

LEVEL OF INDEPENDENT LIVING SKILLS OF DAY SCHOLAR MODERATE MENTALLY RETARDED CHILDREN

Aruna Anchal¹, Ph. D. & Poonam Rani²

¹Dean & Head, Dept. Of Education, Baba Mastnath University, Asthal Bohar, Rohtak

²Research Scholar (PhD), Dept. of Education, BMU, Asthal Bohar, Rohtak,

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Abstract

Introduction Mental-retardation run with life, it is untreatable. But it can person having such situation can be trained by various methods. Mental-retardation cannot be said as mental disease. Mental-retardation is a situation where mental age is not matching with chronological age. The children having moderate mental retardation and their independent living skills can be assessed by scientific method.

The aim of our study To find out the levels of achievement in independent living skills of day scholar moderate mentally retarded children

Methods and materials The present study is a descriptive research to find out the achievement of independent living skills in day scholars with moderate mental retardation 3-18 years of age in State Institute of Rehabilitation Training and Research (SIRTAR), Gandhi Nagar, Rohtak. The sample consists 20 children from day care with moderate mental retardation. Behavioural Assessment Scale for Indian Children – Mental-retardation-BASIC-MR (having two parts -Part A & B) find out the levels of achievement in independent living skills. All seven domains BASIC-MR were assessed in day scholar moderate mentally retarded children.

Results: Mean score is 375.35 and SD is 54.86. The mean values of language and reading writing domains are higher. The mean values of M, ADL, N.T., D.S. and P.M. domains are lower.

Conclusion: Day scholar children remain lack behind in achieving ILS. Therefore this was not an effective service.

Keywords: moderate mental retardation, independent living skill, day scholar.



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Background

Mental-retardation run with life, it is untreatable. But person having such situation, can be trained by various methods. Mental-retardation cannot said as mental disease. Mental-retardation is a situation where mental age is not matching with chronological age.

Definitions of mental retardation have been changing over the years. It is used to depend on intelligent test sole criterion for diagnosis of mental retardation 1962. In 1988, Ruth Luckassion developed a new definition which is more functional and the need for support.

MENTAL-RETARDATION:

An Act of England has taken “Mental defectiveness as a condition of arrested or incomplete development of mind existing before the age of 18 years, whether arising from inherent caused or induced or injury”.

One of the earliest definitions was given by Doll (1941) according to him mentally retarded children show different characteristics.

These are:

- Social incompetence.
- Mental sub-normality.
- The deficiencies related to developmentally.
- Retardation comes on getting mature.
- Retardation have root in constitution of body
- It can not be cured.

Encyclopedea Britannica about it as “a state of subnormal evaluation of the human organism in consequence of which the individual affected is incapable of assuming the responsibilities expected of a socially adequate person, such as self-direction, self-support and social participation”. Saraeson and Dorries give definition as, “Mental retardation refers to individuals who for temporary or long standing reasons function intellectual below the average of their peer groups, but social adequacy is not in question or it is in question, there is little likelihood that the individual can learn to function independently and adequately in the community”.

DEFINITION OF MENTAL RETARDATION:

According to American Association on Mental Retardation (AAMR) the definitions of mental retardation is “significantly sub-average general intellectual functioning”

“Adaptive behavior” is called required for self-independency and society related responsibility such as wearing dress, going for toil, taking food, behavior controlling and non-dependence in society”.

“Developmental period” said as times period after conception in uterus and before 18 yrs of age. All of following 3 conditions must present to indemnify any as mentally-retarded.

- I.Q. less than seventy
- Deterioration of adaptive behavior
- Appearance prior to 18 yrs of age

World-Health Organization

World-Health Organization published international classification of diseases in 1992. “Mental-retardation is characterized by impairment of skill which occur during the development phase and affect overall level of intelligency, including cognition, languages, motors and social activity.

P.W.D. Act 1995:

According to the “Persons with disability (Equal Opportunities, Protection of Rights and Full Participation) Act 1995”, Mental retardation means a ‘condition or arrested or incomplete development of mind a person which is specially characterized by sub-normality of intelligence.

