Self-Concept and Social Adjustment of Children with Learning Disabilities

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Abstract

Learning disability is the problem in the child's ability to learn specific skills such as reading, writing, spelling, and computing (Rozario, 1991). The purpose of the present research was to explore the self-concept and social adjustment of children suffering from learning disabilities. The data was collected from the public and private schools of Rawalpindi and Islamabad. The population of the present study was children with learning disabilities whose age ranges were 7 to 18 years including 50% girls and 50% boys. The data was collected through convenient sampling method. Learning disabilities of children were measured through Learning Disabilities Scale (Zahra et al., 2014). The Self Concept was measured through Self concept questionnaire (Fleming & Courtney, 1984). Multiple scales had been used to measure social adjustment of children including; Strength and Difficulties Questionnaire (Robert Goodman, 1998), Taxonomy of Problematic Situations (Dodge et al., 1985), A Revised Class Play Method of peer assessment (Masten et al., 1985). The study showed that learning disabilities is the significant negative predictor of self-concept and social adjustment. Self-concept is positively correlated to the social adjustment. The present study originates the innovative info for the teachers and parents.

KEYWORDS: Learning Disabilities, Self-Concept, Social Adjustment, Children

INTRODUCTION

Learning is the creation of new skills, behavior or knowledge. Learning disabilities are the collective name for learning problems and learning disorders. Learning disability is defined as "*a generic term that refers to a heterogeneous group of disorders probably originating as a result of a dysfunction of the central nervous system. The dysfunctional behavior may be expressed by the impairment of various abilities, such as speaking, writing, reading, and reasoning, attaining and sustaining attentiveness, and developing mathematical skills*" [20]. The children with learning disabilities have unique elements in their mental and physical buildup, having no primary sensory deficiency, mental disorder, emotional disturbance, and nerve or muscle deficient.

However, they have problems in processing information relating to one or more areas of achievement such as listening comprehension, speaking, reading, written language, mathematics, reasoning and many other features of nonverbal learning, for instance, spatial orientation. They have much integrity as a group, but they are not expected to learn at the level of their overall mental capability. The sign and stage of identification differ with the kind and degree of disability. Two types of learning disabilities are the most frequently such as language and reading problems. Moreover, 80% learning disabilities' students comprise reading problems.

The learning disabilities may take various forms; children with learning disabilities may face difficulty in logical thinking, memorization, and deduction. The side effects may include dyslexia, dyscalculia, slow overwriting, slow remembering, computational errors, and problems in learning to read and to remember left, right, and similar terms (e.g., east and west). Some children face one or two issues, and others have to cope with a long list of ailments. This also makes the use of scaling somewhat tricky as for proper measurement the weights on the scales have to be just and even [4]. The term learning disabilities mean people may have difficulty in the attainment of pay attention, verbal communication, understanding, script, analysis, or arithmetical ability. Neeraja and Anuradha (2014) stated that people might not be capable of gaining information in the course of their sanity with the learning disability, similar to unclear radio warning sign, they usually get jumble information [22].

The neurologist also made many of early observation of children with learning disabilities. View regarding brain-behavior relationship and neuropsychology has given an understanding of pattern problems that usually happen. These comments have also provided biologically for the conditions. Developmental observations are vital in assessing because expectations alter with growing age and demands in school. We know that as far as oral language is concerned, smallest speech and words uttered earlier than the actual statement. Children learn to speak complicated

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words and sentences by increasing their speech vocabulary. Drawings, number concepts and thinking skills must be estimated from the developmental point of view [14].

On the other hand, self-concept is the individuals own observation about themselves, it consists of personal thoughts about themselves, and cultural appreciation. From the experiences of the surroundings and learning from these happenings creates a sense of self concept [1]. Self-concept has three most prominent parts, i.e. the perceptual, the conceptual and the attitudinal. The first one is the perceptual issue that has an evident appearance on the physique as well as makes an effect on the other ones. The perceptual aspect is also known as the physical aspect. Basically, the conceptual aspect is the person's concept that has been made because of his exceptional characteristics, background, abilities, his past experiences and future endeavors. It is also known as the 'psychological self-concept' which is created because of various consistent qualities such as independence, self-confidence, honesty, and courage or their opposites. The third one is the attitudinal factor that is linked with person's attitudes, his status and future prospectus as well as it also includes the attitudes about self-remorse, happiness over dishonor longevity [15].

