing and spelling words. They have difficulty generating and using strategies that help facilitate short term memory.

Emerson (2003) stated that children and adolescents with ID are also at significantly increased risk of certain forms of psychiatric disorder, Morgan et al., (2008) affirm that 31.7% of people with an intellectual disability had a psychiatric disorder. Intellectual disability is often associated with co-morbid behavioural problems. The findings of a study conducted in Enugu by Bakare et al. (2010) confirm that significant behavioural problems occur co-morbidly among Nigerian children with intellectual disability receiving special education instructions, 47.7% of the children were identified as having behavioural problems. The prevalence of conduct disorder, anxiety disorder, hyperkinesia and pervasive developmental disorders were also significantly greater among children with ID (Bakare et al., 2010). Children with severe intellectual disabilities are at increased risk of exhibiting self-

injurious, aggressive and destructive behaviour (Ruddick et al., 2015). Similar to SLD, aetiology of ID are identified as genetic, poverty, malnutrition and intrauterine (Katz, 2008).

2.7 Learning Difficulties and Emotional problems

There is a strong relationship between positive and negative affect, emotions and human functions including learning (Bryan, 2014). Negative affect which include depression, anxiety and fear depress memory and produce inefficient information processing. In contrast, positive affect increases access to information stored in memory (Bryan, 2014). Gorman (2015) also asserts that there is interaction between emotional functioning and LD. Students with LD tend to have emotional concerns such as depression, loneliness, low self esteem, anxiety and lower academic self concept due to the stress and frustration caused by LD. He posited that emotional issues may also give rise to or exacerbate LD. Karande and Kulkarni (2005) also identified other conditions which can cause emotional problems in children and in turn affect their learning as chronic neglect, sexual abuse and family dysfunction. In a study carried out by Taanila et al., (2011) in the Northern Finland to investigate the association between learning difficulties (LD) and emotional problems, the findings showed that divorced and reconstructed family types were significant risk factors for LD. Other risk factors identified were a child's younger age compared to that of classmates, parents' low educational level and a low family socio-economic status. The study concluded that more attention should be paid to children whose families are facing adverse circumstances in order to support their learning as this affects their pre-school education. It has also been found that significantly higher prevalence of intellectual disability and learning difficulties has been reported among children who suffered neglect or reported abuse during developmental period (Horner and Charles, 2006).

2.8 Physical Health Problems and Learning Difficulties

Health problems can impair a student's energy level and ability to concentrate and learn while in school. Chronic health problems are a common reason while school children missed school (Westwood, 2013). These include health problems such as Asthma, Diabetes mellitus, Epilepsy and Sickle cell disease. Untreated Malaria infection during the developmental period has also been associated with learning difficulties (Holding and Snow, 2001). Also, other health problems associated with pain or discomfort usually make concentration difficult during class room learning. Chinyoka (2014) also noted that malnutrition in early childhood may result in poor cognition and jeopardize learning in later years. Sensory deficiencies (visual and hearing deficits) are other problems that influence the learning capacity of school children (Siqueira, 2011).

Westwood (2013) asserted that students with physical health problems associated with headaches may not be able to complete work or participate in the class. Some school children may have health problems that require them to be on daily medication with adverse effects which can cause problems with concentration, for example antihistamines and antiepileptic drugs can diminish cognitive function and learning (Karande and Kulkarni, 2005). Control of a chronic disorder is important for each child to have the opportunity to achieve his or her academic potentials. A study carried out by Shapiro et al, (2001) has identified an important association between the number of bleeding episodes experienced by haemophilic individuals and academic achievement. In the study, it was concluded that in order to achieve increased academic accomplishments, adequate suppression of haemorrhagic events should be attained.

Similarly, expression of minor somatic complaints is common in children with LD. This can be considered a coping strategy for them. Students who frequently complain of minor physical discomfort but do not have physical illness may be using the somatic complaints to

avoid learning situations. This communicates feelings of stress, inadequacy and inferiority and used the somatic complains to call for support (Gorman, 2015).

2.9 Learning Difficulties and Academic Outcome

Learning difficulty represents a school problem based on poor academic performance (Rimrodt and Lipkin, 2011). Students with learning difficulties are well acquainted with academic difficulty and mal-adaptive behaviour (Hen and Goroshit, 2014). Such students have been identified to be at risk for poor academic performance, academic failure and school dropout (Milsom and Glanville, 2014). Taur et al (2014) also stated that children with LD usually have difficulty in acquiring basic academic skills resulting in poor academic achievements. Similarly, Rimrodt and Lipkin (2011) identified grade retention (repeat of grade), expulsion and dropping out of school as signs of school failure among students with learning difficulties.

A study carried out by Taanila et al., (2014) in Northern Finland on Childhood Specific Learning Difficulties (SLD) and later effect on school performance in adolescence found that children having SLD were associated with a significantly lower mean value in school grades. It was also established that adolescents with SLD repeated a grade more often, and that their educational aspirations were less ambitious than those without. It was concluded that SLD have a negative influence on academic achievements. Another study conducted by Missaoui, Gaddour and Gaha (2014) to estimate prevalence of SLD in a cohort of children with school failure in Tunisia found 32% prevalence rate of SLD among the study population. Bano et al (2012) also affirm that individuals with learning difficulties have in common school failure.

2.10 Teachers' Perceptions about Learning Difficulties

Teachers have a responsibility for the learning of all students in their classrooms (Lusk, Thompson and Daane, 2008), as there are diverse learning needs of all the students (Felder, 2005). They are human beings with individual attitudes to differences and disabilities. Many times the attitudes are formed based on the prevailing societal attitudes (Engelbrecht et al, 1999, cited in Mohamed and Laher, 2012). Teacher's attitudes may also be directly associated with student achievement (Hornstra, Denessen, Bakker, Bergh and Voeten, 2010). Teachers' attitude towards a child may influence the teacher's expectation and interactions with the child (Bano, Dogar and Azeem, 2012). A significant influence on students' classroom performance is teacher attitudes (Forlin, Loreman, Sharma & Earle, 2007; Winter, 2006). Negative attitudes can lead to low expectations of a person (Campbell, Gilmore & Cuskelly, 2003; Palmer, 2006). On the other hand, positive attitudes can lead to higher expectations of a person (Angelides, 2008).

The performance and behaviour of children with LD in classroom may evoke negative attitude from teachers (Bano et al., 2012). The finding of a study carried out by Choudhary et al. (2012) showed that in classroom behaviour, children with LD asked questions less, answered questions less frequently and took notes less attentively, this may evoke negative attitude from the teacher. The child with a learning difficulty often has to deal with the scorn of classmates, teachers and even parents who look down upon their ability and special needs (Lisle, 2011). According to Hornstra (2010) teachers with negative attitudes toward students' learning difficulties may find it socially unacceptable to report such attitudes on a self-report measure. However, when in front of the class on a daily basis, these teachers may not hide their opinions or have the opportunity to mask their attitudes.

In a study conducted by Padhy et al., (2015) on perceptions of teachers in India about LD, the findings revealed that majority (67.5%) of the teachers had encountered children with LD and a considerable proportion, (36.3%) had the perceptions that students with LD should be segregated and that their education should be in a special school. Lisle (2011), in a study carried out to determine stigma associated with learning difficulty, identified negative judgment such as having the belief that individuals with LD were lazy or not trying hard enough, this negative perceptions could make students labelled with LD work themselves into a state of exhaustion. Discriminatory grading of students who were dyslexic had also been reported, as teachers having negative attitudes toward dyslexia gave lower ratings on writing achievement to those who were dyslexic (Hornstra et al., 2010). However, the teachers' positive attitude and high level of awareness about learning difficulties make the timely identification and provision of necessary assistance possible for school children with LD.

Essa and El-Zeftawy (2015) opines that general education teachers usually have very little knowledge about learning difficulties. The reasons identified include teachers' training programs not equipping teachers in the area of understanding the challenges of learners with LD and how to help them learn. Other reasons include failure of teachers to undertake any further studies that focus on effective ways to teach learners with LD and failure of educational authorities to provide on-going in-service training for teachers about teaching learners with special needs. Adebowale and Moye (2013) asserted that teachers who do not have a good understanding of learning difficulties in school children are likely to misinterpret or not notice manifestations of the problems in the school children. The findings of Adebowale and Moye (2013) in Ile-Ife, South western Nigeria carried out a study on awareness and attitude of primary school teachers to learning difficulties revealed that a significant percentage (38.3%) had just fair knowledge of what learning difficulties entail,

meanwhile teachers knowledge of learning difficulties influence their provision of support for school children with LD.

Gwernan-Jones and Burden (2010) also confirmed that teachers' abilities in dealing with different forms of learning difficulties and the associated behavioural problems will be affected by their knowledge and attitudes about those learning difficulties. Kataoka, Kraayenoord and Elkins (2004) also stated that since teachers have the task of identifying students' learning difficulties, their knowledge of learning difficulties and understanding of their students will enable them to develop positive attitude towards school children with LD which in turn leads to acquiring or developing better competencies to handle such children and influence their provision of support for this group of students.

2.11 Teachers' Management Skills of Learning Difficulties in Classroom Settings

Teaching is a demanding job as the multiple dynamics of a classroom can be a challenge (Scott, Park, Sain-Bradway and Landers, 2007). Teachers in primary schools have important roles to play in maintaining the learners' willingness to learn (Adebowale and Moye, 2013). Teachers are perhaps the closest observers of child's academic performance and can be instrumental in detecting learning difficulties early and meeting the special educational needs of students with LD (Padhy et al., 2015). Inclusion of all children within the classroom has brought about a new challenge for teachers. Teachers may encounter a variety of different categories of students in the classroom, including those with learning difficulties (Lampert, Graves and Ward, 2012). With such a diverse combination, classroom management, along with focusing on delivering a differentiated instruction that targets educational needs of each student individually in the classroom is required of teachers (Lampert et al., 2012).

According to Price and Cole (2009) individuals with LD have the potential to be successful in school and in life if their learning difficulties are identified early, appropriate and timely

specialized interventions and support are provided for them in school (Price and Cole, 2009). With the recognition of students with learning difficulties mainly at primary school level, it seems necessary for primary school teachers to be increasingly familiar with LD and be able to identify these kinds of students in their classes so as to be able to manage them effectively in class.

