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A Study of Mild Intellectual Disabled Childrens Behavior Pre and Post Training Progress: Age 4 to 14 Years

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Abstract

Intellectual disabilities of all kinds have been documented throughout history. Society has been often unkind to people with intellectual disability and sentenced them to prison or even death. However, present societies are working toward desegregation and support of intellectually disabled individuals. Intellectual disability is a generalized disorder characterized by impaired cognitive functioning. This disorder is rooted in childhood. In this study, the objectives were to study the effectiveness of life skills training on the social maturity of children with mild intellectual disability with respect to their age, to study the effectiveness of life skills training on the social maturity of children domain wise. The results are showing that pretest mild intellectual disabled children were not having IQ as high as it is posttest, which illustrates the training of children and developing their life skills.

Keywords: Mild, IQ, Skills, Training, Disabled, Intellectual, Impaired.

Introduction

The basic prerequisite for working with students with mild intellectual disability is significant substantiation resulting from the achieved level of thinking. The consequence of the inability to master the level of abstract and hypothetical-deductive reasoning are difficulties in analyzing, synthesizing, abstracting, and generalizing. They cause that the education of these children must be based on the concrete reality on the basis of which the teacher will guide the child through individual processes to obtain final conclusions. During the analysis of a task, children with mild intellectual disability, because of their concrete level of thinking, often make mistakes regarding both logic and losing threads, and reveal inability to generalize or abstract. Rigid thinking and low ability to stop their reactions results in their worse adaptation to the changing conditions of cognition. Lack of thorough analysis of the task, referring it to previous experience and making a critical assessment of undertaken actions means that children with mild intellectual disability usually learn by trial and error, rather than planned strategies that are most effective for a given individual. All these factors cause deficits in receiving information. On the other hand, inaccurate information gathering may be one of the reasons for the lack of success in the further learning process. Unfortunately, difficulties in thinking prevent the use of better and better memory strategies, which determines the limitation in this respect. These students have problems in all memory processes, from coding acquired information, through actively maintaining information in the articulatory loop, to the general short-term and long-term memory deficit.

They better memorize material related to their own experience, based on emotions, which is stored in episodic memory. This type of memory in children with mild intellectual disability is present at the level of normal children. However, significant limitation is observed in terms of semantic memory, because memorization of language messages that form the knowledge system requires complex conceptual operations that are disturbed. Therefore, students with mild intellectual disability require polisensory cognition, during the activity preferably associated with emotions and frequent repetitions, so that the material is remembered. It is also important that they can use the newly acquired knowledge in practice, otherwise they often learn without understanding. Because the attention of these children is poorly split and alternating, and easily distracted, they require elimination of stimuli that interfere with the learning process. Elimination of interfering stimuli is both necessary in the child's environment and reflected in the proper construction of teaching aids and worksheets.

Low split attention skills mean that these children cannot effectively use various sources in the process of acquiring information. The reduction of unwanted stimuli and properly prepared didactic material are also justified by limitation in the area of perception. The process of perception in children with mild intellectual disability is limited, which makes the perception of reality simplified and quite poor. These children do not notice the details or the occurring relationships, which results in a superficial acquisition of information. This situation is aggravated by the deficits in concentration of attention, which further impede the acquisition of data needed to solve a specific task. Auditory and visual perception disorders also have an impact on inaccuracy, a smaller range, and a slower pace of perception.

Difficulties in cognitive processes also affect the language development of children with mild intellectual disability in all areas which include: lexical, morphosyntactic, phonological and pragmatic ones. Limited vocabulary range, lack of understanding of the interlocutor's messages, their location in a given reality, causes a lot of communication disruptions. It happens that students with mild intellectual disability misunderstand verbal instructions on how to perform a task and do not know what information to look for. Therefore, the formulated instructions, materials for independent reading or listening to must be properly prepared in a way to be understood by the child. As a result of such a course of cognitive development, these children show a low degree of cognitive interests, are not very inventive, passive in thought, and unfortunately also have a fairly low level of motivation to learn. Building both external and internal motivation in children with mild intellectual disability is largely difficult. Internal motivation requires the ability to analyse one's own actions.

OBJECTIVES OF THE STUDY:

✧ To study the effectiveness of life skills training on the social maturity of children with mild intellectual disability with respect to their age.

✧ To study the effectiveness of life skills training on the social maturity of children domain wise.

RESEARCH METHODOLOGY

This study has been conducted with the help of a structure questionnaire where all the aspect of this study has been captured. The information has been conducted in various center and school in Delhi and Delhi NCR. It has collected 60 students to test our pre and post-test techniques to check the disability. Pre there are questions in the questionnaire where to check the disability and post where we have applied few life skills training to those student who have been suffering from mild intellectual disorder. All these 60 students were having mild intellectual disease which could be overcome while conducting life skills training to them.

