

INFLUENCE OF FAMILY BACKGROUND ON SOCIAL SKILLS DEVELOPMENT OF CHILDREN WITH LEARNING DISABILITIES IN ABUJA, NIGERIA

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Abstract

Family background is defined in this study as the parents' educational level, age group, and socioeconomic status, which influences the development of social skills in children with learning disabilities in Abuja, Nigeria. These factors may also be related to the physical, intellectual, and emotional well-being of these children. The study looked into the effects of parents' background on how their children with learning disabilities develop their social skills. Four research questions and four hypotheses were developed for the study and tested for significance at the 0.05 level. Cross-sectional and correlational designs were both used in the study. Using the Krejcie and Morgan sample size formula, a sample size of 314 were generated from the population of this study, which was 2007 overall. The Social Skills Development Questionnaire (SSDQ) was applied for the study; it has 30 items and a Cronbach Alpha reliability coefficient of 0.719 and 0.978, indicating that it has dependable internal consistency and is appropriate for this investigation. IBM SPSS version 23.0 was used to examine the data that had been gathered. The results showed that 65 (20.7%) children with learning disabilities had low social skills, 159 (50.6%) children had moderate social skills, and 90 (28.7%) children had high social skills. According to this research, the majority of children with learning disabilities had a moderate level of social skill. The findings led to the recommendations, one of which being the requirement for parents of children with learning disabilities, whether they are young or elderly, should always endeavour to create time to support their children's social skill development.

Keywords: Children, Family Background, Social Skills, Learning Disabilities.

INTRODUCTION

The primary method through which children with learning disabilities are naturally socialized is through their family, a small familial structured group (Akubue & Okolo, 2008). Additionally, family continues to be the major setting where children with learning disabilities learn social skills from their parents, siblings, and other family members in a nuclear family structure. Before transitioning to the school setting, children with learning disabilities could improve or worsen their socialization skills in the family. In this study, the family background refers to the educational level of the parents, their age and socioeconomic status, all of which have an impact on the development of the child's social skills on physical, intellectual, and emotional levels (Muola 2010). Children with learning disabilities who come from various family backgrounds are impacted by these variations in different ways, which is why some children with learning disabilities have good social skills while others do not. Social skill is the ability to know how and when to use a repertoire of social behaviors appropriately, including tone of voice, hand gestures, facial expressions, body posture, working cooperatively with others, and responding effectively in situations where conflict might occur (Gresham & Elliott, 2008). Social skills may be defined as socially acceptable learned behaviors that enable a person to interact with others in ways that elicit positive responses and assist in avoiding negative responses" (Jacob et al., 2021). Examples of social skills include cooperation, assertion, responsibility, and self-control (Elliot & Gresham, 1993, 2001). It can be inferred that social skills are necessary for comprehending and analyzing information in a sociocultural environment (Hetzroni & Banin, 2016; Kilic & Gungor Aytar, 2017; Jacob et al., 2021).

The development of individuals largely depends on the company they keep. The power of influence in developing appropriate social skills required for effective interactions cannot be overemphasized. This is because humans are products of ideas, beliefs, and thought patterns acquired from various sources and experiences. An individual's ability to interact effectively with others in a specific social context is known as social skills. Social skills include one's ability to communicate and interact with another, both verbally and non-verbally. Through gestures, body language, and personal appearances, some individuals, however, have problems learning appropriate behaviours (Hetzroni & Banin, 2016; Kilic & Gungor Aytar, 2017), because they lack the necessary social skills. Such people are unable to interact effectively with those around them (Kilic & Gungor Aytar, 2017). The lack of social skills gives rise to challenges which may lead to depression, social anxiety, solitude, and alcoholism later in life (Hetzroni & Banin, 2016; Jacob et al., 2021). Among children with learning disabilities, poor social skills stem primarily from the fear of being different and of being made the object of jest, bullying, and, in the worst cases, rejection. Research efforts have observed that children with learning disabilities can be socially deficient in some basic social skills like communication, problem solving, interpersonal skills and accountability.

