

Common eating difficulties of mentally challenged children with their associated problem.

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■ Abstract:

Disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. Mental retardation is a condition characterized by subnormal intellectual ability and arrested or delayed development. Eating problem is a major factor for their behavioural adjustment, to find out the present study aimed at the common eating difficulties of mentally challenged children between the age of 9-14 years boys and girls, a study conducted among the 60 mentally challenged children in CHETNA Sansthan of Lucknow city. The study revealed that the common eating difficulties of mentally challenged children with their associated problem.

- Key words: - mental retardation, eating difficulties, table manner.

■ Introduction:

'Disability' is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment, mental illness, and various types of chronic disease. Mental retardation is a condition characterized by subnormal intellectual ability and arrested or delayed development. The terms 'mental retardation', 'mental deficiency', 'mental handicap' and 'mental sub-normality' **Abate S., D.amato A., Belpedio D. and Ventra D. et.al (2005)**, refer to the same condition. Person with less than average mental ability or intelligence are called 'mentally retarded'. Eating problem is a major factor for their behavioural adjustment oral motor skill such as sucking and chewing development rapidly during the 1st year allowing young children to number of food and texture, refinements in fine motor

skills also allow infant to develop more autonomy in regards to feeding and by the end of the second year,

most children have acquired good feeding skills, at this age, children become feeding skills, at the age external signals such as family friends and society to dictate their hunger, Approximately 25 percent of all children experience eating problem during the early years of life as high as 80 percent in children with developmental difficulty “selective” or “picky eating” define as eating limited variety of food and refusal to eat or taste new foods is frequent problem in children with mentally challenged disorder. these behaviours of selective or picky eating may vary greatly but are considered a problem when they interfere with the child’s daily routine or social integration. but this number may rise. A person’s food intake affects mood, behaviour, and brain function. A hungry person may feel irritable and restless, whereas a person who has just eaten a meal may feel calm and satisfied. A sleepy person may feel more productive after a cup of coffee and a light snack. A person who has consistently eaten less food or energy than needed over a long period of time may be apathetic and moody. The human brain has high energy and nutrient needs. Changes in energy or nutrient intake can alter both brain chemistry and the functioning of nerves in the brain. Intake of energy and several different nutrients affect levels of chemicals in the brain called neurotransmitters. Neurotransmitters transmit nerve impulses from one nerve cell to another, and they influence mood, sleep patterns, and thinking. Deficiencies or excesses of certain vitamins or minerals can damage nerves in the brain, causing changes in memory, limiting problem-solving ability, and impairing brain function. Several nutritional factors can influence mental health, including: overall energy intake, intake of the energy-containing nutrients (proteins, carbohydrates, and fats), alcohol intake, and intake of vitamins and minerals. Often deficiencies of multiple nutrients rather than a single nutrient are responsible for changes in brain functioning. In the United States and other developed countries, alcoholism is often responsible for nutritional deficiencies that affect mental functioning. Diseases can also cause nutritional deficiencies by affecting absorption of nutrients into the body or increasing nutritional requirements. Poverty, ignorance, and fat diets also contribute to nutritional deficiencies, Table manner included in eating difficulties,

- ❖ Eating with fork
- ❖ Passing food
- ❖ Chew with mouth closed
- ❖ Do not stuff your mouth lap after being seated
- ❖ Say thank you
- ❖ How eat cereal, rice, corn, oats, barley, breakfast cereal

▪ **OBJECTIVE:-**

- Common eating difficulties of mentally challenged children with their associated problem.
- Respondents According to Age and Gender.
- Respondents according to Degree of Retardation.
- Respondents according to present any Disability

▪ **METHODOLOGY:-**

Urban areas of Lucknow city was selected purposively randomly to conduct the study as it was convenient for the researcher to conduct the research, Mentally challenged children was selected for the present study. The study was categorized in to descriptive and diagnostic research design; the sample random sampling technique was used to select the sample from the selected Ngo in Lucknow city. Random sampling focuses on sampling techniques where the units that are investigated are based on the judgment of the researcher. The main goal of random sampling is to focus on particular characteristics of a population that are of interest, which was best enable to answer research question, The approach adopted for this study was purposively one, The present study was designed to understand the common eating difficulties of mentally challenged children with their associated problem the study was carried out amongst mentally challenged children (9-14) years in Chetnasansthan of

Lucknow city, The sample for the study was consisted of 60 respondents. Sixty respondents randomly selected for the present study.

