

ATTITUDE TO LEARNING OF PRIMARY SCHOOL STUDENTS WITH HEALTH LIMITATIONS

Olga E. Shapovalova*, Natalia V. Shklyar*, Irina A. Emelyanova*,
Elena A. Borisova* and Olga V. Karynbaeva*

The relevance of the research is associated with the conditions to be created in the society for fulfilling the rights and educational needs of children with health limitations. Their characteristic trait is having difficulty forming the learning motivation, which affects the quality and results of the educational process. With regard to this, the paper is aimed at revealing the particularities of attitude to learning in primary school students having intellect deficiency (mentally retarded ones) and developmental delay as compared to their normally developing peers. For researching the problem, a comparative study is the leading method that allows viewing the structure and dynamics of learning motivation in children having normal health and ones having health limitations comprehensively. The paper describes the influence of mental developmental disorders on the level, structure and dynamics of attitude to learning activity. Normally, a correct and socially acceptable attitude to learning develops quite vigorously – while it does more feebly in children having developmental delay, and in ones having intellect deficiency, it remains almost the same throughout the entire primary school stage. The materials of the paper may be of use for specialists in psychological and pedagogical support of children having health limitations in the educational process.

Keywords: Primary school students, mental retardation, developmental delay, learning activity, attitude.

INTRODUCTION

Nowadays questions pertaining to integration of children having health and life activity limitations into the society go beyond the scope of tasks of special (remedial) education. So they are considered among the priorities of state importance. Each child is an active participant of the educational process regardless of his or her development type. For children with health limitations, school is a model of learning the social experience and learning activity is one of the major factors of personality development, just like for their normal peers (Bityanova, 1998; Kostyunina & Valeeva, 2016; Yamburg & Zabramnaja, 2014).

The children in whom serious deviations from the normal mental or physical development are noted are called children with health limitations. The deviations hinder such childrens' reflecting the surrounding reality in themselves and condition peculiar, every so often adverse, relationships with people (Vygotskij, 2003).

The most frequently observed variants of deviating development are the intellect deficiency (mental retardation) and developmental delay (DD). A certain reduction

* Department of Correctional Pedagogy, Psychology and Speech Therapy, Sholom-Aleichem Priamursky State University, Birobidzhan, Russia, E-mail: olya.shapovalova.1962@mail.ru.

of cognitive activity, difficulties in studies and an original attitude to the learning activity are inherent in both kinds of children.

Notably, the attitude of the younger schoolchildren with intellect deficiency and with DD towards school, learning activity, and their status of a schoolchild does not generally get enough coverage, with a comparative study against the normally developing peers remaining little if at all. It is this aspect that makes up the problem of this research. Its relevance is determined by an education environment having to be created at school so that it would be optimum for personality development of every child.

The novelty of the paper is represented by an original diagnosing technique and a considerable scope of actual data characterizing the attitude of students with health limitations to learning in a comparative aspect.

The experimental basis of the research was made up by educational institutions of Birobidzhan and Jewish Autonomous Region. The sampling of the tested ones involved 120 students of grades 1 through 4 (schoolchildren with normal development, ones with intellect deficiency, and ones with developmental delay – 40 of each kind). In its turn, each category of the tested ones was divided into the younger (grades 1-2) and older (grades 3-4) subgroups, including 20 schoolchildren each.

LITERATURE REVIEW

The scientific and research activity of the chair of special pedagogics, psychology, speech and language therapy focuses on psychological and pedagogical support of children with health limitations. The authors and their colleagues study the psychological particularities of such children (Emelyanova, 2008; Shapovalova, 2011), design and test out new forms of remedial and developing action (Borisova, 2011; Shklyar & Hodos, 2013), consider the opportunities for the most efficient training of teachers (Rodionova, 2013; Karynbaeva, 2014). Meanwhile, their main reliance is on the experience of the leading Russian specialists, although the developments of the foreign researchers touching on the following aspects of the above problem of concern are taken into account:

- the personality development in children with health limitations (Robinson & Robinson, 1976; Chazan *et al.*, 1980; Whitman, Burgio & Jonston, 1984; Saarni, 1999; Bermejo *et al.*, 2014);
- their interaction with people around them (Barksdale, 1961; Gretarsson, 1988; Raessler, 2003);
- psychological and pedagogical technologies (Gardner, 1971; Wiener & Tardif, 2004; Freeman *et al.*, 1915).

The authors' interest in studying and supporting the development of schoolchildren with intellect deficiency and developmental delay is conditioned by the specific character of the region's educational space.

By mental retardation, a clearly marked reduction of cognitive activity based on an organic injury of the central nervous system is understood. In the case of DD, the lag of development is less obvious, as its organic basis is made up of minor disorders of functional and dynamic nature.

