

Life Skills Deficits in Intellectual Disabled Children in Slum Areas of Nagpur

Dr. Madhavi Sharma & Mr. Abhra Mukhopadhyay

¹ Principal –Department of Special Education, the ICFAI University Tripura, Agartala, India.

² Asst. Professor –Department of Special Education, The ICFAI University Tripura, Agartala, India.

Abstract: *The measurability of the extent at which a child with Intellectual Disabled is affected remains one of such a Public Health issue of concern. Intellectual Disabled is a disability characterized by significant limitations both in intellectual functioning and adaptive behaviour as expressed in conceptual, social and practical adaptive skills. The study area was Nagpur slum with an area of 231,551 square Kilometres whose estimated population is 133,165; 40,065 males and 35,098 females. With the view that living an independent life constitutes a great problem to Intellectual Disabled individuals, investigating the impact of perceived deficits in daily living skills on the severity of Intellectual Disabled children was set as a goal. Using a structured questionnaire of 25 items was developed and used for data collection among 100 Intellectual Disabled children who were purposively sampled. Data obtained was analyzed and descriptively presented for clarity purpose. Result reveals that there is a significant relationship between Intellectual Disabled and deficit in daily living skills like; toileting, dressing, feeding, personal hygiene, et al., but as recommended, they can live a normal life just like other children through effective training, counselling, motivation and close supervision.*

Keywords: Intellectual Disabled, Daily Deficits, Disability, Adaptive Behaviour, Skills, Public Health.

Introduction

Intellectual Disabled is a powerful term and an emotional laden label, one that conjures various postures of the people with Intellectual Disabled. The measurability of the extent at which a child with Intellectual Disabled is affected remains one of the most challenging problems in the field of special education,

psychology, sociology, and medicine and of such a Public Health issue of concern. This multidisciplinary interest is significantly plagued with the problems of conceptual and definitional clarity. In an attempt to create a contemporary system of diagnosis, clarification and system of support for Intellectual Disabled, the American Association on Intellectual and Developmental Disabilities (AAIDD) belatedly arrived at a more valid, accurate and all – encompassing definition of Intellectual Disabled .

Intellectual Disabled is a disability characterized by significant limitations both in intellectual functioning and adaptive behaviour as expressed in conceptual, social and practical adaptive skills. So many factors are responsible for this. More than 250 causes of this have been identified which may originate from prenatal, perinatal or postnatal factors but research by Shannon has it that 13 epidemiological studies concluded that for approximately 50% of the cases of mild Intellectual Disabled, and 30% of the cases of severe Intellectual Disabled, the cause is unknown (Edwin & Davison, 2009).

Study Area

The study area was Nagpur Municipality, the metropolis and the capital of Cross River State. Their common occupation is daily wages (Rickshaw puller, Ayaas, Labour). It has an estimated population of 137,165 people, 70,065 males and 65,098 females. The slum area has fourteen (14) Zilla Parishad Secondary Schools and Sixteen (16) Private Secondary Schools

Problem Statement

Intellectual Disabled children are yet to be integrated into the socio – cultural and educational activities of the immediate society basically because they have significant deficit

in daily living skills. There is also a problem of misconception/judgment, wrong educational placement, insufficient therapeutic services, and rehabilitative care training solely because of inadequate knowledge concerning this population. Hence, living an independent life constitutes a great problem to retarded individuals. Intellectual Disabled is although a condition not a disease but can be improved upon by regular administration of correctional services through the establishment of identification centres at a pre natal and post natal stages for early detection. This also means that persons with Intellectual Disabled is not drilled on daily living skills by parents and care givers, specialists, educators, etc. in Nagpur Municipality in order to help live independently (Akpa, 2011). This study is therefore set out to investigate how deficits in daily living skills pose a challenge to the severity of Intellectual Disabled in Nagpur Municipality.

Goal and Objectives of the Study

Investigating the impact of significant perceived deficits in daily living skills on the severity of Intellectual Disabled children in Nagpur Slum areas, Nagpur was the primary goal of the study while the following objectives were set in order to achieve the earlier set goal:

1. To investigate the relationship between deficits in toileting skills and the severity of Intellectual Disabled children.
2. To determine the relationship between deficits in self – dressing skills and the severity of Intellectual Disabled children.
3. To determine the relationship between deficits in eating skills and the severity of Intellectual Disabled children.
4. To investigate the relationship between deficits in personal hygiene influence and the severity of Intellectual Disabled children.

