

## How the Learning Disabilities Cause Psychosocial Problems among children in South Sudan: A Case of Jamjang Refugee Camps

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### Abstract

*The study on the learning disabilities and associated psychosocial problems among children in South Sudan started in 2022 to 2024. The deepening loneliness and vulnerability of the children with the learning disabilities that influence the psychosocial problems among children resulted from the conflict in Sudan, which scattered families, social fabric, community structures, and pushed the families to seek international protection. The families have limited access to livelihood and highly dependent on relief services that exacerbate the situation for nurturing children. The study aimed at ascertaining the presence of the learning disabilities, associated psychosocial problems and the ways to mitigate and address a growing phenomenon among refugee children in Jamjang camps. The study employed qualitative, quantitative, and ethnographical/anthropological method to explore the growing phenomenon. The tools used in the design includes questionnaires, interviews, and observations. The study ascertained the presence of the learning disabilities among children which consists of dyslexia, dysgraphia, dyscalculia, attention deficit hyperactivity disorder, auditory processing disorder, visual and perceptual disorder. These conditions were manifested in deficiency to write, spell, comprehend, articulate written point, grammatical errors, arithmetic calculation, and inattention. The study confirmed how the learning disabilities cause the psychosocial problems which includes low self-esteem, lack of confidence, anxiety, depression, posttraumatic stress disorder, bully, stigma, and neglect. The finding confirmed the phenomenon can be addressed through mental health support, multisensory approaches, and Skinner's Operant conditioning theory; Cognitive Behavioral theory of Bandura are crucial in reducing the adverse effects of the phenomenon.*

**Keywords:** *Anxiety, Dyslexia, Depression, Dysgraphia, Learning Disabilities, Psychosocial.*

### Introduction

The learning disability is one of the learning deficiencies growing among the refugee children in South Sudan. The arise of childhood neurological damage come as a result of the children exposure to overwhelming and devastating armed conflicts where they also do not have access to the rehabilitative educational services.

The specific learning disability is a psychological disorder in one or more areas that involves understanding, use of language both spoken and written which may be manifested in the difficulty to listen, think, read, write, spell, or do arithmetic calculation. It also includes perceptual disability, brain injury, dyslexia, and developmental aphasia [1]. The learning deficit consists of the impairments in one or more processes related to perceiving, thinking, remembering, or learning, which includes

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language processing; phonological processing; visual spatial processing; processing speed; memory and attention; and executive functions such as planning and decision-making [2]. The learning disabilities are heterogeneous group of conditions with a deficit in processing language, and manifested in difficulty to comprehend, speak, read, write, spell, or do mathematical calculations, including perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia, and developmental aphasia. Learning disability is a neurological learning disorder which consists of dyslexia, dysgraphia, and dyscalculia [3]. The learning disability is largely centered on the children who appeared normal in many intellectual skills, but also exhibits variety of the cognitive limitations that interfere with their ability to read, write, and learn in the classroom. Some children with specific learning disabilities have deficits in the basic psychological processes that interfere with learning and academic achievement, and lead to emotional and behavioral problems [4]. Many people with disabilities have considerable multiple physical, and mental health conditions that increased risk of developing chronic conditions that affects how a person learns new skills, understand information, and communicate throughout their lifetime. The study of learning disabilities focused on two main profiles which comprised of the clinical views that are related to problems in language abilities, manifested in difficulties in reading and writing. while the other problem is concerned with the nonverbal aspects, where the children have difficulties in the acquisition of complex motor movement, low coordination, poor balance, and postural control, decreased muscle tone, below average fine motor ability, having arithmetic difficulties, and spatial problem solving, with possible linguistic difficulties in the productive domain [5].

