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# 1

## Managing Learning and Intellectual Disabilities- The Agenda for 2047 Bharat

### Abstract

*India is planning to become the developed nation by 2047, but it is possible only if it manages the disabilities among its population. More particularly it needs to take care of the disabilities among its young population (0-18 years of age; and more particularly 0-6 years of age) because the major basis of this planning is the availability of its comparatively young population. We know among the disabilities affecting the young population Intellectual Disability and Learning Disability are crucial. Intelligence Testing reflects that the 2.2 % individuals are in the lowest category of intelligence and 2.2% are in the highest category. Below 2.2% are the persons suffering from Intellectual Disability (I.D). Its further classification reveals that it ranges from Mild and Moderate to Severe and Profound, and may be more in percentage if scientifically and properly identified. In India it is estimated to around 2-3% in which children below 10 years are in good number. The country also has a good number of Learning-Disabled Children. Number and Percentage are not so categorically and accurately identified, but it is believed to be 5-15% in Indian population. Some studies suggest the pooled prevalence of learning disabled around 8%. We need good number of quality multidisciplinary researches in the area of LD&ID. Both these disabilities together are to be controlled and managed by the nation amply if the country has to be the developed one. The government of India needs to take certain measures in this regard as Early Identification of the Disabilities; Ample Awareness regarding Disabilities among the Common Mass; Proper Schooling of the Disabled Children; Educating Parents about Disabilities; Forming Groups of disabled Parents for Help and Encouragements; and many more.*

**Keywords:** Managing learning, Intellectual disabilities, Learning disabilities, Awareness regarding disabilities, Early identification

## Introduction

India is the young country and the future younger or youngest country of the world as today we have comparatively young population in our favour. Based upon the population benefit and other resources the country has dreamt through its dynamic prime minister Shree Narendra Modi to become a developed nation by 2047. Narrating the view of the Indian Government Thakur, AS (2023) aptly states, “The world’s youngest yet largest democracy is 75 years old today. The nation will celebrate 100 years of independence in 2047. The next 25 years are termed Amrit Kaal by Prime Minister Shri Narendra Modi Ji. It is going to be the gateway to the swarnim yug, which is poised to start after 2047. The PM has also resolved to make India a developed nation by then.” He further claimed and shared that in 2047, 21% of the global workforce will be in India. Presently it is the fifth largest economy of the globe, and going to be the third economic power soon. We all know if the country has to grow and develop it is only possible through its human resources because among all the possible resources it is the supreme. Whether it is finance, material, time, or any other resources available with a nation; it will be utilized properly only if we have healthy, educated, trained and skilled manpower. Disability among the human population is the greatest challenge and hindrances in the way of our becoming developed nation by 2047, and that has to be addressed with care by the nation in general and the prime minister in particular. NCFFSE (2000) narrates in the same way, “Equality in Education requires personalized pedagogy, and a careful investigation into individual aptitudes. Compensatory and remedial measures in education to suit the needs of the deprived, the disadvantaged and the challenged, with a view to bringing them at par with other students, assume central importance”.

Among different form of disabilities Intellectual and Learning Disabilities are to be addressed more promptly as it occurs in early stages of human development. The classification of disability is also an issue to be addressed. The exact number and percentage of category wise disabled to be identified as well. This is the first step in the direction of managing disability in general and Intellectual and Learning disabilities in particular. The Government of India (2023) reports that “The Rights of Persons with Disabilities Act, 2016 (RPwD, Act, 2016) as passed by the parliament in December, 2016, and brought into force from April 19, 2017 identifies five categories of Disabilities (1) Physical, (2) Intellectual, (3) Mental Behaviour (Mental illness), (4) Disability caused due to (i) Chronic Neurological Conditions & (ii) Blood Disorder, and

(5) Multiple Disabilities”. Status of Disability in India a Review of Policy, Schemes and Facts on Disability (2020) reflects, “Between 110 million and 190 million people globally are estimated to be suffering from some form of the disability and nearly a fifth of the global total i.e., people, experience significant disabilities. In the Indian context, the NSSO estimates 2.2 percent of the Indian population to be disabled (NSSO 76<sup>th</sup> round, 2019)”. Status of Disability in India a Review of Policy, Schemes and Facts on Disability (2020) again reflects in another chapter, “A report by the world Bank states that while estimates vary, there is growing evidence that persons with disability are around 40-80 million, which constitute between 4-8% of India’s population.” Scaria LM, Bhaskaran, D and George, B (2023) mentions, “This systematic review reports an 8% prevalence of SLD in India. The High Prevalence of SLD among children in India implies the need for awareness generation among parents and teachers. Adopting community sensitization programs will be beneficial for early identification and improving access to remedial education programmes.”

The sad aspect of this issue is that in comparison to developed nation we have very little facilities in the matter. No need to say we are bigger country in population and so clearly, we have a more population of intellectually-disabled and learning-disabled young population as well. This issue we have to address as a challenge to be the developed nation by 2047. To find accurate figure based on disability is a bigger challenge to handle, especially for a big country like India. Some data are there, but that is not enough to tackle the issue specifically. The Government of India (2023) through Annual Report 2023-24(2023) reflects that as per census 2011, there are 2.68 crore persons with disabilities in India which constitute 2.21 percent of the total population. Out of total populations of persons with disability, approximately 1.50 crore are male and 1.18 crore are female. These include persons with visual, hearing, speech and loco-motor disabilities, mental illness, mental retardation (intellectual disabilities), multiple disabilities and other disabilities. Status of Disability in India a Review of Policy, Schemes and Facts on Disability (2020) in one of its chapters places the figure in percentage as Visually impaired = 31%; leprosy affected = 17%, Intellectual and development disabilities = 27%, Hearing Impaired = 12% others = 13%. About the children related data in terms of their ages Saurabh, S (2022) places more particular information meaningful in terms of Learning and Intellectual Disabilities both, “A major part of India’s population-around 158 million consists of children in the age group of 0-6

years. India is home to 472 million children up to the age of 18 years and comprising 39 percent of the country's population. There are roughly 30 million orphaned and abandoned children in India- that's almost 4% of the youth population."

Learning disability and intellectual disability are two terms about which the people become confused. In confusion they do understand the both as the same, but two particular disabilities are different from one another. In intellectual disability, the individual has a lower IQ than the average IQ, and subsequently intellectually disabled person gets difficulty in performing day to day activities. Learning disability is an umbrella term which is used to refer to a variety of disabilities in learning - Reading, Writing, Solving mathematical problems, etc. Sometime back intellectual disability was named as mental retardation; nowadays it has been replaced by intellectual disability. A person having intellectual disability usually face some problems as communicating effectively, solving problems, making decisions, learning, reasoning, etc. Person having intellectual disability usually has IQ less than 70. If the country has to grow these are to be managed. Rani, Shashi (2016) and many like her expects by the Indian Government for children with disabilities that they will be ensured right to care, protection and security; dignity, equality and enabling environment; inclusion and effective access to education, health, vocational training; and right to development.

Experts can identify person having intellectual disability in a conclusive manner as the person may be identified on the basis of his/her characteristics like frustration, uncontrolled anger, non-remembering problem, non-management of problem. There is the urgent need for the general awareness regarding its early identification and monitoring. Director, NCERT (2022) is also of the similar view, "Rights of Persons with Disabilities (RPwD) Act, 2016 recognizes 21 disability conditions and recommends various provisions for Persons with Disability. It encourages equity-based inclusion in our society and inclusion of children with Special Need (CWSN) in regular schools while taking care of their special needs. It implies that all children with disability should be properly identified and certified at the earliest to address their special needs and support them." Learning disabilities are varied and difficult to identify. Its identification needs expertise as some learning disabilities like identifying colour, letters, pronunciation, rhyming, etc. may be experienced in early years and not in later years of age. Dyslexia (reading difficulty), Dysgraphia (writing difficulty), Dyscalculia (mathematical difficulty), Auditory Processing Disorder (hearing

difficulty), Visual Processing Disorder (chart, map, picture, etc. understanding difficulty), etc. are some common learning disabilities. Learning disability is a problem related to the processing of the brain during sending, receiving, and processing of information.