Literature

The common characteristics of Intellectual Disabled children are that they exhibit almost no adaptive behaviours .In an assessment carried out by Harrison, Hanson, and Johnson

(2006) in Bloomfield Town among school children with difficulties in bowel elimination, 69% of the population were discovered to be mentally retarded, 15% constituted autistic children, cerebral palsy 13%, etc.

Drew & Hardman (2007) suggested that, with consistent toilet training practices by an expert on rehabilitative care, these children could avoid most unhealthy practices and generally improve their independence. Decorum demands that toileting must be done with carefulness. Children and adults must ensure proper toilet etiquette maintenance (Bogg & Wallace, 2009). Generally, Intellectual Disabled persons deviate from their chronological age peers when it comes to toileting (Anderson, 2012).

Man's quest to satisfy aesthetic drive does not only make him wholesome but also portrays him before the people and this is evident in dressing style and the choice of dress. Dressing is one of the complex skills which requires many sequential movements and involves gross and fine co – ordination, eye – hand co – ordination, and balance. The continuum of skills related to dressing in the Intellectual Disabled population includes being passively dressed, accommodating the body to dressing, assisting in dressing and undressing. Dressing is one of the important skills of daily living that needs to be developed to become an acceptable member of the society (Bode & Logsdon, 2002). Some persons do not know how to dress themselves except with assistance or under supervision. Among this category are the Intellectual Disabled children.

Self dressing is complex and problematic to Intellectual Disabled children, especially in activities of dressing such as buttoning, zipping, buckling, fastening, appropriate selection of clothes, purchasing, and maintenance. 30% of Intellectual Disabled children cannot button, 35% cannot dress themselves, and 5% are children with colour fixation problem (Judge, Ukam & Grace, 2006).

A research conducted by the Institute of Medical Science in 2010 in New Delhi reveals that dressing was the self – help skills with the

highest frequency of deficits (45.5%), whereas toilet deficits was the least (13.6%) among the Intellectual Disabled persons. 90% of Intellectual Disabled persons loss employment due to deficits in dressing (Okoi & Udensi, 2008). The relationship of nutrition and mental disorders has always been a matter of debate and therefore a therapeutic role for specific dietary factors has not been clearly established (Iyam et al., 2013; Ekpo & Ngozi, 2000). Statistics show that approximately 80% of the severe and profound Intellectual Disabled population has some feeding difficulties but among mildly retarded this is considerably low (Ekpo & Ngozi, 2000).

The impact of improved hygiene on health and comfort is hard to deny. Most victims of prevalent health conditions are people with low levels of hygiene and Intellectual Disabled people (Hopkins, 2011). The Centre for Diseases Control and Prevention (2008), USA noted that common washing of hands can stop the spread of germs/diseases and as such children and adults should be taught the rudiments of hygiene so as to prevent contamination (Esiet et al., 2007) which is lacking in Intellectual Disabled children/adults.

Methodology

Through research survey, a structured questionnaire of 25 items was developed and used for data collection among 100 Intellectual Disabled children who were purposively sampled in the study area. Data was also

obtained through researchers administered interviews designed. The questionnaire was scientifically administered to avoid infiltration by a third party. The data obtained was analyzed and descriptively presented for clarity purpose.

Results And Findings

The study investigated the impact of perceived deficits in daily living skills on the severity of Intellectual Disabled children. Results obtained were used to test the Null hypotheses:

1. **Deficits in toileting skills** have no significant relationship with the severity of Intellectual Disabled children. The independent variable was deficits in toileting skills while the dependent variable was severity of Intellectual Disabled children. Testing this, the test statistical technique adopted was Correlation Coefficient Analysis (CCA). Result of the test gave calculated r – value of 0.92 and this is greater than the critical r – value of 0.312 at 0.05 level of significance and 38 degree of freedom (df). This implies that, deficits in toileting skills have a significant relationship with severity of Intellectual Disabled children, which indicates that the poorer the depth in toileting skills the more severe the Intellectual Disabled condition. This shows that the null hypothesis was rejected in favour of the alternative hypothesis. This is summarized in table and Figure -1 below.