Franken (1994) states in his research that self-concept means a key function in the inspiration of behavior towards a goal [11]. Self-concept identifies the abilities among individuals and helps in shining these abilities. Rosenberg (1979) defines the self-concept broadly as "the entirety over an individual's thoughts or emotions lowlife notice to himself as like an object" [25]. Perhaps the near novel conceptualization on the self-concept is supplied by way of Epstein in 1973. Epstein elaborates that amount the self-concept be able excellent remain considered as much a concept, so a character holds about himself as like an experiencing, functioning animal into interaction with the world. Epstein's strong formulation accounts because dense regarding the ordinary features of the self-concept between the social-psychological literatures [9].

Rogers explains the difference between actual-self and ideal-self [24]. According to him, actual-self is the one who experiences the most things by doing them and learn from them in actual. On the other hand, ideal-self is the one who has optimal self and needs to pick up. If we isolate these two, then one has to face difficulties in adjustment, and another one can adjust by finding its comfort zone. Rogers explains that if an individual want to enjoy social adjustment, then he/she should have positive self-concept which will give them high-level confidence and self-esteem [24]. The interest of the researchers in the self-concept of the students of learning disabilities has enlarged specified the attention that their educational collapse may concern their overall self-concept [3].

Darwin (1959) was the first to give a general idea or thought about adjustment how individuals can confirm or change themselves to the new situation for their survival in the physical world [5]. The team adjustment is often used in similar meaning as accommodation and adaptation. In the view of Talukdar and Talukdar (2008), the term adjustment indicates that the relationship between the concerned individual and surroundings around are appropriately combined [27]. Adjustment is an essential element in assessing and evaluating the degree of achievement of students. It consists of mental and emotional behavior and processes using which adolescent manage to tackle various requirements and pressing demands [2].

Adjustment surrounds many phases i.e., physical adjustment, emotional adjustment, educational adjustment and social adjustment; social adjustment is the most excellent phase which is the requirement to the further elements of adjustment [19]. Social adjustment is the consequence of positive self-concept which can grant the person with some capability to tolerate the complexity [28].

Moreover, Gans, Kenny, and Ghany (2003), noted in a study of Hispanic middle school students, and the comparison of self-concept among students having learning disabilities and do not having learning disabilities is the primary purpose of this research. The survey consisted of total 120 members [12]. Durrant, Cunningham, and Voelker (1990) made a comparison on the self-concepts of members having learning disabilities or not having learning disabilities; with and without co morbid behavior difficulties. The study exposed that while the children with learning disabilities who had comorbid behavior issues usually extensively lesser self-concept marks in contrast to the other two clusters, on the other hand, children with learning disabilities who had no comorbid behavior difficulties were similar to the normal achieving peers [8].

Neeraja (2013) conducted a study in India on children with learning disabilities and their adjustment problem. The study explained that children with learning disabilities have difficulty in gaining data through their brain as well as complexity in performing their task. Children with learning disabilities may face troubles with educational, social and emotional phase. The study revealed that applicant with learning disabilities had emotional tribulations due to these social adjustment problems exit. They might feel irritated, gloomy, feeling alone, upset, or

desperate as a result of the focus on their social difficulties [21].

Parshurami (2015) researched the 110 children of learning disabilities. The aim of this study was to discover the adjustment problems in girls and boys with learning disabilities. The study was conducted at various Learning Disability Clinics and Government Hospitals in Mumbai. The age range of participants was 14 to 18 years. Studies have revealed that children experience learning disabilities have several adjustment problems [23].

The situation in developing countries including Pakistan is not that encouraging, the low level of literacy and lack of financial resources play a role in compounding the problems. The research in diagnostic and treatment of learning disabilities is also a neglected area. As parents and teacher are not trained to recognize the issue early, there is a need to conduct well-planned research in this area. The non-availability of national data in this regard is another issue; social taboos play their negative role [4].

The focus of the study was on the children age range 7-18 years suffering from the learning disabilities. The present research is necessary for knowing about the learning disabilities of the children and adjustment problems in society since learning plays a fundamental role in child's success. The present research comes up with the long way in improving the lives of the participants of the study in particular and other affected persons, in general.

