



Education for Mentally Retarded Children

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Abstract

The intellectual gap between the normal and mentally retarded children, which exists at birth or soon thereafter tends to increase with age and is permanent and largely irremediable. This must be realized and accepted by parents and teachers alike possible attitudes to the problem are to be developed.

keywords: Trainable , Natal Causes , Post –Natal Causes, Graded Curriculum , Sensory Training

Introduction

Mentally retardation is perceived differently by different people, ranging from 'burden to the family' to 'productive member of the society'. Though mental retardation is a condition such as visual, hearing or orthopedics disabilities, it is less 'understood or misunderstood 'because of its, inconspicuous nature. While the other disabilities are obvious when we look at the person affect, a mentally retarded person most often looks normal without physical deformities and therefore people have difficulty in understanding why he acts differently from others.

A mentally retarded person is slow, or lacking in the development of mental functioning when compared to those of his age level. Therefore, for instance a 10 year old mentally retarded child may exhibit behavior like that of a 3 or 4 year old child depending on his level of retardation. This apparently is not except of his age and so he is perceived as different from others.

Definition of Mental Retardation

The most commonly used by the educators is the one by American Association of Mental Deficiency (AAMD) which is now known as American Association of Mental Retardation (AAMR). This definition underwent a few revisions and the one currently in use is as follows:

“Mental retardation refers to significantly sub average general intellectual functioning resulting in or associated with concurrent impairment in adaptive behavior, manifested during the developmental period’.

As it is seen, the definition includes essentially three components to call a person as mentally retarded

1. Significantly sub average general intellectual functioning
2. Deficits/ impairment in adaptive behavior
3. Manifested during developmental period.

Classification on the basis of Learning and Educability

Slow learner: They are considered partially mentally retarded because their intellectual ability and efficiency remain below that of normal children. Their I.Q remains between 50 and 75.

Educable mentally retarded: The children of 50 to 75 range of I.Q form this group. Their physique develops like other normal children but they can be recognized on the basis of disorders in their motor skills and psychological disorders in early childhood. Their retardation becomes visible during their schooling. Though they are not able to avail of a proper education, they are trained in writing, reading and the main mathematical principles. They can become independent if they get proper training.

Trainable: The children of 25 to 50 I.Q range come under this category. They motor development occurs very late in their infancy and childhood and can be recognized on the basis of their physical structure. They have the ability to do some work like handicrafts, physical work by training etc. They are also called semi – dependent.

Totally uneducable and un-trainable: Idiot children come under this category. Their I.Q range is less than 25 and the amount of retardation is very high. They are different in physique, body and motion from their childhood. They cannot learn through education and cannot even be made self-dependent.

Characteristics of Persons with Mental Retardation

Physical Characteristics

The one with microcephaly has a very small head with receding chin and forehead, while the one with hydrocephalus has a very large head. A child with Down syndrome has very distinct features such as slanting eyes, flat nose bridge, flabby skin, little finger turned inwards, wide gap between big toe and the next toe and fissured tongue. Those with mental retardation with cerebral palsy will have spasticity or stiffness of the limb or limbs and many have drooling of saliva.

Social Characteristics

Some of them exhibit problematic behaviors which are either self- injurious or harmful to others. Self- injurious behaviors include hand biting, pulling own hair, nail biting eye poking, beating on the face, banging head on wall or floor and so on. Those that harm others or destructive are the ones who

beat and pinch others, throwing things, tearing cloths, and breaking articles. Other problematic behaviors include running away from home, stealing and so on. Most of such behavior can be controlled by systematic intervention.

Causes for Mental Retardation

Preconceptional Factors

This includes factors before a woman conceives: some of the preconceptional factors are history of mental retardation in the family of either the husband or the wife, mental age at conception and history of infertility or repeated abortions in the mother.

Prenatal factors

Factors affecting during pregnancy are called prenatal factors. This includes

- Infection in the mother such as jaundice, chickenpox, and measles especially in the first three months of pregnancy.
- Injury to the abdomen of the mother due to accidents.
- X-ray exposure of the abdomen especially in the early months.
- Drug intake without medical advice.
- Attempted abortion
- Mother getting fits during pregnancy and Rh blood incompatibility and so on.
- Rh blood incompatibility is a result of maternal and fetal blood being different from each other.
- Consuming alcohol and tobacco is harmful to the growing child during pregnancy.
- Chromosomal aberrations also cause mental retardation, when at conception an extra chromosome may be formed resulting in Down's syndrome.
- Maternal malnutrition is reported to be one of the causes for the birth of a retarded child.

Natal Causes

Natal causes are those factors that affect the child during birth. This would include

- Premature delivery
- Prolonged labor when the oxygen supply to child's brain may be insufficient thus damaging the brain.
- Abnormal presentation of the baby at delivery, too small sized pelvis of the mother to allow easy birth of the baby.
- Inappropriate use of forceps or improperly attended delivery by untrained persons and
- Delayed birth cry of the baby.

