

Role of Teachers, Administrators, Parents, NGOs and Educational Programmes and Facilities of Available to Mentally Retarded Children in Telangana State

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ABSTRACT

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skills areas: communication, self care, home living, social skills, community use, self direction, health and safety, functional academics, leisure, and work. Mental retardation manifest before the age of 18. The Most common are Genetic conditions, Problems during pregnancy, Problems at birth, Health problems, Socio-cultural factors, Genetic - chromosomal factors, Bio-chemical (Metabolic) Disorders, Infections, Toxic agents, Trauma or physical agents, Ionizing Radiation. It involves actions that support people to adopt and maintain healthy lifestyles and which create supportive living conditions or environments for health. Successful medication of health education: Incorporate the use of repetition, involvement of health care providers and family, a focus on managing stress and value clarification as well as the enhancement of self-esteem and self-worth. This paper focus on Adaption of programs, based on needs, Training and treatment (the method of individualization every individual child to work in terms of his interest and ability). This study investigated parents and teachers and administrators regarding general education aspects, their perception on the health education needs of mentally retarded children, health status of these children, and it also examined how much health aspects are included. (in the curriculum for the training, and education of these children and special teachers.)

Key words: Mental Retarded children, parents, teachers, administrator's, Role of Govt & non-government

Mental retardation or challenged (M.R) is a worldwide problem and in India, it is a disgusting and alarming fact that approximately 2.5 to 3% of the total populations are mentally retarded. Mental retardation is not only a biological, educational or psychological problem but it is a multi-dimensional problem of a mixture above factor. But the public and professional interest in the etiology of mental retardation and there in the problems faced by retarded children and their families have been at best meager and sporadic. This apathy has persisted despite the high incidence of mental subnormal threats the world, a problem which no society can avoid.

Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skills areas: communication, self care, home living, social skills, community use, self direction, health and safety, functional academics, leisure, and work. Mental retardation manifest before the age of 18. **(The AMMR)**

M.R. Children (or) Mentally challenged children can be identified through

- 1) Their slow scores on some standardized I.Q. tasks.
- 2) Impaired intellectual functioning.
- 3) They are inadequate to deal with the demands of defects in adaptive behavior.

Characteristic of Mentally Retarded (or) Mentally

- 1) They are identified by the ways they conduct themselves, perform in the school and at home.
- 2) They do not have clear speech and communication.
- 3) They are restless inattentive and poor in comprehension.
- 4) They are poor in memory etc.

The Mentally retarded child needs

- 1) Proper treatment and care
- 2) Training with suitable aids.
- 3) Counseling to raise their fundamental capacity.

Etiology of M.R. Children

1. Classifying the Mental Retarded, Etiology, Treatment and Prevention.

The British workers in 1900's had no psychometric devices and so they described them in levels of behavior which were identifiable to a casual behavior. At the most severe level, they classified idiots (from Greek word idios-literally one who stands alone). The behavior associated with this level was "one who cannot protect himself from the ordinary hazards of life". The imbecile by implication, can recognize feeble minded or moron (so named by American psychologists) is characterized as one who can manage himself and his affairs but displays foolish behavior. This type of categorization was found to be vague and therefore a more standardized classification was framed by the psychologists.

The mentally retarded can be classified on the basis of measured intelligence and adaptive behavior.

- a) Mild - I.Q. - approximately 50 - 70
- b) Moderate - I.Q. - approximately 35 - 50
- c) Severe - I.Q. - approximately 20 - 35
- d) Profound - I.Q. - approximately below 20

Another kind of classification became more precise, according to severity, and a standard of performance come into general use. An I.Q of 50 - 70 classified as morons. 25-30 classified as imbeciles and below 25, the idiots. In addition to the classification by level (mild, moderate, severe and profound), there are recognizable clinical types of mental retardation. They are

a. Cultural Familial Mental Retardation

This category includes those causes of mild mental retardation with no apparent indication of brain pathology and with evidence of similar mental retardation in one or more siblings. This is due to low quality of defective genes. In these cases, there has been the tendency of mild retardation to run in families. Increasing emphasis has been placed upon socio-cultural rather than genetic factors in the etiology of mild retardation. Both environmental factors as well as genetic factors contribute to mental retardation. Retardates in the cultural-familial category rarely require institutionalization.

b. **Mongolism** is the most common of the clinical types with moderate and severe retardation. It is often referred to as "Down Syndrome" after Clifford Down who first described it in 1866. The term mongolism is also used because of the "slant eyes" characteristic of individuals in this group. Other features are thick eyelids, thin lips which appear fissured and dry, flat nose and fissured tongue. The mongoloid is usually awkward in both gross and fine motor co-ordination, an outstanding feature of the mongoloid is his deep voice, which is helpful in diagnosis. Their life expectancy is considerably reduced because of the gastro intestinal, circulatory and respiratory disorders. Traditionally, the cause of mongolism was assumed to be faulty heredity. Later, it was concluded that mongolism was probably due to some sort of glandular imbalance most likely involving the pituitary gland. The researchers said that it is due to chromosomal anomalies.