Objectives of the Study

The primary objectives envisioned from the proposed research study are summarized as follows:

1. To find out the correlation between learning disabilities, self-concept, and the social adjustment of children.
2. To explore the relationship of self-concept and social adjustment of children.
3. To explore the predictive role of learning disabilities on self-concept and social adjustment of children.

Hypotheses

The above discussion has led the researcher to form hypotheses for the proposed research project.

1. Learning disabilities and its dimensions (listening, reading, writing, spoken language, spelling, memory, and numeric) are negatively correlated with self-concept and its dimensions (self- regard, social confidence, school abilities, physical abilities, and physical appearance) and social adjustment.
2. Self-concept and its dimensions are positively correlated to social adjustment of children suffering from learning disabilities.
3. Learning disabilities are the negative predictor of self-concept and social adjustment among children with learning disabilities.

Population and Sample. In present study only the children with learning disabilities have been included and the data have been collected from special education schools of Rawalpindi and Islamabad. The included schools were MRC, Step to Learn, Ideas, and Kainat School System. The number of children with the learning disabilities is 43.4% population, 58.4% boys and 41.6% girls (Population Census, 1998). So in learning disabilities' school's average population is 35 to 40%. The sample was 120 students whose age range were 7 to 18 years.

Tools of Research. The research tools are given here.

Learning Disabilities Scale. In the present study Udru version of Learning Disabilities Scale is used to measure the learning disabilities of children. It consists of 99 items and developed by Zahra et al., (2014). The scale has .98 reliability which is considered excellent as per choice identified by DeVellis (1991). Subscales included in this scale are: listening, reading, writing, spelling, spoken, memory and numeric.

Key to Multidimensional Self-Concept Scales. To measure the self-concept of students' Urdu version of Multidimensional Self Concept Scale has used. Fleming and Courtney (1984) Self concept Scale consists of total 36 items, and some items have reverse scoring. There are five dimensions of this scale which include: Self- Regard consists of 7 items, Social Confidence consists of 12 items, School Abilities contains seven items, Physical Abilities comprise of 5 items, and Physical Appearance consists of 5 items.

Social Adjustment Scales

A Revised Class Play Method of Peer Assessment. Revised class play RCP has been used for the assessment of children. It is developed by (Masten, Morison, & Pellegrini, 1985). It was proposed to improve the evaluation of the social competence and psychometric properties of the class play method. The alpha reliability coefficient of RCP is .95 and .93 for the Positive Scale and .93 and .90 for Disruptive; and .85 and .81 for Isolated. RCP Scale consists of 30 roles which include 15 negative and 15 positive. Three dimensions of RCP that based on factor analysis include; Sensitive-Isolated

(highly responsive such as easily hurt emotionally and usually sad), Sociability-Leadership (the quality of being sociable, e.g., good leader), and Aggressive-Disruptive (ready to attack or confront such as loses temper easily). Sensitive-Isolated & Aggressive-Disruptive contain negative items, and Sociability-Leadership consists of positive items.

Taxonomy of Problematic Social Situations. Taxonomy of problematic social situations comprises of 44 items and it is a Likert type scale which is developed by (Dodge, McClaskey, & Feldman, 1985). Six situations in factor analysis containing Peer Group Entry; Response to Peer Provocations; Response to Failure; Response to Success; Social Expectations; and Teacher Expectations. Teachers rate the opinion that each student express in distinct social situations, choice from 1 (never represent a problem) to 5 (shows a problem). Items have six factors with high internal stability. Total alpha reliability of scale is 0.98. Peer Group Entry consists of 5 items, α = 0.95, Response to Provocation involved 10 items, α = 0.97, Response to Failure include 9 items, α = 0.95, Response to Success have 3 items, α = 0.89, Social Expectations consists of 11 items, α = 0.94, and Teacher Expectations have 6 items, α = 0.95. *Strength and Difficulties Questionnaire SDQ (Robert Goodman, 1998).* Urdu version of Strengths and Difficulties Questionnaire is used to assess the social adjustment of children with learning disability developed by Robert Goodman in 1998. SDQ is a norm-referenced, behavior rating scale including conduct problems, emotional symptoms, hyperactive behaviors, peer problems, and prosocial subscales. It consists of 25 items and used for the children whose age range would be 4 to 18.