Early identification and management of these two disabilities are necessary to utilize our human resources, and if India has to be a developed nation by 2047 this aspect of managing our learning and intellectual disabled population has to be addressed scientifically and honestly with plans, policies and actions. Kacker, S (2013) asserts in this regard as, “A society which cares for persons with disabilities is considered to be the best, as disability affects not only the individual and family but also society and the nation”. Jha, NK and Sanyal, S (2025) expresses in the same way, “The inclusion of children with special needs is not an affair and concern of India only but it has been an important global issues and agenda for many years.” What Jha and Sanyal claim about the status of school is an issue to be looked into by the government to manage learning & intellectual disabilities to get India a developed nation by 2047 and/or even before, “This is true that policies and acts support inclusive education for children with special needs. However, most of the regular schools are not fully prepared and accessible for children with special needs.”

### **Let Us Know Learning Disability**

Learning disability is a neurological condition which affects the brain’s ability to send, receive, and process information. A child with a learning disability may have difficulties in reading, writing, speaking, listening, understanding mathematical concepts, and with general comprehension. Wikipedia (2025) categorically defines and states about learning disability as, “Learning disability, learning disorder, or learning difficulty (British English) is a condition in the brain that causes difficulties comprehending or processing information and can be caused by several different factors. Given the ‘difficulty learning in a typical manner’, this does not exclude the ability to learn in a different manner. Therefore, some people can be more accurately described as having a “learning difference” thus avoiding any misconception of being disabled with a possible lack of an ability to learn and possible negative stereotyping. In the United Kingdom, the term “learning disability, while conditions such dyslexia and dyspraxia are usually referred to as ‘learning difficulties’”.

Learning disability is a permanent disorder that affects the manner in which individuals with normal or often above average intelligence acquires, retain,



and express difficulty in a learning area or two. Such difficulties in processing information can significantly interfere with academic or social development. Government of India (2022) by referring RPwD, 2016 states “Specific learning disabilities means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself a difficulty to comprehend, speak, read, write, spell or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia ( related to reading), dysgraphia(related to writing), dyscalculia (related to mathematical calculations), dyspraxia (related to coordination and movements) and developmental aphasia (related to acquisition of Language).”

Learning disabilities are traditionally diagnosed by conducting two tests and notching a significant discrepancy between their scores. These tests are an intelligence (IQ) test and a standardized achievement (reading, writing, arithmetic) test. Learning disabilities are not contagious, but they can be genetic meaning that they can be passed down in families through the genes, like many other traits we get from our parents and grand parents. Someone with a learning problem probably has other family members who have had some learning troubles too. Dyslexia is probably the number one learning disorder followed by ADHD, Dyscalculia, Dysgraphia, and Dyspraxia. Auditory Processing & Visual Processing Disorders may have trouble that affects children and adults. The most common learning disability is dyslexia, affecting approximately 80 to 90 percent of all learning disabilities as the researchers and academicians claim. Learning Disabilities –can be caused by things such as: the mother becoming ill in pregnancy, problems during the birth that stop enough oxygen getting to the brain, the unborn baby having some genes passed on from its parents that make having a learning disability more likely. They can also be caused by changes in the brain from social or environmental deprivations, deafness, poor vision, brain trauma, or neurological injury in utero. Nobody really knows that what causes a learning disability, but both genetic and environmental factors are instrumental in its happening.

Prevalence of specific learning disability in India ranges from 05% - 15% in various studies. Some studies claim the pooled prevalence of it around 8%. There appears to be a gender prediction with boys being more affected than girls. Mental health problems among people with a learning disability are often overlooked, under diagnosed and left untreated due to poor understanding, awareness, evidence in this area and symptoms mistakenly attributed to the person’s learning disability. Data has shown that people with

lower intellectual ability had higher rates of symptoms of common mental health problems (25%) compared to those with average (17.2%) or above average (13.4%) intellectual functioning. One study found that 54% of people with a learning disability have a mental health problem. Children with learning disabilities are four and a half times more likely to have a mental health problem than children without a learning disability. Learning disabilities are processing problem within brain. There are three main categories disability plus others, all of which can disrupt a child's ability to learn in those areas. The three core learning disabilities affect the fundamental academic area of Reading (Dyslexia), Writing (Dysgraphia) and Mathematics (Dyscalculia). Within each area, learners experience different effects and difficulties. Besides these, other learning disabilities include auditory, language, and visual processing disorder plus non-verbal learning disorder.

The primary feature of a learning disability is that it is processing problem of the brain. In addition to learning difficulties, learners with learning disabilities can experience such things as:

- Motor skills deficits, both fine and gross.
- Problem with hand-eye coordination.
- Memory problems.
- Sensory issues.
- Troubles with attention.
- Slow processing speed.
- Difficulties with logic and reasoning.

The struggles a child with learning disability faces is varied because of the differences in each disability, but in general they involve what has been called weaknesses in certain areas of brain. Outside of this area of disability, children with learning disabilities generally do well in school. The concept, "Smart Kids with learning disabilities", is often used to describe these children having learning disability. A child can display difficulties in terms of listening, reading, solving mathematical problem, etc. These are usually viewed as learning disabilities. As learning disabilities are varied, it can be quite difficult to identify whether the child is suffering from a learning disability or not. These learning disabilities may be according to different stages of childhood. A very young child may have difficulty in identifying colours, letters, problems in pronouncing, rhyming, colouring within the lines, tying the shoe laces, etc. A much older child can

have difficulty in solving mathematics problems, reading aloud, writing, difficulty in comprehension, etc. Some of the most common learning disabilities are Dyslexia (Difficulty in reading), Dysgraphia (difficulty in writing), Dyscalculia (difficulty in mathematics), Aphasia (difficulty in language comprehensive), Auditory Processing Disorder (difficulty in hearing sound differences), and Visual Processing Disorder (difficulty in understanding maps, charts, pictures, etc.) These related issues highlight those intellectual disabilities and learning disabilities are two different things. Learning disorders are problems with the brain's ability to get, remember, or use information. These problems make it hard to focus and do well in school. Children with learning disorders often have normal or high intelligence but have problems with a specific mental skill, such as reading or doing mathematics. Learning disorders are different from intellectual disability (when children are born with lower-than-normal intelligence that causes problems with all mental skills). Doctors through a series of test see if a child has a learning disorder or not. Certain school programmes may help to recognize the child's specific trouble with respect to a learning disability or two, i.e., reading, writing and what is the problem area.

Children do not have learning disorders because they are lazy or misbehaving. A normal parent can understand intellectual disability the same as learning disability, though it is not true. Something the brain of learning-disabled children did not develop properly. Doctors do not know for sure why this happens, but learning disorders are more likely if:

- The mother was sick or used certain drugs during pregnancy.
- The mother or baby had medical complications during pregnancy.
- The child had a serious illness (such as cancer) at a young age.

Most common learning disorders are reading disorders, writing disorders, and mathematics disorders. Children who are not learning at the level appropriate to their age and ability should be tested for learning disorders.

### Types of Learning Disability

Following are some Important Learning Disabilities as:

**1. Dyslexia:** It is the most common type of learning disabilities. It is related to language learning in which the learner has trouble in understanding words, sentences, or paragraphs. Learners suffering from dyslexia often find difficulty

in processing and understanding what they read or hear. Many dyslexic people are talented in other area of learning like arts and music, 3Dvisual perceptions, athletic and mechanical abilities. In fact, it is a specific learning disorder that affects reading and related language-based processing skills.

**2. Dyscalculia:** It is a learning disability that affects the ability to grasp and solve mathematical concepts and problems. People with dyscalculia often have difficulty in understanding and manipulating numbers. They find difficulty in remembering mathematical formulae and solving mathematical equations. They cannot recall and remember mathematical steps with ease. It is a lifelong disability and person suffering from it can be taught to achieve success as in dyslexia.

**3. Dysgraphia:** This learning disability is associated with the functioning of hand writing and fine motor skills. It is a writing disability in which people find it difficult to form letters and they get it hard to write within a specified space. People suffering from dysgraphia have handwriting that is uneven and inconsistent. Many people with dysgraphia write legibly, but write very slowly or too small. People with dysgraphia are unable to visualize letters and do not possess ability to remember the motor patterns of letters and their writing requires a lot of energy and time.

