

**A DESCRIPTIVE STUDY TO ASSESS THE PROBLEM OF CHILDREN
WITH MENTAL RETARDATION AMONG AGED BETWEEN 5-18
YRS IN SPECIAL SCHOOLS AT DINDIGUL DISTRICT**



Register number: 301332853

**A DISSERTATION SUBMITTED TO THE TAMILNADU
DR.MGR.MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL
FULFILLMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING**

OCTOBER 2015

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INTERNAL EXAMINER

EXTERNAL EXAMINER

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CERTIFICATE

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ABSTRACT

Title: A descriptive study to assess the problems of Mental Retardation among children in selected centers, Dindigul. **Objectives:** To assess the Problems of children with Mental Retardation using Meeting needs, Education, Social skills, Problems faced by parents. To find out the regression with selected demographic variables.(age, sex, Location, Socio economic Status, Type of marriage, mode of delivery,) To find out the linear regression between the Meeting needs, Education, Social skill, Problems faced by parents, dependence with demographic variables like Type of marriage and Mode of delivery. **Hyoptheses:** There will be a significant association between Meeting needs with demographic variable like age, sex, location, Socio economic Status, Type of marriage, mode of delivery. There will be a significant association between Educations with demographic variable like age, sex, location, Socio economic Status, Type of marriage, mode of delivery. There will be a significant association between Social Skills with demographic variable like age, sex, location, Socio economic Status, Type of marriage, mode of delivery. There will be a significant association between Problems faced by parents with demographic variable like age, sex, location, Socio economic Status, Type of marriage, mode of delivery. **Research methods:** It was a Quantitative Approach. This study aims to assess the problems of children with mental retardation among boys and girls between the age of 5-10 years at Akshara school, Amma Illam, Puthiya uthayam special school, Dindigul .The design adopted was Descriptive research design Conceptual frame work based on was adopted for fish born model. Total number of 60 samples of school children aged between 5-10 years, at Akshara school, Amma Illam, Puthiya uthayam special school, Dindigul, The instrument consisted of two sections. First section comprises of demographic variable, like age, gender, Location, socio economic status, Types of marriage, Mode of birth. Second section comprises to assess the problems of children with mental retardation. **Result:** Table 2 Shows that frequency distribution and percentage on Problems of mental retardation children aged between 5--18 yrs. In Meeting Needs 14(23.3%) have severe problems, 15(25%) have moderate problems and 31(51.7%) have mild problems. In Education, 15(25%) have severe problems, and 29(48.3%) have moderate problems, and 16(26.7%) have mild problems. In Social skill, 14(23.3%) have severe problems, 31(51.7%) have problems, 15(25%) have mild problems. In Problems faced by parents, 12(20%) have severe problems, 33(55%) have problems, 15(25%) have mild problem **Conculsion:** Shows that

association between Socio economic status and Level of Mental Retardation. Regarding Meeting Needs, there is no association between Socio economic status and Meeting Needs. Regarding Education, there is no association between Socio economic status and Education. Regarding Social skill, there is no association between Socio economic status and Social skill. Regarding problems faced by parents, there is no association between Socio economic status and Problems faced by parents.

CHAPTER - I

INTRODUCTION

“A healthy child is the country’s strength”

Wisdom is the product of brain. Man has relied wisdom and development of language to achieve his current state of dominance in the world .Intelligence is clearly a salient feature in permitting the species’ to adapt to a wide range of differing environments.The people of restricted intelligence are at a disadvantage in solving problems in and coping with new complex situations.

Every children born in the world has the ability and right to live independently and freely. But the children for the 2/4 of the total population have many problems faced physically,socially and over all problems .even with the entire problematic situation the child is able to cope with and live in this situation surrounding them is important.

Mental retardation is defined by the American Association on Mental Retardation [AAMR] as “significantly sub average intellectual functioning existing concurrently with related limitation in two or more of the following applicable adaptive skill areas:communication,self-care,home living,social skills, community use, self- direction, health and safety, functional academics, leisure and work,” with such limitations manifested “ beforeage-18”

The severities of mental retardation have been identified under four levels based on their I.Q level

Classification of mental retardation

Level of retardation	intelligence quotient [I.Q]
Mild [educable]	50-70
Moderate [Trainable]	35-49
Severe [dependent retarded]	20-34
Profound[life support]	below20

Mental retardation is not a disease or single entity .it refers to a developmental mental disability and that appears in children by birth or under the age of 18 years. In most of the cases, it persists throughout adulthood.

Mental retardation below average level of intellectual function, usually defined by an I.Q of below70-75, combined with limitations in the necessary for daily living. Daily living skills include such things as communication. The ability to care for oneself and the ability to work prior to categorization of mental retardation, defined solely by IQ, have largely been abandoned in favor of approach that looks at how much support the retarded pass on needs in various area of his or her life at any given time. Such support can range intermittent help in such things as finding housing or job, to pervasive, daily, life long help in all areas.

This refers to the most several general lack of cognitive and problem solving skills. It's also known as development delay it is significant sub average general intellectual functioning existing concurrently with defects in adaptive behaviours and manifested during the developmental periods. The child present with low capacity of learning, poor maturity and in adequate social adjustment.

The condition of arrested or incomplete of mind of a person which is specially characterizing by sub-normality of intelligence. Significantly sub-average intellectual functioning accompanied by deficits in adaptive functioning and manifested before age 18 years; sub average intellectual functioning is defined as an IQ score of 70 or below. The term "mental retardation" is a diagnostic term denoting the group of disconnected categories of mental functioning a "idiot", imbecile, and "moron", derived from early IQ test, which acquired pejorative connections in popular discourse. the term "mental retardation" acquired pejorative and shameful connections over the last few decades due to the use of "retarded" as an insult. This may have contributed to its replacement with euphemisms such as "mental retardation" or 'intellectual disability". While "developmental disability" may be considered to subsume other disorder 'developmental disability" or "developmental delay"[for people under the age of 18], are generally considered more acceptable terms than "mental retardation".

Mental retardation is a challenge not only to any nation, but also to the entire human race. All over the world 83 million people are mentally retarded. Prevalence of

mental retardation is believed to be between 1% and 3%, with mild retardation being most prevalent. Prevention is better than cure. Mental retardation can be prevented by immunization against disease such as measles and Hib prevents many of the illnesses that can cause mental retardation. Pregnant women should be educated about the risks of alcohol consumption and need to maintain good nutrition during pregnancy. Children should undergo routine developmental screening as part of their pediatric care. Parenting a child with a disability is above and beyond that of caring of a normal typical child but good parental care also will prevent retardation. Mothers are the first teachers and children spend maximum time at home, so mothers needs to be involved in training of mentally retarded child in learning self care comprising of brushing, bathing, feeding, toileting, dressing and grooming.

The mentally retarded persons vary in behavioural, psychological, physical and social characteristics as much as normal general population does. Mental retardation can be classified as, mild mental retardation (educable), moderate (trainable) severe and profound. The causes of mental retardation are not only by physical factors but also by psycho social factors. Probably in 5% of case is the genetic. In 10% cases, the cause is perinatal such as infections, prematurity, birth trauma etc.....At least 2% of India's population are said to be suffering from some kind of mental disability.⁴ The management of mental retardation is mainly acquired through the preventive aspect i.e., primary, secondary and tertiary prevention. It includes improvement of socio economic condition of society. At large, aiming at elimination of underestimation, malnutrition, prematurity and perinatal factors. But only a few researchers in the U.S have examined the socio demographic risk factors in the prevention of mental retardation at the population level. Mental retardation is a lifelong condition. Families need time to adjust to this difficult diagnosis. The nurse can help facilities this adjustment through ongoing contact. The nurse must be knowledgeable in the known cause treatment and prevention of mental retardation to make nursing assessment and interventions helpful to families

Today, the term "retarded" is slowly being replaced by new words like "special" or "challenged" the term "developmental delay" is rapidly gaining popularity among care takers and parents of individuals with mental retardation in the first place.

Throughout the world, parenting today is more complicated than it was in the past. Many adults or parents do not live with extended families and thus there is little opportunity for parent, grandparents, aunts, and uncles of older generations to give advice and emotional support. Economic and social conditions encourage or require mothers to have jobs outside the home. This greater economic burden placed on a woman is diluting her role as mother and primary care giver to her children.

Children must have nurtured under close observation, guidance, and protection .Adequate knowledge and positive attitude of care givers are very important. Care givers should understand good childcare practices and what is needed to promote child development, health, and nutrition. This, in turn, will help to nurture a healthy, productive, cooperative, and contributing future citizen.

NEED FOR THE STUDY:

“The child is god’s gift to the family. Each child is created in the special image and likeness of god for greater things – to love and be loved.”

Mother Teresa

Mental retardation has long problem in modern society. Nearly 83 million of world’s population is estimated to be mentally retarded. Among them 41 million are having long- term of permanent disabilities. One in four families is likely to have at least one member with the behavioral or mental disorder mental retardation is a highly disabling condition.

Mental and behavioural disorders are common affect more than 25%of all people at some time during their lives. One in four families is likely to have at least one member with a behavioural or mental disorder. It is estimated that mental disorder contributes a large share to the global disease burden and account for 33% of the years lived with the disability worldwide. The global burden of disease study found mental disorders to the fourth leading cause of disability.

A cross sectional and descriptive study as conducted to find out the refractive error among the students in the Nepal at school for mentally retarded children. Estimated the prevalence of mental retardation in Nepal is 4.1. a total of 140 clinically diagnosed cases of mentally retarded students from three different schools of

Kathmandu valley were examined. Examination revealed that more than half of the examined had one or more ocular disorders with refractive error being the most common type of ocular morbidity followed by ocular disorders. Refractive error were found in 34.4%. Vision being the best for their education and daily activities.

A study was conducted on 934 mental retardation children in selected cities of Perth in Australia to assess the prevalence of mental retardation and found that 70% of children suffering with mild mental retardation, 12% of children having with moderate type of mental retardation and about 9% of children suffering with severe type of mental retardation.