OBSERVATION & RESULT:-

These information recorded were tabulated and presented in table no.1 table no. 4

Table no 1- Distribution of Respondents According to Age and Gender.

Age	Boy		Girl	
	f	%	f	%
9-11	6	10%	4	6.6%
12-14	34	56%	16	26.6%
Total	40	66.6%	20	33.3%

Depicts the age, gender, distribution of the subject studies, the subject were divided in to two groups (9-11) and (12-14) year boys and girls, the number of children 6 boys and 4 girls in the age group of (9-11) and 34 boys and 16 girls in the age group of (12-14) year

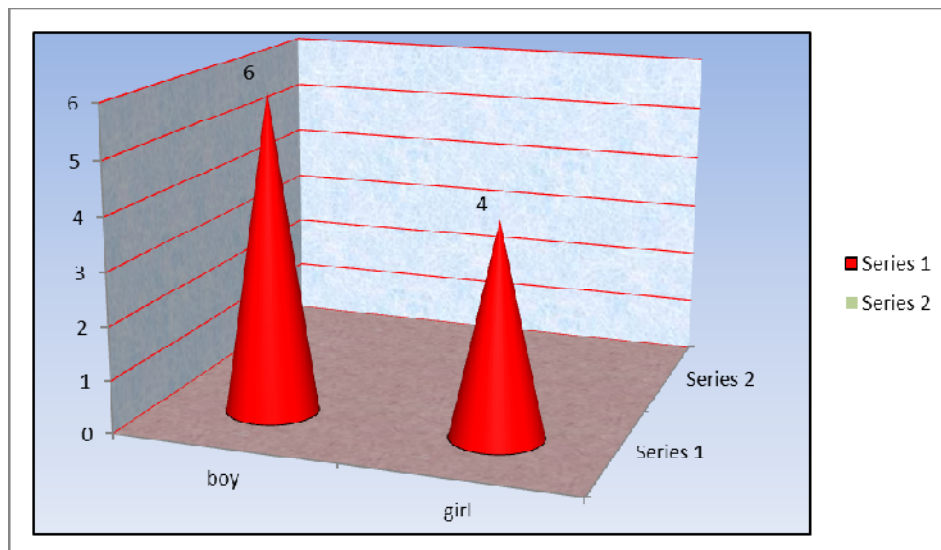


Figure No.1 Distribution of respondent according to Age and Gender

Table2- Distribution of the respondents according to Degree of Retardation.

S.No	Parameters	(9-14)	
		Boy	Girl
		N(%)	N(%)
1-	Mild	10(16.6%)	4(6.6%)
2-	Moderate	25(41.6%)	10(16.6%)
3-	Severe	5(8.3%)	6(10%)
	Total	40 (66.6%)	20(33.3)

The above table no- 2 shows that 10 boys and 4girls in the age group of 9-14 years were affected mild retardation, 25 boys and 10 girls in the age group of 9-14 years were affected with moderate retardation and 5 boys and 6 girls in the age group of 9-14 were affected with severe mental retardation.

