

A COMPARATIVE STUDY OF SOCIAL SELF-EFFICACY, PERFORMANCE, AND SOCIAL PARTICIPATION OF STUDENTS WITH LEARNING DISABILITIES PRESENTING OR NON-PRESENTING AT LD CENTERS

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ABSTRACT

This study aimed to comparatively study the social self-efficacy, performance and social participation of students with learning disabilities, presenting or non-presenting at LD centers. Method: This study is conducted with a causal-comparative method, gradual sampling and participation of 53 (26 presenting and 27 non-presenting) students with learning disabilities studying in school year 2013-2014 in the fourth, fifth and sixth grades, Zahedan Educational Office, district 1 and 2. The instrument was the Adolescent Social Self-Efficacy Questionnaire with 25 questions the reliability was achieved through Cronbach alpha of 96%, and the validity was confirmed by a group of professors in Educational Sciences and Psychology groups. Data were analyzed using independent T-test. Results: The results showed that there's a significant difference in the degree of social self-efficacy of the presenting and non-presenting groups so that the presenting group had a higher social self-efficacy. However, there was no significant difference in social participation and social performance of the two groups. Conclusion: Based on the findings of the present study it was concluded that presenting to LD centers improves the symptoms of learning disability and consequently improves the self-efficacy of students with learning disability; however it doesn't impact the social participation and performance of them.

KEY WORDS: social self-efficacy, social performance, social participation and learning disability

INTRODUCTION

We can certainly say that learning is one of the most fundamental processes upon which an incapable creature like human becomes a developed creature over time. Because his/her cognitive abilities and power of thought knows no boundaries. The wide variety and range of human learning which is as wide as his life, has caused some people to have problem in their routine process of learning despite the large differences they have in it (Kargr Shouraki *et al.*, 2010). In the meantime, there are many children who have a natural appearance, their physical development, height and weight, indicates their normal condition, have a more or less normal intelligence, speak well and have normal ethics; But when they go to school and want to read, write, and learn math, face serious troubles. These children gradually realize that other students are better than them regarding their academic status and experience a sense of inferiority, and little by little a sense of hatred of school and studying comes into existence.

Parents of children with learning disabilities are often unaware of learning disabilities in their children which adds to the difficulties. Today, the largest groups of exceptional children are children with learning disabilities (Ahadi Hassan and Kakavand Alireza, 2010). On this basis, there are numerous definitions for the learning disabilities among which the most common one is defined by the United States Department of Education that is as following: Impairment in one or more basic psychological processes that is concerned with comprehension or use of oral and written language and can appear in the form of inability to listen comprehensively, think, speak, read, write, spell or do mathematical calculations (Salehi *et al.*, 2007). This definition doesn't include children whose learning difficulties are caused by the movement, visionary or hearing incapability, mental retardation, emotional disturbances, environmental, cultural or economic poverty. LD includes conditions such as cognitive disabilities, brain damage, partial impairment of brain function, dyslexia and aphasia Learning disabilities can be classified into two groups: 1) Developmental learning disabilities which the Central Government refers to as "basic psychological processes" 2) Academic learning disabilities that we face in school-aged children, including disorders of reading, writing and calculation (Kirk *et al.*, 1998). Students with learning disabilities often cannot achieve educational goals with conventional methods of Educational Office and finally grow hatred towards education and may drop out (Grant and Grant, 2010).

That is why these children are in need of special education. One of the special education centers is the center of special problems of learning. In this center, various educational services from visual, auditory, sensory-motor, and speech

aspects are presented to the students with learning disabilities. Since 1994 the Exceptional Education Department specially began to educate and rehabilitate this group of exceptional children. Since then much special diagnosis, education and rehabilitation centers have been established for teaching students with learning disabilities in the provinces.

These centers have approved executive by law in the Eighteenth Session of the Council of Exceptional Education (Narimani Mohammad and Rajabi Souran, 2005). There are two training centers special for Learning Disability in Zahedan, which are providing psychological services, special educational classes, remedial programs and different training methods such as sensory-motor approach of Newell Kephart, multi-sensory approach of Fernald and suchlike which have been developed for teaching students with learning disabilities. Social self-efficacy is one of the subset concepts of self-efficacy in social cognitive theory which refers to an individual's beliefs about their ability to create social connections and establish new friendships. Skills such as social courage, participation in social activities, friendly behaviors, getting help or assisting fits in social self-efficacy concept individuals with high attachment anxiety, use emotion regulation strategies due to low social self-efficacy. For example, they exaggerate in their emotions to get the attention and support of others and in this way they deal with stress and negative emotions (Zare Maryam, 2013). Adolescents who assess their efficacy high or positive in social relationships, feel lower levels of disability and with painful consequences whether physical and mental, they have better compliance in social interactions and have less problems in social interactions with family and others (Bamedy Narges, 2013).