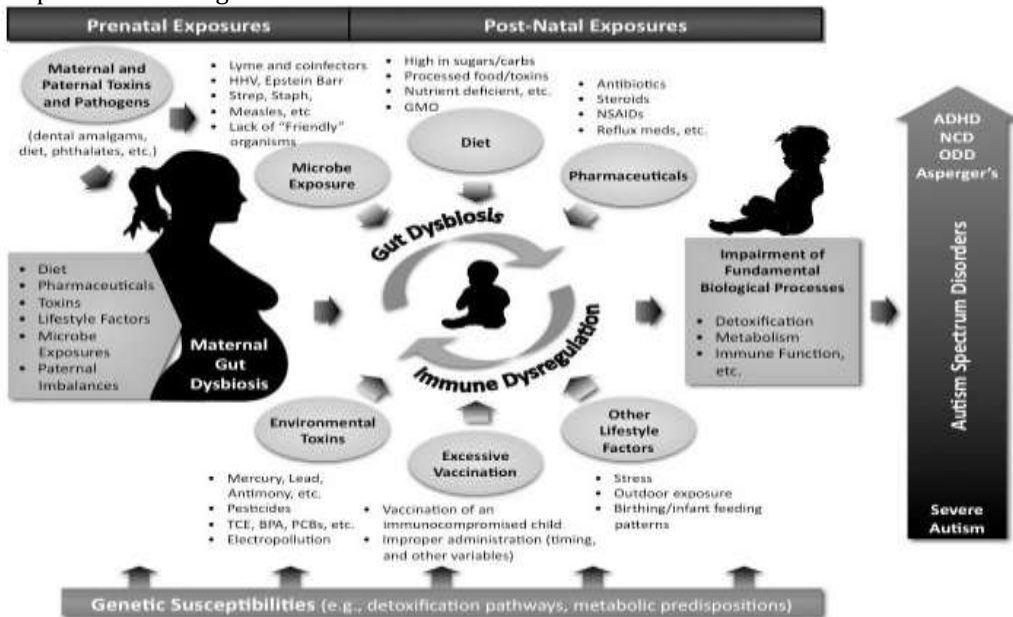
c. **Cretinism**: This is caused due to endocrine imbalance. The individual suffers from a deficiency of thyroid secretion. Brain damage resulting from this insufficiency is most marked during the prenatal and prenatal periods. The injunction of thyroid gland extract was beneficial in cases of myxedema - a disorder resulting from thyroid deficiency in adult life and characterized by mental dullness. A cretin has a dwarf like, thick set body and short, stubby extremities. His height is usually a little over three feet. His shortness is accentuated by his slightly bent legs and a curvature of the spine. His skin is dry and cold to touch and other cretin characteristics are fist nose, large and flabby ears and protruding abdomen. The cretin reveals a bland personality makeup, and his thought processes tend to be sluggish. Most cretins fall in within the severe and moderate categories of mental retardation. Early treatment in case of thyroid deficiency can produce striking results.

d. **Microcephaly**: The term microcephaly means short headedness. It refers to a type of mental retardation resulting from impaired development of the brain and consequent failure of the cranium to attain normal size. This condition is extremely rare. The characteristic of the micro cephalic is his small head, skull is cone shaped, with a recession of the chin and forehead. Microcephalics fall in the profound and moderate categories of mental retardation. It is said that microcephaly is transmitted via a single recessive gene. Later it was said that it may also result from a wide range of non-genetic factors which impair brain development. As yet, no medical treatment has been developed which is effective once the faculty brain development has occurred.