Table 1. The relationship between deficits in toileting skills and severity of mentally retarded children (N = 100).

Variable	X1 Y1	X2 Y2	XY	r-value
Life Skill Deficits in toileting skills (X)	99	195	102	0.92
Severity of Intellectual Disabled children (Y)	75	150		

Level of significance at 0.05; $df = 38$; Critical r – Value = 0.312

Data Source: Field Survey, 2016.

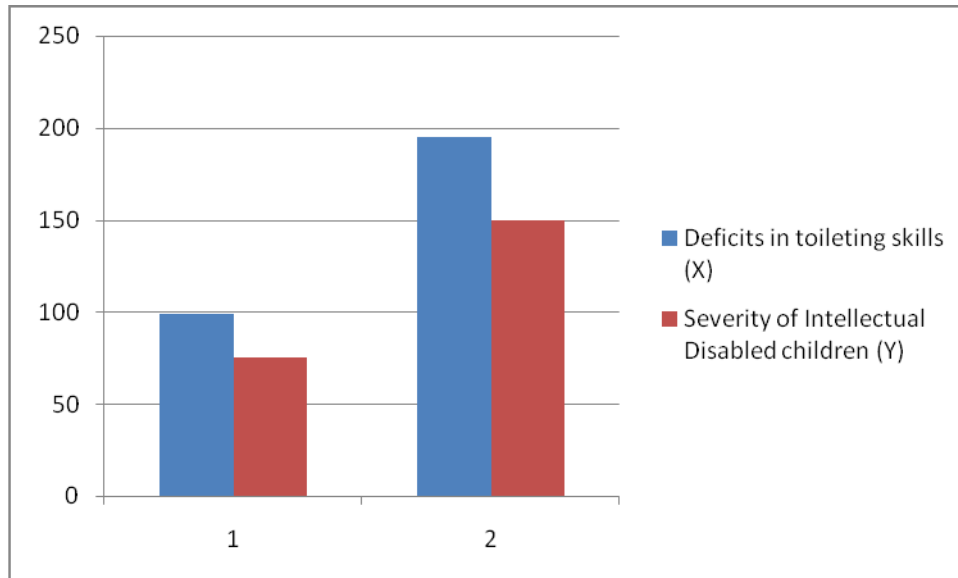


Figure 1. The relationship between deficits in toileting skills and severity of mentally retarded children

2. There is no significant relationship between deficits in **self – dressing skills** and severity of Intellectual Disabled children. The independent variable was deficits in self – dressing skills while the dependent variable was severity of Intellectual Disabled children. Testing this, the result in table-2 shows that the test gave

calculated r – value of 0.97 and critical r –value of 0.312 at 0.05 level of significance and 38 df. Hence the calculated r – value was greater than the critical r – value, the Ho is rejected in favour of the Ha. This implies that deficits in dressing skills have a significant relationship with severity of Intellectual Disabled children.

Table 2. The relationship between deficits in self - dressing skills and severity of Intellectual Disabled children (N = 100).

Variable	X1 Y1	X2 Y2	XY	r-value
Life Skill Deficits in Self Dressing skills (X)	105	210	100	0.97
Severity of Intellectual Disabled children (Y)	75	150		

Level of significance at 0.05; df = 38; Critical r – Value = 0.312

Data Source: Field Survey, 2009.