**4. Dyspraxia:** This is a disorder that affects the development of motor skills. People with dyspraxia have trouble in planning and executing fine motor skills like waving good bye to getting dressed. It influences movement & coordination, language and speech It is a lifelong disorder with no cure, but there are options for helping them to improve to function and to be independent. Psychologists do not consider it as a learning disability, but suggest that it coexists with other learning disabilities. Ona can conclude that its characteristics are similar to dysgraphia.

**5. Aphasia/Dysphasia:** Aphasia is the medical term to indicate full loss of language, while dysphasia stands for partial loss of language. The word aphasia is now commonly used to describe both conditions. Aphasia and dysphasia are communication related disorders that can develop due to a stroke, traumatic brain injury or neurological disorder. Dysphasia is related to language and communication related learning disabilities that affect the ability to understand or produce spoken language. It is associated with verbal language skills those

are like retell a story, the fluency of speech, ability to understand the meaning of words, directions understanding, etc.

**6. ADHD (Attention Deficit Hyperactivity Disabilities):** As the name suggests it is a disorder that causes people to lose focus on tasks very easily. People with ADHD find it difficult to stay focused and pay attention and are unable to control behaviour & their hyperactivity. ADHD is of two types-Hyperactive Impulsive ADHD and Inattentive ADHD. There is the third type that is a combination of the two. Hyper Impulsive ADHD is distinguished by the person's excessive amount of activity. This may include activities like constant fidgeting, non-stop talking, trouble in controlling temper, problems with doing quiet activities, etc. Inattentive ADHD includes struggle in paying attention to any instruction, too much daydreaming, slow information processing, feeling bored frequently, poorly organized, etc. There is a third type of ADHD that includes activities placed in both the category as this is due to the combination of the hyperactive and inattentive ADHD. Psychologists do believe that ADHD is not a learning disability, but it causes people to struggle with learning. They think it is commonly linked to other learning disabilities.

**7. Auditory Processing Disorders (APD):** Auditory Processing Disorders are the disorders that make the person unable to distinguish similar sounds and other difficulties in day-to-day learning. It causes trouble in learning, but psychologists do not consider it as a learning disability.

**8. Visual Processing Disorders (VPD):** Visual Processing Disorders are the disorders that cause people to struggle to differentiate between similar letters, number, objects, colours, shapes, patterns, etc. As like auditory processing disorders, visual processing disorders are also not considered as learning disability by a group of psychologists. It affects learning as the sufferers have poor hand-eye coordination.

**9. Non-verbal Learning Disorders (NLD):** Non-verbal Learning Disorders or Non-verbal Learning Disabilities are neurological syndromes that develop in the right side of the brain. People with NLD have a very strong verbal ability, remarkable memory, good spelling skills, strong auditory retention, but they possess poor social skills. They find difficulty in understanding facial expression and body language. Some people having NLD have poor coordination, balance problems and difficulty with fine motor skills.

**10. Language Processing Disorders (LPD):** Language processing disorders is a subset of auditory processing disorders. According to Learning Disabilities Association of America, in language processing disorder there is difficulty in attaching meaning to sound groups that form words, sentences, and stories.

**11. Autism:** Autism is basically an intellectual disability, but it creates difficulty in mastering certain academic skills. Children with autism may have trouble in communication, reading body language, learning basic skills, making friends, and making eye contact.

In fact, there are three main types of learning disabilities related to reading, writing and mathematics. Each of these three types of learning disability includes several different disorders. Dyslexia is reading related disability; Dysgraphia is writing related disability and Dyscalculia is mathematics related learning disability. Autism is not a learning disability, but around half of autistic people may also have a learning disability.

### **Symptoms of Learning Disorders**

1. These are some symptoms of learning disability:
  - Young children with learning disorders may take longer time than usual to learn.
  - Names of colors, letters, or objects may not be identified during learning.
  - How to count cannot be internalized by the child.
  - How to read and write may not be learned by the child.
2. Children with learning disability may also have problems like:
  - Short attention spans.
  - Trouble paying attention.
  - Speech or language problems.
  - Trouble in understanding direction.
  - Trouble in remembering things that happened recently.
  - Trouble with hand and finger use, such as printing and copying.

Some children with learning disorders become frustrated at school. The frustration can cause behavioural problems, such as being hyperactive, shy, or aggressive. If anybody suspects that her/his child's learning difficulties may require special attention or assistance he/she must not make delay in finding support. The sooner one approaches the assistance, the better chances are there for reaching the full potential of the child. In fact, it is associated with the damage control of the child. Earlier detection of the learning disability may go in favour of the child by caring and managing the child's difficulty from beginning.

3. Children with **Dyslexia**, one type of reading disorder, have symptoms like:

- Slow to start talking and naming letters and pictures.
- Trouble making sounds for words or putting sounds in right order.
- Trouble seeing single words in a group.
- Difficulty in reading out loud.
- More spelling and writing errors than usual, such as reversing letters in words.

4. Besides some common sign and symptoms of learning disability certain age specific sign and symptoms have also been forwarded by the experts. Following are some age-related sign and symptoms of learning disability:

**(A) Signs and Symptoms of Learning Disabilities (Preschool Age):**

- Problems in pronouncing the words.
- Troubles in finding the right words.
- Difficulty in rhyming.
- Trouble in learning the alphabet, numbers, colours, shapes, or days of week.
- Difficulty in following directions or learning routines.
- Difficulty in controlling crayons, pencils, and scissors, or colouring within lines.
- Trouble in handling with buttons, zippers, snaps, or learning to tie shoes.

**(B) Signs and Symptoms of Learning Disabilities (5-9 years of ages):**

- Trouble in connection between letters and sounds.
- Difficulty in blending sounds into words.
- Confusion in reading the basic words.
- Slow rate of learning new skills.
- Frequent spelling mistakes in a consistent manner.
- Trouble in learning basic mathematical concepts.
- Difficulty in telling time and remembering sequences.

**(C) Signs and Symptoms of Learning Disabilities (10-13 years of ages):**

- Difficulty in reading comprehension or mathematics skills.
- Trouble in open-ended test questions and word problems.
- Disliking reading & writing and having tendency of avoiding reading aloud.
- Poor handwriting.
- Poor organizational skill like having messy and disorganized bedroom, homework, and desk.
- Trouble in following classroom discussions and expressing aloud.
- Spelling the same word differently in the same document.

The above discussed lists of activities in which person with learning disabilities find some common red flags, but normal children may too experience some of these difficulties at various times. Early detection of developmental differences may be an early signal of a learning disability and problems that are spotted early can be easier to correct.

**Doctors Saying about Learning Disorders**

- Doctors will test the child's hearing and eyesight to make sure those are not the cause of the child's learning problems. Hearing and vision problems are not learning disorders.
- To know for sure, they will send the child to a learning specialist (often at the child's school). The specialist will do a series of intelligence tests and ask the child reading, writing and mathematics related questions to diagnose the learning disability of the child.



## **How Learning Disorder is being Treated**

Learning disorders are treated through educational programmes that help children with learning disorders. For example, dyslexia are treated with programme that teaches children to identify words by paying attention to the sounds. These programmes also use audio books, computer screen readers, and other tools. Some children with learning disorders also have ADHD. Medicines that doctors prescribe for ADHD help children concentrate, which may help them to learn better.

In the United States, the Individuals with Disabilities Education Act (IDEA) require public schools to test children for learning disorders. It also requires schools to provide free and appropriate education to children with learning disorders. It is being manifested through behaviour, but opinion of a specialist is vital before coming to conclusions. Learning disability is an issue or problem the child encounters in the process of learning. This does not denote that the child has lower IQ or lacks skills, but the child differs in his/her pattern of learning.

## **Types of Specialists for Diagnosing Learning Disabilities**

Following group or Individual may deal with learning disabilities:

- Clinical Psychologists.
- School Psychologists.
- Child Psychologists.
- Educational Psychologists.
- Developmental Psychologists.
- Neuro Psychologists.
- Psychometrists.
- Occupational Therapists. (They test sensory disorders that can lead to learning problems.)
- Speech and Language Therapists.