Regarding social self-efficacy Rodebaug (2006) says, "If individuals perceive themselves as incapable in obtaining valuable outcomes, or in facing threatening situations, they get discouraged, frustrated, depressed, and anxious and when win against threatening situations, they feel proud and confident. In a study conducted by Bandura in 1996, it was revealed that adolescents who have higher self-efficacy are more likely to be accepted by their peers. Self-efficacy of has a direct and an indirect effect on peer acceptance. Since social self-efficacy is referred to as perceived capacity for interpersonal relationships with peers and interpersonal management of conflicts, therefore adolescents who have more self-efficacy are more successful in making social relationships.

Social relationships, reinforces social support, in positive social fields (Tahmasian *et al.*, 2009; Tarkhan Morteza, 2012). suggests that social self-efficacy is one of the most important factors in regulating human behavior in social situations. So that neither of human psychological mechanisms are more influential than individuals self-efficacy beliefs regarding their capacity to control levels of performance and effective life events. According to the study conducted by Baird *et al.*, (Baird, 2009) who found that students with learning disabilities show low academic and social self-efficacy, we study several researches in the field of social self-efficacy of students with learning disabilities. Latifi and Estaki Azad (2012) examined the effectiveness of cognitive restructuring on the level of social, emotional, educational and reading self-efficacy of students with learning disability. Results showed that training could significantly increase children's level of knowledge about learning disability and their level of self-efficacy. The analysis of covariance also showed that cognitive restructuring can significantly help students with learning disabilities in order to increase public self-efficacy, academic self-efficacy and social self-efficacy.

To this end 40 students with learning disabilities of 9-12 years old were randomly selected and studied with 40 matched normal students. Results showed that the difference of self-efficacy levels, emotional disorders and loneliness in students with learning disabilities is significant, so that self-efficacy among normal students and emotional disorders and loneliness among students with learning disabilities is higher. Zadeh Mohammadi, Abedi and Khanjani (2008) studied the effect of psychotherapy art on self-efficacy and concluded that this technique can be used to increase self-efficacy and self-esteem. The importance of this psychological construct on mental health in children and adolescents, particularly children with learning disabilities has caused the development and employment a number of psychological interventions to enhance their influence and improvement.

by comparing self-efficacy beliefs and progress motivation in students with and without learning disabilities found that students with learning disabilities have lower self-efficacy beliefs compared to normal students, in the following we will discuss the research conducted abroad. Sloan (Sloan, 1996), in his study discussed the effects of positive self-talk on perceptions of self-efficacy of students with learning disability. Subjects were 14 boys aged 10 to 13. In this training, 5 patients participated individually and 9 others in six groups of counseling sessions which was formed to train

positive self-talk. The results showed a significant difference in the self-efficacy level between pre-test and post-test. Hutchison (Hutchison, 2007), examined the relationship between self-efficacy perception and the reduction of writing problems in children with learning disabilities, and found that interventions to increase self-efficacy of students with learning disabilities improves both their performance, their efforts and continuity of their perseverance. Seo and Bryant (2009), believed that methods used to reduce the problems of students with learning disabilities have not been highly effective. The aim of this study is to investigate the effect of one or two teaching methods on children with specific learning difficulties, the studies in which evaluating the effectiveness of integrated and common teaching and learning methods in the form of the training services of specific learning problems are discussed are very few. In addition to the studies mentioned discussed the effectiveness of learning disability centers in Ardabil Province in improving the symptoms of learning disability of students and identification of the strengths and weaknesses of these centers. Results indicated that there is a significant difference between the two groups of students with learning disabilities trained at LD centers and untrained in reading ability, mathematical ability, and the ability to write and the GPA of school semester. This study showed that holding training courses of LD centers improve symptoms and academic progress of students with learning disabilities. Given that students with learning disabilities have low social self-efficacy beliefs, therefore the main issue of this study is to examine to what extent the offered training at special centers of learning disabilities have seek to overcome learning difficulties, and increase self-efficacy of students with learning disabilities.

MATERIALS AND METHODS

The study population of the present study includes all male and female students in the school year 2012-2013, 2013-2014 whose learning disability was recognized by a team of experts at LD centers according to the intelligence score gotten in Wechsler test, deviation from the class mean and checklist of learning disabilities DSM-IV-TR including: Having normal intelligence, lack physical-motor problems, visual and auditory tests, taking particular tests in three areas of reading, writing and calculus, studying in school year 2013-14 at the fourth, fifth and sixth grades, district 1 and 2, Zahedan Education Office.