Students with learning difficulties may experience a wide range of problems with learning or performing academic skills in classroom environments (Shimabukuro et al., 1999). They often have problems with their memory, difficulty holding and maintaining attention on task, forget instructions, and also have difficulty with tasks requiring processing and storing of information. Therefore, meeting the special education needs of this group of students by teachers is important. In the absence of effective teachers' management, individuals with LD are twice as likely to drop out of school (Price and Cole, 2009). In order to avoid such potential negative outcomes, it is important that teachers adopt effective management techniques to increase the success of students with LD.

Class teachers have a responsibility to provide an environment which incorporates techniques and strategies appropriate for the teaching of pupils with LD, choose appropriate learning objectives which challenge and support all pupils in the classroom and vary teaching styles to meet the unique learning needs of each child. They should be able to recognize students with learning difficulties and employ appropriate educational methods for teaching this group of students.

According to Scott et al., (2007) effective instruction and the development of effective instructional learning environments have been demonstrated to decrease problem behaviours and school failure in students with learning difficulties. The findings of the study carried out by Oginni and Olugbuyi (2013) in Ado-Ekiti on impact of dyslexia and dyscalculia on

students revealed that teachers-students' relationship has significant effects on students with dyslexia and dyscalculia.

Adebowale and Moye (2013) also found in their study the basic coping strategies adopted by teachers to enable the students with LD acquire enough knowledge, which included placement in the classroom, teacher moving round to identify any form of learning difficulties and ensuring that the learner's self esteem is not battered. In another study by Padhy et al. (2015), using techniques such as small-group instruction and one-to-one instruction were identified as methods that could improve learning in students with LD.

However, a study conducted by Kataoka et al. (2004) identified the reasons for not been able to give required personal attention to the students with LD by teachers. Majority (48%) of the study participants indicated lack of time and another 44% said having large number of students in classroom. Other barriers to classroom teachers accommodating individual learner's educational needs according to Scot, Vitale and Masten (1998) is lack of adequate teacher's training on how to manage students with LD as well as limited school support.

C-HAPTER THREE

METHODOLOGY

3.0 Study Design

This study employed a descriptive cross sectional design to determine the primary school teachers' perceptions and management skills of learning difficulties.

3.1 Description of the Study Area

This study was carried out in Ibadan which is the capital of Oyo State. The city of Ibadan is known to be the third largest metropolitan area in Nigeria after Lagos and Kano (Owoeye and Ogundiran, 2014). The city has an estimated population of over 3.5 million (Federal

Government of Nigeria, 2009 cited in Adejumo, Oloruntoba and Sridhar, 2013). The principal inhabitants are the Yoruba. There are numerous primary, secondary and tertiary institutions (government owned and private) in Ibadan. There are 11 local government areas in Ibadan metropolis (5 urban and 6 semi-urban).

This study was carried out in Ibadan North East which is one of the 5 urban local government areas in Ibadan. This local government was chosen based on its accessibility to the researcher. Ibadan North East has its headquarters at Iwo Road. It has an area of 18 km², density of 21,825.6 inhabitants per km² and a population of 330,399 (Census, 2006) and 2012 population projection of 408,626 (National population commission, 2011). It comprises of 12 administrative wards, the inhabitants are mostly traders, civil servants and students. There are many primary and secondary schools in Ibadan North East local government area (both private and public owned). The total number of public primary schools in Ibadan North East local government is 73; same are grouped into 8 zones. This local government area had one thousand two hundred and twenty three teachers (1,223) working in the public primary schools.

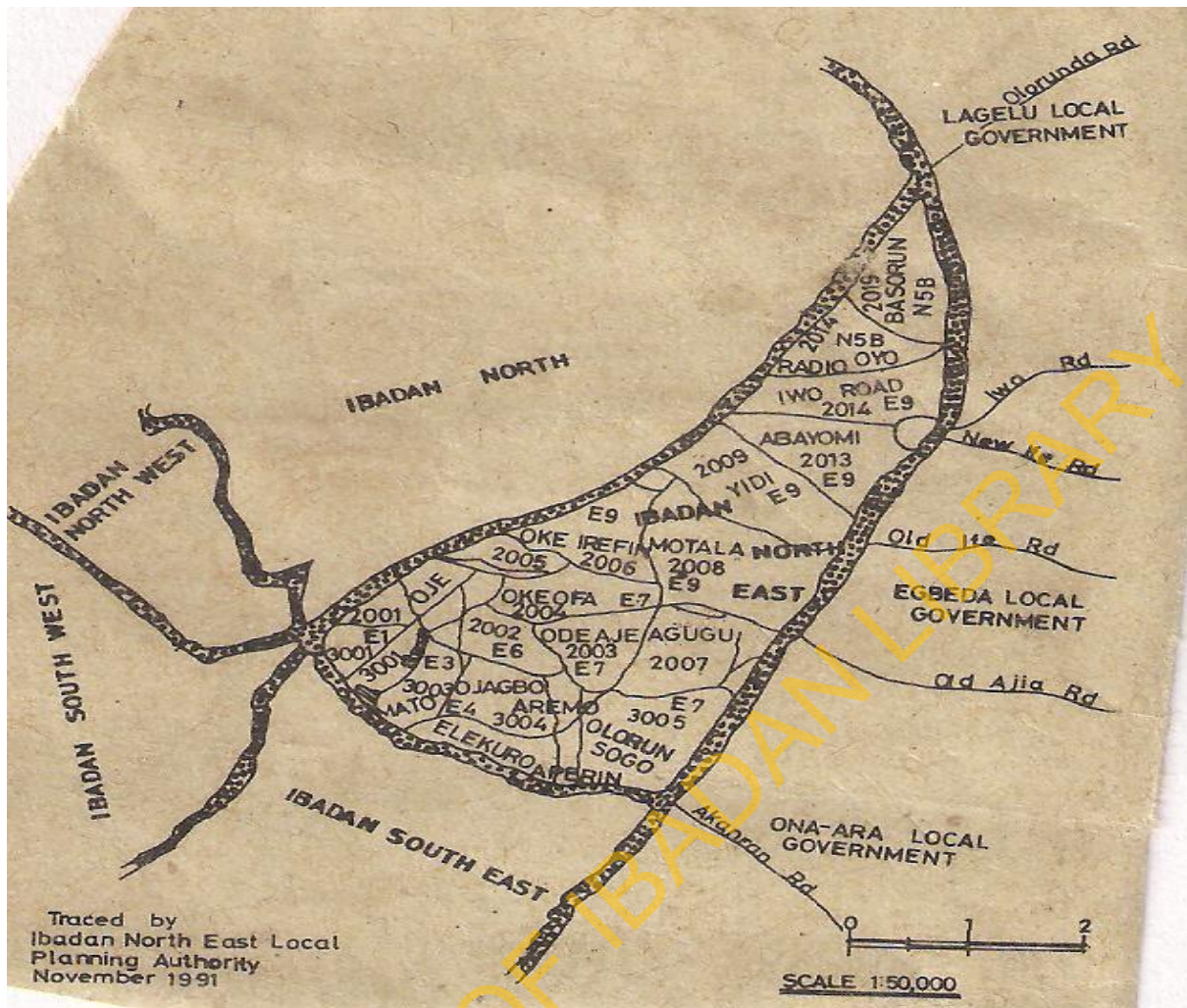


Figure 3.1: Ibadan North East Local Government

3.2 Study population

Primary school teachers working in selected primary schools in Ibadan were the study participants.

3.3 Inclusion criteria

1. Teachers who have direct teaching and learning interactions with pupils
2. Teachers who have had classroom teaching experience of 4 years and above.

Teachers with teaching experience of 4 years and above were chosen because in their course of teaching through these years, they are likely to have had personal encounter with students with learning disorders and would have gathered classroom management skills to help such students.

3.4 Exclusion criteria

1. Teachers who are concerned with only administrative duties
2. Newly employed teachers, of less than 4 years' experience

3.5 Study Instruments

Socio-demographic Questionnaire: Validated socio-demographic questionnaire designed by Omigbodun and Omigbodun (2004) was used and modified to suit the participants of the present study. The instrument consists of questions relating to demographic characteristics of the participants such as age, gender, religion, ethnicity, level of education. Information about their occupation was also obtained such as name of school, class of teaching and years of working experience. Also, the modified questionnaire was not translated to Yoruba because the participants in this study were all literate.

Learning Difficulties Questionnaire: this was designed by the researcher based on reviewed literature (Fareo, 2015; Bhavya et al., 2015; Bano et al., 2012; Adebowale and Moye, 2013). It contained questions relating to knowledge, attitude and management skills for learning difficulties in children. There were 9 knowledge items and 11 attitude items, both had

three response categories - Agree, Disagree and Not sure. Knowledge and attitude scores were derived from the questionnaire items. A score of 2 was assigned to each correct answer and a score of 0 was assigned to each answer that was incorrect or depicted uncertainty on the knowledge items. Therefore, total obtainable knowledge score was 18. For every answer that depicted favourable on the attitude items, a score of 2 was assigned and 0 for other categories, thus giving a total obtainable attitude score of 22.

There were also 10 management skill items in the questionnaire. The 10 items were also scored, and had three response categories of 'Agree', 'Disagree' and 'Not sure' each. A score of 2 was assigned to each correct answer and a score of 0 to response that was incorrect or depicted uncertainty, giving a total obtainable management skill score of 20.

Good knowledge scores were the scores on and above the mean while poor knowledge were scores below the mean. Positive attitude scores were scores on the mean and above while negative attitude scores were scores below the mean. Good management skill scores were also the scores on and above the mean while poor management skill scores were scores below the mean.

3.6 Sample Size calculation

The total number of participants recruited into the study was estimated at three hundred and eighty four based on sample size calculation using the proportion of respondents with good knowledge of learning disorders (41%) in Adebowale and Moye (2013) study. The formula used was:

$$n = \frac{Z^2 \alpha^2}{d^2}$$

Where:

n = estimated sample size

Z_{α} = standard normal deviate = 1.96 at $\alpha = 5\%$

P = proportion of respondents with good knowledge of learning difficulties in previous study = 41%

q = 1 - p

d = level of precision (5%)

n = $\frac{1.96^2 \times 0.41 \times 0.59}{0.05^2}$

= 371.7

Adjusting for attrition at 10% = 37

N = 408

This was rounded up to 410. However 450 participants were recruited to increase the power of the sample.