Sometimes several professionals coordinate as a team to manage for an accurate diagnosis. Sunanda, G Mary (2013) also mentions specialists needed for diagnosing learning disability as clinical psychologists, school psychologist,

child psychiatrists', educational psychologists, developmental psychologists, neuropsychologist, psychometrist, occupational therapist, and speech and language therapist.

Neuroplasticity is the new hope in the area of learning disabilities treatment. It refers to the brain's natural, lifelong ability to change. It is about repairing the brain wire to remove the obstacle in the process of learning. In order to understand neuroplasticity, we may think the repairing of brain circuit like radio internal wire system. In fact, a person's brain throughout her/his life is able to form new connections and generate new brain cell in response to experience and learning. This revealed knowledge has led to groundbreaking new treatments for learning disabilities that take advantage of the brain's ability to change.

Arrowsmith programme is being used now as strategic brain exercises to identify and strengthen weak cognitive areas. The Arrowsmith programme is employing the principle of neuroplasticity through the application of targeted cognitive exercises to overcome specific learning disabilities. As for example a child having difficulty in distinguishing different sounds in words there is a new computer-based learning programme that slow down the sounds so that children can understand them and gradually increase their speed of comprehension. Under the right learning conditions, the brain has the ability to recognize itself by forming new connections. With the help of Arrowsmith programme these new connections facilitate skills of reading and writing that were difficult with the help of old connections. In fact, it is about changing, replacing or repairing brain connections. What is to know in the process is that faulty wiring in the brain disrupts normal lines of communication and makes it difficult to process information easily.

Parents of the learning-disabled child need to support the child and address their symptoms in practical ways. Further they are to get help from the professionals. Diagnosing a learning disabled is a process. It includes and involves testing, history taking, and observation under trained specialists. It is important to find a reputable referral. A professional learning disorder specialist can refer to the importance of integration to learning. Integration refers to the understanding of information that has been delivered to the brain, and it includes three steps as:

1. Sequencing: It means putting information in right order.
2. Abstraction: It means making sense of the information.

3. **Organization:** It is to organize the learning content. In fact, it is associated with the brain's ability to use the information to form complete thoughts.

Each of these three steps is important and a child may have a weakness in one area or another that causes learning difficulty. The role of parents and guardians is important in this context. They besides turning to specialist and specialized academic help by school must learn and think to help the child as they know the child in a better manner. They need to take lead in looking into opinions, learning about new treatments and services, and observing the child's education.

Parents role and monitoring is the key in the treatment of learning disabilities. They can do following act and activities in this regard:

- They need to learn the specifics of their child's learning disability.
- They can research about treatments, available services, and new theories.
- They can pursue treatment and services at home.
- They can nurture their child's strengths and specific abilities.
- They can manage their ward's social and emotional skills. Learning disabilities may be extremely frustrating at times and they must know social and emotional skills are the most consistent indicators of success in life. This true in the case of learning disorder as well.
- They need to manage self-esteem, isolation, and behavior problems of their wards as learning disabilities and their accompanying academic challenges can affect these aspects.
- They have to provide their wards strong support system to make them learned to express, deal frustration, and work with challenges.
- They need to focus on child's growth as a person, and not just on academic achievements.
- They need to help their child to learn good emotional habits that set the stage for their child's success throughout their lives.
- They need to create and develop a group of parents and guardians of learning-disabled children to share concerned knowledge. This will lead the creation of great sources of knowledge about learning disabilities, its management, and a group for emotional support for the children.

## **Let Us Know Intellectual Disability**

Intellectual disability (ID), also known as general learning disability in the United Kingdom. Formerly it was named as Mental Retardation (MR). In fact, it is known by different term as General Learning Disability, Mental Retardation, a Generalized Neurodevelopmental disorder. It is a generalized Neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ under 70. It is deficits in two or more adaptive behaviours that affect everyday general living. Government of India (2022) defines the concept, “Intellectual disability refers to significant impairment in cognitive and adaptive functioning. It causes difficulties in problem solving, reasoning and learning”.

Intellectual functions are defined under Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-V) - a book by American Psychiatric Association, as reasoning, problem solving, planning, abstract thinking, judgement, academic learning, and learning from instruction and experience, and practical understanding confirmed by both clinical assessment and standardized tests. Adaptive behaviour is defined in terms of conceptual, social, and practical skills involving tasks performed by people in their everyday lives. Wikipedia (2024) states about the concept , “Intellectual disability (ID), also known as general learning disability (in the United Kingdom), and formerly mental retardation (in the United States) is a generalized neurodevelopmental disorder characterized by significant impairment in Intellectual and adaptive functioning that is first apparent during childhood. Children with intellectual disabilities typically have an intellectual quotient (IQ) below 70 and deficits in at least two adaptive behaviours that affect every day living. According to the DSM-5, intellectual functions include reasoning, problem solving, planning abstract thinking, judgement, academic learning, and learning from experience. Deficits in these functions must be confirmed by clinical evaluation and individualized standard IQ testing. On the other hand, adaptive behaviours include the social, developmental, and practical skills people learn to perform tasks in their everyday lives. Deficits in adaptive functioning often compromise an individual’s independence and ability to meet their social responsibility.”

Intellectual disability is subdivided into (1) Syndromic Intellectual Disability, in which intellectual deficits associated with other medical and behavioural signs and symptoms are present, and (2) Non-syndromic Intellectual Disability, in

which intellectual deficits appear without other abnormalities. Down syndrome and fragile X syndrome are examples of syndromic intellectual disabilities. Intellectual disability affects about 2 to 3% of the general population. Seventy-five to ninety percent of the affected people have mild intellectual disability. Non-syndromic or idiopathic cases account for 30 to 50% of these cases. About a quarter of cases are caused by a genetic disorder and about 5% of cases are inherited from a person's parents. Cases of unknown cause also affect the people in a large way. Intellectual disability when named as Mental Retardation as a connotation was so derogatory that an official change was made. Children with intellectual disabilities have problems in two main areas. (i) Intellectual Functioning and (ii) Adaptive Behaviours.

Intellectual functioning involves someone's learning, problem solving, decision making and reasoning. It is represented by I.Q. The average IQ is 100, and the average range is 85-115. Someone with an intellectual disability has an IQ of 75 or below. It is also claimed as below 70. Learning disabilities, on the other hand, do not affect IQ or general intellectual functioning. Adaptive behaviours are skills everyone needs to function in daily life. These are conceptual skills like language, literacy, money concept, self-direction, and more. Practical skills like personal care, self-direction, ability to use the phone, and occupational skills are part of adaptive behaviour. The other set of adaptive behaviours involves social skills and functioning. Someone with an intellectual disability has poor adaptive behaviour. There are many kinds of intellectual disabilities and there are many cases of it. Intellectual disability is the most common developmental disability. Intellectual disability is a term used when a person has certain limitations in cognitive functioning and skills, including communication, social and self-care skills. These limitations can cause a child to develop and learn more slowly or differently than a typically developing child. Intellectual disability can happen any time before a child turns 18 years old. It can happen even before the birth. According to American Association of Intellectual and Developmental Disabilities, an individual has intellectual disability if he or she meets three criteria:

1. IQ is below 70-75.
2. There are significant limitations in two or more adaptive areas (skills that are needed to live, work, and play in the community, such as communication or self-care).
3. The condition manifests itself before the age of 18.

## Causes of Intellectual Disability

Intellectual Disability can be caused by injury, disease, a problem in the brain. There are unknown causes of intellectual disability. Down Syndrome, Fetal Alcohol Syndrome, Fragile X Syndrome, Birth Defects, Infections before Birth, Infection during Birth and Infection soon after Birth. Other causes of intellectual disability do not occur until a child is older. These might include severe head injury, different types of infections or stroke. Following are some causes of Intellectual Disability in terms of genetic, physical and environmental factors. Broadly we can classify the reasons of intellectual disability in terms genetic, physical and environmental.

