

Awareness Regarding Mental Retardation among College Students

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Abstract: Detection of persons with mental retardation and affording them, care and management of their disabilities is an old concept in India. The concept had been translated into practice over several centuries as a community participative culture. Awareness is the most important factor in a community, without awareness changes cannot be brought in our community ethics. The present study is conducted with a view to study awareness level regarding mental retardation among college students studying B.Sc. Total 25 students were taken as a sample. The study is descriptive in nature. NIMH GEM questionnaire was administered to collect information or data from the college students. The findings indicate that majority of the respondents belong to the age group of 18-20 years i.e. 13 (52%) and majority (80%) of them are males.

Key Words: Mental Retardation, awareness, intelligence.

INTRODUCTION:

Mental retardation is a developmental disability that first appears in children under the age of 18. It is defined as an intellectual functioning level (as measured by standard tests for intelligence quotient) that is well below average and significant limitations in daily living skills (adaptive functioning).

Someone with mental retardation/ intellectual disability has limitations in two areas. These areas are:

- **Intellectual functioning.** Also known as IQ, this refers to a person's ability to learn, reason, make decisions, and solve problems.
- **Adaptive behaviors.** These are skills essential for daily life, such as being able to communicate effectively, interact with others, and take care of oneself.

A useful quotient **was** devised called the Intelligence Quotient (IQ) which is expressed as follow;

$$\text{IQ Score} = \text{MA} / \text{CA} \times 100$$

IQ provides a rough measure of a child's level of intellectual functioning and is used to screen those suspected to have Mental Retardation. But IQ doesn't reveal the capacity for adaptive behaviour of the child which is also a measure of intelligence (Namboodiri, 2005).

William stern gave the concept of IQ. IQ is a measure of intelligence that takes into account a child's mental and chronological age.

MA is the Mental Age. In 1905 **Alfred Binet** introduced the concept of Mental Age. It refers to an individual's level of mental development relative to the environment in which he/she lives. It is obtained from the performance of the individual on the intelligence tests.

CA is the Chronological age. It is the actual age of an individual taking the intelligence test.

DEFINITIONS:

In the words of Heber (1959) “Mental Retardation refers to significantly sub average general intellectual functioning, resulting in or associated with, concurrent impairments in adaptive behaviour and manifested during the developmental period.”

American Association on Mental Retardation (AAMR), 1992 defined Mental Retardation as 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 skill areas: communication, self-care, home living, social skills, self-direction, health and safety, functional academics, leisure work. Mental Retardation manifests before age 18.”

Mercer (1973) viewed Mental retardation from a social systems perspective, taking the position that individuals can be considered to have Mental retardation only if they are so defined by the social system to which they belong.

American Association of Intellectual and Developmental Disabilities (AAIDD-2010) defines intellectual disability as a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.”

Persons with Disabilities act (1995) states Mental retardation as a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence.

CLASSIFICATION/TYPES OF MENTAL RETARDATION:

International Classification of Diseases 10th version classifies Mental Retardation into following categories:

Table 1 Categories of mental retardation

Mental Retardation	IQ Range	Mental Age (Years)
Mild Mental Retardation	50-69	9 to under 12
Moderate Mental Retardation	35-49	6 to under 9
Severe Mental Retardation	20-34	3 to under 6
Profound Mental Retardation	Below 20	Less than 3

Mild Mental Retardation:

Approximately 85% of the mentally retarded population is in the mildly retarded category. Their IQ score ranges from 50-69, and they can often acquire academic skills up to the 6th grade level. They can be fairly self-sufficient and in some cases can live independent life with community and social support. Mild Mental retarded children usually have their physical characteristics close to their normal peers. These children are educable.

Moderate Mental Retardation:

About 10% of the mentally retarded population is considered moderately retarded. Moderately retarded individuals' IQ score ranging from 35-49. Overall development is apparently slower than their peers. They can carry out work and self-care tasks with moderate direction. Children with moderate mental retardation generally

advance their communication skills in childhood and can live and perform task successfully within the community in a supervised environment like a group home. They may have multiple disabilities and poor coordination of legs, arms, hands & fingers. These groups of individuals are not able to profit from the normal school programme. They are also called as trainable mentally retarded.