Procedure

Cross sectional research design has been used in this study. Different study measures, e.g., Learning Disabilities Scale (Zahra et al., 2014); Key to Multidimensional Self-Concept Scales (Fleming and Courtney, 1984); A Revised Class Play Method of Peer Assessment (Masten et al., 1985); Taxonomy of Problematic Social Situations (Dodge et al., 1985); and Strengths and Difficulties Questionnaire (Robert Goodman, 1998) were given to the participants. The information found from the applicant is kept confidential and informed consent were also taken from the participants.

Results

This section represents the descriptive statistics, reliabilities, and hypothesis testing through correlation and multiple linear regression.

Table 1

Demographic Characteristics

Demographic Variables	*f*	%
Age		
7-10	39	32.5
11-14	42	35.0
15-18	39	32.5
Gender		
Boys	60	50.0
Girls	60	50.0
Institutional Affiliation		
MRC	25	20.0
Step To Learn Satellite Town Campus	18	15.0
Step To Learn Gulraiz campus	15	12.5
Step To Learn Peshawar Road campus	17	14.2
Ideas	20	16.7
Kainat School System	25	20.8
Father Education		
Illiterate	23	19.2
Matric	16	13.3
Inter	16	13.3
Graduation	37	30.8
Masters	28	23.3
Mother Education		
Illiterate	52	43.3
Matric	18	15.0
Inter	16	13.3
Graduation	24	20.0
Masters	10	8.3
Siblings		
1-3	64	53.3
4-7	56	46.7
Birth Order		
1st Child	40	33.3
2nd Child	39	32.5
3rd Child	19	15.8
4th Child	12	10.0
5th Child	09	7.5
6th Child	01	0.8
Family Income		
20,000 or below it	15	12.5
20,000 to 50,000	66	55.0
Above 50,000	39	32.5
Family Structure		
Nuclear	68	56.7
Joint	52	43.3

f= Frequency, %= Percentage.

Table 2

Psychometric properties of the major study variables (N=120)

Variables	No. of Items	*a*	M	SD	Skewness	Kurtosis	Range	
							UL	*LL*
Learning Disabilities Scale	99	.98	179.33	45.04	.23	-.69	274	61
Reading Ability	14	.96	26.68	9.01	.00	-.92	42	6
Writing Skill	15	.94	29.12	8.92	.08	-.46	45	5
Spelling Ability	14	.95	25.70	9.24	.04	-.90	42	7
Listening Ability	14	.95	23.34	9.04	.05	-.57	42	0
Spoken Language	13	.94	22.48	8.16	.00	-.61	39	0
Memory	12	.94	22.51	7.65	-.45	-.23	36	0
Numerical Ability	17	.96	29.51	10.82	-.04	-.84	51	7
Self-Concept Scales (SCS)	36	.98	115.93	46.37	.27	-.87	242	41
Self-Regard	7	.89	23.23	9.43	.03	-1.03	46	8
Social Confidence	12	.94	37.63	15.84	.40	-.76	81	13
School Abilities	7	.88	22.56	9.32	.36	-.74	48	8
Physical Appearance	5	.85	16.63	6.72	.29	-.74	34	6
Physical Abilities	5	.89	15.88	6.98	.58	-.60	34	6
SDQ Prosocial	5	.84	5.03	2.80	-.04	-.80	10	0
SDQ Hyperactivity	5	.37	4.98	1.81	.25	-.38	09	1
SDQ Emotional symptoms	5	.76	4.97	2.50	-.06	-.62	10	0
SDQ Conduct problems	5	.54	4.93	2.20	-.05	-.51	10	0
SDQ Peer problems	5	.51	4.98	2.06	.15	-.47	10	0
TOPS	44	.97	142.60	42.63	-.42	-1.22	220	94
Revised Class Play (RCP)	30	.98	75.99	37.43	1.31	.80	171	15

UL= Upper Limit, LL= Lower Limit, M= Mean, SD= Standard Deviation

Table 2 indicates descriptive details such as means, standard deviation, skewness, kurtosis of Learning Disabilities Scale, Self-Concept Scales and Social Adjustment Questionnaires; including Strength and Difficulties Questionnaire and Revised Class Play. The Chronbach's alpha reliability for all the scales and sub-scales is above than *a* >.5 that shows that reliability value of the scales is within the acceptable range. The skewness value of all the constructs falls between the range of -1 and +1 which is considered adequate so as to establish the normal distribution.