Post –Natal Causes

The post-natal causes or the factors affecting after the birth of the child leading to mental retardation include

- Low birth weight
- Metabolic disorders
- Brain fever or meningitis
- Encephalitis, epileptic fits, measles, chickenpox

- Head injury
- Poor nutrition and jaundice infancy and childhood

AMMR has categorized the causes of MR into the following seven groups

- I) Infections and intoxications (e.g., rubella, syphilis, encephalitis, meningitis, exposure to drugs or poisons, blood group incompatibility)
- II) Trauma and physical agents (e.g., accidents before , during and after birth; anoxia)
- III) Metabolic and nutritional factors (e.g., Phenylketonuria(PKU))
- IV) Gross post-natal brain diseases(such as tumors)
- V) Other post-natal influences(e.g., hydrocephalus, microcephalus)
- VI) Chromosomal abnormalities (Down’s syndrome, Turner’s syndrome)
- VII) Gestational disorders (e.g., prematurity, low birth weight)

Prevention measures:

1. Early screening and detection.
2. Vaccination against rubella.
3. Surgical procedure to correct hydrocephaly.
4. Use of drugs to control the effect of childhood illness. Urine test for metabolic disorders: PKU, Galactosemia.
5. Aminocentesis to detect chromosomal aberrations in the foetus i.e; blood examination.
6. Blood transfusion of Rh-factor babies and vaccination of Rh-sensitised mothers.
7. Laws that prohibit the use of lead based paint on baby toys and furniture.
8. Dietary treatment of PKU and galactosemia.
9. Improved maternal nutrition and parental health care.
10. Enrichment of impoverished environments.

There are some retarded person who are different to their surroundings and not responding when communicated with through the may not have hearing problems.irrelavant talking or laughing is also found with some retarded persons.

Educational Provisions for Educable Mentally Handicapped and Trainable Mentally Handicapped

Educable Mentally Retarded

- The method of individualization is advised as it facilitates every individual child to work in terms of his interest and ability.
- The principle “learning by doing” should be emphasized, as their mental growth never permits them to learn relational and abstract materials.
- Academic work of the mentally handicapped should be started after knowing their level of maturation and learning readiness.
- Craft education like agriculture, gardening, leatherwork, and painting should be emphasized as they make the mentally handicapped economically independent.
- Concrete problems should be intelligently introduced in teaching – learning situation.
- Curriculum should be transacted through simple and interesting experiences.
- Graded Curriculum: Since these children learn more slowly, the subjects have to be carefully graded. This may give rise to many difficulties for the teachers. But this is not an impossible task.

- Reception: If the educable mentally retarded are nicely motivated and the material is made interesting with varied teaching aids and has meaningful associations, the memory span can be increased.

Trainable Mentally Retarded

- Self – care: There should be a programme of simple habit training, which will enable the children to develop the skill of self-help in respect of their daily practical needs.
- Social Training: Group activities such as games, simple dramatic work, storytelling, etc, may be arranged. Such activities will enable the child to work peacefully and cooperate with others.
- Sensory Training: There must be certain special instructions wherein the child will be able to make the fullest use of its senses.
- Language Development: The aid must be given to be child through the curriculum in such a way that the child will have better speech development and proper understanding of verbal concepts.
- Craftwork: In order to develop the feeling of self-confidence in these children, simple crafts such as weaving, rug making, basket making etc., may be taught. This will also aim at achieving some degree of economic self-sufficiency in the future.
- Music: A place for music of some kind must also be found as a means of releasing energy and to provide a form of expression, which the mentally handicapped enjoy.

Principles of Teaching the Mentally Retarded Children

The teaching must always proceed from

- Simple to complex
- Known to unknown
- Concrete to abstract
- Whole to part

The above four basic principles must be remembered while teaching any task to the child.

While deciding on the teaching procedure, one must stop to think, if the above four principles are followed. If not, necessary alterations need to be made in the teaching steps, for the programme to be effective.

Methods of teaching

- Prompting
- Modeling
- Shaping
- Chaining

Though the terms seem technical they are used by all of us in the day – to –day living while teaching.

Grouping and Programming for Education

It is difficult to achieve total homogeneity in the grouping of mentally retarded children. However, groups can be formed based on the skill and ability of the child and their mental age. **There can be four groups namely**

Pre-Primary- (0- 5)

Primary- (5-7)

Secondary and- (7-9)

Pre-vocational levels with two groups in preprimary level- (9 and above)

Conclusion

Some suggestions to Parents

- Parents must be made to realize the fact that the mentally retarded child may not reach the standard of a normal child, although she may learn to do things, according to his/her capacities. What the neighbors say should not worry them, because the sense of shame helps neither the parents nor the child.
- It is a fact that the mentally retarded child needs love and affection; but this should not amount to overprotection. Parents have to be consistent in their disciplinary demands rather than being just sympathetic.
- Parents should encourage their mentally retarded children in doing many types of household work such as cleaning the utensils, washing clothes, sweeping the floor, etc. Such work does give him/her a sense of achievement.

Tips for Teachers of students with Mental Retardation

- Provide alternative instructional presentations using varied examples and focus on functional skills.
- Provide opportunities for students to demonstrate understanding actively before moving to independent practice
- Provide more opportunities for practice than appropriate if necessary for classmates.
- Use concrete examples when teaching new skills.
- Provide supportive and corrective feedback more often than necessary for classmates.

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