As many as 3 out of every 100 people in the people in the country have mental retardation (Arc.2001) nearly 6,13000 children aged 6-12 year have some level of mental retardation and need special education in school(annual vs. report 2002) in fact 1 out of every 10 children who need special education has some form of mental retardation. About 87% of people with mental retardation will only be a little slower than average in learning new information and skills. The remaining 13% of people with mental retardation scores below 50 on I.Q. test. These people will have more difficulty in school, at home and in home and in community.

The World Bank report on disability in India (2007) gives the percentage of disabled people at 4-8%, around 40-90 millions individuals. It is a shocking and alarming fact that approximately 2.5 to 3 % of the total population are mentally retarded which in most cases is a living long condition. At the global level, the last 100 years have seen a greater scientific understanding of people with mental retardation. It is one of the most common disabilities occurring in childhood.

World health organization estimates that community based surveys conducted during the past two decades in India showed in India showed that the total prevalence of psychiatric disorder was around 5.8%. 10% of the world's population has some form of mental disability and 1% suffers from severe incapacitating mental disorders.

In developing countries Down syndrome is very common cause for mental retardation in children and it is estimated that in India there may be more than one million children are suffering with mental retardation in southern states like Andhra Pradesh, Karnataka, Tamil Nadu, Kerala. People believe that marriage should do

within the relation then children will be healthy and property also will not go out the family. Therefore pre marriage counseling is very much important.

A mentally retarded child in the family is usually a serious factor for the parents. It often requires a reorientation and reevaluation of family goals, responsibilities and relationships. In India the majority of persons with mental retardation have traditionally been cared for by their families. Throughout the world, parenting today is more complicated than it was in the past. Many adults or parents do not live with extended families and thus there is little opportunity for parents, grandparents, aunts and uncles of older generations to give advice and emotional support. Economic and social conditions encourage or require both parents to have jobs outside the home. This greater burden placed on the people working in mentally disabled home to provide tender care and love towards the children as caregivers.

Children must be nurtured under close observation, guidance, and protection. Adequate knowledge and the positive attitude of caregivers should understand good childcare practices and what is needed to promote child development, health, and nutrition. This, in turn will help to nurture a healthy, productive, cooperative, and contributing future citizen.

Since mental retardation is a developmental problem among children. It is evident that mental retardation can be preventable and manageable. This calls for more concentrated efforts on the part of medical profession and those engaged in child care activities. As a nurse and researcher I have significant role in recognizing problems of mental retardation care and giving health education for a study to assess the level of mental retardation among school age in selected centers in Dindigul.

STATEMENT OF THE PROBLEM:

A descriptive study to assess the Problems of children with Mental Retardation in Special school at dindigul district

OBJECTIVE OF THE STUDY:

1. To assess the Problems of children with Mental Retardation using Meeting needs, Education, Social skills, Problems faced by parents.
2. To find out the association among demographic variables.(age, sex, Location, Socio economic Status, Type of marriage, order of delivery,)
3. To find out the linear regression between the Meeting basic needs, Education, Social skill, Problems faced by parents, dependence with demographic variables like Type of marriage and order of delivery.

HYPOTHESES

H1: There will be a significant association between Meeting needs with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.

H2: There will be a significant association between Education with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.

H3; There will be a significant association between Social Skills with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery .

H4: There will be a significant association between Problems faced by parents with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.

H5: There will be significant influence of demographic variables on mental retardation among meeting basic needs , education , social skill and problem faced by parents.

OPERATIONAL DEFINITIONS

ASSESS : To evaluate or analyze.

MENTAL RETARDATION:

It refers is defined as significantly sub average general intellectual functioning. Associated with significant deficit or impairment in adaptive functioning which manifest during the developmental period (before 18 years of age) NeerajAhuja -2005

CHILDERN : A person between birth and full growth of a boy or girl.

SPECIAL SCHOOL:A school for children who are unable to benefit from ordinary schooling because they have learning or physical disabilities,.

ASSUMPTION:

1. The children may have problems to fulfill their need.
2. The children may have a Social adjustment problem.
3. Children have problems in their education and their academic status.
4. The parents may face many problems children may have low academic performance.

LIMITATION:

1. Children those who are willing to participate.
2. Both male and female mentally retarded children can participate.
3. Mentally retarded children who can speak.
4. The sample size was limited to 60.

DELIMITATION:

1. Mentally retarded children with deaf and dumb.
2. Those who not are willing to participate.
3. Data collection period is 4 weeks only.
4. The sample group is age between 5-18yrs of children.

CHAPTER - II

REVIEW OF LITERATURE

INTRODUCTION:

For research study review of related literature is an essential of feature of investigation. The subatational use of published related literature is involved in most of the research work. In fact the ability to rummage and search out obscure facts and figures is often considered as a basic activity of any researcher who should demonstrate skill and ability to make correct use relevant related literature properly.

The researcher requires sufficient familiarity in the area of choice of work. “The survey of related study implies locating studying and evaluating reports of relevant researchers”. The previous research study materials are abstract and most important writing of authorities in the field under study is reviewed.

The phrase learning disability came out from a necessity for identifying and serving children affected by leaning disorder to describe children having serious problems of i.q. level in school but do not come under any categories of handicap. Mr. Samuvel Kirk coined the phrase disability
Review of literature consists of 4 parts.

- PART I:** Literature related to prevalence of Mental Retardation.
- PART II:** Literature related to IQ
- PART III:** Literature related to social skills
- PART IV:** Literature related to Behavioural assessment.

SECTION -A

- PART I:** Literature related to prevalence of Mental Retardation.

Studies Conducted in Indian context

Numerous studies the various research studies conducted in relation to Mental Retardation context are presented below:

Bhagya B. & Ramakrishna A.(2013)this study was conducted on **prevalence of mental retardation among children in mangalore**. This study determines the

prevalence of mental retardation among school going children in Mangalore by sex, age, religion, and location. Distribution of severity of mental retardation and its relationship with age of diagnosis is reported. The prevalence of mental retardation was 561 of the total disabilities recorded. The prevalence of MR was higher among males than in females ($p < 0.001$). No notable sex difference between rural and urban areas was seen. Prevalence was higher among Hindus and between 9 to 12 years of the age group. Most of them had mild MR (48.15%). Severe and Profound MR were diagnosed at a much earlier age group than in mild and moderate types. This study provides an insight to the school going children with mental retardation. Further research on study of causes for MR is needed for service planning.

Bonnie D. Kerker, (2004) this study was conducted on **Mental Health Disorders Among Individuals with Mental Retardation: Challenges to Accurate Prevalence Estimates**. The authors identified 200 peer-reviewed articles, book chapters, government documents, or reports from national and international organizations on The mental health status of people with MR. Based on the study's inclusion criteria, 52 articles were included in the review. Limited patient communication skills create a diagnostic challenge for some clinicians such as primary care providers, who have not been specifically trained to diagnose mental health disorders among individuals with MR.^{36, 37} Lennox et al. found that 93% of general practitioners felt that they would benefit from additional training in MR.⁴⁴ Even many psychiatrists lack experience diagnosing mental health disorders in this population. A study of Australian psychiatrists, for instance, found that 75% of those surveyed felt that they hadn't received sufficient training in dual diagnosis, and 39% preferred not to treat the dually diagnosed individuals than in the general population. Two main challenges to identifying accurate prevalence estimates were found: (1) health care providers have difficulty diagnosing mental health conditions among individuals with MR; and (2) methodological limitations of previous research inhibit confidence in study results. . Accurate prevalence estimates are necessary to ensure the availability of appropriate treatment services. To this end, health care providers should receive more training regarding the mental health treatment of individuals with MR. Further, government officials should discuss mechanisms of collecting nationally representative data, and the research community should utilize consistent methods

with representative samples when studying mental health conditions in this population.

S Kleintjes (2006) this study was conducted on **The prevalence of mental disorders among children, adolescents and adults in the western Cape, South Africa.**

Objective: To provide estimates of the prevalence of selected mental disorders in the Western Cape, based on the consensus achieved by a working group established for this purpose. **Method:** An expert working group was established to provide technical expertise for the project. Potential risk factors likely to influence local prevalence rates were identified. Annual prevalence rates for adults and for children and adolescents were derived by consensus, informed by a systematic literature review. Prevalence rates were derived for individual disorders and adjusted for comorbidity.

Results: The overall prevalence was 25.0% for adults and 17.0% for children and adolescents. **Conclusion:** Prevalence rates of child, adolescent and adult mental disorders were derived in a short period of time and with the use of minimal resources. Although of unknown validity, they are useful for policy development and for planning service utilisation estimates, resource costing and targets for service development for local mental health needs. This in the absence of an existing methodologically sound national prevalence study. We recommend that policy and programme developers draw on the expertise of local academics and clinicians to promote research-informed planning and policy development in the public sector.

PART II: Literature related to IQ

Habibollah.Naderi, Rohani. Abdullah(2010) this study was conducted on **Creativity as a predictor of intelligence among undergraduate students.** This research examines the extent to which the level of creativity and different components of creativity: Something about myself, Environmental sensitivity, Initiative, Intellectuality, Self-strength, Individuality and Artistry among undergraduate students predict intelligence One-hundred-and-fifty-three Iranian undergraduate students in Malaysian Universities (31.4% females and 68.6% males) were recruited as respondents in this study. Their ages ranged from 18-27 years for females and 19-27 years for males. **Catell Culture Fair Intelligence Test.** descriptive statistics on intelligence. The finding of this result shows that the mean score for intelligence was 104.55, standard deviation (15.70), while the mean scores for creativity and its

components were as follows: the SAM (M=32.30, SD= 4.44), Environmental Sensitivity (M= 4.83, SD= 1.15), Initiative (M= 2.74, SD=1.48), Self Strength (M = 7.24, SD = 1.62), Intellectuality (M=6.69, SD =1.70), Individuality (M =3.54, SD=1.39) and Artistry (M= 2.50, SD=1.51). Multiple regression analysis reveals that a total variance in intelligences accounted for by the creativity factors is 13.5% (multiple R² = 0.135, F (7, 145) =3.222, p = .003). This implies that creativity is important when considering the factors that influence the intelligence of students. [The Journal of American Science.