e. **Hydrocephalus**: This is a rare condition which results from the accumulation of an abnormal amount of cerebro spinal fluid within the cranium, causing damage to the brain tissues and enlargement of the cranium. Frequently the disorder develops in infancy or early childhood in association with intra cranial neoplasm or

acute inflammatory brain disease such as chronic meningitis or encephalitis. In chronic cases, the chief symptoms is the gradual increase in size of the upper part of the head out of all preparation to the face and the rest of the body. The face may be relatively normal but the skull protrudes. The child manifests severe or profound mental retardation. There is surgical treatment for hydrocephalus end with early diagnosis and treatment, this condition can be usually arrested with a minimum of brain damage.

f. **Phenyl Ketonuria (PKU):**In this case the baby appears normal but locks on enzyme to breakdown phenylalanine, an amino acid found in protein foods. This phenylalanine builds up in the blood and damages the brain. The disorder usually becomes apparent between 5 and 12 months after birth, although symptoms such as vomiting, a peculiar odour, infantile enzyme and seizures may become apparent alluring the early weeks of life. The mental retardation may be moderate or severe. Motor in coordination and other neurological manifestations relating to the severe degree of brain damage are also common. Phenyl Ketonuria is assumed to be transmitted via a recessive gene. The infant with a positive diagnosis is placed on a special diet low in phenyl alanine with early diagnosis and treatment, the brain damage may be minimal or prevented all together.



Causes of Mental Retardation (Etiology):Mental retardation is a result of (1) Primary or endogenous live; within the individual and (2) secondary or exogenous i.e. outside the individual, resulting from known brain pathology.

The various causes of mental retardation are

- a. Genetic conditions.
- b. Problems during pregnancy
- c. Problems at birth
- d. Health problems
- e. Socio-cultural factors
- f. Socio-cultural factors
- g. Genetic-chromosomal factors
- h. Bio Chemical (Metabolic) Disorders
- i. Infections
- j. Toxic agents
- k. Trauma or physical agents
- l. Ionizing Radiation.

Kirk and Johnson levels of retardation.


They added four new terms to the lexicon.

They are

- a) Slow learners.
- b) Educable mentally handicapped.
- c) Trainable mentally handicapped.

Common Causes by etiology

- **Vascular:** cerebral hemorrhage, stroke, diabetic neuropathy
- **Infective:** encephalitis, meningitis, brain abscess
- **Neoplastic:** glioma-meningioma
- **Demyelination:** disseminated sclerosis, lesions to the internal capsule



d) Totally dependent children.

Diagnosis Making

Mental retardation is diagnosed by looking at two main things. These are ability of a person's brain to learn, think, solve problems, and make sense of the world (called IQ or intellectual functioning); and

Difficulties with education and training

A child with mental retardation can do well in school but is likely to need individualized help.

Many children with mental retardation need help with adaptive skills, which are skills needed to live, work, and play in the community. Teachers and parents can help a child work on these skills at both school and home. Some of these skills like

1. Communicating with others
2. Taking care of personal needs (dressing, bathing, going to the bathroom)
3. Health and safety
4. Home living (helping to set the table, cleaning the house, or cooking dinner).
5. Social skills (manners, knowing the rules of conversation, getting along in a group playing a game).
6. Reading, writing, and basic math; and
7. As they get older, skills that will help them in the workplace.

How to handle

Most of the definitions if is more accurately considered a disability rather than a disease. Currently, there is no cure for an established disability, though with appropriate support and teaching, most individual can learn to do many things. There is no specific medication for mental retardation, many people with developmental disabilities have further medical complications and may take several medications. Beyond that there are specific programs that people with developmental, disabilities can take part in wherein they learn basic life skills. These goals may take a much longer amount of time for them to accomplish, but the ultimate goal is independence. This may be anything from independence in tooth brushing to an independent residence. People with developmental disabilities learn throughout their lives and can obtain many new skills even late in life with the help of their families, caregivers, clinicians and the people who coordinate the efforts of all these people.

Need of Health Education

The health of individuals who are diagnosed as developmentally disabled or mentally retarded has long been a concern of health professionals. Historically health education has addressed the life style and health issues associated with the norm of the population. While there have been many advances in health education which are admirable, modification of health education programs for the developmentally disabled remains an important consideration. Those areas of health education which might be adapted to the developmentally disabled include mental and other factors related to disease prevention and overall health and well being.

Successful medication of health education: Incorporates the use of repetition, involvement of health care providers and family, a focus on managing stress and value clarification as well as the enhancement of self-esteem and self-worth. In general, the health issues of concern for the mentally retarded and the developmentally disabled are not markedly different from that of the general population. It does appear that additional research is necessary for the adaptation of programs which could provide this much needed training for developmentally disabled and mentally retarded individuals.