Table 3

Correlation matrix of all Study Variables (N =120)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Learning Disabilities	1																				
Reading Ability	.64**	1																			
Writing Skill	.71**	.68**	1																		
Spelling Ability	.79**	.47**	.63**	1																	
Listening Ability	.69**	.16	.32**	.47**	1																
Spoken Language	.71**	.25**	.33**	.42**	.71**	1															
Memory	.78**	.43**	.45**	.49**	.53**	.55**	1														
Numerical Ability	.68**	.24**	.37**	.45**	.32**	.39**	.54**	1													
Self-Concepts	-.54**	-.44**	-.40**	-.39**	-.35**	-.43**	-.34**	-.38**	1												
Self-Regard	-.50**	-.43**	-.35**	-.35**	-.31**	-.39**	-.32**	-.37**	.94**	1											
Social Confidence	-.53**	-.45**	-.42**	-.38**	-.31**	-.40**	-.33**	-.36**	.98**	.86**	1										
School Abilities	-.55**	-.44**	-.39**	-.39**	-.37**	-.44**	-.32**	-.38**	.98**	.89**	.95**	1									
Physical Appearance	-.54**	-.37**	-.33**	-.37**	-.41**	-.46**	-.39**	-.36**	.92**	.87**	.85**	.90**	1								
Physical Abilities	-.47**	-.38**	-.38**	-.35**	-.29**	-.37**	-.28**	-.32**	.96**	.86**	.95**	.93**	.88**	1							
SDQ-Prosocial	-.35**	-.18**	-.32**	-.30**	-.16	-.25**	-.27**	-.25**	.40**	.34**	.41**	.40**	.36**	.36**	1						
SDQ-Hyperactivity	-.24**	-.26**	-.17	-.15	-.07	-.24**	-.17	-.16	.15	.16	.15	.16	.14	.11	.28**	1					
SDQ-Emotional Symptoms	.05	-.01	.04	-.03	.04	.03	.06	.09	-.04	-.04	-.04	-.03	-.08	-.01	.01	.62**	1				
SDQ-Conduct Problems	.05	-.03	.12	.01	.02	.01	.05	.07	.11	.13	.10	.12	.06	.13	.03	.64**	.73**	1			
SDQ-Peer Problems	-.18*	-.13	-.15	-.18	-.11	-.12	-.10	-.13	.33**	.29**	.34**	.33**	.25**	.31**	.66**	.54**	.45**	.46**	1		
TOPS	-.59**	-.34**	-.47**	-.45**	-.39**	-.45**	-.40**	-.45**	.69**	.63**	.67**	.70**	.69**	.65**	.41**	.05	-.19*	-.19*	.26**	1	
Revised Class Play	-.19*	-.31**	-.22*	-.15	-.07	-.06	-.11	-.05	.20*	.14	.26*	.22*	.13	.20*	.21*	.44**	.37**	.47**	.47**	-.02	1
Mean	179.33	26.68	29.12	25.70	23.34	22.48	22.51	29.51	115.93	23.23	37.63	22.56	16.63	15.88	5.03	4.98	4.97	4.93	4.98	142.60	75.99
SD	45.04	9.01	8.92	9.24	9.04	8.16	7.65	10.82	46.37	9.43	15.84	9.32	6.72	6.98	2.80	1.81	2.50	2.20	2.06	42.63	37.43