Severe Mental Retardation:

About 3-4% of the mentally retarded population is severely retarded. Severely retarded individuals' IQ scores range from 20-34. They may master very basic self-care skills and some communication skills. People with severe mental retardation may have associated handicaps such as motor problems or significant speech and language deficits. People who are severely mentally retarded usually can work in supervised settings. Supervision in daily living throughout adulthood is necessary for the severely mentally retarded individuals.

Profound Mental Retardation:

Only 1-2% of the mentally retarded population is classified as profoundly retarded. Profoundly retarded individuals have IQ scores below 20. Some children may also have physical disabilities. Still with proper training many profoundly retarded people can learn self care skills.

DIFFERENCE BETWEEN MENTAL RETARDATION AND MENTAL ILLNESS

Table 2 Difference between Mental Retardation & Mental Illness

SR.NO	MENTAL RETARDATION	MENTAL ILLNESS
1.	It is a condition, not a disease.	It is an illness or disorder.
2.	Mental retardation is present at birth or occurs during the period of development (Conception to 18 Years).	It can occur at any stage of life.
3.	Mental retardation refers to sub average intellectual functioning.	Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning.
4.	Assessed by a psychologist.	Diagnosed by a psychiatrist
5.	Mental Retardation can be classified into: Mild, Moderate, Severe and Profound.	Mental Illness can be classified into: Psychosis and Neurosis.
6.	Mental Retardation is non curable. Mental Retardation is a condition of slow intellectual development, where medication has no effect.	Mental Illness is curable. Mental illness can be cured or stabilized with medication, psychotherapy or other support systems.
7.	If identified and intervened early, development and learning can be enhanced.	On early identification completely treatable.
8.	Mental Retardation is permanent.	Mental illness is in many cases periodic.

REVIEW OF LITERATURE:

Hachinal & Reddy (2015) conducted a study on "A study on the awareness of Mental Retardation among the teacher trainees of regional institute of education, Mysore. They found that majority of the students have some knowledge about mental retardation. However, very few students are aware about causative and other

factors of mental retardation. Majority of the students are female. Overall students have average knowledge about mental retardation. It seems that they are less aware about general factors of mental retardation and their management.

Sriram (2014) studied on awareness about Mental Retardation among Regular school children. The study reveals that a large number of students are aware of mental retardation, however very few numbers of children are not aware of mental retardation. These results reveals that level of education and gender among normal school children has no impact on students awareness level on mental retardation.

AIM OF THE STUDY:

The aim of the study is to assess awareness about Mental Retardation among college students.

MATERIALS AND METHODS:

The study was confined to the students of one of the college of Anand, Gujarat. The sampling frame includes 25 students studying Bachelors of Science. The study is descriptive in nature. NIMH GEM questionnaire is used to collect data in this study. This tool was developed by Reeta Peshwaria, D.K. Menon, and Loraine Stephenson. NIMH GEM- Questionnaire has 30 items. The tool is divided into 3 sections namely General Information (G), Etiology (E) and Management (M). There are 11 items in the category of general information; 9 items in etiology & 10 items in management aspects. The questionnaire consists of 30 close ended statements. The responses were rated on a two point rating scale as YES/NO. The questionnaire has been administered on college students to assess their awareness regarding Mental Retardation. The data collected was analyzed by using Statistical Package for Social Sciences (SPSS).

RESULTS AND DISCUSSIONS

Table 3 shows distribution of the respondents based on their age and gender (N=25)

Personal Information	Frequency	Percentage (%)
Age Group		
18-20 Years	13	52
21-23 Years	12	48
Gender		
Male	20	80
Female	5	20

The above table indicates that majority of the respondents belong to the age group of 18-20 years i.e. 13 (52%) and majority (80%) of them are males.