Table 1. Classification of Mental Retardation

Type of Mental Retardation	Level of I.Q.
Mild Mental Retardation	50-55 to approximately 70
Moderate Retardation	35-40 to 50-55
Severe Mental Retardation	20-25 to 35-40
Profound Mental Retardation	below 20 or 25

Moderate Mental retardation:

In this study mentally retarded children are those children whose IQ level is between 35-49 and are in the level of moderate MR and are trainable.

OBJECTIVE

To find out the levels of achievement in independent living skills of day scholar moderate mentally retarded children.

VARIABLES UNDER STUDY

The variables for the present study were:-

- **Independent variable:** Independent variables are those variables which manipulated by investigator directly by the selection. In this research independent variables is independent living skills.
- **Dependent variables:** The dependent variables are measured in an experiment. Dependent variable of the study consisted level of achievement.

REVIEW OF LITERATURE

The topic selected for the presents study is “A study of Achievements of independent living skills in group home resident and day scholar moderate mentally retarded children”. The review of related literature has been conducted to establish the need for the present study in the light of the studies conducted in this area.

The results reported by a large number of studies were against institutionalization of the mentally retarded children. Few studies showed positive results of foster homes: better social adjustment and those who are from adverse socio-economic background improved the performance. The family and the community is the only place of comprehensive care and habitation where existence of members is complimentary itself.

Venkatesan et al (1994) conducted a study on exposure of mentally handicapped children in school setting. The study attempts to discover the nature type and duration of exposure to various types of school settings in individual with mental handicap. Further, the study also attempts to explore the presence specific variables like age, sex, type or duration of schooling and severity their handicap. The data is derived from the compilation of 1458 cases with mental retardation. The results showed discernible trends in the reported nature of duration of school experience of these children in relation to specific variables.

Rehabilitation of persons with Handicaps in “Disabilities and Impairments” highlights the importance of community participation in the rehabilitation of people with disabilities. The family and the community is the only place of comprehensive care the need for effective community – based rehabilitation programme can never be undermined.

Kohli (1993) conducted a study on home and center based training program to reduce developmental deficits of disadvantaged young children. In the initial study, out of 3000 children belonging to urban slums and 200 ICDS centers of Chandigarh, with a range of 0 to 6 years. 120 children were given portage either home or center based training. In the present study follow-up was done of these children who had already been trained approximately 18 months back. It primarily followed descriptive survey methods to know the resent positions of already trained children in two different areas of development.

Narayan and Ajit (1991) studied development of skills in a mentally retarded child; the effect of home training. The study explored the feasibility of systematic training of parents in enhancing skills development in a mentally retarded child. Home – based training was conducted on a moderately retarded female child of 5 years of age. Training for the father of the child lasted about 45 minutes in each session. This training proved very effective

in this given cases as the child has acquired and maintained the skills and the skills have been generalized wherever possible. The study proved that the training of the parents to train their retarded children was promising.

Gopinath (1987) studied duration of stay and work performance of mentally handicapped in a day care center. Duration of stay of 79 mentally handicapped persons attending a day care center was evaluated and correlated with demographic and clinical variables. Work performance was below average in 30% and average in 30%. No definite relationship was established between duration, of stay or work performance with any of the demographic or clinical variables.

Sitholey et al (1986) conducted a study of Government residential school for the retarded children in UP. It is a status report on the existing facilities and proposal to make changes in the management and maintenance of the residential school for the mentally retarded. Study revealed there are no rules and procedures for admission or discharge of the retarded in the school. Inmates are screened fit the severity of the physical and psychiatric disorders and intellectual levels. Members of the staff were not trained to control/support the retarded children. It looked like a custodial approach with low quality hygiene. Functioning of the school changed with the presence of the Directorate. Hygiene was taken care, medicines were made available, and Education and handwork had been started. Curriculum was revised and individual programs were started.

MATERIAL AND METHOD

Methodology is the systematic and theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. Typically, it encompasses concepts such as paradigm, theoretical model, phases and quantitative or qualitative techniques.

Research Design:

The present study is a descriptive research to find out the achievement of independent living skills in day scholars with moderate mental retardation 3-18 years of age.