VijiDevanand (2007) this study was conducted on **Intelligence Quotient in Children with Hypermetropia**. Sample size: 30 Refractive errors are a common worldwide problem. Several hypotheses explain a relationship between hypermetropia and intelligence. This study is done to study the Intelligence Quotient in school children with hypermetropia and compare that to children with normal vision. This study was done in Department of Physiology in subjects attending the Ophthalmology Out Patient Department, Department of Ophthalmology, Stanley Medical College, Chennai. 30 subjects of age group 8 to 13 years were chosen and IQ test was performed using Binet- Kamath test, and compared with 30 control group chosen from Master Health Check up Programme. using Binet- Kamath test, and compared with 30 control group chosen from Master Health Check up Programme. With this data obtained, statistical analysis was done using independent Student t- test and chi square test using SPSS version 15. Of the 30 controls, 8 children were in grade I, 9 in grade II+, 8 in grade II, and 5 in grade III+. From 30 subjects, 6 children were in grade I, 5 in grade II+, 2 in grade II, 8 in III+, and 9 in grade IV with high significant P value. From this study we conclude that hypermetropia has a direct influence on an individual's intelligent quotient and show that blurred hypermetropia may be a risk factor for lower IQ.

Naomi Breslau, (2001) this study was conducted Despite controversies about the meaning and nature of general intelligence, few would dispute the claim that scores. The Wechsler Intelligence Scale for Children–Revised (WISC-R) (20) was used to measure children's IQ. Standardized intelligence quotient (IQ) tests are strong predictors of important outcomes for members of both majority and minority groups. Multiple regression analysis applying generalized estimating equations was used. The

IQs of urban children, regardless of birth weight, declined from age 6 years to age 11 years. The downward shift increased by 50% the proportion of urban children scoring 1 standard deviation below the standardized IQ mean of 100. A negligible change was observed in suburban children. Maternal IQ, education, and marital status and low birth weight predicted IQ at age 6 years but were unrelated to IQ change. Growing up in a racially segregated and disadvantaged community, more than individual and familial factors, may contribute to a decline in IQ score in the early school years.

Liye Wang (2015) this study was conducted on MRI-Based Intelligence Quotient (IQ) Estimation with Sparse Learning. In this paper, we propose a novel framework for IQ estimation using Magnetic Resonance Imaging (MRI) data. In particular, we devise a new feature selection method based on an extended dirty model for jointly considering both element-wise sparsity and group-wise sparsity. Meanwhile, due to the absence of large dataset with consistent scanning protocols for the IQ estimation, we integrate multiple datasets scanned from different sites with different scanning parameters and protocols. In this way, there is large variability in these different datasets. To address this issue, we design a two-step procedure for 1) *first* identifying the possible scanning site for each testing subject and 2) *then* estimating the testing subject's IQ by using a specific estimator designed for that scanning site. We perform two experiments to test the performance of our method by using the MRI data collected from 164 typically developing children between 6 and 15 years old. In the first experiment, we use a *multi-kernel* Support Vector Regression (SVR) for estimating IQ values, and obtain an average correlation coefficient of 0.718 and also an average root mean square error of 8.695 between the true IQs and the estimated ones. In the second experiment, we use a *single-kernel* SVR for IQ estimation, and achieve an average correlation coefficient of 0.684 and an average root mean square error of 9.166. All these results show the effectiveness of using imaging data for IQ prediction, which is rarely done in the field according to our knowledge.

Ali, A., Ambler,(2012) this study was conducted on The relationship between happiness and intelligent quotient: the contribution of socio-economic and clinical factors. Happiness and higher intelligent quotient (IQ) are independently related to positive health outcomes. However, there are inconsistent reports about the relationship between IQ and happiness. The aim was to examine the association

between IQ and happiness and whether it is mediated by social and clinical factors. The authors analysed data from the 2007 Adult Psychiatric Morbidity Survey in England. The participants were adults aged 16 years or over, living in private households in 2007. Data from 6870 participants were included in the study. Happiness was measured using a validated question on a three-point scale. Verbal IQ was estimated using the National Adult Reading Test and both categorical and continuous IQ was analysed. Happiness is significantly associated with IQ. Those in the lowest IQ range (70–99) reported the lowest levels of happiness compared with the highest IQ group (120–129). Mediation analysis using the continuous IQ variable found dependency in activities of daily living, income, health and neurotic symptoms were strong mediators of the relationship, as they reduced the association between happiness and IQ by 50%. Those with lower IQ are less happy than those with higher IQ. Interventions that target modifiable variables such as income (e.g. through enhancing education and employment opportunities) and neurotic symptoms (e.g. through better detection of mental health problems) may improve levels of happiness in the lower IQ groups.

PART III: Literature related to social skills.

B. Gutnik (2015) this study was conducted on evaluation of bilateral asymmetry between upper limb masses in right-handed young adults of both sexes. The study introduced a novel precise method for measurement and calculation of upper arm mass and to assess the difference between masses of upper limbs on the dominant and non-dominant sides of the body of right-handed participants. Forty healthy untrained male ($n = 20$; M age = 20.8 yr., $SD = 1.2$) and female ($n = 20$; M age = 20.7 yr., $SD = 1.3$) participants without a history of upper-extremity pathology participated. Kinematic and kinetic data were collected during arm motion. The mass of each arm was calculated. Each participant performed 20 movements with each arm. Most often the dominant arm was more massive than the non-dominant in both sex groups; however, mass was more symmetric for female participants than for male participants. Regression equations related to total body mass were calculated for each arm independently.

Hanada.M(2015) this study was conducted on **effects of colors on the feeling of being dazzled evoked by stimuli with luminance gradients**. The sensation of being dazzled by light was investigated, and the effects of colors on the feeling were assessed using stimuli composed of a disk and a surrounding annulus with luminance gradient, which had a glowing appearance. The colors of the disk and annulus were varied, while the luminance of each pixel was unchanged. In addition, disk and maximum annulus luminances were also varied. Ten participants were asked to rate the feeling of being dazzled for the stimuli. Results of a four-way analysis of variance (ANOVA) indicated that the main effect of disk color was not significant, whereas the annulus color was. Furthermore, there was significant interaction of the disk color and the annulus color. On the whole, the feeling of being dazzled for the light-blue or pink annulus was stronger than that for the other colors, while the light-blue (pink) annulus did not significantly differ in that feeling from the yellow, green, or gray annulus when the disk color was light-blue (pink). This indicates that the same disk color as the annulus color tended to reduce the feeling of being dazzled.

Hsu BW (2015) this study was conducted on **effective indices for monitoring mental workload while performing multiple tasks**. This study identified several physiological indices that can accurately monitor mental workload while participants performed multiple tasks with the strategy of maintaining stable performance and maximizing accuracy. Thirty male participants completed three 10-min. simulated multitasks: MATB (Multi-Attribute Task Battery) with three workload levels. Twenty-five commonly used mental workload measures were collected, including heart rate, 12 HRV (heart rate variability), 10 EEG (electroencephalography) indices (α , β , θ , α/θ , θ/β from O1-O2 and F4-C4), and two subjective measures. Analyses of index sensitivity showed that two EEG indices, θ and α/θ (F4-C4), one time-domain HRV-SDNN (standard deviation of inter-beat intervals), and four frequency-domain HRV: VLF (very low frequency), LF (low frequency), %HF (percentage of high frequency), and LF/HF were sensitive to differentiate high workload. EEG α/θ (F4-C4) and LF/HF were most effective for monitoring high mental workload. LF/HF showed the highest correlations with other physiological indices. EEG α/θ (F4-C4) showed strong correlations with subjective measures across different mental workload levels. Operation strategy would affect the sensitivity of EEG α (F4-C4) and HF.

PART IV: Literature related to Behavioural assessment

Jyoti Prakasha (2007) this study was conducted on **Study of Behavioural Problems in Mentally Retarded Children**. Behaviour disorders are common in children with mental retardation and in addition to the subjective distress they cause the individual, they restrict opportunities to engage in many normal activities. Methods- 50 children from age group 6-14 years were randomly selected from a special school for mentally retarded children and assessed. Results- Analysis of the data revealed 66% the children to be above cut off score. Mean CBCL score was 56.42. There was significantly higher prevalence of behaviour problems in the younger age group. There was higher prevalence of behaviour problems in children with moderate mental retardation than in children with mild mental retardation. Common behaviour problems reported were 'impulsive or acts without thinking', 'can not concentrate' & 'sudden changes in mood or feelings'. Common behaviour problems in younger age group were 'impulsive', 'can't concentrate', 'acts too young for her age' etc. and in the older group it was 'impulsive', 'can not concentrate' and 'acts too young for her age'. Common behaviour problems in children with mild mental retardation were 'impulsive', 'can't concentrate', 'Gets hurt a lot, accident prone' etc and in children with moderate retardation were 'can't concentrate', 'bites fingernails', 'Gets hurt a lot, accident prone' etc. Discussion- Analysis of the data revealed a significantly higher prevalence of behaviour problem in mentally retarded children. Behaviour problems were more in the younger age group. There was higher prevalence of behaviour problems in children with moderate mental retardation than in children with mild mental retardation. No specific trend could be observed in the types of behaviour problems as regards to sex, age, income of the parents and severity of mental retardation.

Afsaneh Khajevand Khoshali (2013) this study was conducted on **The study on behavior problem in children with mental disabilities**. The present study was designed to identify problem behaviors of mentally retarded children with attempts to show the difference of time spent for play activities in a typical 24-hour activity log and nature of play peers and time involvement of mental retarded children with behaviors problem in compare to mental retarded children without behaviors problem. Also the present study uses cross sectional observation and key informant interview techniques to elicit data in a group of 140 children with behavior problem in severity

level of mild and moderate mental retardation. Their chronological ages ranges between 3-14 years. The sample included males and females. For the purpose of this study, three schedules were used: 'Demography data sheet' with a 'Daily Activity Log Schedule' and 'Behavioral Assessment Scales for Indian Children with Mental Retardation (BASIC-MR) Part-B.was administered to identify the problem behaviors. In sum the results showed that the hyperactive behaviors are more prevalent followed by violent and destructive behaviors, misbehavior with others, odd behaviors, and rebellious behaviors. The other categories of behaviors are relatively less prevalent. The representation of result in the various types of activities typically indulged in 24-hour cycle of a day for mentally retarded children with and without problem behaviours indicated that the Children with problem behaviours are found to differ significantly in the amount of time they spend on watching television, attending therapy classes as compared to their peers without any reported problem behaviours and The presence or absence of problem behaviours in children with mental retardation emerges as a statistically significant variable in influencing the types and duration of time spent by significant others during play (X^2 ; 5.161; $p > 0.023$; S). It appears that children with problem behaviours have fewer companions in the form of same aged or younger aged peers than children without problem behaviours.