Table 3 Score of the study group on awareness regarding Mental Retardation

STATEMENT	YES	NO
The problem of mental retardation is found only in Children.	15 (60%)	10 (40%)
Individual differences exist among mentally retarded persons	19 (76)	6 (24)
Mental retardation is an Infectious disease.	13 (52%)	12 (48%)
Some of the mentally retarded persons can be as energetic as normal persons.	18	7

	(72%)	(28%)
Mentally retarded persons are able to manage themselves to some degree.	19 (76)	6 (24)
Mental retardation is mental illness.	14 (56)	11 (44)
Mentally retarded persons can be fully cured.	16 (64)	9 (36)
Most of the mentally retarded individuals can become capable of helping other persons in simple tasks.	19 (76)	6 (24)
As the mentally retarded child grows up he would gradually become normal.	15 (60)	10 (40)
Mentally retarded persons usually remain unhappy.	14 (56)	11 (44)
The problem of mental retardation does not exist in our society.	11 (44)	14 (56)
The condition of mental retardation may not always be transmitted from parents to children but can also be caused by factors during pregnancy, after birth, during childhood or adolescence.	14 (56)	11 (44)
Mental retardation is due to fate or Karma.	17 (68)	8 (32)
Children suffering from fits may not suffer from mental retardation.	17 (68)	8 (32)
A mentally retarded child is born due to the sins of parent.	20 (80)	5 (20)
Mentally retarded individuals are disobedient.	13 (52)	12 (48)
Mental retardation is due to black magic or spells.	12 (48)	13 (52)
Mental retardation is caused as an effect of Lunar eclipse at the time of pregnancy or birth of the child.	15 (60)	10 (40)
Accidents, high fever, fits, causing brain damage in childhood may cause mental retardation.	12 (48)	13 (52)
Malnutrition in pregnant women can cause mental retardation.	13 (52)	12 (48)
Medicines only can cure mental retardation.	14 (56)	11 (44)
The mentally retarded individuals require continuous training to learn various simple activities.	10 (40)	15 (60)
Marriage can cure a mentally retarded person.	13 (52)	12 (48)
Many of the mentally retarded persons are capable of looking after their basic needs.	17 (68)	8 (32)
Traditional healers, poojaris can cure mentally retarded persons.	15 (60)	10 (40)
The only solution to the problem of mentally retarded person is to put him in a residential school/hostel.	17 (68)	8 (32)
Involvement of the parents is essential in the training of the mentally retarded child.	20 (80)	5 (20)
Mentally retarded individuals will not improve without any amount of training.	16	9

	(64)	(36)
A mentally retarded individual can become as capable as a normal individual.	19	6
	(76)	(24)
Live alone will not benefit a mentally retarded individual.	12	13
	(48)	(52)

From the above table 3 it can be seen that majority of the college students are aware about Mental Retardation with reference to General Information. It can be inferred that majority of the items in category I i.e. General Information got positive awareness on mental retardation.

Data reveals that majority of the students' awareness in the area of etiology of mental retardation is low. Because in this category majority of the items got negative response. It is found that majority of the respondents believe that mental retardation is due to fate or Karma. They also believe that a mentally retarded child is born due to the sins of parent and it is caused as an effect of Lunar eclipse at the time of pregnancy or birth of the child.

It is also depicted that some of the items in Management category got negative response. i.e. majority of the respondents believe that traditional healers, poojaries can cure mentally retarded persons. Another item in management category got negative response i.e. majority of the respondents has misconception that marriage can cure a mentally retarded person.

CONCLUSION:

It is concluded from the present study that majority of the respondents are aware about Mental Retardation with reference to general information about the problem while the other two categories i.e. etiology and management of mental retardation got negative response. Thus, awareness in the areas of general information is high while awareness in the areas of etiology and management is very low among college students.

Based on the findings of the study it is recommended that mental retardation

Awareness and Orientation training programs on mental retardation and its causes should be conducted in various colleges. Etiology and prevention related to Mental Retardation should also be taught in the school as well as colleges.

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