The neurological disorders affect the learners' ability to either interpret what people see and hear or store information from distinct parts of the brain, and impede learning to read, write, or do calculable work and acquiring basic academic

skills. However, the study suggests similarities between Asperger syndrome and learning disabilities that include a normal range of intelligence, uneven profile of skills, language difficulties, social and interpersonal deficits, cognitive disorganization, academic and interpersonal problems [6]. The specific learning disorder is elucidated as difficulties in learning and using academic skills with presence of one of the following symptoms that have persisted for not less than 6 months, despite the provision of interventions that target those difficulties. These include inaccurate, slow, and effortful word reading, difficulty in comprehension of the meaning of what the word read, spell, written expression, mastering number sense, number facts, calculation, difficulties with mathematical reasoning. The affected academic skills are below the expected individuals chronological age, and cause significant interference with academic performance, and daily activities. These include intellectual disability, uncorrected visual, auditory acuity, other mental and neurological disorders, psychosocial adversity, lack of proficiency in the language of academic instruction, deficits in spelling, grammar and punctuation accuracy, and organization of written expression [7].

## **Dyslexia**

Dyslexia is a condition of neurological learning disorders which affects learning particularly reading, writing, spelling, comprehension and language processing skills, decoding, poor memory, writing, spelling, and identification of individual sound within word [4]. The term specific learning disability refers to a disorder in one or more of the basic psychological processes which involved understanding or using spoken, and written language, which may be manifested in the inability to listen, think, speak, read, write, spell, or do mathematical calculations, perceptual disabilities, brain injury, dyslexia, and developmental aphasia [8]. While dyslexia conditions are characterized by literacy-related

problems which are not related to low intelligence, socioeconomic status or emotional problems but go beyond the phonological deficit and show a range of broader cognitive difficulties affecting memory, attention, and executive function. The individuals exhibit difficulties with recognition of hidden shapes, poor ability to shift the focus of attention, and deficits in aspects of working memory in spoken and written language. The common characteristics of dyslexia include difficulty identifying rhyming words, or counting syllables in words, difficulty with hearing and manipulating sounds in words, distinguishing different sounds in words, learning the sounds of letters. Poor reading comprehension during oral and silent reading, often because the words are incomprehensibly read [9].

There is empirical evidence for temporal processing deficits in many disabled readers, particularly in the individuals with developmental dyslexia because the dyslexics require longer interstimulus intervals to separate two consecutively presented tones. Furthermore, children with developmental aphasia and developmental dyslexia exhibit difficulties to discriminate the sequence order of two tones of different frequencies which are presented with short temporal processing deficits were also found in the visual modality [10]. The interventions that improve the reading skills for children with dyslexia also improve the reading skills of all children in school because these curricula involve systematic, explicit phonics instruction. Decades of studies on the science of reading instruction show that word reading skills are attained through explicit, systematic phonics instruction for all the children. The study found one fifth of Swedish university students with dyslexia required additional time to complete their degrees, while other learners were able to progress at a normal pace [5]. Similarly, the study reported 40% of dyslexic learners who completed studies in UK higher education obtained first-class or upper second-class honors, which was lower than the rate of about

50% for students without disabilities [11]. Several people with dyslexia have not been successful, however few successful dyslexic individuals can change the world as witnessed in the case of Bill Gates and Albert Einstein, the famous personalities, who were recognized as dyslexic individuals. In Malaysia, 10% to 15% of primary school learners are reported to be dyslexic of which, a teacher ought to be an expert and creative in educating learners, including special needs education learners [12].

### **Dysgraphia**

Several families in refugee camps are disrupted by harsh situation which forces the affected children to acquire poor neuromotor noise management. There is considerable concern that many school-aged students do not acquire strong writing skills as evident in the Americas, Europe, Asia, and Africa, where researchers reported that students' narrative, practical and expository writing to be often impoverished in content and incomplete in construction, containing many errors involving handwriting, punctuation, grammar, and rhetoric [13].