İlknur ÇİFCİ TEKİNARSLAN, (2012) study was conducted on Teachers' and Mothers' Assessment of Social Skills of Students with Mental Retardation* The purpose of this study is to compare the assessment results of social skills of students with mental retardation by their teachers and mothers through relational model by using descriptive statistics. The research group in this study consisted of mothers and teachers of 562 children with mental retardation aged between 6 and 12 who enrolled in special education schools and special classes. For 6-12 age group, Teacher Form of Social Skills Rating System (SSRS-TF) and Parent Form of Social Skills Rating System (SSRS-PF) were used to collect data. Initially, this study investigated whether there was a relation between the mother and teacher assessment results of social skills of students with mental retardation. Then it examined whether the social skills of students with mental retardation differ according to the various variables such as gender, age, level of retardation, and additional disability. According to the results of analysis, a high correlation was found between the total scores of social skills scale obtained

after mother and teacher assessments. Additionally, a high correlation was found between externalizing behavior subscale score and hyperactivity subscale score and the assertiveness subscale score of teachers and parents forms. Moreover, a high correlation was observed between the total scores of problem behavior subscales of teachers and parents forms. There is a moderate relationship between cooperation skills subscales score, self-control skills subscales score and internalizing problem behaviors subscales score. In addition, the social skills of the girls are more than those of the boys, and their problem behaviors are lower than those of the males. The social skills of the students with mental retardation who are in 6-9 age group are significantly lower than those of the students who are in 10-12 age group, and problem behaviors do not differ according to age of the students.

CONCEPTUAL FRAME WORK:

Conceptual frame work deals with obstruction that is assembled by virtue of their relevance to a common theme A conceptual frame work broadly presents an understanding of the phenomenon of interest and reflects the assumption & philosophical view of the models designs.

A conceptual map includes all of the major concepts in a theory or frame work. The conceptual frame work for this study is based on the health belief model. This is the most popular model among the models for health education.

Rosen stocks and Becker 1975 belief model is a way of understanding predicting and how the present will behave in relation of their health and how will comply with health care therapies.

The framework of the study is adopted from the fish bone diagram (cause & effect diagram 1992) and health belief model the fish bone diagram has develop by a group of individual from the member of a quality assurance forum, Health belief Model was proposed by Rosen stocks(1974) and Becker and main man's 1975.

It addresses the relationship between a persons belief and behave it consist of the 3 components.

- Individual Perceptions
- Modifiable Factors
- likelihood of action

The present study aims to determine the importance to give care, educate, and solve the problems of parents with the mental retorted children.

INDIVIDUAL PERCEPTION:

It refers to the individual perception of susceptibility of an inners they are demographical variables which given the thoughts, feelings, and valves of the patient. They are expressed in the age, sex, place of residence occupation these variables are represented as tail of the fish.

MODIFYING FACTORS:

Controllable and uncontrollable events on the circumstance which can be altered (or) not predicted to prevent improve sanitation latrine among adult have been classified under two headings and these Clements become the body of the fish.

THE LIKE HOOD OF ACTION:

It is the probable outcome of the analysis of the level of the importance of sanitary latrine among adult, In the current study, The detailed analysis from the questionnaire it will help in the current study, the detailed analysis from the questionnaire it will help in the formulation or in the development of a module on the tips to reduce the Mental Retardation among children aged between 5-18 years.

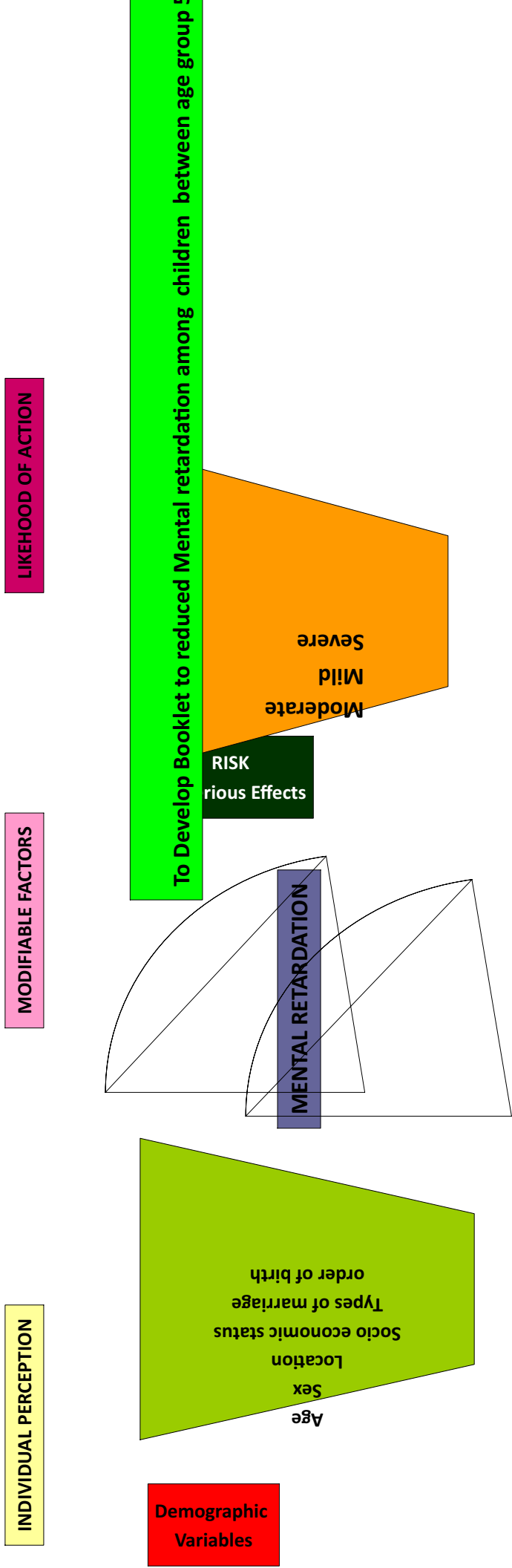


Fig - 1
Adopted from fish bone diagram cause effective diagram lastenda, C. Decision making and health belief model.

CHAPTER - III

RESEARCH METHODOLOGY

Research methodology indicates the generalized pattern of organizing the procedure for gathering valid and reliable data for investigation. It includes the strategies to be used to collect and analyze the data to accomplish the research objective and to test research hypothesis. It includes research approach, research design, variables, the setting, the sample and sampling technique, development and description of tools, data collection and plan for data analysis.

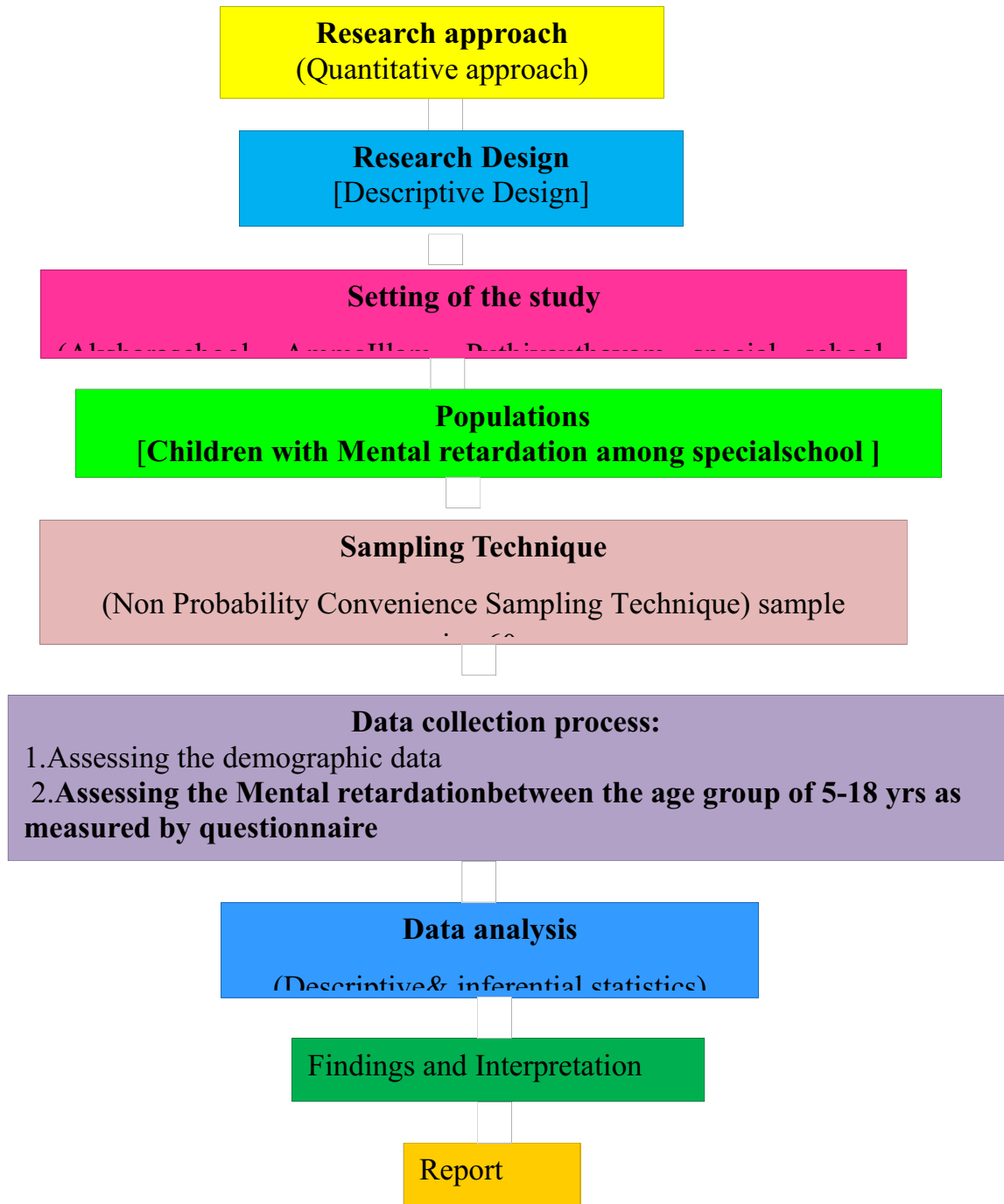
RESEARCH APPROACH

It was a Quantitative Approach. This study aims to assess the problems of children with Mental Retardation aged 5-18yrs at Aksharaschool, AmmaIllam, Puthiyauthayam special school, Dindigul.