3.7 Sampling Technique

A multi-stage sampling technique was used. The Ibadan North East local government area was selected among the 11 local government areas in Ibadan, due to its proximity and ease of access. The local government is divided into eight educational zones by the ministry of education with each of the zones comprising of 10 – 12 schools each. Five zones were randomly selected by balloting. From each selected zone, five schools were again selected with the use of balloting to make a total of 25 schools from the five zones.

Each school has between 30 and 40 teachers. 18 teachers were consecutively recruited in each school to participate, once they fulfilled criteria. When a teacher declines to participate the next teacher is approached. Schools in which the quota was not reached were complemented from the next sampled school. A total of 450 teachers were recruited in all the 25 schools.

3.8 Ethical Considerations

Ethical approval to carry out this study was obtained from the Oyo State Ethical Review committee, Ministry of Health, Secretariat Ibadan. Permission was also obtained from the Oyo State Universal Basic Education Board (SUBEB) as well as from the School Head-Teachers of the selected schools. All data collected from participants were kept confidential; their names were not required but were assigned an identification number. Explanation of the purpose of the study was made clear, simple and sufficient enough for the participants to understand before they gave their consent. Informed written consent was also sought and obtained in simple and clear language. Participants were given the liberty to decide whether to participate in the study or not. They were also made to realise that they can withdraw at any stage of the study without threat or consequences.

Furthermore, the study did not constitute any harm or injury to the participants as there was no invasive procedure or collection of biological samples. The time, process and venue were made convenient for the participants.

3.9 Data Collection Procedures

Prior to the commencement of the study, the study instrument was pre-tested on 45 teachers (10 % of the sample size estimated for this study) who were not part of the sample frame. The teachers were from primary schools in a different Local Government Area from the study location. The data from the pretested questionnaires were subjected to reliability test using the Cronbach Alpha model for reliability analysis. The value of Cronbach's Alpha analysis obtained was 0.70 which showed a good degree of internal consistency. The questions were noted to be clear, easy to read and understand.

The researcher visited the selected schools prior the commencement of the study to inform the Heads of the schools, the purpose and content of the study and to obtain verbal permission to have access to the teachers in their schools. Teachers were then asked to indicate their voluntary interest to participate in the study after explanations about the study were made and were given consent forms. Consenting participants were given the Socio-demographic and Learning Difficulties questionnaires to fill. The questionnaires were self-administered. The filled questionnaires were retrieved and checked for completeness and filed away in preparation for data analysis.

3.10 Data Management and Analysis

Data was entered using Statistical Package for Social Sciences (SPSS) version 20. Data was cleaned, coded and checked for errors. Knowledge scores, attitude scores and management skill scores were derived from the questionnaire items. Quantitative variables were summarized using means and standard deviations and qualitative variables summarized using frequencies and proportions. Knowledge, attitudes and management skill scores were summarized using means and standard deviation. Association between categorized knowledge, attitudes and management skills and socio-demographic and teachers' recognition and personal experience with students having learning difficulties were tested using Chi square tests. Level of significance was set at 5%.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter presents the findings on the Primary school teachers' perceptions and management skills of Learning Difficulties in Ibadan North-East Local Government Area, Ibadan, Oyo State.

The result is divided into three sections. Section A describes the socio-demographic characteristics of the respondents. Section B describes the respondents' knowledge and attitudes to school children with learning difficulties. The third section describes the management skills utilised by participants in handling school children with LD.

4.1 Socio-demographic Characteristics of the Study Participants

The mean age of respondents was 48 years ($SD = 7.3$) with an age range of 22 to 59 years. Majority (79.3%) of the respondents were female. Most of the respondents (97.3%) were married while majority (79.1%) of the respondents also reported their family to be monogamous type. Majority (82.9%) had one or more children (See table 4.1).

The respondents taught different grades of classes, Kindergarten (pre-primary) classes were the least (4.2%), and those who taught primary one to three and four to six were 40.7% and 55.1% respectively (see table 4.1). Almost all (98.0%) of the respondents practiced a religion of which the majority were of Christianity (72.0%). Majority (70.9%) of the respondents had the National Certificate of Education (NCE), a little above one-quarter (26.4%) had a first degree while a minority (2.7%) had a master's degree. Only 5.6% of the respondents had teaching experience of below ten years (see table 4.1). Mean years of teaching experience was 22 ($SD = 8.8$) years.

Table 4.1: Socio-demographic characteristics of the study participants N=450

Socio-demographic variables	Frequency	%
Age (years)		
20-29	5	1.1
30-39	48	10.7
40-49	150	33.3
50-59	247	54.9
	450	100.0
Gender		
Male	93	20.7
Female	357	79.3
	450	100.0
Marital Status		
Never married	8	1.8
Married	438	97.3
Separated/Divorced	4	0.9
	450	100.0
Family type		
Polygamous	94	20.9
Monogamous	356	79.1
	450	100.0
Class taught		
Pre-primary	19	4.2
Primary One -Three	183	40.7
Primary Four - Six	248	55.1
	450	100.0
Practice of religion		
Yes	441	98.0
No	9	2.0
	450	100.0
Religion		
Islam	123	27.3
Orthodox Christian	83	18.4
Pentecostal Christian	241	53.6
Traditional religion	3	0.7
	450	100.0
Highest Educational Qualification		
National Certificate Education (NCE)	319	70.9
First degree	119	26.4
Masters degree	12	2.7
	450	100.0
Number of Years of teaching experience (years)		
Below 10	25	5.6
10-19	159	35.3
20-29	129	28.7
30-39	137	30.4
	450	100.0
Number of children		
None	77	17.1

One or more	373	82.9
	450	100.0

4.2 Respondents' Recognition and Personal experience with School Children with Learning Difficulties

Majority (70.7%) of the respondents said they have had personal experience with students with learning difficulties. About 38% of the respondents who stated that there were students with LD currently in their classes. When asked how they recognised students with LD, responses included by academic performance (65.6%), by behaviour (19.3%) and by pupils' physical appearance (12.4%). However, when the respondents were asked about familiarity with specific learning difficulties such as dyslexia and dysgraphia, only 23.1% and 13.3% respectively claimed to be familiar with the two terms. (See table 4.2).

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Table 4.2: Respondents' Recognition and Personal experience with School Children with Learning Difficulties N=450

Variable	Frequency	%
Personal experiences with students with LD		
Yes	318	70.7
No	132	29.3
Currently teaching students with LD		
Yes	171	38.0
No	279	62.0
Recognition of students with LD		
Academic performance	295	65.6
Behaviour	87	19.3
Appearance	56	12.4
Cannot recognise	12	2.7
Familiarity with the term Dyslexia		
Yes	102	23.1
No	348	76.9
Familiarity with the term Dysgraphia		
Yes	60	13.3
No	390	86.7

4.3 Respondents' Knowledge of Learning Difficulties

Majority (81.3%) of the respondents agreed to the statement that learning difficulties may be caused by genetic problems and by problems during mother's pregnancy(72.4%). Two-thirds (66.7%) were of the belief that LD could be caused by lack of interest on students' part and about half (55.1%) pointed to teachers teaching method as a possible cause of LD. However, only about a quarter of the respondents (27.6%) agreed that difficulties in mathematics could be a sign of LD (See table 4.3).

Knowledge score of the participants ranged from 0 – 18 with a mean score of 12(SD=3.0). About two thirds (60.4%) of the teachers had good knowledge of learning difficulties while 39.6% of them had poor knowledge.

Respondents' Attitudes towards School Children with Learning Difficulties

About two thirds of the respondents (61.8%) agreed to the statement that students who have learning difficulties should be taught in a special school and about half(49.1%) of them also agreed that individuals with LD are generally less intelligent. About a fifth of the respondents (19.6%) agreed with the view that students who have LD are lazy and not teachable. Two fifth of the respondents (39.8%) agreed with the statement that school children with LD have less potential for success while a third agreed that students who have LD may have been cursed or spiritually attacked (31.3%). (See Table 4.3).

The attitude score of the participants ranged from 4.0 to 22.0, with a mean attitude score of 16 (SD = 3.50). Overall, two thirds (62.7%) of the participants had positive attitudes towards students with LD.

Table 4.3: Perceptions of Teachers about learning difficulties N=450

S/N	KNOWLEDGE ITEMS	n (%)	n (%)	n (%)
		AGREE	DISAGREE	NOT SURE
1	Learning difficulties may be caused by genetic problems	366 (81.3)	50 (11.0)	34 (7.7)
2	Learning difficulties may be caused by problems during mother's pregnancy	326 (72.4)	84 (18.7)	40 (8.9)
3	Learning difficulties may be caused by lack of interest on students' part	300 (66.7)	116(25.8)	34 (7.5)
4	Learning difficulties may be caused by teachers teaching method	248 (55.1)	173 (38.4)	29 (6.4)
5	Learning difficulties may be caused by emotional/psychological problems	352 (78.2)	51 (11.3)	47 (10.4)
6	Learning difficulties may be caused by physical health challenges including eye and hearing problems	364 (80.9)	58 (12.9)	28 (6.2)
7	Difficulties in reading and writing may be signs of LD	332 (73.8)	85 (18.9)	33 (7.3)
8	Poor memory may be a sign of LD	346 (76.9)	69 (15.3)	35 (7.8)
9	Difficulties in mathematics may be a sign of LD	124 (27.6)	200 (57.8)	66 (14.7)
		n (%)	n (%)	n (%)
	ATTITUDE ITEMS	AGREE	DISAGREE	NOT SURE
10	Students who have learning difficulties should be taught in a special school	278 (61.8)	154 (34.2)	18 (4.0)
11	Students who have learning difficulties are usually lazy, not teachable and time spent on them is a waste	88 (19.6)	316 (70.2)	46 (10.2)
12	Individuals with LD are less intelligent	221 (49.1)	178 (39.6)	51 (11.3)
13	Students with LD have less potential for success when compared with their peers without LD	179 (39.8)	223 (49.6)	48 (10.7)
14	Individuals with LD are less worthy of attention	135 (30.0)	279 (62.0)	36 (8.0)
15	Students who have learning difficulties may have been cursed or spiritually attacked	141 (31.3)	223 (49.6)	86 (19.1)
16	Student with LD should not be allowed to interact with intelligent students	30 (6.7)	406 (90.2)	14 (3.1)
17	Brilliant students should not be paired up for class assignments with a child with LD	42 (9.3)	397 (88.2)	11 (2.4)
18	Shaming students with learning difficulties can help them to be more serious	141 (31.3)	266 (59.1)	43 (9.6)
19	Pupils with LD can do well if given extra support in teaching and learning setting	414 (92.0)	25 (5.6)	11 (2.4)
20	In the absence of appropriate attitude and support by teachers, LD can result in low academic achievement, school dropout and life failure in the affected children	421 (93.6)	18(4.0)	11 (2.4)

4.4 Respondents' Management skills of Learning Difficulties

Management skills of learning difficulties among the teachers are presented in table 4.4. Majority of the respondents agreed that walking around the class when teaching was necessary to enable teachers identify any pupil with learning difficulties early enough (93.6%). 85.8% of the respondents agreed to the statement that devoting extra time and organizing remedial classes for pupils with LD could improve their learning, while 88.7% were of the opinion that the seat of students having LD should be placed close to the teacher's seat. Few of the respondents agreed with giving extra punishment to students with LD as a management strategy (15.1%).