The study of learning disabilities has spread to related fields like psychiatry, neurology, psychological counselling, and the field of special needs since it first gained popularity in the middle of the 1960s and more prominence at the beginning of the 1990s (Khasawneh, 2021). Age-appropriate social skills are frequently lacking in children with specific learning

disabilities, which interferes with their social functioning (Brooks et al., 2015). Children with learning disabilities are fundamentally challenged in one important area of development called social skill (Vanderbilt TRIAD, 2010). One of the significant trait of people with learning disabilities that has a detrimental impact on their academic performance and general ability functioning is difficulty forming or maintaining connections. When engaging with others, learners with disabilities who lack the necessary social skills may not be able to understand both explicit and implicit rules, and may not know how to act in a variety of social situations.

Good social skills make it simpler for people to communicate their satisfaction or dissatisfaction, defend their individual rights, ask for help when they need it, and reject unfavourable expectations (Hetzroni & Banin, 2016; Jacob et al., 2021). Despite the fact that the academic success-related deficiencies of children with learning disabilities, such as reading and language deficiencies, are the most frequently identified deficiencies (Cermak & Murray, 1992), nonverbal deficiencies do exist, nevertheless, particularly in the domains of rhythm and music, as well as in the understanding of facial expressions and spatial perception. Additionally, hyperactivity, inability to pay attention, and inappropriate behaviour are frequently present in individuals who have learning disabilities (Cermak & Murray, 1992, Hetzroni & Banin, 2016).

Learning disabilities have an impact outside the classroom. It comes from relationships to reading, which ultimately leads to difficulties. Children with learning disabilities must acquire strong social skills, because getting along with others is just as important as getting along in class. People with LD might be less perceptive in their social environment, occasionally misread others' social cues, and not be able to learn from experiences or social cues as quickly as their friends. Social skill deficiencies that are performance or skill-based may be seen in children with LD. In other words, either the skill may not be in the student's repertoire, or the student may have acquired the skill but it is not performed at an acceptable level. The term social skill has been used variously by different investigators. Many individuals refer to deficits in social skills to encompass the various types of social and behavioral difficulties noted in children with learning disabilities.

Research has shown that many children with learning disabilities experience social skills deficits. According to Haager & Vaughn, (1995), estimates of the prevalence of social and behavioral difficulties range from 35% to 75% of the population of students with learning disabilities. According to Bryan et al. (2001), one of the units of social skills that the children with learning disabilities are deficient in, is basic communication. They observed that the verbal behaviour of children with learning disabilities is a variable that may cause social difficulties. Using an observation technique, two observers simultaneously coded the subjects' social interactions and communications into seven categories i.e. rejection, requests for information/materials, self-image, helping/ cooperation/ giving, egocentric/ self-comments, and creativity. Children with learning disabilities verbalized nasty statements more frequently, and received and engaged in significantly more rejection statements. They often failed to respond to peers. Using a socio-metric scale, it was found that the children with learning disabilities were viewed as less popular than their peers

without learning disabilities. The authors suggested that this may be as a result of their inadequate verbal communication habits (Special Education guide, 2020).

Children with learning disabilities are poor in the interpersonal skill domain of social skills. Interpersonal skills include the abilities to share, join activities, ask for permission and wait turns. Those who have a social skill deficit may struggle with asking accurate and concise questions. Being unable to ask a simple question creates barriers to obtaining information and initiating a conversation. Those who struggle to ask questions will appear disinterested and even anti-social. Those with poor social skills may prefer to ask closed questions because these elicit brief and controlled responses. For adults with limited social skills, they may struggle to understand proper manners in different social contexts and settings (Special Education guide, 2020). As children move through elementary and middle school, they want to be accepted by their friends who are their own age, and also participate in activities with them (Brooks, 2013; Rubin et al., 2006).