RESEARCH DESIGN

The design adopted was Descriptive research design. This study to assess the problems of children with Mental retardation among children aged 5-18 yrs at Akshara school, AmmaIllam, Puthiyauthayam special school, Dindigul.

Figure 2: SHEMATIC REPRESENTATION OF METHODOLOGY



VARIABLES

DEPENDENT VARIABLES : In this study dependent variables are meeting needs, Education, Social Skills and Problem faced by Parents.

INDEPENDENT VARIABLES : In this study Independent variables are Age, Gender, Location, Income, Type of marriage Order of birth.

SETTING OF THE STUDY

The study was conducted at Akshara School, Amma Illam, Puthiya uthayam special school, Dindigul.

POPULATION

The study population consists of all the partial children and partial caregiver admitted into the special school.

ACCESSIBLE POPULATION:

It refers to the aggregate of cases which conform to the designed criteria and which is accessible to the researcher as the pool of subjects or objects. In this study the accessible was to assess the problems of children with mental retardation among 5-18 yrs

SAMPLE AND SAMBLE SIZE

A sample is the subset of the population selected to participate in research study, the children who are affected with Mental Retardation and care giver in special school. Amma Illam, Akshara school, Puthiya uthayam were the study samples. The sample size for this study was arbitrarily decided to be 60.

SAMPLING TECHNIQUE

Sampling is the important step in research process. It is the process to selecting representative units of subset of a population of the study in a convenient sampling technique was used in the study.

CRITERIA FOR SAMPLE SELECTION

Inclusive criteria

1. who are interested to participate in the study.
2. Available at the time of data collection,
3. Able to cooperate throughout the period of the data collection,
4. Able to read and write Tamil and English.

Exclusive criteria

- who are sensitized to any research study on learning disabilities since three months.
- who are psychologically and physically unfit during the time of data collection.
- Sick at the time of data collection,
- Not willing to cooperate throughout the time of data collection.
- Children with deaf, dumb severe physical conditions that may interfere with school performance, sub normal intelligence will be excluded.

DEVELOPMENT OF INSTRUMENTS

The research tool was developed by doing extensive literature reviews the primary and secondary sources of literature were to develop an appropriate tool.

The instrument consists of two parts:

PART-1

DEMOGRAPHIC DATA

Demographic data consists of age, Gender, location, socio economic status, types of marriage and order of birth.

PART-2

To assess the problem of the Mental Retardation. It had consists of 4 items. It includes Meeting Needs, Education, social skill, problem faced by parents.

Testing of the tools

Validity

The modified questionnaire was developed by the investigator. The tool evaluated by the experts in psychiatric nursing field 'psychiatric'.

Reliability: the investigator checked reliability of the tool was elicited by inter rater reliability .the tool as moderately reliable.

SCORING INTERPRETATION

Meeting needs of children with Mental Retardation

Severity of mental retardation can be broken into 4 levels:

- 60-40 - severe

- 39-20 - Moderate
- 19-0 - Mild

SCORING FOR EDUCATION

- 0-9 - Severe
- 10-19 - Moderate
- 20-30 - Mild

SCORING FOR SOCIAL SKILLS:

- 0-9 - Severe problems
- 10-19 - Moderate problems
- 20-30 - Mild problems

SCORING FOR PARENTS FACED BY PARENTS

- 10-15 -severe
- 5-9 -Moderate
- 0-4 -Mild

PILOT STUDY REPORT

Pilot study was conducted at School,Akshara specialDindigulfor a period of 2weeks(5-01-2015 to 11-01-2015).

Permission was obtained from the Director of District Disability welfare officer School.**Descriptive design** was adapted to assess Mental Retardation students aged between 5-18yrsAkshara Special School.total population was selected. 5 Participants who met the eligible criteria were selected by convenience sampling technique. The purpose of the study was explained and written consent was obtained from each Class teachers. Mental Retardation children aged between 5-18yrsassessed by using questionnaire. The duration of data collection for each participant was 30 minutes. No problem faced during pilot study.

TECHNIQUE OF DATA ANALYSIS

Data analysis was done with the help of descriptive and inferential statistics.

SAMPLE SIZE CALCULATION

Based on pilot study sample size was calculated and 60 samples were taken for the main study.

DATA COLLECTION PROCEDURE

Written permission was obtained from the Mr.Mathivanan District disability welfare officer, Dindigul. Akshara School, AmmaIllam, Puthiyauthayam special school, Dindigul.

The Students who fulfilled the inclusion criteria were selected by using Convenience sampling method. The researcher introduced herself to the students and developed good rapport with them for their co- operation. The researcher assured the participants for the confidentiality of their responses.

The purpose of the study was explained to every sample, so as to get their full co-operation. Adequate privacy was provided. Demographic data was collected through self report. After that assessing problems faced by students by using the questionnaire. Duration for collection of data is 30 mts.

PLAN FOR DATA ANALYSIS

S.NO	OBJECTIVE	STATISTICAL PROCEDURE
1	To assess the problems of Mental Retardation among school children.	Frequency Distribution and percentage
2	To associate the Mental Retardation with	Chi-Square

	demographic variables like age, sex, Gender, Location, socio economic status, types of marriage, order of birth.	
3	To find out the Regression of Mental Retardation among children aged between 5-18 years.	Regression

PROTECTION OF HUMAN RIGHTS

Oral consent was obtained from the study sample before starting the data collection. Assurance was given and confidentiality was maintained .Children who were participated in this study were explained that they have the rights to withdraw from the study at any point of time. There was absence of physical and psychological strain to the children who were participated in this study.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Polit(2004) states that statistical analysis is a method of rendering quantitative information and elicits meaningful and intelligible form to research data. This chapter deals with the analysis and interpretation of the data collected and thereby to assess the “To assess the level of mental retardation among children” Collected data were statistically analyzed by the researcher to summarize, organize, evaluate, interpret and communicate numeric information. The collected data deals with socio demographic variables, assess the Problems of mental retardation among children aged between 5-18 years. The data which analyzed were tabulated and presented according to the objectives of the study.

The data collected were edited, tabulated, analyzed and interpreted. The findings were organized and presented in the following orderly sections;

SECTION I: Frequency Distribution and percentage on demographic variables among children aged between 5-18 years

SECTION II:Frequency distribution and percentage on Mental Retardation among children aged between 5-18years

SECTION III:Association between age and the problems of Mental Retardation.

SECTION IV:Association between Gender and the problems of Mental Retardation.

SECTION V:Association between location and the problems of Mental Retardation.

SECTION VI: Association between socio economic status and the problems of mental retardation.

SECTION VII Association between type of marriage and the problems of mental retardation

SECTIONVIII:Association between order of birth and problems of Mental Retardation.

SECTION IX:Linear regression on Mental Retardation predicting with Meeting Needs

SECTION X:Linear regression on Mental Retardation predicting with Education

SECTION XI: Linear regression on Mental Retardation predicting with Social Skill.

SECTION XII:Linear regression on mental retardation predicting with Problems faced by parents.

SECTION – I
FREQUENCY DISTRIBUTION AND PERCENTAGE ON DEMOGRAPHIC
VARIABLES AMONG CHILDREN AGED BETWEEN 5-18YEARS
TABLE- I

NO-60

S.	DIMENSION	FREQUENCY	PERCENTAGE
-----------	------------------	------------------	-------------------

N			
1	AGE		
	1. 5-8yrs	16	26.7%
		18	30%
		18	30%
	2. 9-11yrs	8	13.3%
	3. 12-15yrs		
	4. 16-18yrs		
2	SEX		
	1. Male	34	56.7%
		26	43.3%
	2. Female		
3	LOCATION		
	1. Rural	13	21.7%
		47	78.3%
4.	SOCIO ECONOMIC STATUS.		
	1.High	13	21.7%
		47	78.3 %
	2.Low		
5.	TYPE OF MARRIAGE		
	1.Consangious	37	61.7%
		23	38.3%
	2.Non Consangious		
6.	ORDER OF BIRTH		
		38	62.3%
	1.1st	19	31.1%
		3	5.5%
	2. 2nd		
	3. 3rd		

Table I Shows that frequency distribution and percentage on demographic variables among children aged between 5-18 yrs. Regarding age, 16(26.7%) were between the age group of 3-6 yrs, 18(30%) were between the age group of 7-10yrs , and 18(30%) were between the age group of 11-14 yrs.8(13.3%)were between the age group of 15-18 yrs.

Regarding sex, 34(56.7%) were Males, and 26(43.3%) were Females.

Regarding Location, 13(21.7%) were Rural students and 47(78.3%) were Urban students.

Regarding socio economic status, 13(21.7%) were high socio economic group and 47(78.3%) were low socio economic group.

Regarding type of marriage, 37(61.7%) were Consanguineous marriage and 23(38.3%) were non Consanguineous marriage.