The mentally retarded children are taught and brought up at special (remedial) schools according to a special educational program which differs from the general school program in its scope, content, as well as in ways of fulfillment. Meanwhile, schoolchildren having DD get remedial assistance in conditions of a general educational institution. Given favorable pedagogical conditions, this developmental disorder is overcome successfully so early as at the primary school stage.

However, both developmental delay and mental retardation are characterized by weakness of memory and attention and by original emotional expressions (Lubovskij et al., 2003; Petrova, 2007; Zaigraeva, 2016). The particularities hinder acquisition of learning activity which is also affected by poor working capacity, weak expression of cognitive interest, and an original attitude to learning that are characteristic for children of both categories.

V.V. Voronkova and S.A. Kazakova (2010) discuss the remedial and developing importance of the learning activity, demonstrate the dependence of school achievements in developmental disorder children on their attitude to learning, and deduce the conditions stimulating their cognitive activity. For the younger schoolchildren with health limitations, it is learning that is the main activity determining the principal development trends. However, learning fails to always allow them to be satisfied with their own efforts and to fulfill their aspirations of getting appreciation of the people around them. This, in its turn, can cause behavioral reactions that hinder socialization (deceitfulness, refusal to perform some activity, open rudeness). Hence, studying and correcting the emotional attitude of primary school students with health limitations to learning deserves the most earnest attention of the modern researchers.

RESEARCH METHODOLOGY

The research was conducted during academic year 2015 – 2016 using an original technique developed at the chair of special pedagogics, psychology, speech and language therapy and tested out with active participation of teachers, psychologists and students. After a conversation about the social significance of learning, the tested ones took turns to answer 10 questions of the questionnaire. There were four answer options lettered A, B, C and D and showing various attitude to learning activity, and they had to select one for each of the following questions.

1. I go to school because:
 - A) my parents make me;
 - B) I must – everybody studies;

- C) I want to get knowledge and a good occupation in the future;
 - D) I like learning.
2. If I did not have to go to school, then I:
- A) would be quite happy not to go there;
 - B) would go anyway – I like considering myself a schoolchild;
 - C) would only visit the classes I am interested in;
 - D) would go anyway because I like learning about things.
3. When I am asked about school, I tell them about:
- A) my friends and funny things;
 - B) what we did at classes and about marks;
 - C) what interesting things I have learnt for myself;
 - D) what I have learnt and what else I want to learn.
4. I think a day at school was lucky if:
- A) the teacher paid no attention to me;
 - B) I got good marks;
 - C) I had my favorite classes;
 - D) I learnt something new.
5. At school, I like:
- A) playing with my friends during the break;
 - B) being a schoolchild, carrying a schoolbag, answering at the classes;
 - C) doing my favorite subject (what subject?);
 - D) learning new things and finding answers to difficult questions.
6. I especially like classes at which:
- A) I can do my own business without being noticed;
 - B) I am praised and set as an example for others;
 - C) I learn something interesting for me;
 - D) I can learn to think independently.
7. I think a class is boring if:
- A) I have to write, count, work a lot;
 - B) I have to do something monotonous and uninteresting;
 - C) I do not like this subject (what subject?);
 - D) no questions arise during the class to answer which you have to learn something else.

8. During the holidays, I:
- A) have a rest from school and never think about it;
 - B) sometimes play school – I miss it;
 - C) read something on my favorite subjects;
 - D) often try to find explanation to various phenomena using the knowledge obtained at school.
9. When I do my homework:
- A) I hurry a lot and at times forget about some tasks;
 - B) I do not make much effort but I try to do everything;
 - C) I carefully do what I like and I do all the rest in some sort;
 - D) I do everything with pleasure, I like working.
10. At school, I do not like:
- A) to sit at classes;
 - B) to do difficult tasks;
 - C) having to study subjects I dislike;
 - D) the fact that not all tasks teach one to think independently.

Group A answers were indicative of the absence of the learning interests and no points were scored for them (0 points). Group B answers reflected the interest to the external side of learning and scored 1 point each. The C lettered answer options scored 2 points as they demonstrated some interest in the content of learning. The highest level of performance of a task was marked by group D answers which reflected the interest in the process of learning. Such answers got 3 points each.

The research was conducted individually. Each schoolchild was asked to name or mark in the form an answer option he or she believes to be the most suitable one and to motivate the choice. In order to eliminate possible children's pattern, stereotype-based solving of each new task similarly to the previous one, the sequence of answers was varied throughout the answer forms (ABCD, CADB etc.).

The total level of the tested ones' attitude to the learning activity was assessed according to the total score resulting from the questionnaire survey (0-10 points – a low level, 11-20 points – a medium one, 21-30 points – a high one).