The motor dysgraphia causes deficient of fine motor skills of which the delay is presumably caused by ambidexterity; poor muscle tone and unspecified motor clumsiness, neurological trauma, association with autism, Asperger syndrome/Tourette syndrome/ADHD, defect in the understanding of space where writing skills significantly get below chronological age ranging from poorly formed to general illegibility, reluctance or refusal to complete writing tasks, odd writing grip, pain while writing, poor spelling caused by difficulty with letters p, q, b, d. The learners with dysgraphia can be helped through the following accommodations, modifications, and techniques of being patient and positive when practicing handwriting, encourage proper grip, posture, and paper positioning, allow the use of a word processor, teachers administer the oral exams and allow the learners to dictate assignments to

a scribe, avoid criticisms for sloppiness or illegibility, provide additional time for writing tasks and use writing paper with raised lines [14]. The dysgraphia interventions for mitigating the writing difficulties can be divided into medical and pharmaceutical intervention, and social- educational psychology intervention that includes exercises which create the necessary skills that direct behavior by speech therapy, self-monitoring where the children are asked to pause after each word to see if they have gripped the pen correctly and to relax for some minutes [15]. The intervention for the dysgraphic learners consisted of 18 sessions of two hours each that focused on learning activities for handwriting, spelling, and composing with oral instructions through earphones and written instructions on language displays on screen. Even though dysgraphia may occur in isolation, it is believed to be commonly associated with dyslexia and other learning disorders, of which 30% to 47% of children with writing problems, attention deficit hyperactivity disorder, cerebral palsy, and autism spectrum disorder, with studies showing 98% of these children with these learning disorders struggle with writing [16].

### **Dyscalculia**

Dyscalculia is a condition where the learners exhibit inability to acquire arithmetical skills, difficulty understanding simple mathematics concepts, lack an intuitive grasp of numbers, and have problems learning number facts and procedures. The prevalence study conducted among regular primary school children in Flanders in 2001 and stated 3 to 8% of the children were found to have mathematical learning disabilities [17]. Mathematics difficulties are common in both children and adults with estimate that up to 25% of economically active individuals in countries like United Kingdom lack basic numerical knowledge, skills and understanding that is essential for them to act confidently and independently in everyday life, educational

settings, and work [18]. The study suggests that about 5-6% of children of average to superior intelligence have specific learning deficit for mathematic which is similar prevalence to dyslexia which cemented the assumption that dyscalculia originated from dyslexia, where 40% of children who exhibit reading difficulties also have deficit in learning mathematic [19].

### **ADHD**

The harsh situation in refugee camps magnified the learning disabilities into further childhood neurological damage observed to be attention deficit hyperactivity disorder (ADHD), auditory processing disorder (APD), visual perceptual/visual motor deficit (VPD), Language processing disorder, and Nonverbal learning disability. Those extraordinary disorders increased the harsh situation where the sufferers are subjected to adverse psychosocial problems. Attention Deficit and Hyperactivity Disorder is a neurodevelopmental disorder that impacts parts of brain which control attention, organizing thoughts, executive function, and concentration where children exhibit trouble paying attention, controlling impulsive behaviors, organize thoughts and follow instruction, inattentive, forget or lose things, squirm, or fidget, talk too much and inappropriate [20]. This neurodevelopmental disorder affects 11% of school-age children, and the symptoms continue into adulthood in more than three-quarters of children ADHD is characterized by inappropriate levels of inattention, impulsivity, and hyperactivity, which adverse consequences, including school failure, family stress and disruption, depression, problems with relationships, substance abuse, delinquency, accidental injuries, and job failure. ADHD also contributes to variety of health problems, which consists of substance abuse, anxiety, chronic stress and tension, and low self-esteem, neglecting important responsibilities such as check-ups, skipping doctor appointments, ignoring medical instructions, and forgetting to take vital medications,

experience financial and career difficulties, and intense sense of underachievement. In as much the medication is indispensable for treating attention deficit hyperactivity disorder, ADHD can be a major source of anxiety for individuals, who requires habitual lifestyle changes to reduce your stressors to live successful life. The effects of attention deficit hyperactivity disorder can lead to stigma, reduced self-esteem, reduced future educational attainment and career opportunities. Moreover, misdiagnosis can also lead to similar conditions such as anxiety, conduct disorders, speech or language delay, medical disorders and other developmental disorders that may warrant a different course of treatment [21].