Gradual sampling was used to select the sample, the sample divided into two groups of presenting and non-presenting at LD centers, the number of presenting group reduced to 26 subjects till the end of Mehr (October). And received special education of learning disabilities for at least 6 months, one-hour session of 2 to 3 times a week till mid-Ordibehesht (April) 2014 which were provided in training centers of learning disabilities. Also the non-presenting group that didn't receive any training from the LD centers due to the distance, parent's lack of interest or the time of learning disability diagnosis, reached to 27 subjects till the end of Ordibehesht (May) 2014 as a result of diagnosis process in which the schools referred students to the centers, the sample reached to 53 subjects at the end of the sampling.

Instrument

The converted 25 questions questionnaire of the Adolescent Social Self-Efficacy (Kennelly, 1989): Adolescent social self-efficacy scale was made in 1989 by Kennelly to measure the level of self-efficacy in adolescents. This scale is a self-report instrument that contains 25 items, the subject has to identify that to what extent does the 7 point Likert test (1 = impossible to too simple = 7) represents his character.

In this study, the reliability of the converted social self-efficacy questionnaire, performance and social participation reliability is obtained by using Cronbach's alpha which is shown in the following table and the reliability of the questionnaire (96.0) is acceptable.

Table (1-1): Determining reliability and the number of social self-efficacy and social performance and participation

Validity	The number of questions	Reliability
social Self-efficacy	1 to 25	0.96
Social Performance	6,7,8,15,23	0.78
Social participation	3,9,11,13,19	0.86

To obtain the score of social self-efficacy the total score of each 25 questions is calculated and the score of social self-efficacy will be placed between 25 and 175 and the more the score of the subject increases the more the level of social self-efficacy increases and the student who scores 175 will have the highest social self-efficacy. The social performance

and participation score is calculated from the sum of the related questions to it which is placed between 5 to 35. The higher the students score the better their performance and social participation will be. In this study the social self-efficacy questionnaire was converted to the spoken language for better understanding of the participants so that the teachers read them for students and the students check the options that correspond most with their status. To determine the validity (content, face) the converted social self-efficacy questionnaire was handed over to a group of Professors of Educational Sciences and Psychology, University of Sistan and Baluchestan. After the necessary reviews, the validity was confirmed. After the verification of the questionnaires, with permission of the Education of Office and school administrators, the questionnaires were individually read for students by the teachers and assistance of the researchers and were completed by students

RESULTS

First research hypothesis: Students with learning disabilities who present to the centers have a higher social self-efficacy than those who have learning difficulties but don't present to centers

To answer the first research hypothesis an independent t-test was used, the results are shown in Table (1-2).

Table (1-2): Results of independent t-test in relation to the determination of the social self-efficacy in presenting and non-presenting groups at LD training centers.

Variable	Group	Number	Mean	The standard deviation	t	df	sig
Social self-efficacy	Presenting	26	105.88	37.44	2.07	51	0.043
	Non-presenting	27	85.70	33.28			

The above results suggest that students with learning disability presenting at LD centers with a mean of (105.88), standard deviation of (37.44) and 26 subjects have a higher social self-efficacy compared to students with learning disabilities who don't present at LD centers, with a mean of (85.70), standard deviation of (32.28) and 27 subjects, these amounts are significantly different with freedom degree of 51 and $t = 2.07$ and $p < 0.05$ and level of 0.95. This means that the null hypothesis is rejected at 0.05 and the research hypothesis is accepted. So there's a significant difference between social self-efficacy of the presenting group and non-presenting group at the training centers and the level of social self-efficacy is higher in the presenting group.

Second hypothesis: Students with learning disabilities who present at the centers have a better social performance in social situations than those who have learning disabilities but don't present at LD centers.

To answer the second research hypothesis an independent t-test was used, the results are shown in Table (1-3).

Table (1-3): T-test results in relation to the determination of social performance in presenting and non-presenting groups at LD training centers.

Variable	Group	Number	Mean	The standard deviation	t	df	sig
Social Performance	Presenting	26	18.61	7.93	1.94	51	0.056
	Non-presenting	27	14.74	6.46			

The above results suggest that students with learning disability, presenting at LD centers with a mean of (18.61), standard deviation (7.93) and (26) subjects had a relatively better social performance compared to the students with learning disabilities who don't present at centers, with a mean (14.74), standard deviation (6.46) and (27) subjects, these amounts are not significantly different with freedom degree of 51 and $t = 1.94$ and $p > 0.05$ and level of 0.95. This

means that the null hypothesis is accepted at the level of 0.05 and the research hypothesis is rejected. So there's no significant difference between social self-efficacy of the presenting group and non-presenting group at the training centers.

The third hypothesis: Students with learning disabilities presenting at centers have a higher participation in social situations than those who have learning disabilities but don't present at centers.