Family Awareness towards Mentally Retarded children

Mentally challenged children are unable to fulfill their intellectual potential, and have mental capacities that lag behind those of their peers. Mental retardation has many causes, degrees, variables and facets, and identifying it is more of a process of classification than a diagnosis of a disease. Mental retardation also has a wide spectrum. At one end, there are mildly retarded people with such a high learning capacity that they are often no longer identified as mentally challenged once they reach adulthood. At the other end, there are people so mentally disabled that they can only learn the most basic skills. Parents are the guiders and teachers under the guidance of parents mentally retarded children develops their intellectualities. Family is the first school for M.Rs.

Educational Programmes and Straggles Mentally Retarded Children

Whether as parent or Teacher, the task of educating a mentally retarded child can be daunting. The usual methods of teaching and overseeing class work might not necessarily apply, and you may encounter frustrating moments in which you feel you are "getting nowhere." According to Education.com, it's important to know and understand a child's disability and learn to work within its confines, rather than

expecting the disability to go away. Learning a child's strengths and helping her compensate for weaknesses will play an important role in fostering success.

1. Use visual aids: According to MentalHelp.net, lengthy verbal instruction and lecturer-have limited appeal for almost all students, and are particularly ineffective in teaching a mentally challenged child. Instead, MentalHelp.net advised incorporating plenty of visual stimuli, such as charts, drawings and models. You can also use charts to track a child's educational or behavioral progress.

2. Use hands-on demonstrations: Mentally Retardation children may have difficulty in grasping abstract concepts, notes according to MentalHelp.net so it's best to find ways to engage them in a sensory way. For example, explaining gravity verbally to a mentally retarded child will likely be confusing; instead, give him a book and let him drop it. This type of first hand, visceral understanding is more likely to be retained.

3. Use flexibility with tasks or assignments: If a parent helping your child with homework and she's struggling, don't become mired in the details. Education.com recommends determining what skills the child is meant to demonstrate with the assignment and adapting the assignment based on her abilities. The goal here, Education.com says, is to learn to work with child's unique strengths to accomplish tasks, even if methods are unorthodox.

4 Break information or task down into small parts: MentalHelp.net advises that mentally retarded children can become overwhelmed if too much information is presented to them all at once. It's more helpful to break a task or a lesson down into steps. Once the child masters or completes one step, he can move on the next.

Advices

Set your expectations in accordance with the child's disability. For example, Mental Help.net suggests that a child with a mild mental disability could be taught to use a recipe, whereas a moderately challenged child might be taught to make a grocery list. A severely disabled child might simply be taught to communicate hunger. How to educate a Mentally Retarded Child? because method of individualization - every individual child to work interest of his interest and ability.

Teaching Life Skills to a Mentally Retarded Children

Students with mental retardation are capable of learning a great deal; however, the need to be taught systematically and creatively in order to master certain skills. Many life skills need to be thought and practiced multiple times to help them independently participate in daily routines and activities. With the right environment and training program, students with mental retardation should show improvements in current life skills and begin to make progress with new skills.

Evaluate the current skill level of the students through observation, testing and parent interview. Discuss with parents and caregivers the skills that they would like to see the student master. Life skills can include from self-care activities including eating, grooming and dressing; to skills such as cleaning, shopping and maintaining one's environment; and skills needed in the work force.

Determine the set of skills to be focusing on we want to create an environment that supports the use of these skills. If we are teaching teeth brushing, make sure we have a bathroom set aside for that activity and that it has a sink, mirror, toothbrush, toothpaste and cup. Student will generalize the skill into his home environmental more quickly if we use the same type of toothbrush and toothpaste in both environments.

Break down the skills we want to teach into simple measurable steps so that we can track progress. If the skill is to have student clean up the kitchen after she eats, the first step we work on could be bringing her dish to the sink. The second step could be turning on the water and the third step could be scrubbing her dish with a soapy sponge. When she masters one step, move onto the next one. Share the skills and particular steps we are working on with the parents and caregivers so that they can be working on the same steps at the same time. Doing this will reinforce the skill for student and should help increase the speed of progress. Follow a predictable schedule and stay consistent so working on like skills will be a part of student's daily routine. This will help build confidence and reduce the stress and anxiety that can come

with performing new or challenging skills. Patience and realistic, it may take a while for the student to master certain skills, but a systematic approach should eventually payoff.