### **Auditory Processing Disorder**

The auditory processing disorder (APD) is a deficit in the processing of information which are specific to the auditory modality and may exacerbate in unfavorable acoustic environments, particularly with difficulties in listening, speech understanding, language development, reading disability, learning disability, autistic spectrum disorders, and reduced intellectual functioning [22]. Auditory damage increases the prevalence of poor handwriting and poor reading condition characterized with inability to processing sounds and may misinterpret the information received and the sound or a hearing loss that interfere with communication, learning, language acquisition, reading skills, social life, and academic achievements [22].

The learner could exhibit difficulty to understand the lesson in noisy places where more than one person is talking, fast speech, learning songs, nursery rhymes, and identifying where sound is coming, and easily distracted by sound; difficulty to remember what is said, read, spell, and learn due to its etiology chronic ear infections, head trauma, medical conditions that occur before or after birth such as prematurity, low birthweight, cytomegalovirus, lead poisoning, heredity, and immature nervous

system. Auditory Processing Disorder are used interchangeably with Central Auditory Processing Disorder which consists of difficulty to understand speech in the presence of background noise, difficulty understanding rapid, muffled, distorted speech, frequent requests for repetition, difficulty following verbal directions, misinterpreting sarcasm, exhibiting academic difficulties, reading, spelling, and learning problems, difficulty sustaining attention, with suggested etiology to be genetic related, head trauma, neurological disorder, disease, chronic ear infections, prenatal, neonatal factors, neuromaturation [24].

### **Visual Perceptual/Visual Motor Deficit**

The children with visual problems appear to be off track and considered to be with disorderly behavior, visual perceptual deficit where a child cannot accurately, discriminate, interpret, and organize visual information, which is the ability to store and retrieve a visual image. The visual perceptual deficits represent a selective loss of previously acquired visual cognitive abilities due to a circumscribed lesion, which comprised of difficulties of identification disorders due to disturbed object representations [25]. Higher prevalence of visual motor skill dysfunction was among the learners with disabilities compared learners without learning disabilities from a clinic population. The 78% of the 261 learners with learning disabilities had reduced visual motor skill compared with only 25% of non-disabled. Additional investigation was conducted to establish the relation between academic achievement and visual-motor integration skill using the Beery Developmental Test of Visual-Motor Integration in a group of 191 children in Early Childhood Development and found that visual-motor integration skill was significantly related to scores on standardized tests administered by the school and to the teachers' ratings in reading, math, writing, and spelling. While the clinicians used the anecdotal observation and testing limit to comprehend the components of the visual-motor integration, the

developmental neurological approach incorporate the visual motor ability into the assessment to correlate the skills toward examining observable, cognitive, behavioral, and perceptual problems [26].

### **The Magnified Associated Psychosocial Problems**

The deepening inability, loneliness, and vulnerability of the children with learning disabilities get the associated psychosocial problems magnified. The children with learning disabilities suffer other comorbid conditions in addition, such as dyslexia with post-traumatic stress disorder, sexual abuse, physical abuse, neglect, depression, substance abuse [27]; and experience rejection, and neglect from peer group, and being ignored by their classmates, and consequently experience isolation and loneliness and get exposed to greater risk of aggressive and disruptive behavior, shy, anxious, and social withdrawal. The comparative study between children with and without learning disabilities found the learners with learning disabilities to suffer from depression, anxiety, loneliness, and experience negative emotions that stems from poor academic achievement because of stigmatization and isolation. Childhood learning disabilities such as writing, reading and arithmetic challenges influence psychiatric effects on adolescents which subsequently result to social problems, anxiety, depression, school dropout and future unemployment [28]. The commonest clinical syndromes of post-traumatic stress disorders exhibited in persons with learning disabilities include major depression, complicated grief reaction, schizophrenia, autism, bipolar disorder, dissociative disorders, multiple personality disorder, Tourette's syndrome, Asperger syndrome, substance abuse, panic disorder and pedophilia. People with the learning disabilities are at higher risk of contracting chronic conditions such as heart failure, epilepsy, severe mental illness, stroke

and transient ischemic attack, diabetes, and dementia than the wider population [29].