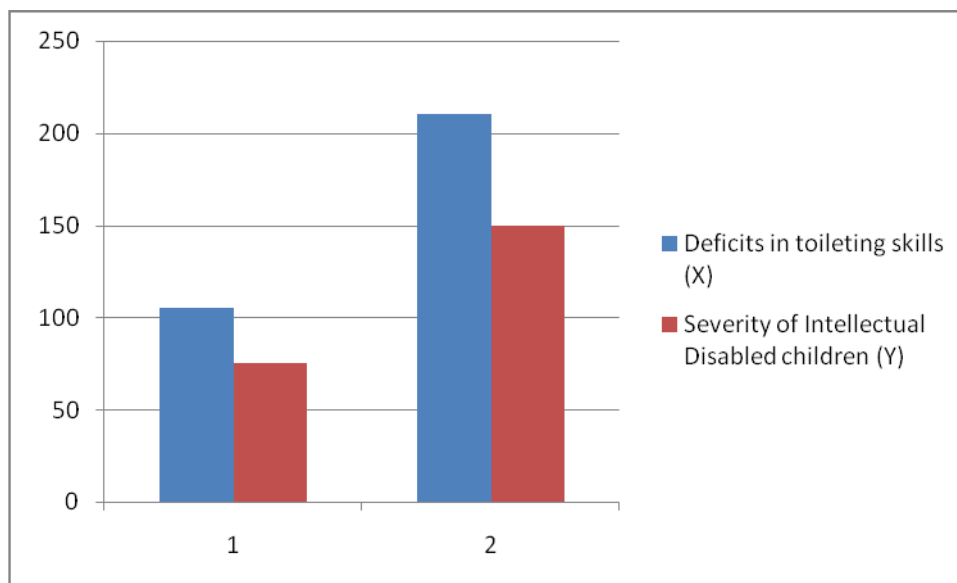


Figure 2. The relationship between deficits in self - dressing skills and severity of Intellectual Disabled children

3.A significant relationship does not exist between **deficits in eating skills** and severity of Intellectual Disabled children. The independent variable was deficits in eating skills while the dependent variable was severity of Intellectual Disabled children. Result as shown in table-3 indicates that the test

statistical r – value of 0.95 is greater than the critical value of 0.312 at 0.05 level of significance and 38 df and this was the basis of the rejection of the H_0 in favour of the H_a . This means that, deficits in eating skills have a significant relationship with severity of Intellectual Disabled children.

Table 3. The relationship between deficits in eating skills and severity of Intellectual Disabled children (N = 100).

Variable	X1 Y1	X2 Y1	XY	t-value
Life Skill Deficits in eating skills (X)	100	215	99	0.95
Severity of Intellectual Disabled children (Y)	75	150		

Level of significance at 0.05; $df = 38$; Critical r – Value = 0.312

Data Source: Field Survey, 2009.

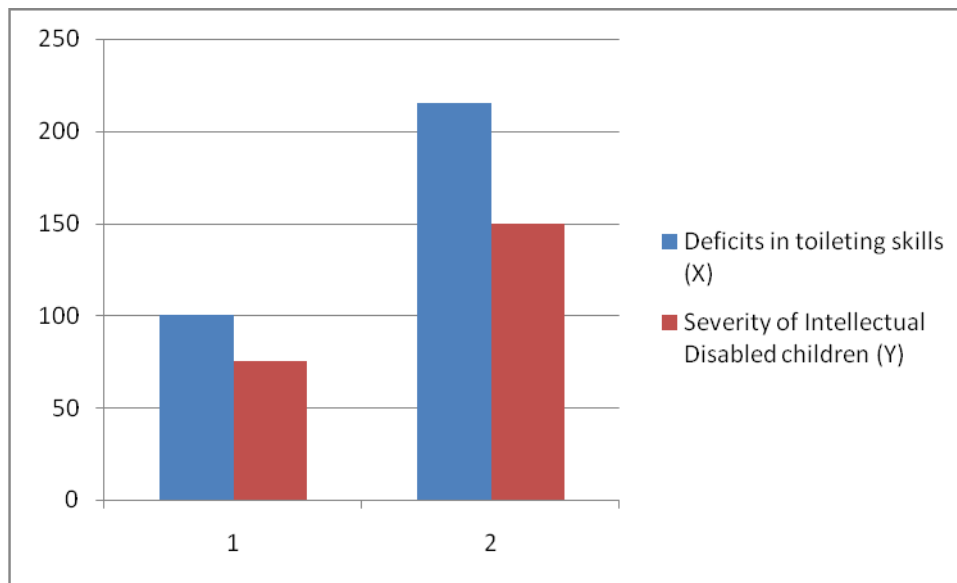


Figure 3. The relationship between deficits in eating skills and severity of Intellectual Disabled children