About half of the respondents agreed to assisting pupils with bad hand writing to write their assignments (52.7%). More than three quarters of the respondents (82.9%) concurred with the use of organized individual teaching and small group teaching for students identified with learning difficulties. Majority of the respondents (92.2 %) also agreed to the use of appropriate and relevant instructional materials as management strategies for LD (See table 4.4).

The management skill score of the participants ranged from 6.0 to 20.0 with a mean management skill score of 17.0 (SD=2.8). Majority of the respondents (78.2%) had good management skills score of 17 and above.

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Table 4.4: Respondents' Management Skills of Learning Difficulties

N=450

S/N	MANAGEMENT SKILLS ITEMS	N (%) AGREE	N (%) DISAGREE	N (%) NOT SURE
1	Walking around the class when teaching is necessary in order to identify any pupil with LD early enough	421 (93.6)	18 (4.0)	11 (2.4)
2	Devoting extra time to pupils with LD and organizing remedial classes for them will improve their learning	386 (85.6)	46 (10.2)	18 (4.0)
3	Giving extra punishment/cane to students who have LD, will help them learn better	68 (15.1)	369 (82.0)	13 (2.9)
4	Putting the seat of students identified with LD close to the teacher's seat is necessary in order to monitor and provide help easily for such pupils	399 (88.7)	33 (7.3)	18 (4.0)
5	Using relevant, appropriate instructional materials and other teaching aids that could improve learning of pupils with LD	415 (92.2)	20 (4.4)	15 (3.3)
6.	Giving psychological support and positive reinforcement is necessary to encourage pupils with LD	423 (94.0)	15 (3.3)	12 (2.7)
7	Allowing pupils with LD to go at their own pace would improve their learning	331 (73.6)	101 (22.4)	18 (4.0)
8	Assisting pupils with bad hand writing to write their assignments.	237 (52.7)	202 (44.9)	11 (2.4)
9	Not allowing other pupils to mock, embarrass or make fun of pupils with LD will boost their self confidence	405 (90.0)	39 (8.7)	6 (1.3)
10	Organizing individual teaching and small group teaching for students identified with LD	373 (82.9)	43 (9.6)	34 (7.6)

4.5 Availability of Resources for helping Students with Learning Difficulties

Resources available at the teachers' disposal for helping school children with learning difficulties are presented in table 4.5. More than three-quarters (79.3%) of the respondents mentioned that they did not have facilities at their disposal to effectively manage school children with learning difficulties (See table 4.5).

The types of resources available to one fifth of the respondents who claimed to have resources for managing students with LD are also shown in Table 4.6. Teaching aids(40.9%), time (21.5%), and special attention(18.3%) were the most commonly mentioned resources while availability of special teachers(4.3%), small group teaching(6.5%),and relevant text books (3.2%) were low(See table 4.5).

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Table 4.5: Availability and Types of Resources at Teacher's disposal to help students with LD

Availability of Resources n =450	Number	(%)
Yes	93	(20.7)
No	357	(79.3)
Total	450	(100)
Types of resources at teachers disposal for managing students with LD n = 93		
Extra time	20	(21.5)
Special attention	17	(18.3)
Appropriate Instructional materials/teaching aids	38	(40.9)
Availability of Special teachers	4	(4.3)
Individualized and small group teaching	6	(6.5)
Support from government	2	(2.1)
Relevant Text books	3	(3.2)
No response	3	(3.2)
Total	93	(100.0)

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4.6 Types of Resources Required for Effective Management of Students with LD

Most commonly mentioned resources teachers would like to have access to were adequate and appropriate teaching aids (46.7%), textbooks (19.5%), special education teachers (23.4%) while the least identified were conducive learning environment (1.3%) extra time/ special attention (2.1%) among others. (See table 4.6).

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Table 4.6 Resources Required for Effective Management of Students with LD

N =375

Resources needed for students with LD	N	(%)
Instructional materials /teaching aids	175	(46.7)
Adequate and relevantText books	73	(19.5)
Special Education Teachers	88	(23.4)
Training, workshop and seminars	8	(2.1)
Conducive learning environment	5	(1.3)
Computer/ICT equipment	9	(2.4)
Extra time/ special attention	7	(1.9)
Necessary support from government	3	(0.8)
Medical aids for impaired physical health	7	(1.9)
Total	375	100.0

4.7 Association between Respondents' Knowledge of Learning difficulties and Socio-Demographic Characteristics

Table 4.7 shows the association between participants' knowledge of LD and their socio-demographic characteristics. There was a significant association between participants' knowledge and educational qualifications. There was a significantly higher proportion of teachers with good knowledge among respondents with bachelor's degree or higher (83.2%) ($p=0.002$) compared to those with NCE (69%). There were no significant associations between knowledge and gender, age, years of teaching, class taught, religion and family type.

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Table 4.7 Socio-demographic factors associated with Teachers' Knowledge of LD

Variable	Knowledge of LD		Total	χ^2	P
	Good n (%)	Poor n (%)			
Gender					
Male	63 (67.7)	30 (32.3)	93 (20.7)	2.611	0.106
Female	262 (73.4)	95 (26.6)	357 (79.3)		
Age (years)					
Less than 40	44 (58.7)	31 (41.3)	75 (16.7)	0.119	0.730
40 years & above	288 (87.5)	109 (27.5)	397 (88.2)		
Teaching experience (years)					
Less than 20	127 (60.5)	83 (39.5)	210 (46.7)	0.000	0.990
20 years & above	193 (72.6)	73 (27.4)	266 (59.1)		
Class taught					
Pre-primary school	67 (57.3)	50 (42.7)	117 (26.0)	0.307	0.580
Primary school	315 (73.1)	116 (26.9)	431 (95.8)		
Educational Qualifications					
NCE	220 (69.0)	99 (31.0)	319 (70.9)	9.58	0.002*
Bachelors and higher	109 (83.2)	22 (16.8)	131 (29.1)		
Religion					
Islam	97 (78.9)	26 (21.1)	123 (27.3)	2.847	0.092
Christianity	230 (71.0)	94 (29.0)	324 (72.0)		
Traditional Religion	2 (66.7)	1 (33.3)	3 (0.7)		
Family type					
Monogamous	260 (73.0)	96 (27.0)	356 (79.1)	0.005	0.943
Polygamous	69 (73.4)	25 (26.6)	94 (20.9)		

*significant at 5%

4.8: Association between Respondents' Recognition and Personal experience of LD and Knowledge of LD

Table 4.8 shows the association between teachers' recognition and personal experience with LD and knowledge of LD. There was a significant association between teachers who claimed to have had personal experience of school children with LD and good knowledge of LD. Those who had personal experience were significantly more likely to have good knowledge ($p < 0.05$). Similarly, there was a significant association observed between teachers currently having school children with LD in class and good knowledge ($p < 0.005$). There were also significant associations between the mode of recognition of LD, familiarity with the term Dyslexia, Dysgraphia and good knowledge (See Table 4.8).

Table 4.8: Association between Respondents' Recognition and Personal experience with School Children having LD and their Knowledge of LD

Variable	Teachers' Knowledge		Total N	X ²	P
	Good n (%)	Poor n (%)			
Personal experience with students having LD					
Yes	215 (67.6)	103 (32.4)	318 (70.8)	23.281	<0.001*
No	57 (43.2)	75 (56.6)	132 (29.2)		
Total	272 (60.4)	178 (39.6)	450 (100)		
Currently teaching students with LD					
Yes	120 (70.2)	51 (29.8)	171 (38.0)	10.923	0.01*
No	152 (54.5)	127 (45.5)	279 (62.0)		
Total	272 (60.4)	178 (39.6)	450 (100)		
Recognition of students with LD by :					
Academic performance	175 (59.3)	120 (40.7)	295 (65.6)	9.918	0.019*
Behaviour	33 (58.9)	23 (41.1)	56 (12.4)		
Appearance	61 (70.1)	26 (29.9)	87 (19.3)		
Cannot recognise LD	3 (25.0)	9 (75.0)	12 (2.7)		
Total	272 (60.4)	178 (39.6)	450 (100)		
Familiarity with the term 'Dyslexia'					
Yes	74 (71.2)	30 (28.8)	104 (23.1)	6.488	0.011*
No	198 (57.2)	148 (42.8)	346 (76.9)		
Total	272 (60.4)	178 (26.9)	450 (100)		
Familiarity with the term 'Dysgraphia'					
Yes	47 (78.3)	13 (21.7)	60 (13.3)	9.266	0.002*
No	225 (57.7)	165 (42.3)	390 (86.7)		
Total	272 (60.4)	178 (39.6)	450 (100)		

*significant at 5%

4.9 Association between Respondents' Attitudes towards School Children with LD and their Socio-demographic variables

Table 4.9 shows the association between teachers' attitudes and their socio-demographic variables. Number of children was the only variable significantly associated with attitudes. A higher proportion of teachers who had one or more children (81.9%) had positive attitudes compared to those with no children (62.3%) ($p = 0.004$). Higher positive attitudes were also found among males, younger respondents, Muslims, polygamous teachers, and those with higher educational qualifications; however these were not statistically significant (See table 4.9)

Table 4.9: Association between Respondents' Attitudes towards School Children with LD and their Socio-demographic Characteristics