To answer the third research hypothesis an independent t-test was used, the results are shown in Table (1-4).

Table (1-4): T-test results in relation to the determination of social participation in presenting and non-presenting groups at LD training centers.

Variable	Group	Number	Mean	The standard deviation	t	df	sig
Social participation	Presenting	26	22.38	8.88	0.89	51	0.37
	Non-presenting	27	20.25	8.46			

The above results suggest that students with learning disability, presenting at LD centers with a mean of (22.38), standard deviation (8.88) and (26) subjects have a relatively better social participation compared to the students with learning disabilities who don't present at centers, with a mean of (20.25), standard deviation (8.46) and (27) subjects, these amounts are not significantly different with freedom degree of 51 and $t = 0.37$ and $p > 0.05$ and level of 0.95. This means that the null hypothesis is accepted at the level of 0.05 and the research hypothesis is rejected. So there's no significant difference between social participation of the presenting group and non-presenting group at the training centers.

DISCUSSION AND CONCLUSION

The aim of this study was to compare the social self-efficacy, social performance and participation in students with learning disabilities, in presenting and non-presenting at learning disabilities centers. The results showed that there is a significant difference between social self-efficacy in these two groups; which means that subjects' presenting at learning disability centers led to an increase in social self-efficacy compared to the group which did not present, but the social performance and participation were not significantly different between the two groups. Given that so far no study has investigated social self-efficacy, social performance, and social participation of students with learning disabilities in presenting and non-presenting at learning disability centers, the results of this study is close and almost consistent to that of other studies such as Latifi and Estaki Azad (2013) who suggested that cognitive restructuring can significantly help students with learning disabilities in order to increase public self-efficacy, academic self-efficacy and social self-efficacy, and also to that of Baird *et al.*, (2009) These students have low social self-efficacy because they are often ridiculed by their peers and also regarding the successive failures that they experience in education and in making relationships with others. Such students in comparison with normal students have lower self-efficacy beliefs. After presenting to learning disability centers and receiving special trainings used for the treatment of learning disabilities, students with learning disabilities have been able to reduce their academic failures. After relative successes of these students, gained through special training, they came to believe that they can cope with different things and do their homework, and don't give up when facing problems, keep trying until the desired goal is gained, socialize well with others, and increase their social self-efficacy. Special training used in order to treat learning disabilities in learning disability centers like cognitive restructuring that Latifi and Estaki Azad (2012) have investigated, is able to help students with learning disabilities in order to increase academic self-efficacy and social self-efficacy.

Concerning social performance of students with learning disabilities it can be said that these students have performed poorly in social situations, they may be normal in terms of speech and practice but they will have problems in facing primary social needs in everyday life and such naturally social defects, may lead them to failure in learning social appropriate behaviors (Jamshidi, 2002).

Also regarding social participation of students with learning disabilities it can be said that (Latifi *et al.*, 2010), these students in dealing with interpersonal conflicts have weaknesses in three aspects in comparison to normal students,

these weaknesses include interpreting environmental clues, generating successor solutions in order to solve conflicts and evaluating probable solutions. It is for this reason, these children are not able to satisfyingly contribute to others and thus avoid contributory situations, these students are also more reluctant in doing school activities than their peers (Plata, 2005). According to the study of Seo and Bryant (2009), who suggested that the methods used in order to reduce the problems of the students having learning disabilities were not efficient, results related to performance and social participation show that offering special trainings in LD centers does not cause an increase in social performance and better participation of these students (presenting to centers) in social activities and these students, like other students with learning disabilities avoid participation in class and group situations and activities.

From all these findings it could be understood that the presentation of the students to learning disability centers has led to more social self-efficacy in presenting students compared to non-presenting ones and that the trainings offered in these centers on these students in order to treat learning disability has been effective in the social self-efficacy of these students and has improved it. After participating in counseling sessions, instead of posturing, these students dealt with their problem wisely, and tried to fix it and thus they achieved a more satisfactory level of social self-efficacy after receiving the necessary trainings compared to non-presenting ones. However, no significant difference was observed in social performance and participation between the two groups. One of the limitations of this study was that the range of learning disability was considered generally and learning disability was not surveyed particularly and the other is that the tools applied in this study is confined to questionnaire which is partly self-reporting and thus, some bias might be created. In the end, due to the fact that many variables involve in creating and magnifying learning disabilities, it is suggested that in the future studies, other variables, such as social skills, social competence and self-esteem be also considered so that it could be determined that whether trainings provided in learning disability centers leads to improvements in these variables or not? It is also recommended to the teachers and the heads of the schools to help the students with learning disabilities treat learning disability symptoms and the following consequences by timely identification and referring of such students to learning disability centers.

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