RESULTS AND DISCUSSION

Just as it was expected, the highest level of attitude to learning activity was demonstrated by schoolchildren with normal development, while it was the lowest in children with intellect deficiency. None of the latter scored over 20 points as a result of the questionnaire survey. Among the DD children, 3 tested ones (7%) were at a high level, all of them being grade 4 students. As for the tested group with normal development, a high level was found in 10 children (25%), 4 of them being students of grades 1-2.

In most schoolchildren with normal development and ones with DD, the attitude to learning was manifested at a medium level (19 children in each group, 48%). The same level was also shown by 16 mentally retarded schoolchildren (40%). As it was found out during the conversation, all of them realized the knowledge obtained at classes would be of use for them in the future but they could not explain how exactly they were going to use the knowledge.

Regrettably, in quite a significant part of the tested ones in all three categories, a low level of attitude to learning activity was found, as well as a superficial and unstable character of their learning interests, their close attachment to situations of success and failure. Such attitude was registered in 24 mentally retarded schoolchildren (60%), 18 developmental delay students (45%) and in 11 normally developing children (27%). It should be mentioned that the quality of teaching and upbringing process in the test grades was rather high and so was the professional competence of the teachers. Nevertheless, the questions pertaining to forming a conscious, socially acceptable and correct attitude to learning in primary school students appear to need special attention.

The fact has also to be highlighted that the results of work of the younger schoolchildren with normal development and those of their peers with health limitations differed slightly even within one and the same level. The students having normal development had almost no difficulties explaining their choice of the answer options. They were willing to join the conversation with the researcher and characterized in detail their attitude to learning, to the teacher, to individual study subjects and to the school life as a whole. The mentally retarded schoolchildren would often keep silence when choosing an option, and if the adult insisted on asking them to explain why they thought exactly like this and not otherwise, hardly did the children produce excuses like "I do not know", "I wanted so", "Because I have chosen it". The younger group children with developmental delay (grades 1-2) differed from their mentally retarded peers very little in the results of work and particularities of communication with the researcher. At the same time, the results demonstrated by the older group students (grades 3-4) were similar to the normal ones.

Calculation of the arithmetic average value for each child has also shown that the dynamics of the results of work with the technique is different in the normally developing primary school students and in children with health limitations. As it can be seen from Table 1, there was almost no dynamics manifested in children with intellect deficiency (11,4 points on average for each student of grades 1-2; 11,5 points in grades 3-4). The DD students featured a good progress (12,1 points in the younger group; 16,4 points in the older one). It differs slightly from the dynamics of the attitude towards learning revealed in the normally developing primary school students (16,6 points on average for each student of grades 1-2; 21,6 points with grades 3-4 students) (Table 1). However, it is only the average value of the older group of schoolchildren with normal development that is regarded as a high level of attitude to learning.

TABLE 1: THE ATTITUDE OF THE YOUNGER SCHOOLCHILDREN WITH NORMAL DEVELOPMENT AND ONES WITH HEALTH LIMITATIONS TO LEARNING ACTIVITY.

Development type	Grade	Quantity	Quantity of answers in groups				Total score	Average value
			A	B	C	D		
Mental retardation	1 - 2	20 students	62 (31%)	78 (39%)	30 (15%)	30 (15%)	228	11,4
	3 - 4	20 students	54 (27%)	82 (41%)	44 (22%)	20 (10%)	230	11,5
Developmental delay	1 - 4	40 students	116 (29%)	160 (40%)	74 (18%)	50 (13%)	458	11,5
	1 - 2	20 students	50 (25%)	82 (41%)	44 (22%)	24 (12%)	242	12,1
	3 - 4	20 students	30 (15%)	54 (27%)	75 (38%)	41 (20%)	327	16,4
	1 - 4	40 students	80 (20%)	136 (34%)	119 (30%)	65 (16%)	569	14,2
Normal development	1 - 2	20 students	28 (14%)	52 (26%)	80 (40%)	40 (20%)	332	16,6
	3 - 4	20 students	4 (2%)	21 (11%)	115 (57%)	60 (30%)	431	21,6
	1 - 4	40 students	32 (8%)	73 (18%)	195 (49%)	100 (25%)	763	19,1

It is clear from Table 1 that group A united 116 answers of students having intellect deficiency (29%), 80 answers of DD children (20%) and so few as 32 answers of the younger schoolchildren with normal development (8%). It should be reminded that answers of this type point at the lack of interest in learning, when the children study not for themselves but more for their parents and they go to school because they are made to. At school, they only like communicating with their friends but not learning. As for homework (self-preparation) and demanding tasks at classes, these cause a negative attitude in such schoolchildren. The answers given by this group are an especially bright example of the dynamics of the younger schoolchildren's attitude to learning throughout the primary school time. Clearly, the quantity of group A answers decreases only slightly (by 4%) in the older group children with intellect deficiency, while the difference between the older and the younger DD groups makes 10%, and a 12% reduction is registered with normally developing schoolchildren.