### **Neglect**

Child neglect remains the major cause of child maltreatment with consequences of physical abuse, sexual abuse, and witnessing domestic violence with multitude of risk factors known to impair normal development, chronic poverty, serious caregiving deficits, parental psychopathology, substance abuse, homelessness, family breakup, and poor prenatal and postnatal care [30]. The children with learning disabilities obtained low social preference and higher Liked Least scores than children without learning disabilities, and they were less popular and socially neglected and rejected. Abused and neglected children are likely to suffer from trauma and many problematic outcomes which include poor nutrition, poverty, poverty, delinquency, alcohol, or drug problems [31].

### **Sexual Abuse**

Child sexual abuse also include intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography .The studies indicate that child sexual abuse have short and long term psychological, emotional, social, and physiological consequences, with many individuals who experienced sexual abuse having multiples mental health disorders including attempted or completed sexual penetration as compared to those who were not exposed [32].

### **Rejection**

The study shows that child maltreatment has long-term adverse effects on self-control, peer relations, delinquency, peer rejection, physical abuse, higher rate of violence and other crime. Stereotypes, prejudice, and stigma contribute to the discrimination and exclusion experienced by people with disabilities and their families in all

aspects of their lives. This lack of understanding and misconceptions about the cause of disabilities often result from cultural or religious beliefs that often blame disability on misdeeds of ancestors; parents; or this wrongdoing of person with disabilities; supernatural forces such as demons; witchcraft; or God punishment [33]. While progress have been made to improve the child-parent relation, cases of severe rejection of a parent continue to challenge legal and mental health professionals who struggle with how to manage and improve the strained parent–child and familial relationships; with many families exhibiting high conflict dynamics, anger, hostility, distrust, discordant co-parenting, personality disorders in the parents, and involvement in protracted litigation [34].

### **Traditional Learning Activities**

The childhood neurological damage declined where the children received rehabilitative educational services. The 2007 report indicated that there were 2.7 million students in America’s public schools which had learning disabilities. These students represented 44% of 6 million school-age children with all kinds of disabilities who received special education services [35]. This triggered the need for rehabilitative educational services to excavate the prevailing phenomenon and addressed it or mitigate increasing childhood neurological damage and impact in the refugee camps of South Sudan.

### **The Visual Learners**

The teaching technique for the children with dyslexic conditions require multi-sensory approach which involves seeing, listening, speaking, touching with much variation as possible, and categorize the teaching techniques into visual, auditory, and kinesthetic learners. The visual learners can be assisted to learn in form of pictorial and multi-media materials; sticking to spelling words anywhere to be viewed; looking at the pictures in a book before reading; playing games to improve memory;

using a good visual software program and having an uncluttered work area.

### **The Auditory Learners**

Similarly, the auditory learners can be helped to read a book or the information to be learned; ensuring that instructions are orally clear; getting the student to record the information to listen to it again and using software which has good auditory input. Remedial treatment is use in drill and practice where the teacher provides a clear example of good handwriting, and the children follow the instruction to practice the drill using the teacher’s model. Hence repetitive practice, along with correct position and pencil grip can help with this process and build fine motor skills, and help improve hand functioning, which can lead to better handwriting [36].

### **Mental Health and Social Support through Behavioral Activities**

Psychosocial interventions are instrumentally crucial for mitigating learning disabilities and identified behavioral interventions which involved personal, social, and environmental events which precipitate behavioral impact.

### **Behavioral Skills through Games**

Significant number of educators acknowledge that traditional learning activities failed to match the learners’ needs, preferences, and expectations; hence the educational, therapeutic, and social impact of serious games supported with gaming technology facilitated through the process of experiment, which foster the development of the learners cognitive, spatial, motor skills and teach them how to solve complex problems, foster creativity, genuine collaboration and range of emotions such as joy, empathy, anger, frustration, and memorization which enhanced motivation, engagement, and progress in a variety of skills and abilities [37].