Sample:

The sample consists of children with moderate mental retardation day scholars. They are attending day care services for children's with mental retardation in State Institute of Rehabilitation Training and Research (SIRTAR), Gandhi Nagar, Rohtak. The institute was identified for the selection of the sample as it works for the self reliance for the persons with mental retardation.

Criteria for selection of sample:

- Children with moderate mental retardation level.
- Children with mental retardation from both sexes-male and female

The investigator prepared the list of the above population attending State Institute for Rehabilitation, Training and Research (SIRTAR) Rohtak and a matched sample was selected from day scholars with moderate mental retardation using the purposive sampling technique.

Sampling design:

The sample consists 20 children from day care with moderate mental retardation.

TOOLS USED FOR THE STUDY

In every research work, it is essential to collect factual material or data unknown or untapped so far. They can be obtained from many sources, direct or indirect. It is necessary to adopt a systematic procedure to collect essential data. Relevant data, adequate in quantity and quality should be collected. They should be sufficient, reliable and valid. The instruments thus employed as means for collecting data are called tools.

1. Proforma to collect the demographic data.

A proforma has been prepared which include items such as age, gender, IQ and other required family details.

2. Behavioural assessment Scale for Indian Children (BASIC –MR)

Behavioural Assessment Scale for Indian Children – Mental-retardation-BASIC-MR (having two parts -Part A & B) which designed for eliciting systematic information on present level of competency/behaviors in children of mental-retardation. These scales are used for mentally-retarded children which are 3-16 age group. Part-A of BASIC-M R can be utilized as curriculum for designing training programmes based on children requirement and present level of mentally-retarded children BASIC-MR (Part-B) helping in identify and assessing maladaptive problems behaviours mentally-retarded children's.

Behavioural Assessment Scale for Indian children with Mental retardation (BASIC-MR) is scale developed by Reeta Peshawaria, Rajashekar and others and published by National Institute for the Mentally Handicapped. It is a tool in assessment of children focusing on both professional and mother-father's perceptions of children's competency needed for children livings.

This scale has seven domains and each domain has fifteen items as.

- Motors
- Activity of daily livings
- Languages
- Reading-Writings
- Number-Times
- Domestic-Socials
- Prevocationals-Money

Scoring: children performance

Numerical systems designed to give number scores for every children client's activity on each item's scale level are given below:-

I Independent (score-five)

Any children perform this behavior without assistance, given a score of five.

II: modeling (score-four)

Any children perform this behavior with hints or gestural clues. Taken as "clueing / modeling", given a score-four.

III: Verbal-promptings (Score three)

Any children perform said behaviors only with verbal statements, Taken as verbal-prompting and assigned score 3.

IV: Physical-Promptings (scored two)

Any children perform said behaviors with some accompanying physical statements, it is called physical-prompting and given a score of two.

V: total-dependent (score one)

Any children unable to do listed behaviors currently but he is trainable, Taken as total-dependent and awarded score one.

VI: Not-applicable (score Zero)

If the child unable to do said activities, scores of 0 is given.

3.4 DATA COLLECTION: -

The investigator prepared the permission letter mentioning the purpose of this study, approached State Institute for Rehabilitation, Training and Research (SIRTAR) Gandhi Nagar Rohtak and got the consent of the management and children's parents of the sample to conduct the survey.

The investigator prepared an assessment kit based on the items in the scale. With the help of the assessment kit the investigator assessed all 20 subjects in detail and entered the score on the master sheet which was prepared in advance.

DATA ANALYSIS

To find out the levels of achievement in independent living skills of day scholar moderate mentally retarded children

Table-2. Level of independent living skills of day scholars participants

Name of Domain	Mean	Total Score	Std. Deviation
M	53.35	200	6.61
ADL	52.70	200	9.13
Lan.	57.80	200	8.35
R.W.	54.70	200	8.24
N.T.	50.15	200	6.98
D.S.	53.20	200	7.43
P.M.	53.45	200	8.09
Grand total	375.35	1400	54.86

Table-2 shows the mean score of day scholar moderate mentally retarded children. Mean score is 375.35 and SD is 54.86. The mean values of language and reading writing domains are higher. The mean values of M, ADL, N.T., D.S. and P.M. domains are lower.