(1) **Genetic** – This is due to the presence of abnormal genes that have been inherited from family members and it is also caused when genes are being combined during prenatal development. 25% of cases of Intellectual Disability are due to metabolic abnormalities, such as those that cause Fragile X syndrome and Down syndrome.

(2) **Physical** – Infections or diseases, extreme malnutrition. Intake of poisonous substances like lead, mercury during pregnancy are the causes of intellectual disability. Whooping cough, the measles, meningitis, extreme malnutrition, lack of medical care, etc. may be the reasons of intellectual disability. An intellectual disability is not a disease, it is a disorder. It has no cure, but children with intellectual disability can learn to do many things with restricted speed.

(3) **Environmental** - Prenatal risks, radiation, maternal malnutrition, alcohol use by mother, oxygen deprivation, traumatic brain injury, suffering from severe malnutrition and suffering from a near drowning experience, etc. are the reasons of intellectual disability.

Based upon genetic, Physical and Environmental reasons we may have some specific reasons of intellectual disability as:

- a. **Genetic Conditions:** Due to abnormal genes inherited from parents, error when genes combine, or other reasons. Examples of genetic conditions as cause of intellectual disability are Down Syndrome, Fragile X Syndrome, and Phenylketonuria (PKU).
- b. **Complications during Pregnancy:** When the baby does not develop inside the mother properly (problem with the way the baby's cell divide). A woman who drinks alcohol or gets an infection like rubella during pregnancy may also have a baby with an intellectual disability.

- c. **Problems during Birth:** Complication during labour and birth. When a baby not getting enough oxygen, he/she may have an intellectual disability.
- d. **Diseases or Toxic Exposure:** Diseases like whooping cough, the measles, or meningitis can cause intellectual disabilities. This can also be caused by extreme malnutrition, not getting appropriate medical care, or by being exposed to poisons like lead or mercury.

Intellectual disability is not contagious i.e., communicable disease. One cannot catch an intellectual disability from anyone else. It is not a type of mental illness, like depression. There are no cures for intellectual disability. However, children with intellectual disability can learn to do many things. They may just need to take more time or learn differently than other children. 1 to 3% of global population has an intellectual disability. Intellectual disability is significantly more common in low-income countries. 80% of all people with disabilities live in low-income countries. United Nation narrates Intellectual Disability a disability that describes a person with certain limitations in cognitive functioning and other skills, including communication.

### Types of Intellectual Disability

Following are some types of intellectual disability as:

**1. Fragile X Syndrome** is a genetic condition that affects a person's development, especially behaviour and the ability to learn. Fragile X results from a change or mutation in the Fragile X Messenger Ribonucleoprotein 1 (FMR1) gene, which is found on the X chromosome. The gene normally makes a protein, called FMRP, that is important for creating and maintaining connections between cells in the brain and nervous system. Symptoms are often milder in females than males. The gene for Fragile X is carried on the X chromosome. Men pass the premutation only to their daughters, but the women to both as male has XY and the female has XX combination of chromosomes. Boy comes with the combination as X from mother and Y from father, girl comes due to X from both the sides.

**2. Down Syndrome:** Down syndrome is caused by random error in cell division that results in the presence of an extra copy of chromosome. It describes a set of cognitive and physical symptoms that result from having an extra copy or part of a copy of chromosome 21. It is a genetic disorder and it seems to



occur more among males than females. It is also due to more age of the mother at birth of the children. It is a life long condition. It is not inherited. Medical term for having an extra copy of a chromosomes is Trisomy, and due to this Down Syndrome is also referred to as Trisomy 21.

**3. Rett Syndrome** is a rare genetic neurological and developmental disorders that affects the way the brain develops. It primarily affects females. It causes a progressive loss of motor skills and language. Most babies with Rett Syndrome seem to develop as expected for the first six months of life. the Babies then loss the abilities like crawl, walk, communicate, use of hands. The vital changes generally occur at 12 to 18 months of age. Its major symptoms are slow growth of body parts, loss of movement and coordination abilities, loss of communication abilities, unusual hard movements, unusual eye movements, breathing problems, etc. The genetic change that causes Rett Syndrome is spontaneous, meaning that it happens randomly. Such random mutations are usually not inherited or passed from one generation to another. However, very few cases find it as inherited. Male children if acquire this syndrome die at birth or in early infancy as they have different chromosome combination from female children. It has been observed it has four stages as - 6-8 months of age; 1-4 years of age; 2-10 years of age; and After 10 years of age.

**4. Autism** is a complex neurological and developmental condition that affects how a person learns, communicates and interacts with other. Autism formally called autism spectrum disorder (ASD) or Autism Spectrum Condition (ASC). In fact, is a Neurodevelopmental disorder characterized by deficits in social communication and social interaction, and repetitive or restricted patterns of behaviours, interests, or activities. It can include hyper and hyperreactivity to sensory input. Autism is a spectrum disorder; it means it can manifest very differently in each person. There are three main causes of it as environmental factor, biological factor and genetic factor. It is also due to older parents, a sibling with autism, certain genetic conditions like Down syndrome, Fragile X syndrome and Rett syndrome. This disorder causes a progressive loss of motor skills and language. It primarily affects female babies, very low birth weight, etc are the common causes of autism. Autism is a lifelong developmental disability that affects how people communicate and interact with the world. A group of psychologists claim that it is a myth that all autistic has intellectual disability. They find two third of the people on autistic spectrum as having average and above average IQs.



**5. Other Intellectual Disabilities:** There are many other types of intellectual disabilities – some have known causes, while others remain unknown. Biologists, psychologist and educationists are working continuously and revealing some facts every moment. **Signs of Intellectual Disability**

Following are few signs of persons having intellectual disabilities:

- They sit up, crawl, or walk later than other children.
- They learn to talk later or have trouble in speaking.
- They find it hard to remember things.
- They have trouble in understanding social rules.
- They have trouble in solving all kinds of problems.

**Care and Educational Needs of Intellectually Disabled** Intellectual disabled persons need care in following ways

- Improved medical treatment of organic conditions.
- Parent education to understand the child and deal the child effectively.
- Special Type of schooling.
- Vocational training.
- Sheltered workshops.
- Residential care.

Intellectual disability cannot be cured in a complete sense. When a diagnosis is provided early in a child's life and interventions are properly implemented children are able to achieve a quality life. While walking and talking later than other are its sign and symptoms, but it becomes prominent once children are in an academic setting. Early interventions and ongoing support can allow children to improve their adaptive functionary and learn many skills that will allow them to thrive in life. Skill that will allow them to reach their full potential be identified and provided.

### **Effects of Intellectual Disability**

Intellectual disability affects in following manner:

- Memory problems.
- Attention problems.

- Difficulties in interacting socially.
- Impaired self-esteem or lowered sense of self-worth.
- Difficulties in finding and maintaining employment as adults.
- Being unable to live on one's own due to required assistance and supervision.
- Presence of additional medical concerns.

**Co-occurring Disorders caused by Intellectual Disability** Following are the disorders associated with Intellectual Disorders as:

- Mood disorders.
- Anxiety disorders.
- Depressive disorders.
- Impulse control disorders.
- Attention-deficit/hyperactivity disorder.
- Autism spectrum disorder.
- Aggression.
- Self-help.

### **Difference and Similarities between Intellectual Disability and Learning Disability**

Intellectual disability is a Neurodevelopmental disorder that affects one's social, academic, communication, and daily life functions. Until few years intellectual disability was called mental retardation, but now it is being used for people who have an intelligence level below average. Learning disability is a condition which affects the different area of learning and interferes with the academic achievements of the individual. It includes reading, writing, comprehending and organizing language and mathematics. There are evidences of the genetically influenced disabilities- learning, intellectual and developmental. Intellectual disability is about below average intelligence. Learning disability is about difficulty in the process of learning. A person with intellectual disability usually finds difficulty in performing day to day activities and he/she lacks necessary skills. A person with learning disability finds difficulty in reading, writing, speaking, listening, solving mathematical problems, calculations, etc. A person with intellectual disability possesses lower IQ. A person with learning disability possesses average or above average IQ. A person with intellectual

disability displays frustration, anger and difficulty in remembering, eating, dressing, managing, decision making, learning, etc. Learning disability is in terms of difficulty in learning and its identification is more difficult and needs expertise.