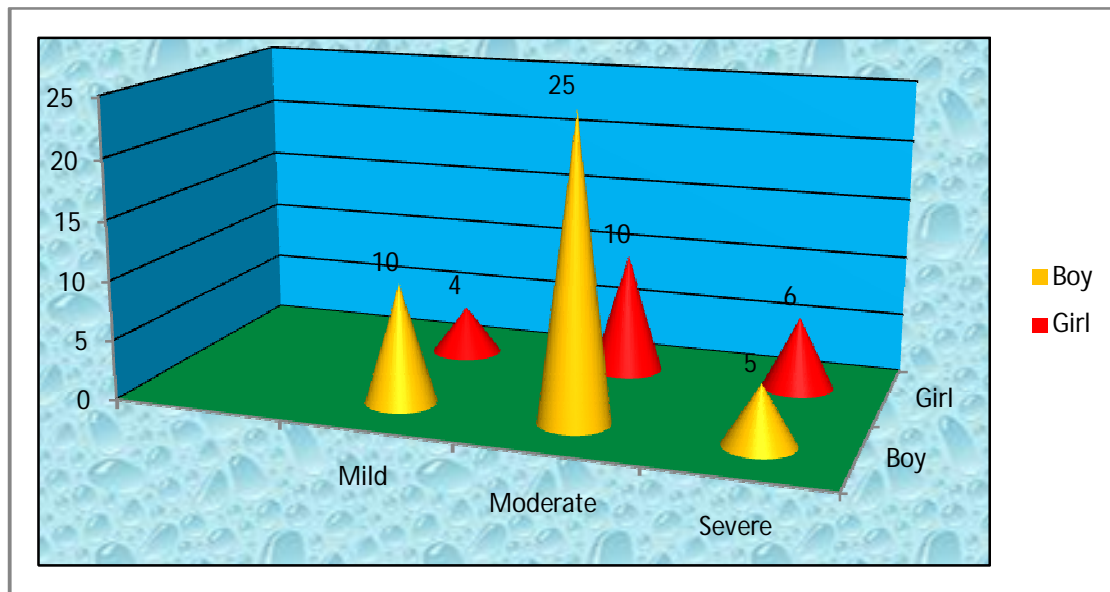


Figure No.2 Distribution of respondent according to Degree of Retardation.

Table 3- Distribution of Respondents according to present any Disability.

Present any Disability			
	9-14		Total
	Boy	Girl	
	f(%)	f (%)	
Yes	35(58.3%)	10(16.6%)	45(75%)
No	10(16.6%)	5(8.3%)	15(25%)

Table no-3 shows that 45 boys and girls in the age group of 9-14 years children present any disability and 15 boys and girls in the age group of 9-14 years children not found any disability.

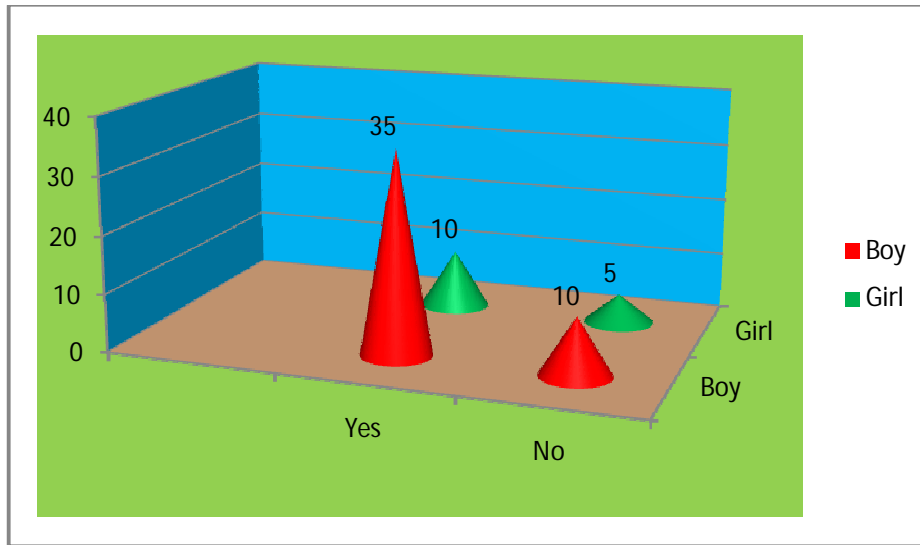


Table-4-Mean, SD and t- Value of the respondent of the eating difficulties and to compare Dietary Behaviour and nutrition factor of children with varying degree of Mental Retardation.