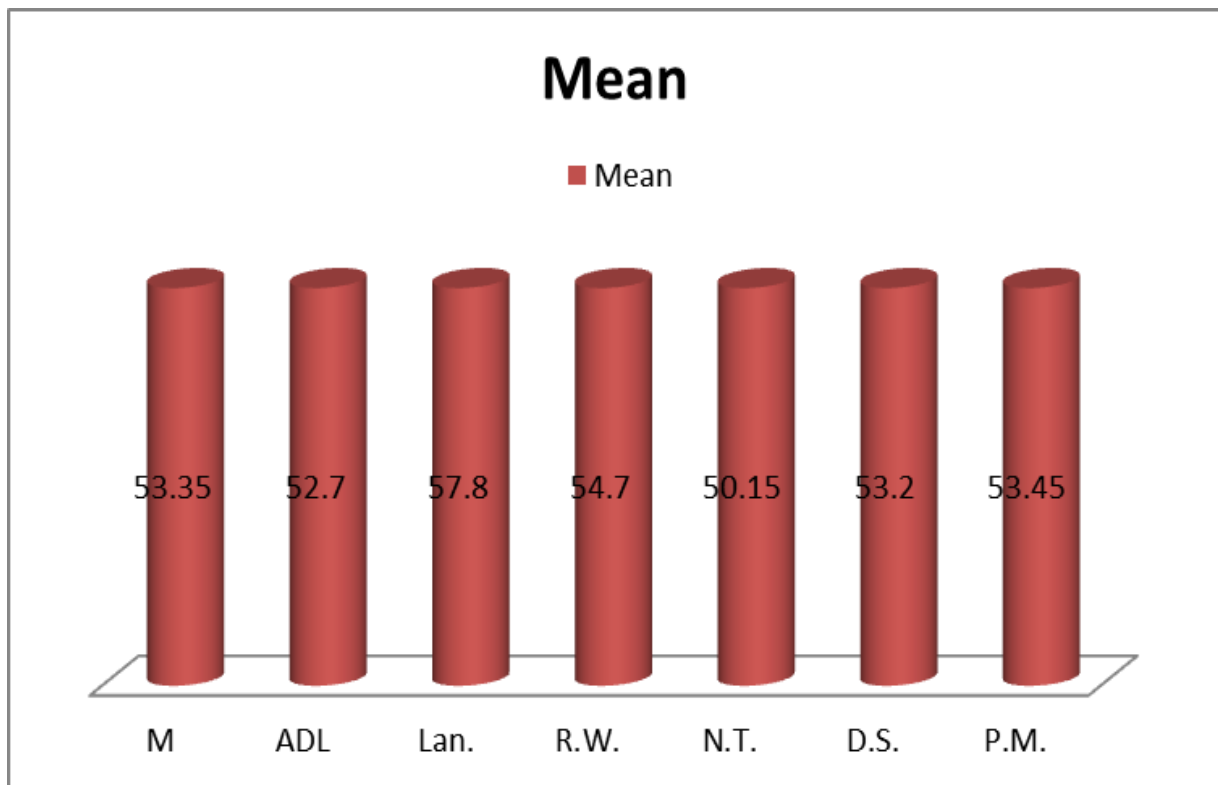


Figure No.1 Showing mean of all domains.

DISCUSSION

All seven domains BASIC-MR were assessed in day scholar moderate mentally retarded children. The assessment score was entered on the master sheet. The data was analyzed by SSPS.

BASIC-MR scale was used to assess the achievement in independent living skills of day scholar moderate mentally retarded children. These children scored less mean value and they remained lack behind in achieving ILS. Therefore the day scholar is not an effective way for the moderate mentally retarded children.

SUMMARY AND CONCLUSION

Only two domains are performing independently more as compared to others domains. These children remain lack behind in achieving ILS. Therefore this was not an effective service.

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- Hayden m.f.; lakink.c. ; hill b.k. ; bruininks r. h. ; tsyethwachen ; Affiliations(s) du ou des auteurs / Author(s) Affiliation(s) Univ. Minnesota, Minneapolis MN 55455, Etats-Unis
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