Regarding Order of birth, 38(62.3%) were normal delivery, 19(31.1%) were LSCS, 3(5.5%) were others

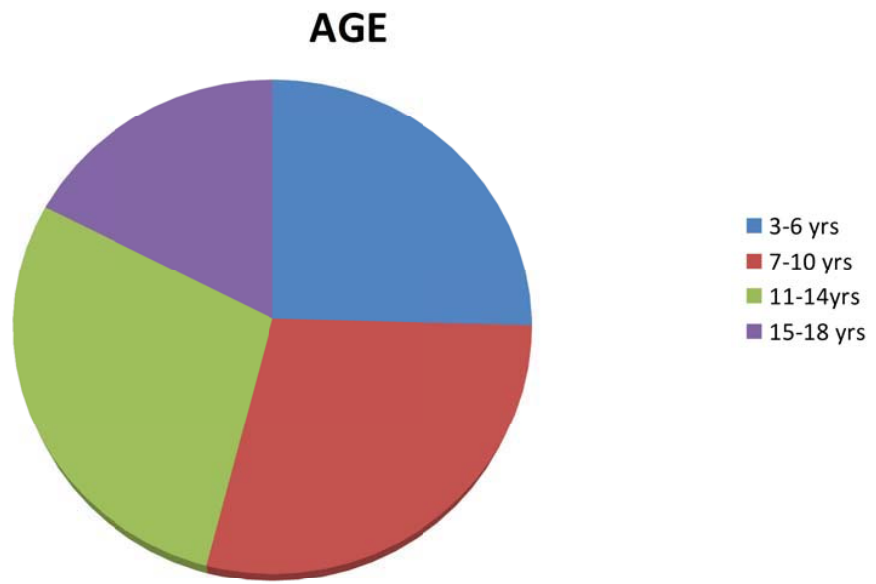


Figure: 3 frequency distribution and percentage on Age among children aged between 5-18 years

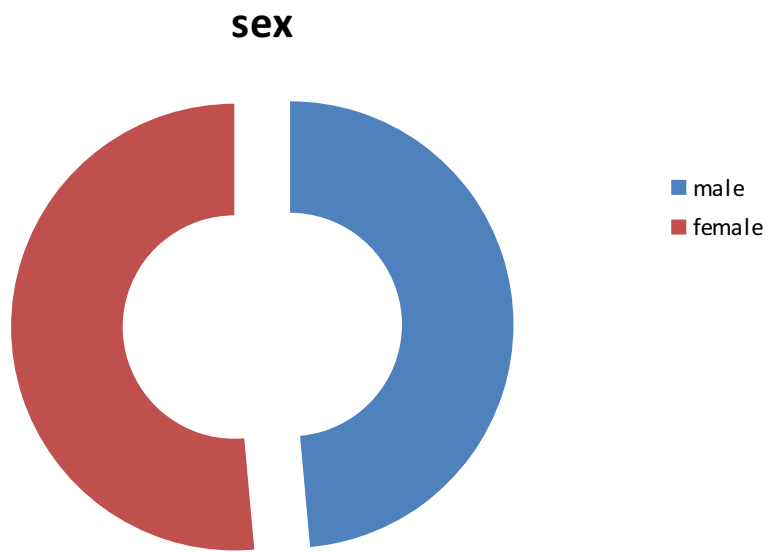


Figure: 4 frequency distribution and percentage on Gender among children aged between 5-18 years

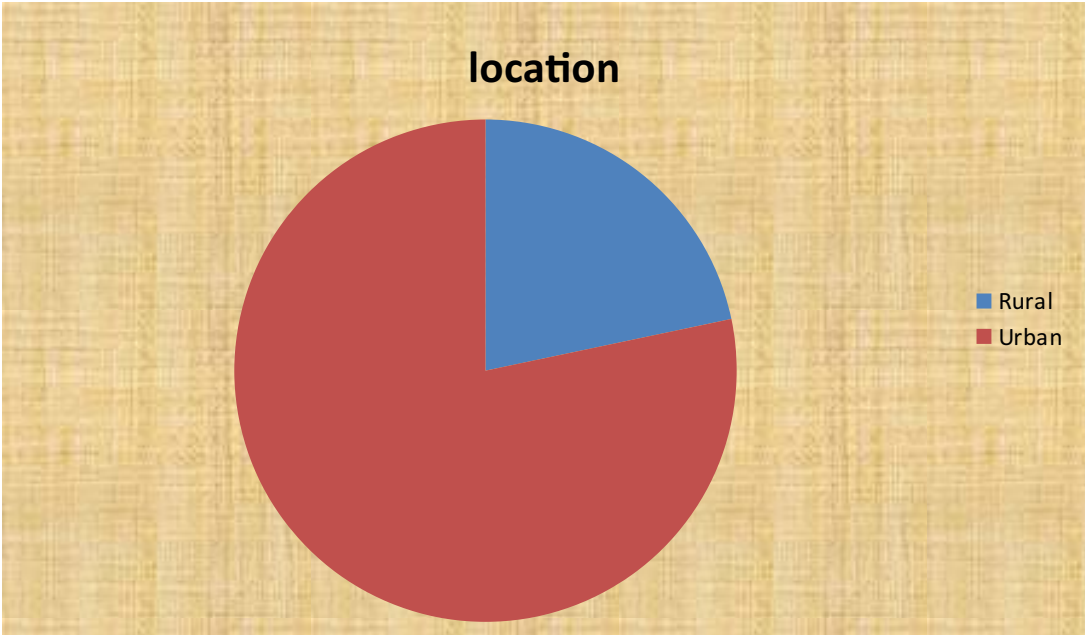


Figure: 5frequency distribution and percentage on Location among children aged between 5-12 years

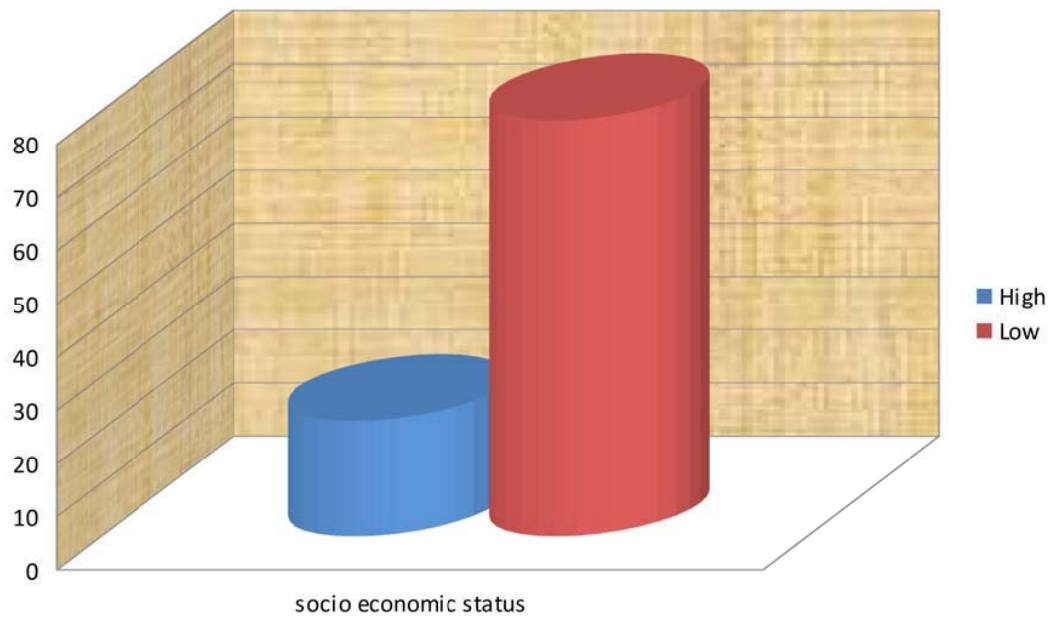


Figure: 6frequency distribution and percentage on Socio economic status among children aged between 5-12 years

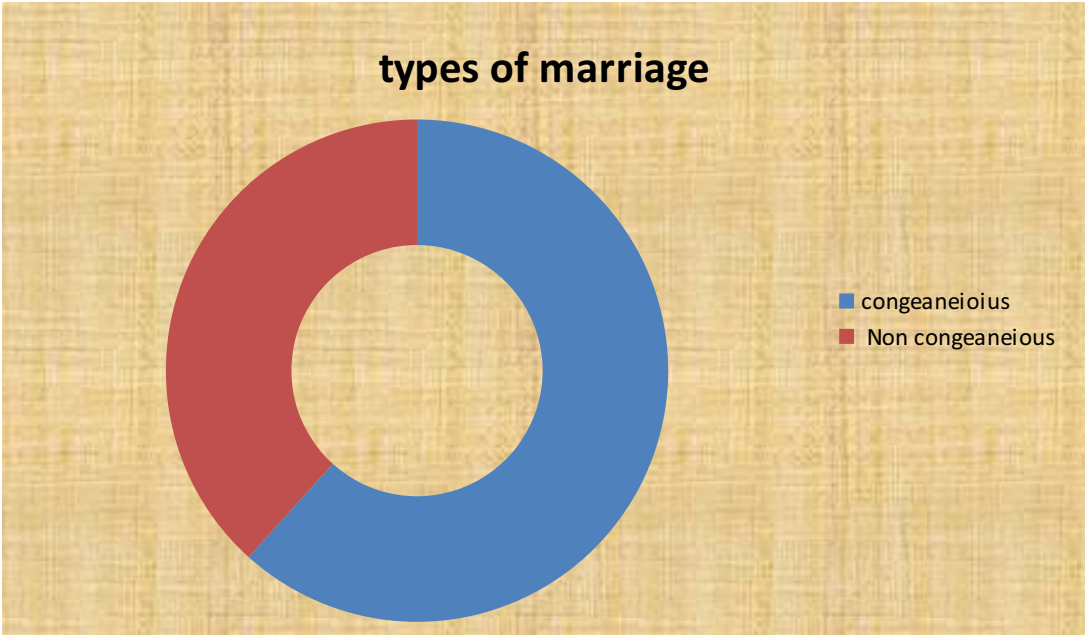


Figure: 7 frequency distribution and percentage on types of marriage among children aged between 5-18 years