Through hands-on learning, children can build a set of social skills necessary for social integration (Brooks, 2013). Toddlers initially pick up social skills by imitating the social behaviours of their homes and peers. Children continue to develop their social abilities as they participate in a variety of interactions that encourage positive social behaviours (Hetzroni & Banin, 2016). Children become more aware of their bad social practices when they receive constructive criticism from other children. Furthermore, when children fail to learn and practice good social skills with other children, their classmates perceive them as socially inept, and they are at risk of social isolation (Kilic & Gungor Aytar 2017). This seclusion makes it even more difficult to practise critical skills that can help with social development. Children with learning disabilities (LD) and mild to moderate intellectual impairments (ID), may lack the necessary social skills to fully participate in their peers' social lives. These youngsters are commonly mainstreamed in school settings to facilitate social development. Extracurricular activities engagement appears to have a good impact on adolescent development, according to research; however, less is known about the advantages of activity participation for children with ID and LD. According to Brooks (2013), in a study conducted among 7-12 year old children with ID (n=42) and LD (n=53), in order to determine the impact of frequency and types of extracurricular activity on their social competence in comparison to their typically developing peers (TD; n=24), it was found that extracurricular activities were particularly beneficial for children with ID. Although the study concluded that a future research on the quality of involvement will be necessary to further understand what specific aspects of activities will facilitate social development.

According to a study in learning disabilities and social skills, Filippello et al., (2013) discovered that it is difficult for children with learning disabilities to develop acceptable relationships, particularly to advise coping techniques for dealing with interpersonal disputes. The study compared the choices of children with LD and their typically developing classmates for solutions to resolve a hypothetical dispute. This study was carried out using the social storey approach among 14 children with LD (9 boys and 5 girls) who are between 8 and 10 years old, and 14 typically developing children who were matched for age, gender and socio-economic status. Apparently, since they resort to

aggressive strategies, it could be inferred from this study that children with learning disabilities find it more difficult to handle issues arising from their relationships with their peers within and outside the school. However, they could possibly be at home to manage and improve their interpersonal conflicts with adults, both at home and in the school. This implies that children with learning disabilities may have less friends, unpopular among peers, and constantly faced with rejection.

Parental Attachment Theory

Bowlby (1980) proposed the concept of parental attachment. According to the notion, children acquire a strong emotional attachment with a caregiver during their formative years which has long-lasting effects. According to the theory, sensitive and emotionally available parenting aids in the development of a child's secure attachment style, which promotes social skills and socio-emotional development. Insecure kinds of attachment style, which are a risk factor for many mental health issues, may result from parenting that is less sensitive and emotionally inattentive, or from failing to meet the child's social skills needs. The hypothesis is pertinent to this study; given that parents help their children with learning disabilities develop their social and emotional skills by providing social cues. The idea included and provided suggestion for guardians and parents as well. In order to create a strong social attachment link with their children who have learning disabilities, parents and guardians must now understand its importance. These social links will help youngsters with learning disabilities develop strong social skills with other people in society (the school setting, etc.) later in life. In order to avoid having unreasonably high expectations for their children's behaviour, parents will learn to comprehend the biological and psychological needs of their children with learning disabilities. In this way, parents may seek to avoid frustration that occurs when they expect things beyond the child ability of children with learning disabilities including social capability.

Research Questions

The following research questions were developed and answered in this study:

- 1) What is parents perceived social skill level of their Children with learning disabilities in inclusive primary schools?
- 2) What is the age groups distribution of parents of children with learning disability in inclusive primary schools?
- 3) What is the level of educational distribution of parents of children with learning disabilities in inclusive primary schools?
- 4) What is the family income distribution of parents of children with learning disabilities in inclusive primary schools?

Objectives of the Study

The general objective of the study is to investigate the influence of family background on social skills development of children with learning disabilities in Abuja, Nigeria.

The specific objectives include:

- 1) Find out the parents perceived social skill level of their children with learning disabilities in inclusive Basic schools.
- 2) Ascertain the age groups distribution of parents of children with learning disabilities in inclusive Basic schools.
- 3) Determine the level of educational distribution of parents of children with learning disabilities in inclusive Basic schools.
- 4) Find out the family income distribution of parents of children with learning disabilities in inclusive Basic schools.

Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significance.

- 1) There is no significant difference between parents perceived social skill levels of their children with learning disabilities in inclusive basic schools.
- 2) There is no significant difference between the social skills of children with learning disabilities and the age groups of parents of children with learning disabilities in Inclusive basic Schools
- 3) There is no significant difference between the social skills of children with learning disabilities and the educational status of parents of children with learning disabilities in inclusive basic schools
- 4) There is no significant difference between the social skills of children with learning disabilities and the family income level of parents of children with learning disabilities in Inclusive basic Schools

METHODOLOGY

The study utilized two designs: cross-sectional design and correlational design. A cross-sectional study is a type of research design in which data is collected from many different individuals at a single point in time. In cross-sectional research, the researcher observes variables without influencing them. Researchers in economics, psychology, medicine, epidemiology, and the other social sciences all make use of cross-sectional studies in their work (Lauren 2020). While correlational design is a quantitative research approach that allows a researcher to investigate relationships between two or more variables at a given time (Gogtay & Thatte, 2017). The population of this study were 2007 children with learning disabilities in Inclusive Basic Schools across the entire six Area Councils of Federal Capital Territory (FCT) Abuja, Nigeria. The study employed multistage clustered random sampling technique. Multistage sampling refers to a sampling procedure where the sampling is carried out in stages and with the use of

smaller sampling units at each stage. In multistage sampling, large clusters of population are divided into smaller clusters in several stages, in order to make primary data collection more manageable (Dudovskiy, 2018). The sampled size was 314 which was calculated using Krejcie and Morgan sample size formula to determine the study sample size. In attaining the study objectives, the mean value of social skill was operationally measured based on 30 items of the parent version of the Social Skill Questionnaire (SSQ) developed by Spence (1995) on a 3 point Likert Scale with categories of (not true, sometimes true, mostly true) with the assigned scores of 0, 1, 2. The instrument measured parent's perception of the level of ability in social skill of the child with learning disabilities. Scoring of the instrument 31-39 rated low social skills level, 40 – 46 rated moderate social skills level, and 47 – 54 rated high social skills level. Cronbach Alpha reliability coefficient was carried out to assess the internal consistency of the instrument and found out that the instrument reliability index was 0.719 and 0.978. Which means that the instrument had internal consistency that is reliable, and also suitable for this study (as shown in table 1) below.

Table 1: Reliability Coefficients for Pre-test and Final Test

Variables	Pre-test (n = 35)		Final test (n = 314)	
	No. Items	Alpha (α)	No. Items	Alpha (α)
Perceived Social Skills (PSS)	30	.719	30	.978

The instrument reliability index was 0.719 and 0.978, which means that the instrument had internal consistency that is reliable and is suitable for this study (as shown in table 1) above.

Method of Data Analysis

The study used IBM SPSS version 23.0. The analysis involved descriptive statistics (percentage, mean, standard deviation, and frequency) to measure objectives. The analysis comprised of two parts; descriptive and inferential. Descriptive statistics of simple percentage mean and standard deviation was employed to describe the respondent's characteristics and level of perceived social skills. While inferential statistics such as Analysis of Variance (ANOVA) was used to test the four null hypotheses in this study.

RESULTS AND DISCUSSION

Social skills of children with learning disabilities findings reveals that the histogram look symmetrical bell-shaped curve and Q-Q plot had shown a straight line with little deviation of some scores. Also, the outlier Box Plot revealed 3 cases of potential outlier. Furthermore, the values of Skewness = $-.203$ and Kurtosis = $-.136$ are within the recommended margins by George and Mallery (2003). So, the researcher assumed that the data meet the assumption of normality.