***P < .01, *P < .05*

Note: SDQ=Strength and Difficulty Scale, TOPS=Taxonomy of Problematic Situations

Table 3 represents correlation of Learning Disabilities and its dimensions (Reading Ability, Writing Skill, Spelling Ability, Listening Ability, Spoken Language, Memory, and Numerical Ability), Self-Concept and its dimensions (Self-Regard, Social Confidence, School Abilities, Physical Appearance, Physical Abilities), Strength and Difficulties Questionnaire, Taxonomy of Problematic Situations and Revised Class Play. Learning Disabilities has the negative and significant relationship with Self-Concept *(r=-.54, p<.01).* Learning Disabilities has significant negative relationship with SDQ prosocial *(r= -.35, p<.01)*, SDQ hyperactivity *(r= -.24, p<.01)*, SDQ peer problems *(r= -.18, p<.05).* Learning Disabilities has also negative significant relationship with the Taxonomy of Problematic Situations *(r=-.59, p<.01).* Learning Disabilities has significant negative relationship with

Revised Class Play *(r=-.19, p<.05).* Self-Concept has the significant positive relationship with SDQ prosocial *(r= .40, p<.01),* SDQ peer problems *(r= .33, p<.01),* Taxonomy of Problematic Situations *(r=.69, p<.01),* and Revised Class Play *(r=.20, p<.05).*

Table 4

Multiple Regression Analysis Predicting Self Concept and Social Adjustment from Learning Disabilities (N=120)

Variables	SC	SR	SOC	SA	PA	PA	SDQ Prosocial	SDQ Hyperactivity	SDQ Emotional	SDQ Conduct	SDQ Peer	TOPS	RCP
	B	*B*	*B*	*B*	*B*	*β*	*β*	*β*	*β*	*B*	*β*	*β*	*β*
Reading Ability	-.34**	-.39***	-.33**	-.36**	-.27**	-.25*	.12	-.23	-.05	-.21	-.05	.04	-.31**
Writing Skill	-.01	.06	-.06	.00	.06	-.09	-.25	.06	.11	.30*	-.03	.24*	-.03
Spelling Ability	-.04	-.02	-.04	-.05	-.05	-.04	-.12	-.00	-.17	-.10	-.10	.07	-.00
Listening Ability	-.10	-.11	-.05	-.14	-.15	-.05	.16	.19	.08	-.02	-.01	.07	-.06
Spoken Language	-.24*	-.19	-.24*	-.24*	-.23*	-.23*	-.19	-.32**	-.04	-.02	-.05	.22*	.04
Memory	.12	.13	.11	.19	.01	.13	-.09	.03	.03	.06	.04	-.03	.03
Numerical Ability	-.21*	-.25**	-.20*	-.23**	.16	-.17	-.07	-.02	.11	.04	-.06	.23**	.03
ΔR^2	.34	.32	.33	.36	.32	.26	.16	.12	.03	.04	.04	.37	.10
F	8.27***	7.36***	7.80***	9.00***	7.51***	5.58***	3.00**	2.23*	.42	.74	.63	9.46	1.78

****p<.001, **p<.01, *p<.05*

Note: SC= Self Concept, SR= Self Regard, SOC= Social Confidence, SA= School Abilities, PA= Physical Appearance, PA=Physical Abilities, SDQ=Strength and Difficulty Scale, TOPS=Taxonomy of Problematic Situations, RCP= Revised Class Play

A multiple linear regression has been calculated to predict self-concept with its dimensions and social adjustment based on learning disabilities and its dimensions including reading, writing, spelling, listening, spoken language, memory and numerical ability. A significant regression equation was found to predict self-concept as [F (7, 112) = *8.27,* p<.001], with an R^2 of .34. A significant regression equation was found to predict the self-regard as [F (7, 112) = 7.36, p<.001] with an R^2 of .32. A significant regression equation was found to predict social confidence as [F (7, 112) = 7.80, p<.001], with an R^2 of .33. A significant regression equation was found to predict school abilities as [F (7, 112) = 9.00, p<.001], with an R^2 of .36. A significant regression equation was found to predict physical appearance as [F (7, 112) = 7.51, p<.001], with an R^2 of .32. A significant regression equation was found to predict physical abilities as [F (7, 112) = 5.58***, p<.001], with an R^2 of .26. A significant regression equation was found to predict SDQ prosocial as [F (7, 112) = 3.00, p<.01], with an R^2 of .16. A significant regression equation was found to predict SDQ hyperactivity as [F (7, 112) = 2.23, p<.05], with an R^2 of .12.