Following are some Specific Differences in LD and ID as:

**1. Definition: Intellectual disability** is a type of neurological disability in which people's social life gets affected, and their interaction skill also decreases. Person with learning disability read and write slowly but is intelligent in other ways from an average person.

**2. Area of Dysfunction:** An individual with intellectual disability displays intelligence below average and an individual with learning disability gets difficulty in the process of learning. An individual with IQ below 70 would be labelled as intellectually disabled. It affects – communication, self help, academic achievements, sensory and motor skills, memory, reasoning and decision making. etc. Learning disability is confined to difficulties in area pertaining to learning skills like – reading, writing, understanding, visual processing, etc. The IQ of a learning-disabled person may be average or above average and he/she may show no difficulty in communication or self-help skills.

**3. Typical Features:** Intellectual disability can be diagnosed earlier than learning disability. We can find three differential criteria for intellectual disability:

- (i) Deficit in intellectual functions – reasoning, problem solving, listening, abstract thinking, academic and social learning.
- (ii) Deficit in adaptive functioning – difficulty in adapting to the environment and development standards inappropriate to age and culture.
- (iii) The onset of (i) and (ii) in childhood or adolescence.

The feature of learning disability circles around reading, writing and comprehension. A learning disabled can be a fully functioning individual in all aspects except for academic areas. The characteristics features include: poor reading/ writing/comprehension/mathematical skills; poor reading/ writing/ decoding fluency; inability to compose; complete and organize written information; poor handwriting and spelling; difficulty in memorizing and relating information; poor mathematical skills; etc.

**4. Classifications:** On the basis of IQ Intellectual disability is classified into different sub-types where severity of disability increases with decreasing IQ as mild intellectual disability (50-70), moderate intellectual disability (35-49), severe intellectual disability (20-34) and profound intellectual disability (less than 20). Learning disability is classified on the basis of the area of difficulty. The sub-types of learning disability are as Dyslexia (reading and language-based difficulty), Dysgraphia (writing skill, poor handwriting, and weak motor skills etc. related difficulties), Dyscalculia (difficulty in solving mathematical problems), Other specific learning disabilities like Auditory Processing Disorder, Language Processing Disorder, Non-verbal Learning disability, etc.

**5. Impact on Normal Functioning:** There is huge difference between intellectual disability and learning disability when it comes to daily life functions. An intellectually disabled finds it very difficult to perform normal tasks of daily life in comparison to other people of the same age. Their work a day jobs like self care, communication, interpersonal relationships, making friends, average academic achievements, etc. get dysfunctional. The degree of dysfunction varies. A mildly disabled individual has less difficulty in his daily and normal functions than a severe or profound intellectual disabled one. Some people even need continued external care giving throughout his/her life. The impact of learning disability on daily life functions is relatively less. This is why early diagnosis of learning disability is rare. Academic under achievement is what leads to the investigations. The person otherwise may be perfectly normal in terms of social and physical development.

**6. Treatment:** The special education and therapeutic methods followed for treating the intellectually and learning disabled are different. The intellectual disabled individuals have dysfunctions in basic life skills like communication, self-help or academic achievements. The treatment methods of intellectual disability include – speech therapy, communication interventions, behaviour therapies, medication, etc. Treatment strategies differ according to the severity of the disability. A mild intellectually disabled person is ideally capable of taking his/her own medical and financial responsibilities. The occupational and the behavioural therapies they undergo are different from the severe or profound disabled individuals.

Learning disability is specific in areas like reading, writing, mathematics, spellings, etc. and so the treatment of learning disabled focuses on improving only the specific area and an overall therapy for communication or life skills may not be required. The special education techniques include:

- (a) Dyslexia – Special teaching techniques providing multi sensory experiences and feedbacks, classroom modifications catering to individual needs, using technological ways like listening to books on tape or using computerized spell check software, etc.
- (b) Dysgraphia – Special tools like oral examination instead of written ones, using audio-visual mode of teaching, etc.
- (c) Dyscalculia – Visual techniques for learning, using memory aids and computers for solving problems, etc.
- (d) Others – As per the area of the learning disabilities other learning disabilities are treated.

There are very few ways in which learning disability can be associated with intellectual disability. One thing is that out of the different problems that intellectually disabled people face, difficulty in reading or writing may be one. But if we look into the casual factors, they are not the same. The specific areas of brain that are responsible for causing learning disorders/disabilities are different from the physiological factors causing intellectual disorders. However, extensive researches are still going on that would hopefully ascertain the relationship between them in the coming years.

**7. Characteristics:** A person with an intellectual disability may have difficulty in carrying out daily activities as she/he lacks necessary skills. Person with learning disability do not have difficulty in carrying out daily activities. They display disabilities in terms of listening, reading, writing, speaking, mathematical problem solving and calculation, etc.

**8. IQ Level:** An individual with intellectual disability displays a lower IQ. An individual with learning disability does not display a lower IQ.

**9. Signs and Symptoms:** A person with intellectual disability displays uncontrollable anger and frustration, have difficulty in remembering things and taking care of oneself such as eating, dressing, and encounter difficulties in communicating effectively, solving problems, reasoning, making decisions and learning. A person with learning disability cannot be identified easily as learning disability is varied and differ according to different stages of childhood.

**10. Type of Disorder:** Intellectual disability is a neurological disorder. Learning disability is also related to neuron disability.

**11. Affect:** Intellectual disability affects people's social life and communication skills. Learning disability affects learning, reading, solving mathematical problems and understanding ability.

**12. Level of Cure:** In intellectual disability recovery level is high and proper help can balance the situation. In learning disability there is no proper help for this, and this disorder can become lifelong or chronic.

**13. Affected Area:** In intellectual disability communication skill, memory, logical reasoning etc. are affected. In learning disability reading, writing, understanding, etc. are affected.

**14. Treatment or Therapy:** For intellectual disability speech therapy, medication, counseling, etc. are employed. For learning disability visual techniques, logic building classes, etc. are employed.

Both these disabilities can be seen in the early life of a person or during childhood. One more important area of comparing Learning Disability Vs Intellectual Disability is education. Both-kids with a learning disability and those with intellectual disability can attend school and learn. A child with a learning disability has difficulty in a specific area related to their disability. The reading disorder dyslexia does not affect mathematics learning. Someone with an intellectual disability, though, has learning deficits across the broader area of learning. Their learning takes longer than other children (including students with learning disabilities, as they are slower only in their area of learning disability).

There is one more important similarity between them. Like all children, these kids have strength and abilities that can be nurtured. They can go to school and function and grow in their own ways. Learning disabilities are considered to be high incidence disabilities. One in 59 kids or 1.69 percent of kids live with one or more learning disabilities. One in five, or 20 percent, has learning and attention issues. Kids with learning disabilities are 31% more likely to be bullied than their classmates without a learning disability. About 45% of parents indicated in a survey that their child had been bullied. Boys make up about two-thirds of the students identified with a learning disability even though research also shows that boys and girls have equal rates of learning disorders. One standardized test for reading and mathematics, only 12 to 26 percent of students with learning disability scored in average- to above average range compared to half of non-learning-disabled students. Of kids with ADHD, 11% of them also have dyscalculia (mathematics related learning disability).

Dyslexia is the most common learning disability, with 20% of children in special education for a learning disability estimated to have dyslexia. Approximately one-third people with learning disabilities also have Attention Deficit Hyperactivity Disorder (ADHD). To have information's and statistics are necessary for reliable estimates.