N=450

Variable	Attitudes		Total	χ^2	P
	Positive (%)	Negative (%)			
Gender					
Male	75(80.6)	18(19.4)	93(20.7)	1.27	0.261
Female	268(75.1)	89(24.9)	357(79.3)		
Age					
<40	44(83.0)	9(17.0)	53(11.8)	2.99	0.224
40-49	108(72.0)	42(28.0)	150(33.3)		
50+	191(77.3)	56(22.7)	247(54.9)		
Years of teaching					
<20	140(76.1)	44(23.9)	184(40.9)	1.65	0.439
20 and above	203(76.3)	63(23.7)	266(59.1)		
Number of children					
None	45 (58.4)	32(41.6)	77(17.1)	10.95	0.004*
1 child or more	295 (81.9)	78 (18.1)	373(82.9)		
Class taught					
Primary 3 and below	149(73.8)	53(26.2)	202(44.9)	1.22	0.269
Primary 4 – 6	194(78.2)	54(21.8)	248(55.1)		
Educational Qualification					
NCE	238(74.6)	81(25.4)	319(70.9)	1.58	0.209
Bachelors and Higher	105(80.2)	26(19.8)	131(29.1)		
Religion					
Islam	100(81.3)	23(18.7)	123(27.3)	2.36	0.125
Christian	241(74.4)	83(25.6)	324(72.0)		
Traditional Religion	2(66.7)	1(33.3)	3(0.7)		
Family type					
Monogamous	263(75.4)	86(24.6)	349(77.5)	0.72	0.396
Polygamous	74(79.6)	19(20.4)	93(20.7)		
Never married	5(62.5)	3(37.5)	8(1.8)		

*significant at 5%

4.10 Association between Respondents' Recognition and Personal experience with School Children having LD and their Attitudes

Table 4.10 shows the association between teachers' recognition of LD and personal experience with LD and their attitudes. Teachers who recognised children with LD by academic performance were significantly more likely to have negative attitudes than those who recognised them via behaviour and appearance ($p=0.01$). However, there was no significant association observed between teachers' personal experience of school children with LD or having school children with LD in class currently or teachers' familiarity with dyslexia or dysgraphia and their attitudes (See Table 4.10).

Table 4.10: Association between Respondents' Recognition and Personal experience with School Children having LD and their Attitudes

N=450

Variable	Teachers' Attitudes		Total	χ^2	P value
	Positive(%)	Negative(%)			
Personal experience with students with LD					
Yes	155 (48.7)	163 (51.3)	318 (70.8)	1.702	0.192
No	55 (42.0)	76 (58.0)	131 (29.2)		
Total	210 (46.8)	239 (53.2)	449 (100)		
Currently Having Students with LD in class					
Yes	9 (46.2)	92 (53.8)	171 (38.0)	0.053	0.818
No	132 (47.3)	147 (52.7)	279 (62.0)		
Total	211 (46.9)	239 (53.1)	450 (100)		
Recognition of students with LD by through:					
Academic performance	125 (42.2)	171 (57.8)	296 (67.7)	9.129	0.010 *
Behaviour	52 (59.1)	36 (40.9)	88 (20.2)		
Appearance	29 (54.7)	24 (45.3)	53 (12.1)		
Total	206 (47.1)	231 (52.9)	437 (100)		
Familiarity with the term 'Dyslexia'					
Yes	45 (43.3)	59 (56.7)	104 (23.1)	0.712	0.399
No	166 (48.0)	180 (52.0)	346 (76.9)		
Total	211 (46.9)	239 (53.1)	450 (100)		
Familiarity with the term 'Dysgraphia'					
Yes	28 (46.7)	32 (53.3)	60 (13.3)	0.001	0.970
No	183 (46.9)	207 (53.1)	390 (86.7)		
Total	211 (46.9)	239 (53.1)	450 (100)		

*significant at 5%

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4.11: Association between Respondents' Recognition and Personal experience with School Children having LD and their Management skills

Table 4.11 shows the association between teachers' recognition and personal experience with LD and the teachers' management skills. Teachers who were currently had children with LD in their classes were significantly more likely to have better management skills of than those who did not have. However, there was no significant association observed between teachers' ability to recognise students with LD by the children's academic performance, behaviour or appearance (See Table 4.11).

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Table 4.11 Association between Teachers' recognition and Personal experience of LD and Management skills

Variable	Management practices		Total	X ²	P value
	Good n (%)	Poor n (%)			
Personal experience with students having LD					
Yes	253 (79.6)	65 (20.4)	318 (70.7)	1.136	0.316
No	99 (75.0)	33 (25.0)	132 (29.3)		
Total	352 (78.2)	98 (21.8)	450 (100.0)		
Recognition of students with LD					
Academic performance	227 (76.9)	68 (23.1)	295 (65.6)	0.278	0.639
Behaviour	74 (85.1)	13 (14.9)	87 (19.3)		
Appearance	46 (82.1)	10 (17.9)	56 (12.4)		
Cannot recognise	5 (41.7)	7 (58.3)	12 (2.7)		
Total	352 (78.2)	98 (21.8)	450 (100.0)		
Currently teaching Students with LD					
Yes	136 (79.5)	35 (20.5)	171 (38.0)	12.58	0.006*
No	216 (77.4)	63 (22.6)	279 (62.0)		
Total	352 (78.2)	98 (21.8)	450 (100.0)		
Familiarity with the term dyslexia					
Yes	81 (77.9)	23 (22.1)	104 (23.1)	0.009	0.893
No	271 (78.3)	75 (21.7)	346 (76.9)		
Total	352 (78.2)	98 (21.8)	450 (100.0)		
Familiarity with the term dysgraphia					
Yes	46 (76.7)	14 (23.3)	60 (13.3)	0.089	0.739
No	306 (78.5)	84 (21.5)	390 (86.7)		
Total	352 (78.2)	98 (21.8)	450 (100.0)		

*significant at 5%

4.12 Association between Teachers' Management skills of LD and their Socio-demographic Characteristics, Knowledge and Attitudes

The association between teachers' management skills of LD and their socio-demographic characteristics, knowledge and attitudes are shown in table 4.12. There was a significant association between management skills of LD and age of teachers. Good management skills was significantly associated with being aged less than 40 years as compared to those who were 40 years and above ($p = 0.001$). Also good management skills was significantly associated with increased number of years of teaching (30 years and above) ($p = 0.002$). Also, teachers with good knowledge had better management skills than those without, but this was not statistically significant. Also, teachers with positive attitudes had significantly better management practices compared with those with negative attitudes ($p = 0.027$) (See Table 4.12).

Table 4.12: Association between Respondents' Management Skills of LD and their Socio-demographic Characteristics, Knowledge and Attitudes

N=450

Variable	Management practices			χ^2	P value
	Good n(%)	Poor n(%)	Total		
Gender					
Male	63(67.7)	30(32.3)	93	0.35	0.557
Female	253(70.9)	104(29.1)	357		
Age					
<40	39 (73.6)	14(26.4)	53	14.55	0.001*
40 and above	277(69.8)	120(30.2)	397		
Number of children					
None	48(62.3)	29(37.7)	77	2.99	0.225
1+	268 (71.8)	105(28.2)	373		
Class of teaching					
Primary 3 and below	146(72.3)	56(27.7)	202	0.74	0.390
Primary 4 – 6	170(68.5)	78(31.5)	248		
Educational Qualification					
NCE	224(70.4)	95(29.8)	319	0.001	0.998
BSc and higher	92(70.2)	39(29.8)	131		
Years of teaching					
<20	115(62.5)	69(37.5)	184	12.90	0.002*
20-29	90(69.8)	39(30.2)	129		
30+	111(81.0)	26(19.0)	137		
Family type					
Monogamous	242(69.3)	107(30.7)	349	0.26	0.614
Polygamous	67(72.0)	26(28.0)	93		
Knowledge					
Good	39 (73.6)	14(26.4)	53	0.33	0.569
Poor	277(69.8)	120(30.2)	397		
Attitude					
Positive	250(72.9)	93(27.1)	343	4.90	0.027*
Negative	66(61.7)	41(38.3)	107		

* Significant at 5%

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Discussion

This study assessed Primary school teachers' perceptions and management skills of learning difficulties in Ibadan North-East Local Government Area, Ibadan, Oyo State. This chapter discusses the findings of the study according to the set objectives.

5.1.1 Socio-demographic Characteristics of the Respondents

The participants were all primary school teachers teaching different grades of classes. They cut across every class grade and were able to report at different levels, their experience and practice on learning difficulties. A majority of the teachers (79.3%) were females. This proportion is similar to the reported other studies conducted among school teachers in the southwest of Nigeria (Agbatogun, 2010; Adejumo 2014; Ojo 2014; Lasebikan 2016). The teaching of young children has long been dominated by women in Nigeria (Odunaike et al., 2013). This may be due to the existence of inherent historical and social gendered perceptions of the teaching profession. Traditional female gender roles of domesticity, care giving and nurture have been equated with the teaching of young children (UNESCO, 2011).

The age and years of teaching experience of the participants also were found to be similar to previous studies in this region. The mean age of teachers in this study was 48 (SD=7.3) years and this is similar to ages reported in previous studies carried out among primary school teachers in Lagos (Adeosun, et al., 2015), in Ilorin (Mahmud et al. 2011) and Ibadan (Koroma, 2015, Bella et al., and Lasebikan, 2016).

The highest educational qualification of the teachers in this study also showed that almost three quarters of them have National Certificate of Education (NCE) which is the minimum

requirement that must be possessed to be able to teach in public primary schools (Omo-Ojugo, 2009, Nwogu, 2014; Bella et al., 2011 and Esobhawan, 2014). A small minority had additional educational qualifications such as Bachelor's degrees and Master's degrees. A similar study conducted in Ogun state, south-west Nigeria also revealed that the highest academic qualifications had by the majority (55.2%) of the teachers was the National Certificate of Education (Agbatogun, 2010). However, the studies by Adejumo (2014) and Ojo (2014) revealed the presence of doctoral degree holders among their respondents. This may be due to the fact that their study locations included secondary schools.

All the teachers practiced a religion which shows a belief system among them. Of note is the observation that the majority practised Christianity of diverse denominations which has been similarly reported by Koroma (2015). Bella et al (2011) also reported in their study a higher proportion (63.1%) of Christians among their participants. In Nigeria, Muslims are largely found in the north with a predominantly Christian south (Omilusi, 2015). This may be a reason why majority of the participants in this study reported being of different denominations of Christianity which has been similarly reported by Adejumo in 2014.