Table 2: Main Variables of the Study Parents Perceived Social Skill of their Children with Learning Disabilities

Level of Social Skills	Frequency	Percentage (%)	Mean	SD	df	F	P-value
Low (31 – 39)	65	20.7	36.61	3.97	2, 311	482.57	0.00
Moderate (40 – 46)	159	50.6	43.24	1.77			
High (47 – 54)	90	28.7	48.92	1.97			
Total	314	100	43.63	4.56			

Table 2 reveals the parents perceived social skill of their Children with learning disabilities; 65(20.7%) of the parents indicate low social skill level, 159(50.6%) of the parents indicate moderate social skills level and 90(28.7%) of the parents indicate high social skills level. This finding shows that majority of the parents indicates that their children with learning disabilities had moderate social skill level. This implies that the children with learning disabilities had moderate social skill level in inclusive basic schools in Abuja, Nigeria.

Table 3: One-Way Analysis of Variance (ANOVA) Test of Mean Difference in Perceived Social Skill (N = 314) of their Children with Learning Disabilities

Variable	N	Mean	SD	F	p
Age Categories				7.503	.000
less than 30years	29	40.34	6.61		
31-40years	100	44.33	4.14		
41-50years	88	44.47	4.04		
51-60years	70	43.7	3.72		
Above 60years	27	41.26	4.92		
Level of Education				.580	.629
Secondary	43	42.79	4.45		
Diploma/NCE	29	44.03	4.06		
Degree/HND	165	43.66	4.33		
Post graduate	77	43.77	5.25		
Family Income				4.280	.015
Low Income (0-N35,000)	86	43.49	4.66		
Middle Income (N36,000 - N75,000)	203	43.33	4.45		
High Income (N76,000 & Above)	25	46.12	4.50		

Note: p-value ≤ 0.05 means there is a significant difference while p-value ≥ 0.05 means there is no significant difference.

One-Way ANOVA was performed to compare the difference between age groups on perceived social skills. Thus, the ANOVA results in Table 3 have shown that there was a statistically significant mean score difference between parents age groups of parents of learners with learning disabilities on perceived social skills [F(4, 309) = 7.503, p = .000]. The mean for parents of children with learning disabilities between the age group 41-50years and 31-40years was slightly higher than 51-60years, above 60years and less than 30years parents of children with learning disabilities in the current study. This indicates that slightly more in age group 41-50years and 31-40years parents of children with learning disabilities had perceived social skills compared to 51-60years, above 60years and less than 30years. Thus, H_{02} is rejected.

The mean plot is illustrated in Figure 1.

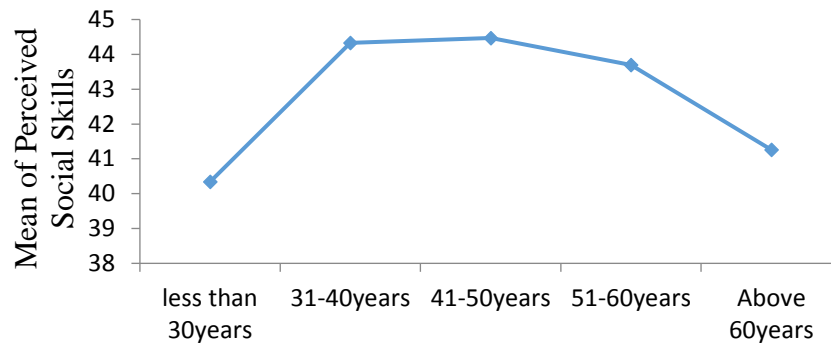


Figure 1: Mean plot of Perceived Social Skills across Parents Age Groups

This finding is in line with past studies (Gerber & Zinkgraf, 1982; Jackson et al., 1987), which reports that social perceptual ability increases with age, children with learning disabilities still exhibit less social perceptual ability than their same aged peers. In summary, parents of children with learning disabilities had perceived social skills regardless of their age group.

More so, the analysis in Table 3 showed no statistically significant difference in the mean score between level of education of parents of learners with learning disabilities on perceived social skills of their children with learning disabilities [$F(4, 309) = 0.580, p = .629$]. Though, the mean for Diploma/NCE holders was slightly higher than Secondary, Degree/HND and Post graduate holders in the current study. It can be concluded that perceived social skills of parents of children with learning disabilities existed regardless of the parents' level of education. Thus, H_{03} is supported. That is, the null hypothesis was not rejected.