ORDER OF BIRTH

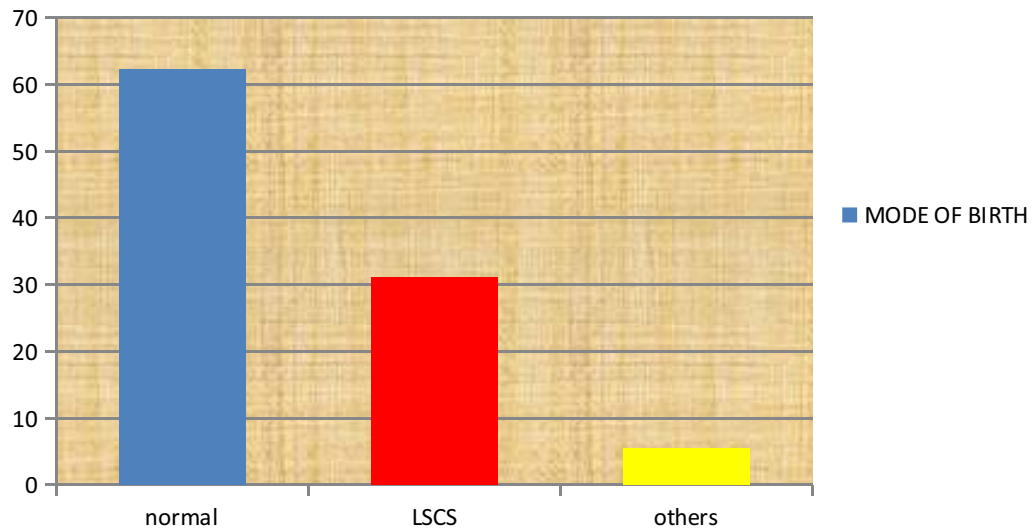


Figure: 8 frequency distribution and percentage on order of birth among children aged between 5-18 years

SECTION- II

FREQUENCY DISTRIBUTION AND PERCENTAGE ON MENTAL RETARDATION AMONG CHILDREN AGED BETWEEN 5-18 YEAR.

NO-60

	VARIABLES	SEVERE		MODERATE		MILD	
		F	%	F	%	F	%
1	MEETING NEEDS	14	23.3%	15	25%	31	51.7%
2	EDUCATION	15	25%	29	48.3%	16	26.7%
3	SOCIAL SKILL	14	23.3%	31	51.7%	15	25%
4	PROBLEMS FACED BY PARENTS	12	20%	33	55%	15	25%

Table 2 Shows that frequency distribution and percentage on problems of mental retardation children aged between 3--18 yrs.

In Meeting Needs 14(23.3%) have severe problems, 15(25%) have moderate problems and 31(51.7%) have mild problems.

In Education, 15(25%) have severe problems, and 29(48.3%) have moderate problems, and 16(26.7%) have mild problems.

In Social skill, 14(23.3%) have severe problems, 31(51.7%) have problems, 15(25%) have mild problems.

In Problems faced by parents, 12(20%) have severe problems, 33(55%) have problems, 15(25%) have mild problems .

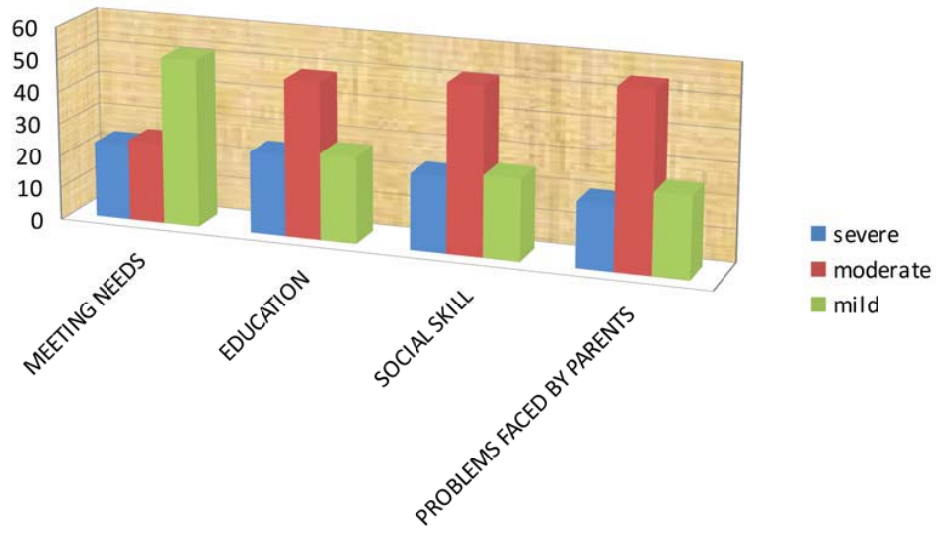


Figure: 9 Association between Age and Problems of Mental retardation.

SECTION-III
ASSOCIATION BETWEEN AGE AND PROBLEMS OF MENTAL
RETARDATION.

NO-60

Dimensions	Calculated Chi Square value	Df	'P' value	S/NS
MEETING NEEDS	1.746	6	16.92	NS
EDUCATION	2.063	6	16.92	NS
SOCIAL SKILL	1.746	6	16.92	NS
PROBLEM FACED BY PARENTS	5.463	6	16.92	NS

Table3: c

Regarding Meeting Needs the Chi Square value was 1.746. The table value was 16.92. Table value is greater than Chi Square Value. There is no association between age and meeting needs.

Regarding Education the Chi Square value was 2.228. The table value was 16.92. Table value is greater than Chi Square Value. There is no association between age and Education.

Regarding social skill the Chi Square value was 2.511. The table value was 16.92. Table value is greater than Chi Square Value. There is no association between age and Social skill.

Regarding problems faced by parents the Chi Square value was 5.463. The table value was 16.92. Table value is greater than Chi Square Value. There is no association between age and Problems faced by parents.

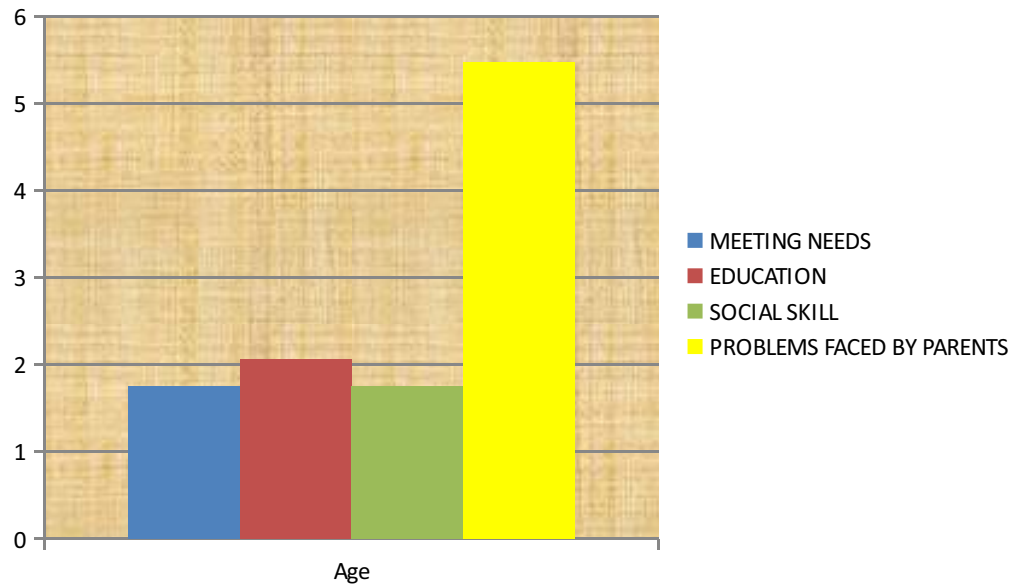


Fig:10 Association between Age and problems of Mental retardation.

SECTION IV
ASSOCIATION BETWEEN GENDER AND LEVEL OF MENTAL
RETARDATION

Dimensions	Calculated Chi Square value	Df	'P' value	S/NS
MEETING NEEDS	3.669	2	5.99	NS
EDUCATION	1.664	2	5.99	NS
SOCIAL SKILL	3.524	2	5.99	NS
PROBLEMS FACED BY PARENTS	2.067	2	5.99	NS

Regarding Meeting needs, the Chi Square value was 2.176. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between Gender and Meeting needs.

Regarding Education the Chi Square value was 1.610. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between Gender and Education.

Regarding Social skill the Chi Square value was 2.511. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between Gender and Social skill.

Regarding Problems faced by parents the Chi Square value was 1.666. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between Gender and Problems faced by parents.

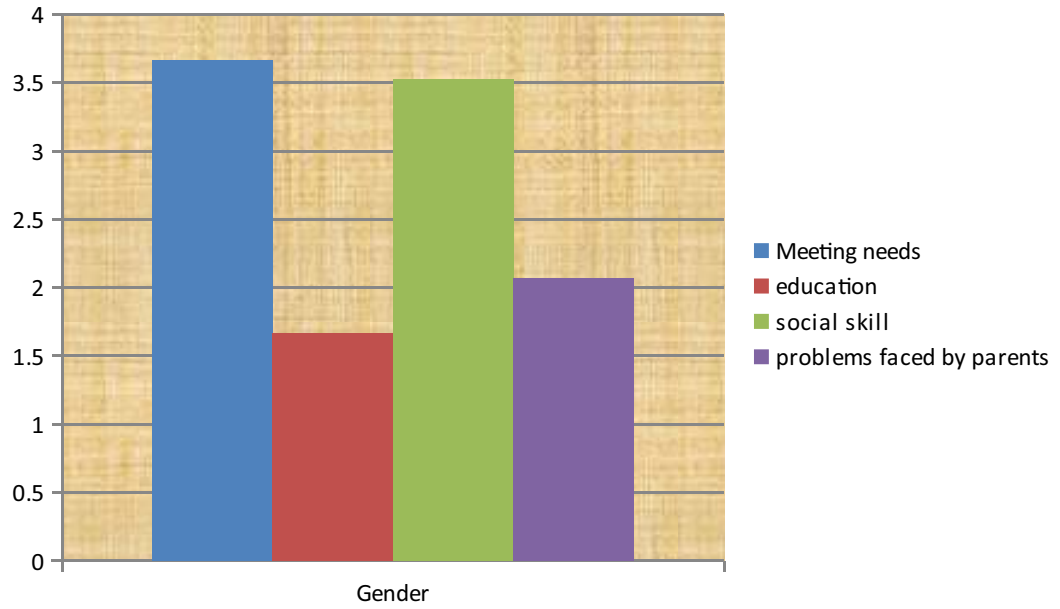


Figure: 11 Association between Gender among children aged between 5-18 years

SECTION-V
ASSOCIATION BETWEEN LOCATION AND PROBLEMS OF MENTAL
RETARDATION

NO-60

Dimensions	Calculated Chi Square value	df	'P' value	S/NS
MEETING NEEDS	1.022	2	5.99	NS
EDUCATION	1.480	2	5.99	NS
SOCIAL SKILL	1.480	2	5.99	NS
PROBLEMS FACED BY PARENTS	2.505	2	5.99	NS

Regarding Meeting Needs the Chi Square value was .1.022. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between class and Meeting needs.