Discussion

Learning disability is the condition in which the children face difficulties in academic performance and social settings. The main aim of the research was to find out the association of self-concept, social adjustment, as well as learning disabilities. In Pakistan, there is very limited research in this area. Malik, Mufti, and Akhtar (2013) observed the prevalence of 5.57% in children age range 6 to 12 years of private schools in Rawalpindi [17]. Therefore, the present study has been implementing on children. The children with learning disabilities often face dissatisfaction and extend emotional issues such as low self- esteem and low self-concept as a result of regular failures.

Consistency of results has been seen in the existing literature as the present study has showed that learning disabilities has significant negative relationship with the self-concept *(r=-.54, p<.01).* High negative correlation has been found between the sub-dimensions of learning disabilities and sub-dimensions of self-concept ranges from *.79** to -.55**.* A multiple linear regression analysis was used to predict self-concept and its dimensions based on learning disabilities and its dimensions. A significant regression equation was found to predict self-concept as [F (7, 112) = *8.27,* p<.001], with an R^2 of .34. Snowling (2001) claimed that 5% of school children report reading disability and it affected 80% children identified with learning disabilities [26]. Lufi, Elner, & Levi (2004) stated that the emotional and social difficulties may increase with learning disabilities which may lead towards depression and feeling of low self-concept [16].

The study has showed the significant negative correlation among the learning disabilities and social adjustment such as dimensions of strength and difficulties questionnaire including; prosocial symptoms *(r=-.35, p<.01)*, hyperactivity symptoms *(r=-.24, p<.01)*, peer problems *(r=-.18, p<.05)* have found significant findings with learning disabilities. Taxonomy of problematic situation *(r=-.59, p<.01)* and revised class play *(r=-.19, p<.05)* has also showed significant results with learning disabilities. A significant regression equation was found to predict SDQ prosocial as [F (7, 112) = 3.00, p<.01], with an R^2 of .16. A significant regression equation was found to predict SDQ hyperactivity as [F (7, 112) = 2.23, p<.05], with an R^2 of 12. Furthermore, the result of the study reveals that self-concept has the positive relationship with social adjustment because self-concept is the important aspect that contributes towards social, peer relationship, and is able of forming the behavior problems of an individual. The existing study is confirmed by the findings (Yengimolki, Kalantarkousheh, & Malekitabar 2015).

The study has numerous implications as it is implicated to bring awareness for both teachers and parents to suggest the essential foundation skills for children. It is very important to established skills at the beginning level for successful literacy. It can help for social psychologist to bring interventions for the children with learning disabilities. The present study supports psychological and sociological theories, as it is evident that children have learning disabilities may have a low level of self-concept, and they are not better socially adjusted.

The study recommended that the future studies have to be done on intervention plans that would be specifically for the learning disabilities children. The intervention plans may assist him to tackle the academic and behavioral problems of children. The study suggested that future research would be based on large sample. Furthermore, future studies should be on family therapy as well which support him to provide the education for parents to identify such complications at the primary level. Comparison of different personality traits, self-esteem and adjustment level can also be studied among the students by their accomplishment; it would give deeper perceptive about their adjustment level. It is also recommended that various adjustment levels would be used to enhance the strength of the study such as sociocultural and psychological adjustment.

For future studies, we suggest that this study can be repeated to extend by adding some more variables such as psychological and sociocultural adjustment, socio-economic status, intelligence, parental intelligence, education, and involvement in adolescent's education, birthplace, and more about ethnicity.

Most of the studies on the existing topic have been directed in the western countries, but the present research has discovered the essential matter of learning disabilities in Pakistan which is the apparent strength of the study. On the other hand, present study is limited at various points such as study is limited to a small sample, it could be conducted on a large sample which would have more generalization. The other limitation of the study is that only two cities included in present study which is Rawalpindi and Islamabad.

Conclusion

To conclude, it is stated that the present research studied the self-concept and social adjustment of children with

learning disabilities. Adjustment is a main concern at all the stages of life, but especially it plays a more important role in the period of adolescence. The present study is significant because it has focused on social adjustment and the behavioral problem of adolescence with learning disabilities. The relationships of learning disabilities' children become problematic which affect their behavior. The study is beneficial and informative as it has highlighted the inconsiderate impact of learning disabilities in their personality.

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