4. There is no significant relationship between deficits in personal hygiene and severity of Intellectual Disabled children. The independent variable was deficits in personal hygiene while the dependent variable was severity of Intellectual Disabled condition. Still using the CCA as the test statistical technique to test this, result as shown in table-4 indicates that the calculated r – value was 0.83 and the critical r – value was 0.312 at 0.05 level of significance

and 38 df. Since the calculated r – value is greater than the critical r – value; it is a strong evidence to reject the Null Hypothesis (H_0) in favour of the Alternative Hypothesis (H_a). This means that deficits in personal hygiene have a significant relationship with severity of Intellectual Disabled condition. This further implies that a profoundly Intellectual Disabled child may have the poorest personal hygienic skills

Table 4. The relationship between deficits in personal hygiene skills and severity of Intellectual Disabled children (N = 100).

Variable	X1 Y1	X2 Y1	XY	t-value
Life Skill Deficits in Personal Hygiene skills (X)	88	200	150	0.83
Severity of Intellectual Disabled children (Y)	75	150		

Level of significance at 0.05; df = 38; Critical r – Value = 0.312

Data Source: Field Survey, 2009.

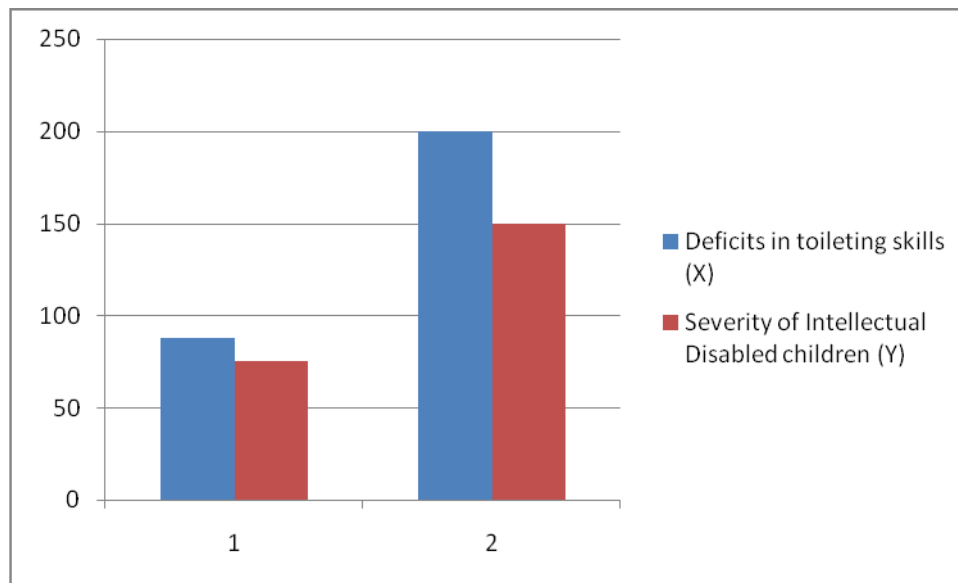


Figure 4. The relationship between deficits in personal hygiene skills and severity of Intellectual Disabled children

Discussion

Deficits in toileting skills have a relationship with severity of Intellectual Disabled. Anderson (2012) in his study avows that most intellectually disabled children are unnecessarily untidy when it comes to toileting habits. Result implies that intellectually disabled children are vulnerable to germs and bacterial infections as a result of poor toileting habit. Separate work also supported that Intellectual Disabled children are found to lag behind in toileting and other instrumental activities of daily living, which does not occur as a result of a disadvantage or unavailability of materials, resources or problem with arranging the environment.

There is a relationship between deficits in self – dressing and severity of Intellectual Disabled as revealed by the results which is in consonant with self dressing is complex and problematic to Intellectual Disabled children especially in activities of dressing such as buttoning, zipping, and selection of clothes, buckling and tying of lace. These make Intellectual Disabled persons to be easily noticed by people due to their difficulty in dressing.