Skinner B.F theory of operant conditioning is a crucial and instrumental tool for psychosocial intervention to improving not just a psychological dimension such as thinking, attitudes, and motivation, but also social learning

such as teaching and reinforcing new behavioral skill including social discussion aimed at improving mental wellbeing [38].

### **Behavioral Skills through Work-Skits**

Bandura identified three areas for learning which consists of observation, imitation, and modelling, and termed observational learning in his experiment as effective attention, retention, reciprocation, and motivation. He stressed that children learn through behavioral imitation, observation, and modeling of other people, and elucidated that development of cognitive competencies can be accelerated by symbolically modeling the reasoning strategies for domains, highly informative way, of which a great deal of human thought is linguistically based. Hence, children acquire knowledge about objects and the relationships between them through nonlinguistic processing of direct and vicarious experience. Such understanding helps to impart meaning to linguistic symbols and by relating the utterances, they hear what they understand to be going on at the time [39].

### **Behavioral Responsibility Skills**

Bandura emphasized on changing overt behavior involving environmental change and social interaction using approaches that enhance self-control and a focus on client responsibility and the therapeutic relationship, and intervention approaches used in behavioral therapy are coping and social skills training, contingency management, modelling, anxiety reduction and relaxation methods, self-management methods and behavioral rehearsal. In addressing the education issues, it focuses on two traditional cognitive behavioral learning and change such as cognitive restructuring and social skills training, social and community responsibility therapy and social-community responsibility skills training [39].

### **Methodology**

The study employed qualitative, quantitative, and anthropological methods to rigorously explore the link between the learning disabilities

and associated psychosocial problems in South Sudan refugee camps. The writer used Mugenda Mugenda (2003) method which approves ten percent as the sample size. The study used purposive sampling technique to select 60(32 females, 28 males) out of the 600 children with disabilities, and 55 (20 females, 35 males) out of the 550 teachers recruited in camp schools, 5 (1 female, 4 males) education officers, 10 (5 females, 5 males) child protection officers, 8(2 females, 6 males), health Personnel (medical and mental health staff) and 10 (7 females, and 3 males) parents/guardians. The tool used consists of questionnaires, interviews, focus group discussions, and observation.

### **Discussion and Results**

The study shows that the learners identified with learning disabilities manifested significant symptoms of psychosocial problems. The study revealed 32 children who appeared normal in the camp but have cognitive hindrances, with dyslexic and physical disabled learners suffering from variety of maladjustments in the camps. The results showed that out of the 47 respondents diagnosed with learning disabilities, 43% of the children exhibited psychosocial problems which consists of low self-esteem, emotional problems, depressive disorder, anxiety, posttraumatic stress disorders (PTSD), bully, discrimination, lack of confidence lack of emotional family attachment, parental neglect, physical abuse, low self-esteem, hopelessness, helplessness, avoidance, suicidal tendance, frustration, self-blame, anger, anxiety, depression, social withdrawn, emotional pain, loneliness, and social withdrawal; compared 80% of learning disabled learners who exhibited psychosocial problems in Greece [40].

The education actors administered co-curricular activities to address psychosocial problems among the learners from early childhood development, primary and secondary schools, which comprised of football, volleyball, skipping rope, swing, talent show, drama, dominoes, ludo, draw therapy, and sing of songs.