### **Services Useful for Taking Care of Intellectual Disability and Specific Learning Disabilities**

Following are some services useful for both types of disability:

1. **Occupational Therapy:** It helps to develop and maintain skills for daily living. It is a long-term therapy and focuses on dressing, feeding, play... etc. It is more useful for Intellectual Disability.
2. **Psychology** – It is the study of behaviour and mind. It embraces all aspects of conscious and unconscious experiences and uses talk therapy treatment. It is useful for both the disabilities.
3. **Speech Therapy** – It helps people with speech and language problems to speak more clearly. It is useful for both the disabilities.
4. **Psychiatry** – It is the treatment of medical disorders and prescribes medication. It is also useful for both the disabilities.
5. **Special Education** - It helps to manage the specific needs of children with intellectual challenges. It is more useful for intellectual disability.
6. **Physiotherapy** – It focuses on mobility, physical activity and overall health and well-being. It is more useful for intellectual disability.
7. **Vocational Therapy** - It helps individuals to gain productive employment by developing skills and identifying appropriate jobs. It is useful for both the disabilities.
8. **Counselling** – It helps the caregivers and the children with challenges and talk about problems and feelings in a confidential setting. This talk helps disabled and guardian to tackle the disability in a confident manner. It is useful for both the disabilities
9. **Residential Care** – It is a long-term care given to adults or children who stay in a residential setting rather than in their own home or family home. It helps to grow both types of disabled with a more supporting environment.

- 10. Lawyers and Advocates** – Lawyers and Advocates help affected person and the family with challenges to fight for their rights. It is useful for both types of disabled.
- 11. Special School** – There are schools specifically designed, staffed and resourced to provide appropriate for children with special needs. It is more useful for intellectually disabled learners, though there is the need to open more such schools for learning disabled as well.
- 12. Hospitals** – They offer a variety of services under one roof for individuals with challenges. It is being developed categorically for the help of both types of disabled separately.
- 13. Pediatricians** – These child specialist doctors help infants and children in many ways. It is to early detection, medication, counseling and guidance. It is useful for both types of disabled.
- 14. Daycare Centers** – These centers are for children with challenges. These are specialist centers providing daycare facilities to children and young adults with disabilities. Such centers contain related facilities and specially trained manpower to help the disabled. These types of centers may be specific in nature to support one group of disabled or other or both.
- 15. Employment Services** – There are details of employers who employ persons with challenges. These centers help both types of disabled to make them earn.
- 16. Cardiologist** – Heart specialist doctors are called cardiologist. This group of specialist doctor helps prevent and treat abnormalities and diseases of the heart and cardiovascular system. Both group of disabled need cardiologist's support.
- 17. Dentist** – Dentist is a doctor who helps prevent and treat abnormalities and diseases of the mouth, in particular the teeth and gums. Both group of disabled need their service.
- 18. ENT Specialist** – This group of doctors who specialize in treatment of disorders and diseases of the ears, nose, and throat are also needed by both group of people having intellectual disability or learning disability of even both.
- 19. Ophthalmologist** – This group of doctors who specialize in treatment of disorders and diseases of the eye are also needed by both the group of disabled.



### **Skills Important for Adaptive Behaviour**

Adaptive behaviour skills include communication and social skills. It also includes personal care skills like eating, dressing and grooming. Adaptive behaviour is the collection of conceptual, social and practical skills that have been learned by people in order to function in their everyday life in a proper manner. Adaptive behaviour assessments are used in evaluation of students with learning and intellectual disabilities both, though it is more particular to intellectually disabled children. This behaviour internalization makes both types of disabled to handle day to day life situations in an appropriate manner.

- **Daily Living Skills:** such as getting dressed, going to the bathroom, and feeding one's self.
- **Communication Skills:** such as understanding what is said and being able to answer.
- **Social Skills:** dealing with peers, family members, adults, and others.

### **How to Help the Disabled**

Following are the major help to be provided to the disabled :

- Early Intervention to help the children.
- Individualized family services plan.
- Special education and related services for school-going children.
- Individualized education programme.

### **Educational Considerations for Disabled**

Disabled need careful educational support as:

- **1. General Education:** same curriculum that learners without disabilities go through.
- **2. Supplementary Aids and Services:** This category requires many steps to take as:

#### **(A) Adaptive Skills:**

Children with disability, more particularly intellectual disability need help with adaptive skills, which are skills needed to live, work and play in community. Some of these skills include:

- Communicating with others.
- Taking care of personal needs (dressing, bathing).
- Health and safety.

- Home living – helping to set the table, cleaning the house or cooking dinner).
- Social Skills – manners, knowing the rules of conversation, getting along in a group, playing a game.
- Reading, writing, and basic mathematics.
- As they get older, skills that will help them in the workplace.

**(B) Transition Planning:**

It is extremely important for families and school to begin planning early for the student's transition into the world of adults.

**(C) Tips for Teachers:**

Teachers of disabled need to understand few aspects as:

- Learn as much as you can about intellectual/learning disability.
- Recognize that you can make enormous differences in this student's life.
- Ask for a copy of his/her Individualized Education Programme (IEP).
- Be as concrete as possible.
- Break longer, new tasks into small steps.
- Give students immediate feedback.
- Teach the students life skills.
- Work together with the student's parents and other school personnel.

**(D) Tips for Parents:**

Parents of disabled need to understand few aspects as:

- Learn about intellectual/learning disability.
- Be patient and hopeful.
- Encourage independence in your child.
- Give your child chores (keep her age, attention span, and abilities in mind).
- Break down jobs into smaller steps.
- Give your child frequent feedback.
- Find out what skills your child is learning at school.
- Find opportunity in your community for social activities.
- Talk to other parents (whose children have intellectual disability)
- Meet with the school and develop an IEP to address your child's needs.
- Take pleasure in your beautiful one.

These tips are more useful for the teachers and parents of intellectual disabled, but learning-disabled children also get benefited from these. No doubt, adaptive behaviour is more useful for intellectually disabled, but we can experiment it with learning disabled as well.

### **What We Need to Do @ Bharat 2047 to Managing LD & ID?**

India will be the world power and a developed nation by 2047 only if it identifies, trains, manages, and enriches its differently abled person. More particularly it has to look after the learning and intellectual disabled population of the Bharat to be developed nation and the super power of the globe. At this juncture it is suitable to mention Kumbhar, VM (2025) as he discusses status of development in terms of GDP, Per Capita Income, Unemployment Rate, Human Development Index, Inflation Rate, Life Expectancy, Population, Higher Education Enrolment, Share in Global Exports, Physical Quality of Life Index, Global Happiness Index, etc. Many among these aspects are directly associated with the caring of disabled population and their development. What he has suggested in terms of Human Development Index (HDI) is more specific and in this context India's HDI is 0.610 as compared to US (0.926) and Switzerland (0.967) which reflects need for substantial improvements in education, healthcare, and essential public services. In nutshell he concludes, "In summary, while challenges remain, a concerted effort towards implementing inclusive economic policies, improving infrastructure, and promoting social welfare will pave the way for India to emerge as a developed economy by 2047". Government of India (2022) by understanding the need of the youth of the country herself suggests for preparing schools for addressing and nurturing mental and emotional well- beings of students, integrating school curriculum with mental and emotional well-being at all stages of education, recognizing the role of teachers in supporting social and emotional learning, and Schools to have parameters of assessing social and emotional competencies of students.

More particularly for managing leaning and intellectual disability of our children to make India the developed nation by 2047 following measures are to be looked into:

- **Early Identifying and Enriching Programme for the Disabled.** Natarajan, P (2013) rightly asserts, "If babies are screened at birth and in the first 3 years, most disabilities can be identified. There are however not adequate referral centres in our country, where babies can be sent for Early Intervention. This strategy for 0-6 years requires a multi-disciplinary approach. However, with physio therapy, speech and occupational therapies

and special education, children can be taught many skills and made ready for schools". NCF (2005) also suggests for early intervention, "Disadvantages in education arising from inequalities of gender, caste, language, culture, religion or disabilities need to be addressed directly, not only through policies and schemes but also through the design and selection of learning tasks and pedagogic practices, right from the period of early childhood".