By implication, there is a significant relationship between deficits in eating skills

and the severity of Intellectual Disabled in children. This is supported by Kernisan (2013) who reported that Intellectual Disabled children may eat very slow and often may be messy. Some Intellectual Disabled persons finds it difficult to strictly observe feeding etiquette as such carry food particles in most parts of their body and have difficulty holding and using utensils such as spoons, forks, and other flatware

However, there is also a significant relationship between deficits in personal hygiene and severity of Intellectual Disabled. Deficits in personal hygiene as established from the findings among intellectually disabled children, could lead to more debilitating health conditions as asserted.

Summary/Conclusion

In the course of studying the perceived impact of deficits in daily living skills of the severity of Intellectual Disabled children, it was discovered that Intellectual Disabled children can be deficit in daily living skills like; toileting, dressing, feeding, personal hygiene, et al., but they can live a normal life just like other children through effective

training, counselling, motivation and close supervision. The comparisons of the level of daily deficits are expressed below in figure-1 to

show to what extent each can be expressed in a Intellectual Disabled person.

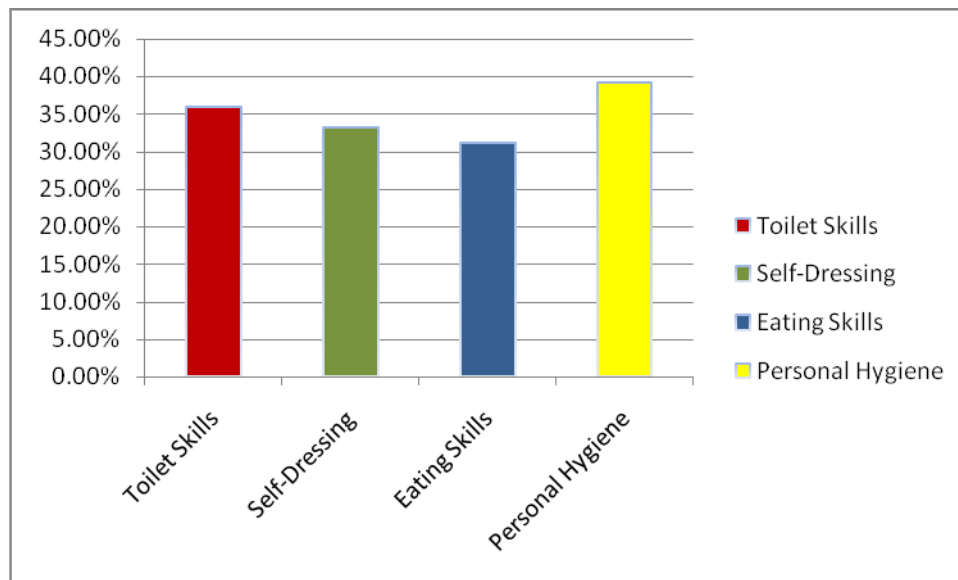


Figure 5. Level of daily deficits in Intellectual Disabled children

Recommendations

Based on the findings and the test of hypotheses of the study, the following are recommended;

1. Training of the Intellectual Disabled people on toileting skills. Children who are given consistent training on toileting show fascinating improvement in toileting, maintenance, compliance to rules and regulations of toileting than their counterparts who are not given this training.
2. Children with Intellectual Disabled should be equipped with self – help skills training to develop their effective and psychomotor domain as well as facilitating independence and self – reliance.
3. Parents of Intellectual Disabled children should collaborate to share information and possibly enhance the level of their knowledge and how to handle their wards.
4. Provision of rehabilitative services for the mentally disabled as viewed that deficits in toileting are reflective of the fact that this is a gross inadequacy of rehabilitative services and essential training services for Intellectual Disabled children.

5. There is need for consistency in early assessment and evaluation for these individuals to determine the level of their deficits in the self – help skills.

6. Special educators and stakeholders should collaborate to provide intervention services so as to reduce the severity of Intellectual Disabled.

7. Seminars/workshops should be regularly organized for parents and caregivers of Intellectual Disabled children in order to equip them with adequate knowledge on the problem in question.

It is as well recommended and suggested that further research can also be carried out by researchers on the same study in the same community or other areas or in a wider range – say a local government, senatorial district, state, country, continent or the world – in order to understand the severity of the problem and to as well authenticate this research work. With these, set goal and objectives of this study was 80% achieved.



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