A very high proportion of the teachers were married. This could be attributed to their ages and the fact that they have been working for a long time. The family type observed was also more of monogamous, probably because majority of them were Christians; Christians are more likely to be monogamous (Abioje, 2003).

5.2 Baseline Knowledge of Learning Difficulties among Primary School Teachers in Ibadan North East LGA

In this study, seven out of ten teachers interviewed have had a personal encounter with student(s) with learning difficulties in the course of their practice as teachers. This is similar though slightly higher to the findings of a study conducted by Padhy et al., (2015) in India on

perceptions of teachers about learning difficulties which found that about two thirds of the teachers acknowledged to have encountered children with learning difficulties. This can be related to the fact that learning difficulties are common among elementary school children (Little, 2004; Geary, 2004, Taquechel et al., 2012).

Regarding methods of recognition of learning difficulties by the teachers, there were diverse responses. A sizeable proportion of the participants (65.6%) leaned on the students' academic performance to recognise school children with learning difficulties while 12.4% used the children's physical appearance. Less than one quarter of the participants affirmed that they recognised school children with learning difficulties through their character and behaviour during teaching and learning. This shows that majority of the respondents correctly recognised school children with LD, as LD impairs general academic outcomes and performance of students (Hen and Goroshit, 2014).

Recognition of LD through academic performance is the easiest as it is clear from this study. However, inability to recognise other subtle features could result in these pupils who may have more subtle difficulties like reading, writing or Mathematical difficulties to be ignored and not received needed help. These three problems have been reported to constitute the major issues in children with poor academic performance (Osisanya et al., 2013). This finding is contrary to the findings of Choudhary et al. (2012) who reported in their study that the teachers claimed they recognised LD in school children via their behaviours such as asking questions less, answering questions less frequently and taking notes less attentively than other children.

Some of the teachers in this study also claimed that they recognised LD in school children via their behaviour in class. It is necessary for school teachers to be able to recognize LD also by behaviour of the school children, so that the teachers would not misinterpret or allow

manifestations of learning difficulties go unnoticed. Work avoidant behaviours and anxiety-related symptoms such as truancy, somatic complaints and other mal-adaptive behaviours could be manifested in school children with LD as a result of overwhelming stress from LD (Hinshaw, 1992; Hen and Goroshit, 2014). Therefore teachers should be able to recognise such behaviours so as not to misinterpret them. These children may be ignored and not receive needed help early enough until he or she begins to exhibit serious academic deficiencies. Some of the respondents in this study also claimed that they recognised LD in school children by appearance of such pupils. Recognition by appearance may be associated with genetic syndromes which may have more global rather than specific LD.

It was also observed in this study that a high proportion of teachers had good knowledge of possible etiological factors that could result in LD. The most commonly mentioned possible factors were emotional or psychological problems, genetic problems and physical health challenges. It is also surprising to know from this study that only few teachers agreed that difficulties in Mathematics might be a sign of LD even though difficulty in Mathematics has been identified as one of the most crucial problems in schools with evidence reflecting in schools and external examinations (Oginni and Olugbuyi, 2014). This finding may be as a result of the common misconception among teachers that most students dislike Mathematics as a subject and intentionally do not show interest. Subramaniam (2009) argued that interest can be harnessed by teachers to motivate the unmotivated and disengaged learners to learn through the manipulation and modification of teaching strategies and task presentation.

Generally, in this study almost two-thirds (60.4%) of the participants were found to have good knowledge of learning difficulties. However, a considerable percentage of the participants (39.6%) that is, one out of every three teachers studied had poor knowledge of LD. This finding was similar to the study conducted by Adebowale and Moye (2013) in Ile-Ife which revealed that 41.6% and 18.1% of the study participants had good and excellent

knowledge of what learning difficulties entails respectively. A significantly high proportion of poor knowledge about LD among teachers was also recorded. They also recorded a significantly high proportion of poor knowledge about LD among the teachers. The reason for the identified instances of poor knowledge and low level of awareness of LD among some of the teachers could be attributed to the fact that their training curriculum does not cover details about learning difficulties (Sawhney and Bansal, 2013). Essa and El-zeftawy (2015) also affirms that general education teachers usually have very little knowledge about learning difficulties in general. Among the reasons cited was that general education teachers do not undertake any further studies on effective ways to teach learners with learning difficulties and that educational authority do not provide on-going in-service training for teachers about teaching learners with special needs.

5.3 Teachers' Attitudes to Learning Difficulties

According to Padhy et al., (2015) teachers are perhaps the closest observers of child's academic performance and can be instrumental in detecting learning difficulties early. This assertion is however based on the teachers' attitudes about learning difficulties. The findings of this study revealed that about two thirds of the teachers (62.7%) had good attitudes and 37.3% of them had poor attitude to students with learning difficulties. Poor attitudes by school teachers towards identified cases of learning difficulties and intellectual disability in school children has also been previously observed in studies conducted in Nigeria (Abang et al., 1988, Fakolade et al., 2009).

A high percentage of the respondents (93.6%) believed that in the absence of necessary support, learning difficulties can result in low academic achievement, school dropout and life failure. It is encouraging that Nigerian teachers recognise this, as this reflects established

facts documented by Price and Cole (2009), who opined that in the absence of effective teachers' support, individuals with LD are twice as likely to drop out of school. They further affirm that individuals with learning difficulties have the potential to be successful in school and in life if their learning difficulties are identified early, appropriate and timely specialized interventions and support are provided for them in school. However, more than half of the teachers perceived that students with learning difficulties should be taught in a special school.

This finding was similarly reported by Lampart et al., (2010) in a study conducted on the impact of social interaction on educational outcomes for learners with emotional and behavioral disabilities. These authors concluded that, though inclusion methods benefit all students but teachers were still hesitant to teach within this specific method.

It can be deduced that teachers' awareness of and support for inclusive education is low. This is likely due to the fact that teaching of school children with LD is time demanding as there is need for almost constant supervision and the development of individualised programming thus affecting the willingness of the teachers to include LD in their classroom (Konza, 2008). Therefore, there is need for increase awareness of inclusive education among Nigerian teachers. Another view that students who have learning difficulties are usually lazy, not teachable and time spent on them is a waste was held by less than one fifth of the teachers. Similarly, Lock and Layton's (2001) study showed that some professors held the belief that students use learning difficulties as an excuse to get out of work. Lisle (2011) also reported that the common negative attitude of teachers was based on the judgment that those with learning difficulties are lazy or not trying hard enough. This negative attitude does more harm to the students in question because abundant in the literature are reports of students labeled with learning difficulties working themselves into a state of exhaustion (Barga, 1996; Denhart, 2008). This may lead to headaches and physical illness from the pressure and workload required to compensate for the difficulties that their LD causes them (Lisle, 2011).

The perceptions that individuals with learning difficulties are less intelligent were shared by almost half of the participants, however, this cannot be generalised as individuals with specific learning difficulties usually have average or above average intelligence. This perception may lead to less effort on the part of the teachers during instruction. Gwernan-Jones and Burden (2010) also affirm that teachers' abilities in dealing with LD will be affected by their attitudes about the learning difficulties. McLeskey and Waldron (2011) highlighted further research showing that many students with learning difficulties make significant gains when provided with high-quality pullout instruction by the teachers. It was further revealed in this study that about one third of the teachers agreed to the statement that students who have LD may have been cursed or spiritually attacked. Spiritual belief has been found to be a common thing in Nigeria which is linked to the cultural and religious beliefs of the Nigerian society. This is corroborated by Samuels (2010) and Silver (2006) who opines that in many rural and urban communities where there is no awareness of LD, the cause is attributed to evil spirits. A lot of work still needs to be done to change these views which are a reflection of longstanding ideas and belief systems.

Also, another one third of the teachers still agreed to shaming students having LD which shows that teachers need enlightenment and education on the inefficacy and harmful mental health implication of shaming students. On the contrary, the result of this study also showed that a very high proportion of the school teachers disagreed with not allowing students with LD to interact or be paired up for assignment with those who are intelligent. It is however encouraging that Nigerian teachers shared these views.

5.4 Respondents' Management Skills for Learning Difficulties

From the findings of this study, over three quarters (78.2%) of the participants reported the use of good management skills. Almost all the teachers agreed with the statement that it is necessary for teachers to walk around the class when teaching in order to locate any pupil with learning difficulties early enough. This was also found in Adebowale and Moye (2013) study in Ile-Ife on teachers' management of learning difficulties that moving round to spot any form of learning difficulties exhibited by pupils and ensuring that the learner's self-esteem is not battered were the most popular methods used by the teachers. Other management skills commonly agreed to by a high proportion of the participants include using appropriate instructional materials and teaching aids and organising individual and small group teaching for identified pupils with LD.

This high proportion of teachers, (over three-quarters) who displayed good management skills might be attributed to vicarious learning occurring during their previous encounters with children with learning difficulties or skills acquired from other teachers at work. It may also be due to the fact that majority of them had good knowledge of LD. Kataoka et al. (2004) stated that teachers' knowledge of learning difficulties and understanding of their students would influence the provision of necessary support and management. Also, a higher proportion of the teachers had spent many years in teaching service; this could have helped them to be more experienced and developed skills over time in the management of school children with LD.

However, about half (52.7%) of the participants only agreed with assisting pupils with bad handwriting in completing their assignments. The other half of those studied failed to recognise difficulties with reading and writing as forms of learning difficulties and therefore did not see a need to assist such students. In actual sense, Stainthorp (2008) as cited by Oche

(2014) maintained that unless children learn to write legibly and at a reasonable speed, their educational achievements may be reduced and their self-esteem affected. Therefore, it is very necessary for foundation teachers to develop strategies of helping students with problems of handwriting. Klobelauch (2008) suggested that teachers should be patient and positive, encourage proper grip, posture, and paper positioning and allow students complete writing activities in small steps when practicing handwriting.

Surprisingly, a very high proportion of the study participants (82%) disagreed with the use of cane or other extra punishment in bringing about improvement in school children with LD. This is encouraging among Nigerian teachers. Other management strategies for school children with learning difficulties suggested by Hocutt (1996) were teaching and learning resources which include time, extra effort, extensive support and instructional materials in schools. He also mentioned the use of individual assignment, small group work, provision of reinforcement and encouragement, use of positive behaviour management strategies rather than punishment and integration of mental health services into the regular school program. However, the responses of the teachers in this study on management skills of LD may be influenced by social desirability. They may have indicated responses recognised as right rather than their actual practices.