Building the future of mental health



Support
And
Family
Education



THE ROLE OF GOVERNMENT AND NON GOVERNMENT ORGANIZATIONS

Government Support towards M.R. children

In the state of Telangana Government supports towards M.R. children for improving education and established many special schools they are mainly focusing on inclusive education they started SarvaShikshaAbhiyan in government schools as a supplementary for M.R. children and appointed two teachers for teaching as a trail bases, but due to good response from the parents of M.R. children and they increased the government funds for establishing more special schools in each and every Mandal and the school are running successfully to serve the M.R. children within the good environment. for eg. National Institute for Mentally Handicapped and Rajiv Vidya Mission Schools, in every District and every Mandal, they are started special schools and they are successfully running.

Non-Government Organization (NGO): Can be analyzed and interpreted as follows

- 1) Qualification: 2) Pay Scales 3) Experience 4) Skills Taught 5) Occupation Taught 6) Recreational Facilities 7) Equipments available 8) Class Room facilities 9) Social Economic Status 10) Organization 11)

Education facilities 12) Medical facilities and 13) Environmental facilities 14) Vocational facilities 15) Transport facilities.

Ex.

- 1) The Hyderabad Special School, Picket, Secunderabad.
- 2) Radha Institute for the Mentally Retarded, Dilsukhnagar, Hyderabad.
- 3) Thakur Hariprasad Institute for the Rehabilitation of Mentally Handicapped, Dilsukhnagar, Hyderabad.
- 4) Prarana School
- 5) A.P.Forum Special School for Mentally Retarded Nizambad.
- 6) ShanthiNiketan School, Nirmal, Adilabad Dist.
- 7) SweekarUpkar, Secunderabad



These schools can have interpreted as follows

- 1) The facilities provided for the mentally retarded children in the special schools is adequate and satisfactory.
- 2) All the teachers in all the special schools are not rightly qualified for the purpose.
- 3) The teachers are not well paid.
- 4) Most of the teachers are satisfied with the facilities provided for the children.
- 5) Some of the children can become self-supporting.
- 6) They have very less chances of gaining social recognition.

NGO Support towards Mentally Retarded Children

The mentally handicapped child, though handicapped by mental deficit, is sufficiently educable and trainable to be able to conduct his daily affairs without undue supervision. He can profit from a particular type of educational procedure or educational organization. He can become totally adjusted, that is he can get along with others in our society and can get some amount of economic independence without this specialized training. Such individuals may become a burden to our society. The definition of the mentally handicapped children includes the characteristics of both the children and the situation in which they placed. It is said that many handicapped children without the proper environment and the proper educational opportunity may become mentally deficient custodial cases.

The environment in which the mentally handicapped children are placed plays an important role in the education and training of the children. To take care that these children do not become a burden to the society, they should be provided with special environment. To cater to their needs there should exist special schools.

This is a very small number to suffice the existing needs of the mentally handicapped children. Therefore, many more such schools have to be brought to the limelight and can even be started from the scratch. If done, it would be a great help to the nation itself.

The point of view underlying the education of the mentally handicapped assumes that interest in the philosophy of democracy as the doctrine that all children are entitled to education according to all the extent of their capacities.

As the surroundings play an important role in the education of the special children, good and pleasant environment should be provided to them. For this, the facilities being provided for these children should be vast and up to the mark. Every minor kind of their interest and need should be fulfilled for which the consistent facilities should be available. Such children should grow up amidst free and flexible environment. Emphasis is laid, thus, on saying that the mentally handicapped children can be educated to a certain extent and therefore they should not be neglected and cast off as the unwanted children of the society.

Suggestions

The mentally retarded children are ignored by the society and very less importance is given to their education and training. This type of research i.e. focusing on the needs and importance of the mentally retarded children may help in bringing them into the limelight and therefore researches in this field have to be done in the state as well as in the country to enable the handicapped children to be noted.

No doubt the existing facilities available in the special schools for the education of the mentally handicapped children is satisfactory, but there is still scope for improvement like.

1. The existing facilities are not in the reach of the entire population of the mentally handicapped children. This may be due to ignorance, carelessness and the wrong notion that these children cannot be educated and trained. So, this has to be eradicated from the minds of the common people. Mass media can be made use of for this purpose like radio, television, newspapers, magazines, through which the message can be propagated.
2. The state and central Government must take interest in the education of the mentally retarded children. The Government should boost them by giving financial assistance.

Many more universities and institutions should start a degree course in mental retardation. This would help the special schools to recruit the rightly qualified teachers for the right purpose. All the in service teachers must be sent by the institution where employed for some kind of minimum training in special education.

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