The mean plot is illustrated in Figure 2.

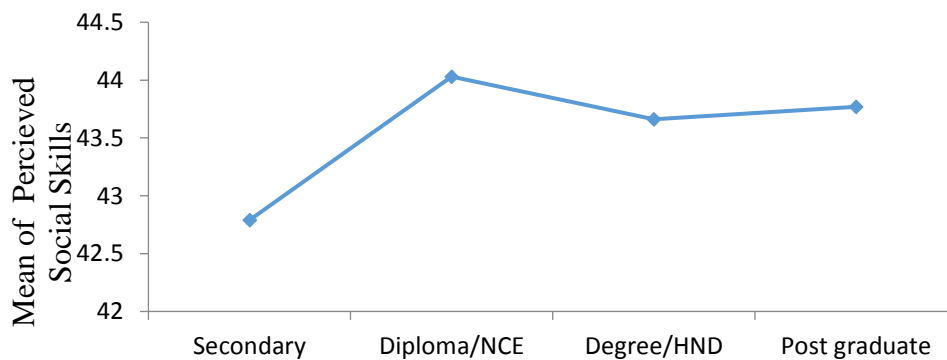


Figure 2: Mean plot of perceived social skills across parents' level of education

On the other hand, the ANOVA analyses revealed a statistically significant mean score difference between family income of parents of children with learning disabilities on their perceived social skills [$F(4, 309) = 4.280, p = .015$]. More so, the mean of perceived social

skills for high income (N76, 000 & above) was slightly higher than low Income (0-N35, 000), and middle income (N36, 000 - N75, 000) parents of children with learning disabilities in the current study. This indicates that high income parents of children with learning disabilities had high perceived social skills followed by low income and middle income parents. Thus, H_{04} is rejected

The mean plot is illustrated in Figure 3.

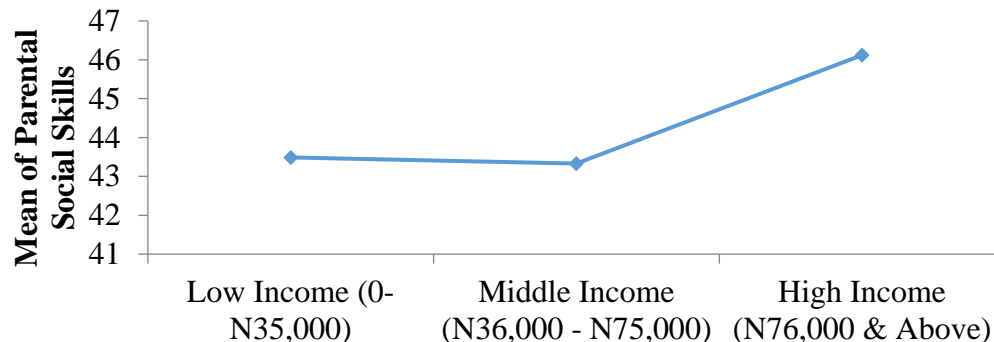


Figure 3: Mean plot of Parent Social Skill across Family Income Levels

This is in contrast with Rydell, (2010) whose report of some studies show that pupils with learning disabilities or ADHD disproportionately come from low income family backgrounds, bringing about less support for their education. In summary, parents of children with learning disabilities had perceived social skills regardless of their family income.

CONCLUSION

The study concluded that social skills of children with learning disabilities were first influenced by their parents' age group, level of education, and family income level. The social skills of children with learning disabilities in inclusive basic schools were perceived by parents between age group 31-40years, and 41-50years with NCE /degree holder. In addition is Postgraduate educational level who also belong to high income family level who had higher perception of their children with social skill than younger and older parents above 50years old.

RECOMMENDATIONS

The authors recommend that:

- 1) Young and older parents of children with learning disabilities should take time to help their children towards the development of their social skills.
- 2) Other researchers should carry out social skill development interventions on young and older parents of children with learning disabilities.

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