Eating Difficulties (N=60)							
S.NO	Parameters	9-11		12-14		t- value	P(sig.)
		Mean	SD	Mean	SD		
1-	Difficulty in Sucking	1.40	.516	1.56	.501	.290	.003
2-	Difficulty in Chewing	1.10	.316	1.30	.463	12.340	.001
3-	Difficulty in Swallowing	1.10	.316	1.20	.404	2.741	.103
4-	Difficulty in Drooling	1.20	.422	1.64	.598	6.278	.015
5-	Presence of Gastroesophageal Result	1.30	.483	1.48	.614	2.729	.000
6-	Presence of Pulmonary aspiration	1.40	.516	1.66	.593	.330	.005

Table 5-Mean, S.D, and t-value of the respondent on the basis of table behaviour of Mentally challenged children.

Table Behaviour (N=60)							
S.NO	Parameter	Boy		Girl		t-value	Significant
		Mean	SD	Mean	SD		
1-	Hange on the use of fingers instead of spoon	2.50	.527	1.90	.886	5.774	.019
2-	Talk with mouth full	2.50	.707	2.02	.746	0.99	.754
3-	Move around during mealtime	1.70	.823	2.16	.792	.041	.841
4-	Do not eat without help	1.00	.000	1.22	.507	10.364	.002

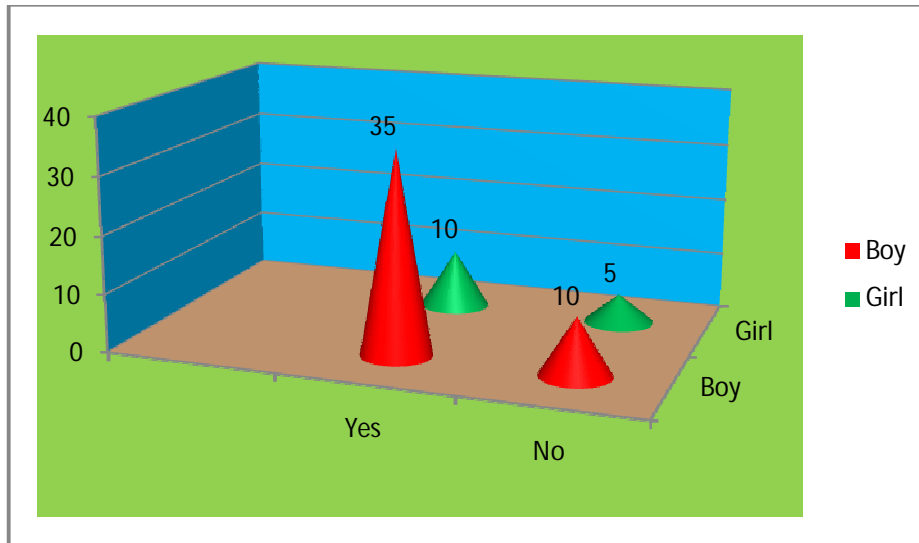
5-	Do not accept dislike food	1.20	.422	1.24	.437	.319	.574
6-	Do not treat food clean	1.50	.707	1.56	.787	.606	.440
7-	Able to indicate when hungry	2.20	.919	2.30	.707	2.432	.124
8-	Able to indicate when full	2.30	.823	1.80	.782	.237	.629
9-	Aggressive behaviour at meal time	1.70	.823	1.80	.782	.044	.835
10-	Spit out food	1.70	.823	2.16	.825	.016	.899
11-	Wash hand before meal	2.70	.483	2.56	.611	2.021	.160
12-	Wash hand after meal	2.50	.527	1.98	.845	2.02	.160
13-	Brush teeth after meal	2.90	.316	2.72	.491	6.25	.013
14-	Clean spilled foods	2.90	.316	2.88	.328	.130	.720