TOOLS FOR THE DATA COLLECTION:

Socio-demographic Sheet

In the case record sheet general information about the participants is collected such as name, parents' name, age, gender, religion, educational status and social-economic status, disability category, intellectual level,

Informed consent form: As an ethical practice, the parents of the participants will be first informed about the study and consent is requested to permit the researcher to include them as participants in the study. They will be eligible to participate only if their parents sign the informed consent voluntarily.

Vineland Social Maturity Scale (VSMS): The Vineland Social Maturity Scale originally devised by E. A. Doll. The first Indian adaptation of VSMS done by Dr. A.J. Malin which measures the differential social capacities of an individual. It provides an estimate of Social Age (SA) and Social Quotient (SQ), and shows high correlation of 0.80 with intelligence. It is designed to measure social maturity in eight social areas which are **Self-help General (SHG), Self-help Eating (SHE), Self-help Dressing (SHD), Self Direction (SD), Occupation (OCC), Communication (COM), Locomotion (LOM), and Socialization (SOC)**. This scale consists of 89 items grouped into the age level. We can use this scale for individuals having 0-15 years of age.

DATA ANALYSIS METHOD:

It will be done by using Descriptive and Inferential Statistics. Pre-post and post-test correlation will be discussed.

Descriptive statistics will be used to arrange the data in the form of tables, graphs and figures, by using mean, standard deviation, frequency, and percentage.

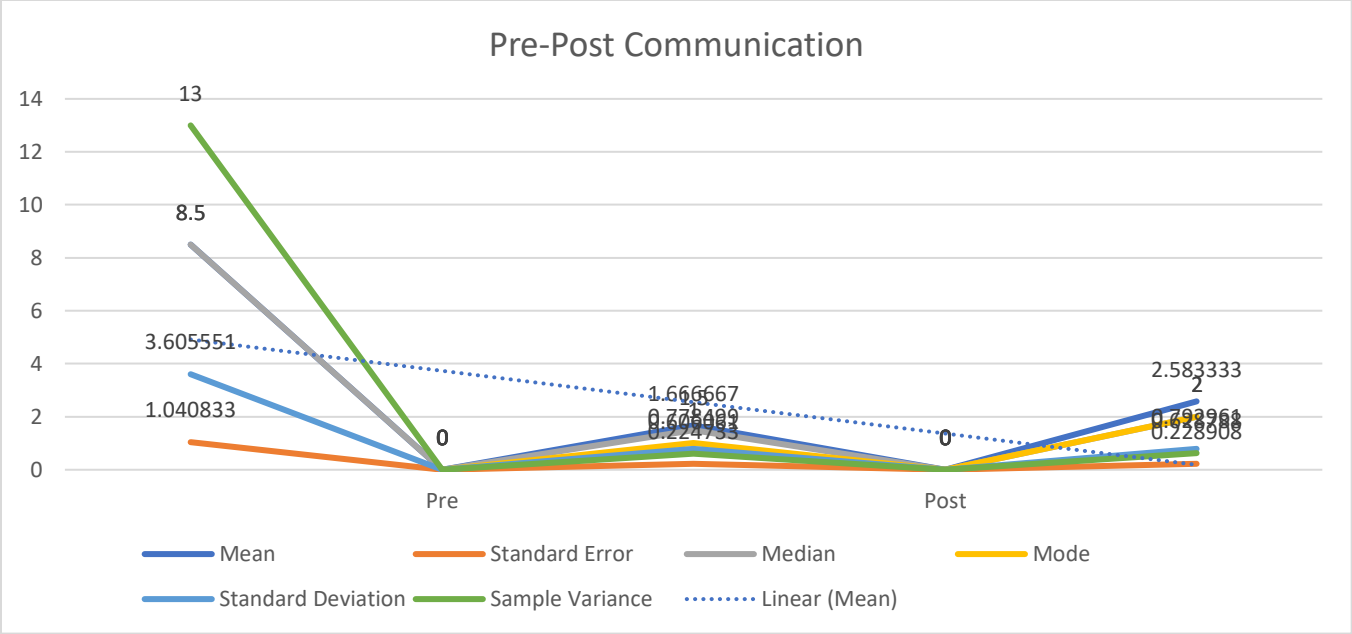
Inferential statistics will be used to test the hypothesis by using t-test and Correlation. Data will be analyzed using the Statistical Package for the Social Sciences (SPSS).