5.5 Types of Resources at Teachers Disposal for Students with Learning Difficulties

Adequate provision and utilization of teaching and learning resources is important for effective management of LD. Forlin and John Lian (2008) identified use of appropriate and adequate instructional resources as one of the strategies that support efficient teaching and learning process for students with LD. However, it was observed in this study that only one-fifth of the teachers claimed that they had enough facilities to manage the children with LD in

their schools. Many other research studies have been conducted in Nigeria to assess the availability and adequacy of required resources to enhance learning of students, most of the findings are similar, showing that resources available for teaching in most Nigerian schools are not enough (Atilola,2016: Adebule,2015:Onyesom,2013). A similar study by Oluka and Okorie(2014)in Ebonyi State alsofound that only 13.75% of the teachersclaimed that there were enough facilities for managing students with LD in their schools. Abdu-Raheem (2011) cited in Atilola (2016) also identified non availability and inadequacy of teaching resources as major factors that contributes to poor performance of students in schools. Non availability and inadequate resources for managing students with learning difficulties could be adduced to lack of adequate support from the government.However, these teachers may not be fully informed regarding the specific types of aids or materials needed to help cases of LD.

In this study,the teachers mentioned an array of few resources available to them in their schools as instructional materials/teaching aids, followed by giving extra time to children with LD. Very few of the participants mentioned special teachers, improved teaching methods, financial assistance and support from government as well as provision of textbooks respectively. Fakomogbo (1995) concluded from the study conducted in Ilorin public schools that teachers enrich the performance of children with LD by utilizing teacher-made instructional materials in teaching. This he said, afforded the school children the opportunity to come in contact with the teaching materials, see, feel, and sometimes touch the objects and this might have appealed to their various sense organs. They learn faster, achieve more, and prefer teaching and learning using the instructional materials.

Olatunde and Otieno (2010) suggested provision of more financial support to the schools in order to make adequate relevant resources available for teachers' useas possible solution to problem of non- accessibility of school teachers to adequate relevant teaching resources that can aid learning of school children with LD. Atilola (2016) also asserted that basic material

resources such as textbooks and essential equipment are not readily available in most schools in Nigeria and suggested that teachers, students, parents, Parent/Teacher Association and philanthropists should be involved in making resources available in schools.

The resources that are established to be vital to teaching children with LD include audio-visual aids, textbooks, concrete objects and computers (Westwood, 2013). Also, training and retraining of teachers on effective management of school children with LD is required. In a similar study carried out by Oluka and Okorie(2014)about three quarters of the teachers reported lack of training and retraining on LD as a factor responsible for ineffective management of LD.

Poor quality and inadequate provision of teacher training in the area of special education needs has also been identified as a major barrier to successful outcomes for children with learning difficulties and special education needs (Benz et al., 2000).In this study, only few of the respondents indicated availability of special education teachers in their schools.Essa and El-zeftawy (2015) affirm that general education teachers usually have very little knowledge about learning difficulties in general.Among the reasons cited was that general education teachers do not undertake any further studies on effective ways to teach learners with learning difficulties andthat educational authority do not provide on-going in-service training for teachers about teaching learners with special needs.

In a similar study carried out by Oluka and Okorie(2014)about three quarters of the teachers reported lack of training and retraining on LD as a factor responsible for ineffective management of LD.Therefore, training and retraining of teachers on effective management of school children with LD is required. With adequate provision of required resources, teachers will be able to assist students with LD to be more successful in education settings.

Nevertheless, an array of few resources available to the teachers in their schools was listed. The most common resources mentioned were instructional materials/teaching aids, examples given by the teachers included charts, real objects, counters and some others. This was followed by giving extra time to children with LD. Very few of the participants mentioned special education teachers, support from government as well as provision of relevant textbooks respectively. Similarly, Fakomogbo (1995) concluded from the study conducted in Ilorin public schools that teachers enriched the performance of children with LD by utilizing teacher-made instructional materials in teaching. This he said, afforded the school children the opportunity to come in contact with the teaching materials, see, feel, and sometimes touch the objects and this might have appealed to their various sense organs. They learn faster, achieve more, and prefer teaching and learning using the instructional materials.

5.6 Types of Resources Required by the Teachers for School Children with LD

A high proportion of the teachers affirmed that they were in need of resources for the management of students with LD in their various schools as none was available to them currently. Instructional materials or teaching aids were the most common resources mentioned followed by textbooks and need for special teachers while few teachers mentioned the need for computer/Information Communication and Technology equipment, writing materials, support from government and medical aid. The teaching aids were vaguely mentioned by the teachers, this may be indicative of the teachers not knowing specific things needed probably because giving attention and time were what they used. Bizimana (2014) affirms that audio-visual materials (picture charts diagrams, maps), textbooks, books of problems and exercise and others are needed to make students learn easily and brings a sense of reality in classroom thereby enhancing pupils' better understanding. Other necessary

resources include concrete objects and use of technology such as computer (Westwood, 2013).Konza(2008) also stressed the need for constant supervision and the development of individualised programming for students with LD.

5.7 Association of Teachers' Recognition and Personal experience with School Children with LD and their Knowledge, Attitude and Management Skills of LD

The findings of this study revealed that there was a significant association between teachers' personal experience with students having LD and their knowledge. Learning difficulty is common among school children especially primary school children (Mahin et al., 2014). Therefore, there is a high likelihood that many teachers must have encountered and interacted with a lot of cases of school children having LD over time in the course of their teaching. This long term experience of LD must have contributed to and had positive effect on the knowledge of those teachers who claimed to have encountered pupils with LD.

Significant association was also found between teachers currently teaching students with LD and their knowledge. Teachers who were currently teaching pupils with LD would have closely observed the pupils and were more likely to be able to identify manifestations and possible aetiological factors of LD in school children which in turn could have helped their knowledge of LD.

There was also a significant association between teachers' recognition and personal experience with students having LD and their attitudes. Teachers who recognised school children with LD by behaviour were significantly more likely to have positive attitudes towards school children with LD than the teachers who recognised via academic performance or physical appearance. This could be because manifestations of LD are not only in academic

performance. It could be inferred that they had better understanding of the associated behavioural problems of LD, and this may help them develop positive attitudes towards the children with LD. The teachers who recognised LD only via academic performance may perceive associated behavioural problems of LD exhibited by affected school children such as aggression as unruly behaviour and have negative attitudes towards it. This may result in the teacher not providing help until the student exhibits serious academic deficiencies (Vinson, 2011). This study also showed a significant association between teachers' recognition and personal experience with LD and their management skills. Teachers who currently had children with LD in their classes were significantly more likely to have better management skills for LD than those who did not have.

5.8 Association of Teachers' Socio-demographic Characteristics with their Knowledge, Attitudes and Management skills of LD

In this study, teachers with a bachelor's or higher degree were found to have better knowledge of learning difficulties. This finding was consistent with that of Lodhi et al. (2016) who found that better qualified teachers (graduate degree or higher) had more knowledge of LD than lesser qualified teachers. Teachers with university education might have been exposed to more information including how to effectively carry along in class all categories of learners during their degree training and this could explain the better knowledge of learning difficulties observed among them in this study. This observation suggests that the training programmes for teachers in colleges of education can be improved upon to include a unit of study with a strong focus on LD and effective skills of managing it among school children, as well as organizing regular in-service training and retraining of teachers to improve their knowledge and classroom management of LD. Avramidis and Kalyva (2007) also suggested that teachers' education courses should cover topics such as differentiating the curriculum to suit all categories of learners, assessing academic progress and managing

behaviour. They also stressed the need for development of substantial in-service training to enhance regular teachers' knowledge and skills in dealing with students with LD.

There was also a significant association between teachers' attitudes towards school children with LD and having children or not. Teachers who had one or more children were significantly more likely to have positive attitudes than those having none. A plausible reason for this finding may be that teachers that had children could have had experiences from educational training of their own children which could have resulted in positive attitudes about children with learning difficulties or their children may have struggled with LD too. Positive attitudes were also found among teachers who were male, younger and those with higher education, however none was statistically significant.

Another significant association observed in this study was the age of the teachers and their management skills for LD. Good management skills of LD was higher among teachers aged less than 40 years than those who were 40 years and above ($p = 0.001$). Forlin et al. (2009) also reported improved attitudes among younger trainee teachers but not in older ones. This suggests that younger teachers avail themselves opportunity to acquire more information on LD especially via Information communication and technology (ICT). ICT improves teaching-learning process and the way teachers and learners gain access to knowledge and information which in turn affect their management skills (UNESCO, 2002). Buabeng-Andoh (2012) identified teachers' personal characteristics which include age as one of the factors influencing the adoption and use of ICT by teachers. Also significantly associated with management skills was increased years of teaching (30 years and above) ($p = 0.002$). The reason for this finding may not be farfetched from the fact that individuals usually gather skills from long term experience. However, this is contrary to the finding of Essa and El-Zeftawy (2015) in a similar study, which showed no association between the years of

experience of teachers and their reported practices. This current study also revealed that teachers with positive attitudes had better management practices but better knowledge was not associated with management skills. This was consistent with findings from earlier studies where teachers having positive attitudes about LD always generally displayed good management skills. Bano et al (2012) assert that teachers' attitude may influence their interactions with school children. Cassady (2011) declared that teacher attitudes towards school children with special education needs dramatically affect their performance, effectiveness of their instruction and the success of those children. Attitudes are related to emotions and are more powerful than knowledge which is theoretical. A positive attitude reflects a positive emotional disposition, which in turn has an impact on an individual's behaviour (Mata et al., 2012).

5.9 Conclusion

Overall, the study suggests that good proportion of the teachers in Ibadan NorthEast had good knowledge, positive attitudes and good management skills towards LD. However, it also revealed that there was poor knowledge regarding more subtle specific learning difficulties such as Mathematical difficulties. In their knowledge, some deficits were observed such as believing in spiritual causation of LD, equating LD to low intelligence and less potential for success. Negative attitude towards inclusive education was also revealed.

Teachers' good management skills for LD were associated with increasing years of experience in teaching, lower age and positive attitudes to LD.

Also, the results of this study showed that resources required by the teachers for effective teaching and learning of the school children with learning difficulties were greatly lacking. It appeared that the readily available and most used resources by the teachers were giving extra time and attention to students. Specifically, the results highlight the fact that there is

need for specific instructional materials for teaching the school children with LD, In-service training of the teachers on specific learning difficulties as well as other supports from government. There is also a need for effective collaboration between the medical personnel and the school teachers to be able to manage school children with learning difficulties well.