The extracurricular activities were aimed at addressing physical, emotional, mental, social, cultural, and academic problems. The approach made significant implicit progress in addressing psychosocial problems that made this multisensory approach indispensably effective in schools, child friendly spaces and community where children play variety of games after school hours, and weekends. The recreational activities subsequently improved the learners' self-esteem, confidence, social participation, reduced anxiety and depressive disorders and increased resilience. These were proven during social rehabilitation support activities, where out of 47 children with learning disabilities and psychosocial problems who participated in sport activities, 85% enhanced self-esteem, confidence in social interaction, lessened anxiety, and depressive symptoms, improved physical and psychosocial wellbeing, increase happiness, resilience, and relaxation. Out of the 20 learners who were engaged in playing dominoes and dice child friendly spaces, 85% of them improved self-confidence, social interaction, and some arithmetic calculation. Similarly, out of the 30 learners who played rope skipping, and talent shows 90% enhanced alphabetic reading, spelling, numerical count by reciting words, and numbers, and social interaction which increased joy, which were impactful on physical and mental wellbeing. The games tailored in learning enhance learners' pleasure, promotes desire, enthusiasm, and attention, addresses boredom, and increase learners' achievement leading to emotional, social, and cognitive development. This is in line with Skinner B. F operant conditioning theory which emphasized on social games that foster cognitive development and improve complex problems, foster creativity, genuine collaboration, and range of emotions such as joy, empathy, anger, frustration, and memory which enhanced motivation, engagement, and progress in a variety of skills and abilities [37]. The female caregivers had extraordinarily motherly concerns for the children than their male parents.

The multisensory approach made a significant improvement on children's physical, emotional, mental, academic, and social wellbeing. The other approaches used includes drama, drawing therapy, fastening words in songs to improve learning, memory, participation, self-esteem, confidence, self-expression, mental and physical health, and enhance academic performance. This happened in line with Bandura theory that emphasized on social interaction that enhance self-control focusing on client responsibility and the therapeutic relationship, and intervention approaches used in behavioral therapy, coping and social skills training, contingency management, modelling, anxiety reduction and relaxation methods, self-management methods and behavioral rehearsal [39].

### **Contribution to the New Knowledge**

The traditional recreational activities were routine activities for cognitive development, and addressing psychosocial problems such as PTSD, depression, and anxiety disorder, but little was known about how the learning disabilities cause psychosocial problem in South Sudan. Moreover, the fact that the study on learning disabilities was the first of its kind in South Sudan made the study indispensably instrumental and impactful in bringing insight of the learning disabilities and psychosocial problems.

### **Conflict of Interest in the Research**

Concerning the conflict of interest and disclosure, the researcher acknowledged the resources used in the study with references and maintained the integrity of the study in all aspects, and therefore declared no conflict of interest.

### **Conclusion**

In conclusion, the learning disability is conditions learning deficit in processing a language, and manifested in difficulty to comprehend, speak, read, write, spell, or do basic mathematical calculations, including perceptual disabilities, and disorders that affects

people's ability to either interpret what they see and hear and how to link the information from different parts of the brain. The psychosocial problems stemming out of the learning disabilities consists of depression, anxiety, stigma, stereotype, discrimination, internalized oppression, feeling shame, negative attitude toward education, avoidance, aggression, post-traumatic stress disorder and mental retardation [39]. The anthropological observational checklist confirmed the hypothesized notion that learning disabilities cause the associated psychosocial problems. Behavior games and extracurricular activities play at schools, and child friendly spaces with main objective to improve learners' psychosocial wellbeing, but it equally enhances participation, boost physical and cognitive development. Recreational activities likewise enhance memory, talents, social interaction, discipline, boost reading and arithmetic calculation. Although the approach was limited due to lack of technical skill and guidance from the teachers to diversify the approach effectively; the approach succeeded in the enhancement of the self-esteem, confidence, social interaction, lessened anxiety, and depressive symptoms, improved physical and psychosocial wellbeing, increase happiness, joy, resilience, and relaxation.

## Recommendations

In line with the study findings on the learning disabilities and associated psychosocial:

1. The Ministry of General Education and Instruction should develop the curriculum for examining learners with learning disabilities on writing, reading, arithmetic,

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and interpersonal behavior in the early development studies.

2. The Ministry of General Education should have a mandatory and subsidiary exam for learning disabilities and closely monitored by the specialists.
3. It is important for government and educational actors to administer mandatory multisensory teaching training to the teachers to improve the teaching approach to enhance academic performance among the learners with learning disabilities.
4. Teachers needs training on how to tailor teaching and learning activities with co-curricular activities to improve learning and psychosocial wellbeing of learners with learning disabilities.

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