Thus, a positive attitude to learning proved to be 92% formed in normally developing primary school students (in the entire sampling). It was found to be 80% formed in DD children and 71% formed in the schoolchildren with intellect deficiency.

Now, the structure of this attitude in students having different development types will be considered using table 1 again. It can be seen that the greater quantity of answers given by the mentally retarded primary school students belongs to group B (160 answers – 40%) while their normally developing peers gave only 73 such answers (18%). This group of answers gives evidence about a positive attitude to the situation of learning, to visiting the school, and to the external side of learning activity. The children are pleased by good marks, teacher's attention, engaging task forms, they like the status of a schoolchild. However, this is not yet the interest in the content and process of learning, although it can work as a basis for forming and developing such interest. The schoolchildren with developmental delay also have this group of answers as the prevailing one by quantity (136 answers – 34%), yet it is group C answers that go to the foreground in the older group (grades 3-4), just like in the case of normally developing primary school students.

Group C included answers reflecting the interest in the content of learning, in individual study subjects, and in the material which is engaging not only by its form. 195 answers of this kind (49%) were received from the normally developing survey participants, 119 answers (30%) – from the DD younger schoolchildren, and 74 answers (18%) – from the mentally retarded ones. Here, all the three categories of the tested ones have demonstrated quite a good dynamics of attitude exactly to the content of learning: in grades 3-4, the quantity of such answers is notably higher than in grades 1-2. Nevertheless, it has been found during the conversation, that many schoolchildren with health limitations have an unstable interest in study subjects, with its structure dominated by the emotional principle

associated with a wish to bolster self-esteem and to feel confidence in one's forces. So, the intellect deficiency students usually named PT, drawing and handicrafts. It was only a few of them who mentioned mathematics, the Russian language, reading and other subjects requiring a high attention concentration and serious volitional efforts. Their normally developing peers' and the DD younger schoolchildren's scope of learning interests was much broader and it embraced almost all subjects provided for by the curriculum.

Group D answers which show the highest level of the younger schoolchildren's attitude to learning were not numerous. By opting for such answers, the children showed they were able to experience positive feelings from their participating in the process of learning and that they liked posing and fulfilling study tasks independently. They considered the classes to be boring if they did not promote gaining knowledge or looking for new knowledge. 100 answers of this group (25%) were received from students with normal development, while DD children gave 65 answers (16%) of this group. In schoolchildren having intellect deficiency, there only were 50 answers (13%). In particular, just like in case of the normal development, the quantity of such answers clearly grows in developmental delay children of grades 3-4 as compared to the younger groups, which emphasizes a positive dynamics of the attitude to learning activity. By contrast, the mentally retarded tested ones of the older group gave 10 such answers less than schoolchildren of grades 1-2. Probably, the intellect deficiency students selected group D answers yet at random and without realizing it enough, especially among the younger group. Alternatively, at the best, such a choice reflected to a greater extent a wish to show a high level of the learning interests but not quite this level actually existing.

CONCLUSION AND RECOMMENDATIONS

Thus, the research conducted has confirmed that the said problem is highly relevant and the questions pertaining to studying the younger schoolchildren's attitude to learning yet have to be elaborated further, learning being a powerful factor of socialization both for children with normal health capacities and for ones with health limitations.

In normally developing schoolchildren, a positive attitude towards learning activity was manifested more brightly and demonstrated a more vigorous dynamics throughout the primary schooling time, as compared to their peers with health limitations. Notably, at the primary school stage, the developmental delay children show main performances of learning interests leveling up and coming close to the norm, while in schoolchildren with intellect deficiency, the figures remain quite low, and the dynamics of these students' attitude to learning is almost not to be seen.

As it has been found, the development disorder influences not only the general level but also the structure of learning interests. In younger schoolchildren with

normal development, just like in DD students of grades 3-4, it is characterized by the interest in the content of learning prevailing. At the same time, it is the most clearly demonstrated interest is in the external, formal side of the learning activity that is inherent in mentally retarded children and DD students of grades 1-2.

As for the interest in the process of learning, it was manifested poorly in all the three categories of the tested ones. Even among the normally developing younger schoolchildren, it was only a few (10 students, 25%) who demonstrated a high level of attitude to learning activity and quite a profound understanding of its social importance.

Therefore, regardless of the children's development type, their cognitive, and especially learning interests need special attention of teachers and psychologists at the primary school stage. Targeted consistent work on forming and developing a correct, socially acceptable attitude to learning in the younger schoolchildren is essential both at general and at special (remedial) educational institutions, and so is the provision of conditions discussed by N.G. Morozova (1979):

- a schoolchild has to realize the social importance of learning;
- a schoolchild has to rely on his or her life experience;
- study tasks have to be engaging;
- success situations have to be created too.

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