

## **Poor Scholastic Performance in Children and Adolescents**

Children in India spend one third of their waking time in school-related activities, with girls spending more time than boys, mainly because academics is given prime importance by parents and society alike. A child who is not performing well in studies, therefore, becomes a source of immense stress for parents, which in turn, reflects on the child's persona and self esteem.

The links between education and reduction in the rate of population growth, between education of women and family health, between education and equitable economic growth, etc. are by now well documented in many third world countries. Elementary education is considered a basic developmental right of every child. Article 45 of the Indian Constitution states that, "The State shall strive to provide free and compulsory education to all citizens up to the age of 14." At present, all political parties have expressed their commitment to convert this Directive Principle into the Fundamental Right to Education. Hence, the need for Indian Academy of Pediatrics to pitch in, as only it can, in helping those children with scholastic problems that could be mainstreamed and developed into useful citizens of our country.

### **Prevalence**

In India, the Learning Disability movement is only a decade or two old. We lag behind the western world in this regard by around 50 years. During the last decade, the movement has definitely picked up momentum and more and more children with this 'invisible handicap' are being identified. In spite of this, there is paucity of epidemiological studies conducted in India to determine the exact prevalence of scholastic backwardness, in general, and Specific Learning Disability (SLD), in particular. Terms like 'adequate intelligence', 'appropriate instruction' and 'socio-cultural factors', are present in nearly all

definitions of SLD and are necessary for the identification of children with this problem. In the context of the multi-cultural, multi-linguistic and multi-variant economic backgrounds unique to India, implications of these terms are not easy to quantify; neither are they clearly defined. The influence of age of enrolment in school, preschool exposure to literacy and literacy support at home during the school years also vary in different parts of this vast country. Further, conducting a multi-disciplinary assessment of the large target population is also not a feasible exercise. Many children with moderate to severe mental retardation get included in the census of children with scholastic backwardness.

We do have some studies to confirm that a large percentage of school dropouts in India are due to unsatisfactory academic performance, nearly half of the children and adolescents in urban slums fare poorly in school and that a significant number of the low birth weight babies in India are at risk of scholastic backwardness. It may not be inappropriate to estimate the prevalence as the same or slightly more than the western figure of 20% of the child and adolescent population. Thoroughly conducted multi-disciplinary assessments also document the presence of SLD in our country.

It is estimated that there are around 170 million children between 6 and 14 years of age in India and 56 to 70 million of them are not going to school and many of them may have dropped out of school due to scholastic problems. If nearly 20% of school-going children have scholastic problems, we could expect 34 million of them to be doing poorly in studies. Since a significant number of them would have SLD, we are looking at figures in excess of 15 million with this 'invisible handicap'. These figures, off-course, do not include the 14-18yr olds who have unfortunately not been included in Article 21A of the Indian Constitution as children requiring compulsory education. Therefore, we would expect to have almost as many children with specific learning disability in India as there are children with all the other disabilities put together.

## Advocacy

With such staggering figures to deal with, it is imperative that the Indian Academy of Pediatrics does its bit to alleviate the misery of children with scholastic backwardness and their families. We are to focus our attention first on SLD as that is the group, among children presenting with scholastic problems, for which identification is easiest and probably, most specific, and remediation works the best. These are the children who could be successfully mainstreamed and sustained and supported to become professionals in the areas of their strengths. In the process of catering to the needs of SLD we would, as an offshoot, be helping all children who fare poorly in academics.

Despite the efforts of various groups, SLD, though proven to have a neuro-developmental etiology, has yet to be listed as a disability in the Persons With Disabilities Act, 1995 unlike in the UK, USA and other developed countries where children with SLD are recognized as children having Special Educational Needs (SEN). This should be our priority in advocacy because once SLD is recognized as a disability, these children would be eligible for financial aid from the Government of India for assessment, remedial education and pharmacotherapy of co-morbid conditions associated with SLD. Grants for setting up centers of excellence for managing these children or for setting up resource rooms in schools would also be forthcoming.

## Role of Pediatricians

It is estimated that each state in India may require the services of nearly 50,000 special educators if all

children with learning problems are to be supported. There is growing awareness among parents, teachers and professionals about learning problems in children. This increasing awareness is likely to result in an increase in the demand for services. The few professionals who are offering services are strapped for time and resources.

It is in this background that the IAP Vision 2007 - Poor Scholastic Performance Program was envisaged. The program aims at enhancing awareness among pediatricians regarding approach to and management of children presenting with poor scholastic performance through nationwide workshops. These trained pediatricians in turn would conduct awareness programs for other pediatricians, the public at large, parents, school managements and teachers so that the problems of this 'invisible handicap' are dealt with on a war footing by every one dealing with children in our country. The 16,000 strong IAP work force needs to be mobilized to take a keen interest in this area of need.

Swami Vivekanand said, "Education is the manifestation of knowledge already inherent in man." Hence, it is the mere realization of it that constitutes the process of learning. Considering that to be true, any effort at turning this idea into reality is well worth the effort.

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