However, the challenge of achieving full educational and social integration of children with learning difficulties within the society can be achieved if the teachers possess better knowledge about learning difficulties, such knowledge and understanding will enable them to develop positive attitude towards children with learning difficulties which in turn leads to acquiring or developing better competencies to handle such children.

5.10 Recommendations

There are a number of recommendations arising from the findings of this study. There are specific recommendations on teachers' training and on support for the schools to be able to manage school children with learning difficulties well.

1. There is need for training and retraining of primary school teachers to improve their knowledge on global and specific learning difficulties.
2. Training of teachers on learning difficulties should focus more on those with lower level of education. National Certificate of Education (NCE) programmes need mental health component in the programme curriculum.
3. There is need for modification of the current school health policy that will provide appropriate support regarding effective management of children in schools with LD for optimal learning outcomes.

4. There should be funding support from the government to purchase and maintain modern and specific instructional materials that are relevant to the teaching of school children with LD.

Limitations

The limitations of this study include the use of cross-sectional study design, use of only quantitative instead of mixed qualitative and quantitative design, recruitment of the teachers from schools in only one local government area predominantly consisting of Yoruba ethnicity. Therefore, the findings cannot be generalised to all teachers in Nigeria. Also, there possibility that the responses of the teachers were as a result of social desirability and not what they practised in a real classroom setting.

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APPENDIX 1

TELEGRAMS.....

TELEPHONE.....



MINISTRY OF HEALTH
DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION
PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No.

All communications should be addressed to

the Honorable Commissioner quoting

Our Ref. No. AD 13/ 479/ 1059

13 March, 2016

The Principal Investigator,
Centre For Child and Adolescent Mental Health,
University of Ibadan.
Ibadan.

Attention: Akinboade Adeyemi

**ETHICAL APPROVAL FOR THE IMPLEMENTATION
OF YOUR RESEARCH PROPOSAL IN OYO STATE**

This is to acknowledge that your Research Proposal titled: "Perceptions and Management Skills of Learning Disorders By Primary School Teachers In Ibadan North East Local Government, Ibadan Oyo State" has been reviewed by the Oyo state Review Ethical Committees.


2. The committee has noted your compliance. In the light of this, I am pleased to convey to you the full approval by the committee for the implementation of the Research Proposal in Oyo State, Nigeria.

3. Please note that the National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations, in line with this, the Committee will monitor closely and follow up the implementation of the research study. --However, the Ministry of Health would like to have a copy of the results and conclusions of findings as this will help in policy making in the health sector.

4. Wishing you all the best.



(Dr) Abbas Gbolahan
Director, Planning, Research & Statistics
Secretary, Oyo State, Research Ethical Review Committee



OYO STATE

UNIVERSAL BASIC EDUCATION BOARD

(OYO-SUBEB)

P.M.B. 5150, Secretariat, Agodi, Ibadan
Phone: 02-7524175, 02-7523437
e-mail: chairman@oyosubebnigeria.net/oyosubebchairman@yahoo.com www.oyosubebnigeria.net

.....Department

SCHOOL SERVICES

Our Ref: **SUBEB/G. 1157/23** Your Ref: Date: **17th March, 2016**

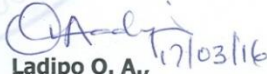
The Director,
Centre for Child and Adolescent Mental Health,
University of Ibadan,
Ibadan.

ATTENTION: MRS. AKINBOADE ADEYEMI I.

**RE: APPLICATION FOR APPROVAL TO CARRY OUT A RESEARCH PROJECT IN
IBADAN NORTH EAST PUBLIC PRIMARY SCHOOLS – MRS. AKINBOADE,
ADEYEMI I.**

I am directed to refer to your letter dated January 26, 2016 on the above subject and inform you that the Board has graciously approved that Mrs. Akinboade, A. I. carry out her research on "Perceptions and Management Skills of Learning Disorders by Primary School Teachers" in Ibadan North-East Public Primary Schools.

2. You are to please note that the exercise should be at no financial cost to the participants, no collection of specimen either Urine or blood from the pupils and all information gathered should be treated with utmost confidentiality.
3. Thank you.


Ladipo O. A., 17/03/16
 For: Executive Secretary

All correspondence should be addressed to the Chairman, Oyo State Universal Basic Education Board

APPENDIX 3

QUESTIONNAIRE

QUESTIONNAIRE ON PRIMARY SCHOOL TEACHERS' PERCEPTIONS AND
MANAGEMENT SKILLS OF LEARNING DIFFICULTIES IN IBADAN NORTH-EAST
LOCAL GOVERNMENT AREA, IBADAN, OYO STATE.

Dear Respondent,

I am Akinboade Adeyemi Idowu of the Centre for Child and Adolescent Mental Health, University of Ibadan. I am carrying out a study on the above topic. I hereby request that you kindly answer the following questions as honestly as possible. Your confidentiality is assured. All the information provided will be used only for academic purpose. No name is required.

Thank you.

Date enrolled in the study -----

Study Number -----

Are you willing to participate?

Yes

Participant's Initials & Date

Researcher's signature & Date

SECTION A:

Socio-demographic Questionnaire

Please write the answers to the questions or draw a circle where it is required.

This is not an examination it is only to find out about your perceptions and management skills used for school children with learning difficulties.

Name of school	
Class of teaching	
How long have you been teaching (please specify)	
Highest Educational Qualification	a.NCE b.First Degree c.Master's Degree d.Others
Where do you live? (Address of Present Abode):	
What is your date of birth?	____/____/____ Day Month Year
7. How old are you? (age at last birthday)	
8. Male or Female	a. Male b. Female
9. Do you practise any religion?	a. Yes b. No
10. Please tick the exact religion denomination you attend for worship	a. Islamic b. Orthodox Christian c. Pentecostal Christian d. Traditional religion e. Others _____(Specify)
11. Family Type	a. Monogamous b. Polygamous
12. Marital Status	a. Married b. Separated/ Divorced c. Never married
13. Number of Children (specify)	

SECTION B: Learning Difficulties Questionnaire

14. Have you ever had personal experiences with student with learning difficulties (LD)?

a. Yes b. No

15. Do you currently teach students with learning difficulties in your class?

a. Yes b. No

16. How do you recognise students with learning difficulties? _____

17. Are you familiar with the term Dyslexia? a. Yes b. No

18. Are you familiar with the term Dysgraphia? a. Yes b. No

Please tick the most appropriate

	Perceptions of Teachers about Learning difficulties	Agree	Disagree	Not sure
19.	Learning difficulties may be caused by genetic problems			
20.	Learning difficulties may be caused by problems during mother's pregnancy			
21.	Learning difficulties may be caused by lack of interest on students' part			
22.	Learning difficulties may be caused by teachers teaching method			
23.	Learning difficulties may be caused by emotional/psychological problems			
24.	Learning difficulties may be caused by physical health challenges such as eye or hearing problem			
25.	Difficulties in reading or writing may be sign of Learning Difficulties			
26.	Poor memory may be a sign of Learning difficulties			
27.	Difficulties in Mathematics may be sign of Learning difficulties			
28.	Students who have learning difficulties should be taught in a special school			
29.	Students who have learning difficulties are usually lazy, not teachable and time spent on them is a waste			
30.	Individuals with LD are less intelligent			

31.	Students with LD have less potential for success when compared with their peers without LD			
32.	Individuals with LD are less worthy of attention and respect			
33.	Students who have learning difficulties may have been cursed or spiritually attacked			
34.	Students who have learning difficulties should not be allowed to interact with intelligent students			
35.	Students with learning difficulties should not be paired up for school assignments with brilliant students.			
36.	Shaming students with learning difficulties can help them to be more serious			
37.	Pupils with learning difficulties can do well if given extra support in teaching and learning setting			
38.	In the absence of necessary support, LD can result in low academic achievement, school dropout and life failure in affected school children			

SECTION C: Teachers' Management Skills of Learning Difficulties

Please tick the most appropriate

S/N	Question	Agree	Disagree	Not sure
1.	Walking around the class when teaching is necessary in order to identify any pupil with learning difficulties early enough.			
2.	Devoting extra time to pupils with learning difficulties and organizing remedial classes for them will improve their learning			
3.	Giving extra punishment/cane to students who have learning difficulties will help them learn better			
4.	Putting the seat of students identified with LD close to the teacher's seat is necessary in order to monitor and provide help easily for such pupils			
5.	I promptly call attention of the school authorities/parents to any pupil I think may have learning difficulties			
6.	I give reassurance and encouragement to pupils with Learning difficulties			
7.	I always allow pupils with LD to go at their own pace and are given extra time			

46.	I always assist pupils with bad hand writing to write their assignments.			
47.	I don't allow other pupils to mock, embarrass or make fun of pupils with learning difficulties.			
48.	I always organize individual teaching and small group teaching for students identified with learning difficulties			

49. Do you have enough resources at your disposal to help students with Learning Difficulties?

a. s b. s

50. If your response to question 48 above is Yes, what sort of resources do you have

51. If your response to question 48 is No, what sorts of resources do you need?

Thank you for your time.

APPENDIX 4

INFORMED CONSENT FORM

Dear Participant,

My name is Mrs Adeyemi Idowu Akinboade, a postgraduate student of the Centre for Child and Adolescent Mental Health, University of Ibadan. I am conducting a study on Primary school teachers' perceptions and Management skills of Learning Difficulties (LD). The purpose of this study is to determine the perceptions and Management skills of learning difficulties among primary school teachers in Ibadan, Oyo state by assessing the baseline knowledge of LD among primary school teachers, determine their attitude towards students with LD and to assess the management strategies currently use by primary school teachers to help students with LD.

You are being invited to participate in this research and I will need to ask you some questions. Please note that it is purely an academic exercise and your answers will be kept very confidential. You will be given a number and your name will not be written on the form so that your name will not be used in connection with any information you give. Your honest answers to the questions will be appreciated.

Participation in this study is voluntary; you are free to refuse to take part in this programme. You have a right to withdraw from the study at any time without any penalty whatsoever if you choose to. There is no risk or hazard involved. Your participation in the study will be highly appreciated.

CONSENT: Now that the study has been well explained to me and I fully understand the content of the study process, I will be willing to take part in the study.

Signature of participant

Signature of witness

Interview date _____