The above table (4.2.5) shows that table behaviour of mentally challenged children so the table revile the result ($\mu=2.50$) of boy have table behaviour problem hang on the use of fingers instead of spoon, and ($\mu=1.90$) of girls have table behaviour problem hang on the use of fingers instead of spoon, ($\mu=2.50$) of boys have table behaviour problem talk with mouth full and ($\mu=2.02$) of girls have table behaviour problem talk with mouth full, ($\mu=1.70$) of boys have table behaviour problem move around during meal time and ($\mu=2.16$) of girl have table behaviour problem move around during meal time, ($\mu=1.00$) of boys have table behaviour problem do not eat without help and ($\mu=1.22$) of

of girl have aggressive behaviour at meal time, ($\mu=1.70$) of boy have spit out food and ($\mu=2.16$) of girl have spit out food, ($\mu=2.70$) of boy have do not wash hand before meal and ($\mu=2.56$) of girl have do not wash hand before meal, ($\mu=2.50$) of boy have do not wash hand after meal and ($\mu=1.98$) of girl have do not wash hand after meal, ($\mu=2.90$) of boy have do not brush teeth after meal and ($\mu=2.72$) of girl have do not brush teeth after meal, ($\mu=2.90$) of boys have do not clean spilled food and ($\mu=2.88$) of girl have do not clean spilled food.

In this table the value is significant so the null hypothesis is rejected and the alternative hypothesis is accepted it means that the degree of Mental Retardation also affects the Food Intake and Table Behaviour of Mentally challenged children.

girl have table behaviour problem do not eat without help, ($\mu=1.20$) of boys have table behaviour problem do not accept dislike food and ($\mu=1.24$) of girl have table behaviour problem do not accept dislike food, ($\mu=1.50$) of boy have table behaviour problem do not treat food clean and ($\mu=1.56$) of girl have table behaviour problem do not treat food clean, ($\mu=2.20$) of boy have table behaviour problem able to indicate when hungry and ($\mu=2.30$) of girl have table behaviour problem able to indicate when hungry, ($\mu=2.30$) of boys have table behaviour problem do not able to indicate when full ($\mu=1.80$) of girl have table behaviour problem do not able to indicate when full, ($\mu=1.70$) of boy have aggressive behaviour at meal time and ($\mu=1.80$)



■ **CONCLUSION:-**

It has been found that malnutrition is common among mentally challenged children. It has been observed that the Degree of mental Retardation also affect the food intake and table behaviour of Mentally challenged children. It has been assumed that eating difficulties are commonly found in Mentally challenged children. Thus it was found that the majority of (66.6%) of boys was suffered degree of retardation (mild, moderate, sever), and (33.3%) of girls was suffered degree of retardation (Mild, Moderate, sever).

■ **REFERENCE:-**

1. Abate S., D.amato A., Belpedio D. and Ventra D. et.al (2005). "Un indicatore di valutazione di qualità per una casa di cura psichiatrica convenzionata. Rivista di Psichiatria" vol. 40, p291-299
2. Agras WS, Kraemer HC, Berkowitz RI, Korner AF and Hammer LD.et.al(1987). "Does a vigorous feeding style influence early development of adiposity Journal of paediatrics"; p110:799-804.
3. Barher, B.M. and Bender, D.A. (1998), "Vitamins in medicine in" British journal of nutrition, vol.75, pp.S227-S232.
4. Epstein LH, Jankowiak N, Nederkoorn C, Raynor HA, French SA, and Finkelstein E.et.al(2012). "Experimental research on the relation between food price changes and food- purchasing patterns: a targeted review. American journal of clinical nutrition";p95:789-809.
5. Sunita Mishra., Nutrition Anthropometry and pre-school child feeding practices in working mother of central orissa."(PhD thesis 2000).
6. Sunita Mishra ,book "Aahar Avamposhanvigyan" shree publication new Delhi.
7. Mishra S. (2013) "Food". UGC net study manual home science .Selective and scientific book publisher & distribution. PP-2-7.