- **Making the Mass Aware and Training Them (more particularly the Parents) Regarding Disability.**
- **Handling the Challenges of its Identification caused by Language Diversity and Socioeconomic Disparities of the Nation.**
- **Focusing on Early Completion of Child Birth by the Parent as Parental Age is a Vital Cause of Children Disability.**
- **Management of Proper Education Facility for the Disabled Children of the Nation.**
- **Taking Care of Mental and Emotional Health of Disabled.** Editorial (2013) of Yojana states, "According to some studies depression is among the top causes of loss measured in term of disability adjusted life years. The case of people living with a mental ailment thus, needs to be looked carefully since many intricate issues are involved in it".<sup>1</sup>
- **Developing a Well-defined National Programme of Wholistic Nature for the Development of Disabled and their Welfare.**

Training the teachers in handling and managing disabled learners through special teacher preparation programme NEP (2020) address learners' disabilities issues in length and wish to ensure quality education to Children with Special Needs (CWSN). It further assures for the implementation of the RPwD Act, 2016 in merits and spirit. Special educators, special and common schools as per need, home-based education and school along with its audit, technology-based solution, parent's evaluation and training, and how to teach children with specific disabilities are to be an integral part of all teacher education programme. Government of India needs to look into the teacher preparation issues as mentioned by scholars like Singal, N (2013) where it is pleaded, "The lack of teacher preparation and training in responding to the needs of children with disabilities is noted even by the National Council for Teacher Education (2010:12), which reflects on the inadequate preparation of teachers to address diversity in the classroom".

- **Preparing Self-help Group and following Brokering Model meant for Disability Management.** Dey, Arunima (2016) also suggests for culture brokering model for dealing with people with disability, “This concept is mainly used by the health care researchers to describe how the health care professionals from the patient’s community often help the patient to understand how health services operate and how to obtain services from it”.
- **Specific as well as General Nature of Curriculum for the Learning and Intellectually Disabled Children in a truly Inclusive Environment in an Inclusive School Set-up.** NCFFSE (2023) rightly concludes, “To be truly inclusive, all schools must be prepared to give meaningful and effective educational opportunities for students with disabilities”. It further puts emphasis on students with and without disabilities learn together, arrangements for barrier free structures; early identification and early intervention for children with developmental delays, disabilities, and children at risk; and suitable curricular and pedagogical accommodations. Editorial (2016) of Yojana also expresses the similar view, “There is now a school of thought that the differently abled should not be going to special school but integrated with the regular schools as part of creating an inclusive environment. Social and cultural integration, is still an issue. But even this will surely change soon and the differently abled will be perceived as an integral and vital component of our society and nation”.

From the side of the Government of India Thakur, A. S (2023) assures, though in general term not in specific term with Disabled population, but it is not enough, “The youth of the nation will be critical asset for the development; key for social and societal change; and driving force for economic development and technological innovation. The government is leaving no stone unturned to ensure that the youth are sufficiently skilled to compare at the global job market”. For the proper management and enrichment of Indian intellectual- disabled and learning-disabled youth population what Sharma, L and Rao, KVS (2025) suggest needs to be adopted by the nation, “From now and till 2047 as per our view, we need to focus on 4 important pillars which will help the disability sector to climb new heights. These pillars are: 1. Early Identification & intervention 2. Inclusive Education 3. Skill Development, 4. Entrepreneurship. They cannot be achieved without the support of physical and human, technological and financial backing.” What Gautam, D and Sharma, K (2025)

recommends to the policy makers and stakeholders to enhance the impact of the RPwD Act 2016 are also true for the development of India as developed nation by managing Learning and Intellectual Disabilities. They recommend for Strengthening Infrastructure Development; Awareness and Training Programs; Monitoring and Accountability; Incentives for Compliance; Collaboration with Disability Advocacy Groups; Promoting Assistive Techniques; and Fostering Inclusive Education and Employment.

## References

- Dey, Arunima (2016). *Empowering the Differently Abled: Best Practices Approach*. Yojana, Vol. 60, May, PP. 55-57.
- Director, NCERT (2022). *Foreword, Prashast, Department of School Education and Literacy, Ministry of Education, Government of India*, P. i.
- Editorial (2013), *Disabled? Yes .....Capable? Of Course, Yes Yojana*, Vol.- 57, April, P. 3.
- Editorial (2016). *Breaking Barriers*. Yojana, Vol. 60, May, P. 5.
- Gautam, D and Sharma (2025). *Transforming the Landscape of Disability Rights in India through RPwD Act, 2016*. University News, Vol-63, No-14, April 07-13, PP.14-18&25.
- Government of India (2022). *Specific Learning Disabilities, Prashast. Ministry of Education*, P.23.
- Government of India (2022). *Intellectual Disability. Prashast. Ministry of Education*, P.22.
- Government of India (2022). *Recommendations. Mental Health and Well-being of School Students - A Survey. Ministry of Education*, PP.108-109.
- Government of India (2023), *Ministry of Social Justice and Empowerment, Department of Empowerment of Persons with Disabilities. Annual Report 2023-24. Overview of the Department*, PP. 7-10.
- Government of India (2023), *Ministry of Social Justice and Empowerment, Department of Empowerment of Persons with Disabilities, Annual Report 2023-24. Statutory Framework*. PP. 11-14.
- Jha, NK and Sanyal, S (2025). *Changing Practices for Children with Special Needs: From Segregation to Inclusion*. University News, Vol-63, No.-14, April 07- 13, PP.19-25.
- Kacker, S (2013). *Understanding Disability*. Yojana, Vol. 57, April PP. 4-8.
- Kumbhar, VM (2025). *Viksit Bharat 2047: Contemplation of Aspirations and Challenges as We Enter 2025*. University News, Vol.-62, No. 53, December 30, 2024 – January 05, 2025 , AIU, New Delhi, PP. 29-35.
- Natarajan, P (2013). *Intellectual and Developmental Disabilities*. Yojana, Vol. 57, April, PP. 13-18.

- NCF (2005). *Guiding Principles*. NCERT, New Delhi, PP.4-7.
- NCFFSE (2000). *Education of Learners with Special Needs*. NCERT, New Delhi, PP. 10-11.
- NCFFSE (2023). *Inclusive Practices for Students with Disabilities*. NCERT, New Delhi, PP. 183-184.
- NEP (2020). *Equitable and Inclusive Education: Learning for All*. MHRD, Govt. of India PP.24-28.
- Rani, Shashi (2016). *Health and Safety of Differently Abled: Integrated Strategies*. Yojana, Vol. 60, May, PP. 48-53.
- Saurabh, S (2022). *Safeguarding Children*. Yojana, Vol-66, No.-05, May, PP.23-27.
- Scaria LM, Bhaskaran, D and George, B (2023). *Prevalence of Specific Learning Disorders (SLD) Among Children in India: A Systematic Review and Meta-Analysis*. Indian Journal of Psychological Medicine. Vol 45, Issue-3, May, PP. 213-219.
- Singal, N (2013). *Education of Children with Disabilities: Need for Greater Reflection*. Yojana, Vol. 57, April, PP.27-29.
- Sharma, L and Rao, KVS (2025). *Indian Disability Sector @2047*. Edutracks, Vol. -24, No. 08, April, Neelkamal Publication Pvt. Ltd. PP. 5-8.
- *Status of Disability in India a Review of Policy, Schemes and Facts on Disability (2020)*. Introduction. National Institute of Urban Affair, UK Government. February, PP.2-4.
- *Status of Disability in India a Review of Policy, Schemes and Facts on Disability (2020)*. Policies and Schemes for Persons with Disabilities in India. National Institute of Urban Affair, UK Government. Figure-5 (P.16), February, PP. 13-19.
- *Status of Disability in India a Review of Policy, Schemes and Facts on Disability (2020)*. Urban Facts on Disability (An Overview of Census 2011). National Institute of Urban Affair, UK Government, February, PP. 20-28.
- Sunanda, G Mary (2013). *Serving the Mankind with Dyslexia*. Yojana, Vol.- 57, April, PP. 36-38.
- Thakur, A. S (2023). *Initiatives for New India*. Yojana, Vol-67, No. 02, February, PP. 7-9.
- Thakur, A. S (2023). *Opportunities for Youth in the Start-up Ecosystem*. Yojana, Vol. 67, No. 4, April, PP. 4-11.
- Wikipedia (2024). *Intellectual Disability*. (2024, November 11), <https://en.wikipedia.org/wiki/Intellectual-disability>.
- Wikipedia (2025). *Learning Disability*. (2025, April 11), <https://en.wikipedia.org/wiki/learning-disability>.