Analysis

Table 1.0 Pre-Post Test Communication Skills

Age		*Pre*		*Post*	
Mean	**8.5**	**Mean**	**1.666667**	**Mean**	**2.583333**
Standard Error	**1.040833**	**Standard Error**	**0.224733**	**Standard Error**	**0.228908**
Median	**8.5**	**Median**	**1.5**	**Median**	**2**
Mode	**#N/A**	**Mode**	**1**	**Mode**	**2**
Standard Deviation	**3.605551**	**Standard Deviation**	**0.778499**	**Standard Deviation**	**0.792961**
Sample Variance	**13**	**Sample Variance**	**0.606061**	**Sample Variance**	**0.628788**

Figure 1.0 Pre-Post Test Communication Skills

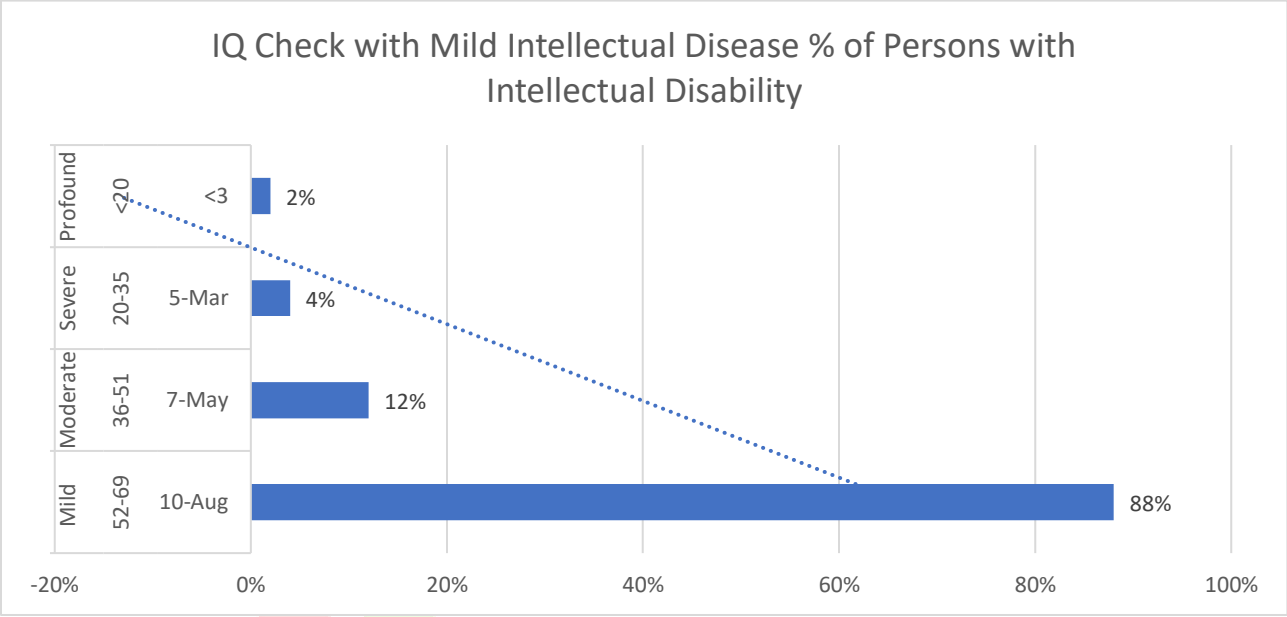


The above table 1.0 and figure 1.0 are showing the pre-test and post-test statistics value of communication of those children having mild intellectual disability. Pre-test the communication skills of children were not accurate as it is after giving them proper sessions of training. The results of post-test statistics are showing the improvement in communication skills.

Table 2.0 IQ Check with Mild Intellectual Disease

IQ Check with Mild Intellectual Disease			
Level of Intellectual Disability	**IQ Range**	**Age**	**% of Persons with Intellectual Disability**
Mild	**52-69**	**8-10**	**88%**
Moderate	**36-51**	**5-7**	**12%**
Severe	**20-35**	**3-5**	**4%**
Profound	**<20**	**<3**	**2%**

Figure 2.0 IQ Check with Mild Intellectual Disease



The above table 2.0 and figure 2.0 are showing the results of IQ values with mild, moderate, severe and profound intellectual disease. It is illustrated in the above table and figure that 88% of children fall under the category of mild intellectual disease. But there very few cases for severe and profound which holds 4% and 2% respectively.

Conclusion

The above study can be concluded based on results have shown in above analysis that pre and post test results of those suffer from mild intellectual disability ranging from 4 years to 14 years school going children. The results were shocking, pre-test of mild intellectual disabled children was showing they could barely eat, read, or play any games and also having the low IQ level. Their life skills were totally dead. But the post test results shows that their life skills have improved. Pretest the children with mild intellectual disability were not able to ready properly but after giving the session and proper training children were able to read more than before and

they can communicate among each other. Therefore, the results are showing the improvement in mild intellectual disabled children. The pre training to those children who were mild intellectually disabled the score in playing games were too low. But after giving them training the post results in above table are different in numbers. Those with mild intellectual disabled children who all were not able to play properly could play and score numbers in games. The post test results are improving numbers which means the training given to intellectually disabled children can be improve in their life skills. The pre-test was showing the habit of eating in intellectual disabled children were less as they were not eating proper nutrition but after training them the post-test are showing the better results in the above table. The post-test of mild intellectual disabled children has improved as they could tell and ask for food.

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