Regarding Education the Chi Square value was 1.480. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between class and Education.

Regarding social skill the Chi Square value was 1.480. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between class and Social skill.

Regarding Problems faced by parents the Chi Square value was 2.505. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between class and Problems faced by parents.

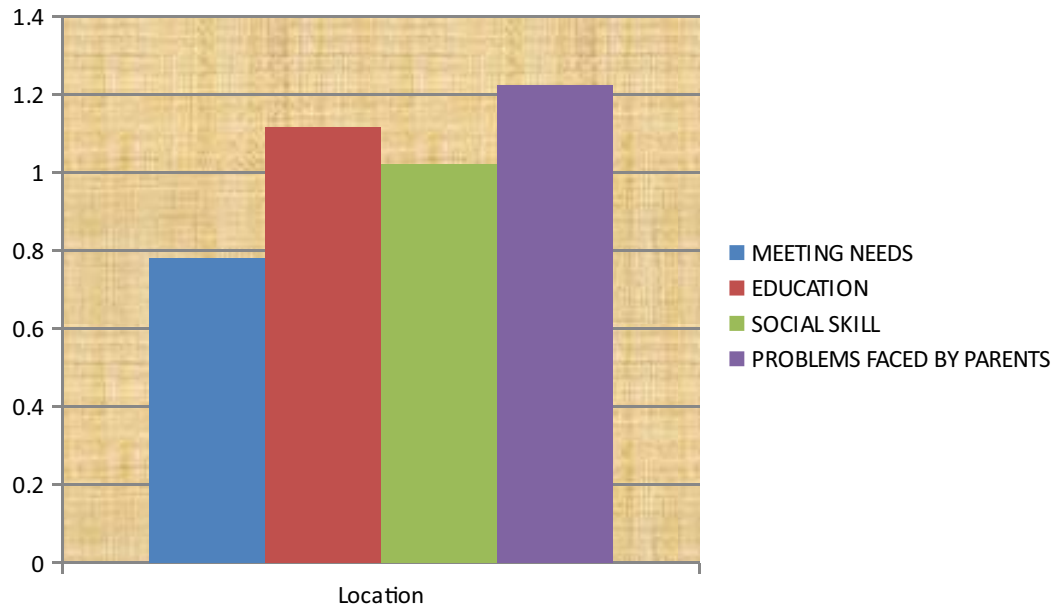


Fig:12 shows that association between Location and Problems of Mental Retardation.

SECTION-VI
ASSOCIATION BETWEEN SOCIO ECONOMIC STATUS AND PROBLEMS
OF MENTAL RETARDATION

Dimensions	Calculated Chi Square value	df	'P' value	S/NS
MEETING NEEDS	1.174	2	5.99	NS
EDUCATION	8.761	2	5.99	S
SOCIAL SKILL	1.174	2	5.99	NS
PROBLEMS FACED BY PARENTS	1.223	2	5.99	NS

Regarding Meeting Needs the Chi Square value was 1.174. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between class and Meeting needs.

Regarding Education the Chi Square value was 8.761. The table value was 5.99. Table value is greater than Chi Square Value. There is association between class and Education.

Regarding social skill the Chi Square value was 1.174. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between class and Social skill.

Regarding Problems faced by parents the Chi Square value was 1.223. The table value was 5.99. Table value is greater than Chi Square Value. There is no association between class and Problems faced by parents..

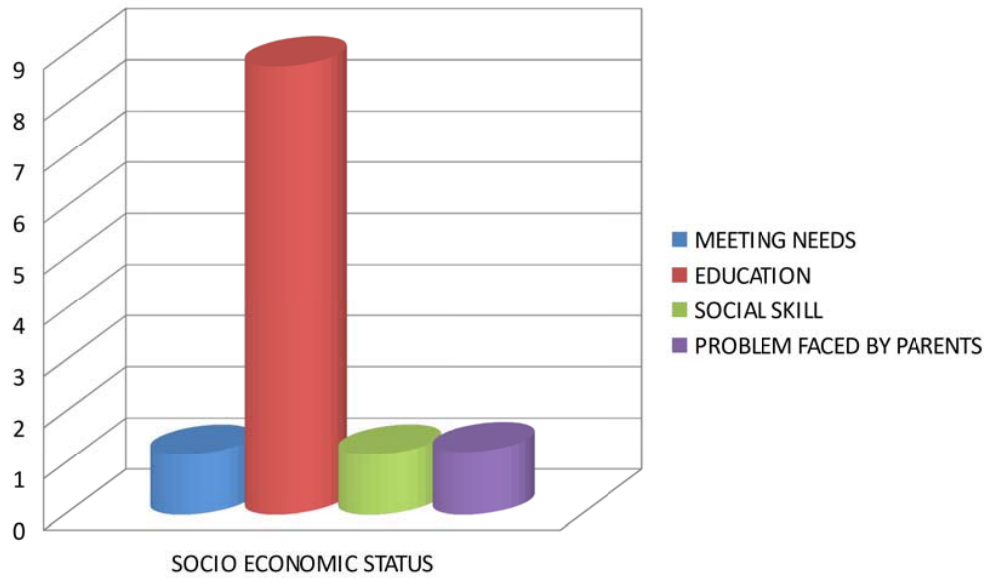


Figure:13 Association between Socio economic status and problems of mental retardation among aged 5-18 yrs

SECTION-VII
ASSOCIATION BETWEEN TYPES OF MARRIAGE AND PROBLEMS
OF MENTAL RETARDATION

Dimensions	Calculated Chi Square value	df	'P' value	S/NS
MEETING NEEDS	8.092	2	5.99	S
EDUCATION	8.761	2	5.99	S
SOCIAL SKILL	23.185	4	16.92	S
PROBLEMS FACED BY PARENTS	9.595	2	5.99	S

Regarding Meeting Needs the Chi Square value was 8.092. The table value was 5.99. Table value is greater than Chi Square Value. There is association between class and Meeting needs.

Regarding Education the Chi Square value was 8.761. The table value was 5.99. Table value is greater than Chi Square Value. There is association between class and Education.

Regarding social skill the Chi Square value was 23.185. The table value was 16.92. Table value is greater than Chi Square Value. There is association between class and Social skill.

Regarding Problems faced by parents the Chi Square value was 9.595. The table value was 5.99. Table value is greater than Chi Square Value. There is association between class and Problems faced by parents..

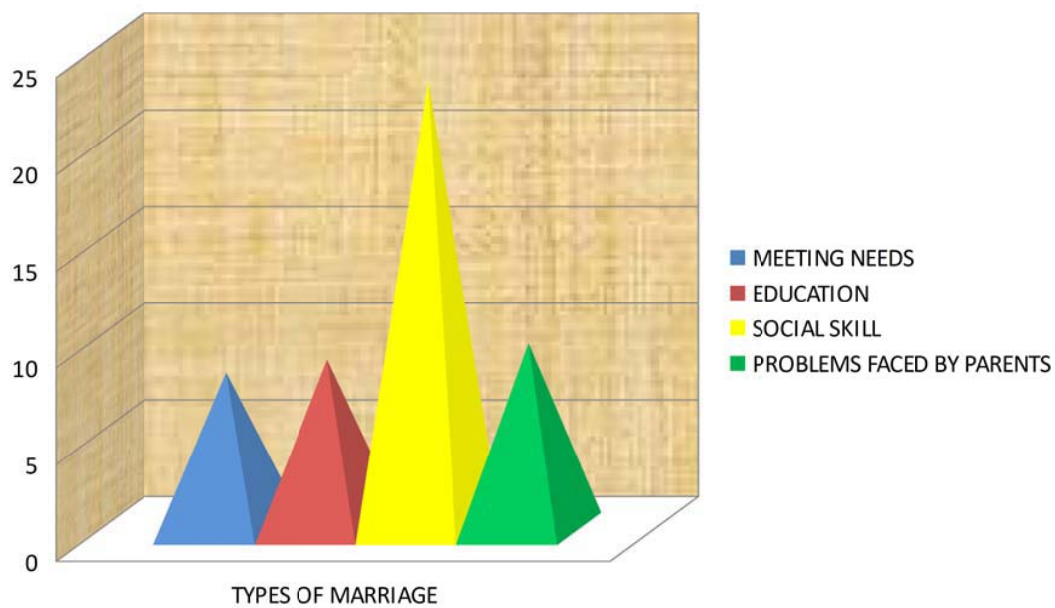


Figure: 14 Association between Types of marriage and problems of mental retardation.

SECTION- VII
ASSOCIATION BETWEEN ORDER OF BIRTH AND PROBLEMS OF
MENTAL RETARDATION

NO-60

Dimensions	Calculated Chi Square value	Df	'P' value	S/NS
MEETING NEEDS	28.080	4	16.92	S
EDUCATION	20.091	4	16.92	S
SOCIAL SKILL	23.185	4	16.92	S
PROBLEMS FACED BY PARENTS	9.595	2	5.99	S

Regarding Meeting Needs the Chi Square value was 28.080. The table value was 16.92. Table value is greater than Chi Square Value. There is association between class and Meeting needs.

The Chi Square value was 20.091. The table value was 16.92. Table value is greater than Chi Square Value. There is association between class and Education.

Regarding social skill the Chi Square value was 23.185. The table value was 16.92. Table value is greater than Chi Square Value. There is association between class and Social skill.

Regarding Problems faced by parents the Chi Square value was 9.595. The table value was 5.99. Table value is greater than Chi Square Value. There is association between class and Problems faced by parents..

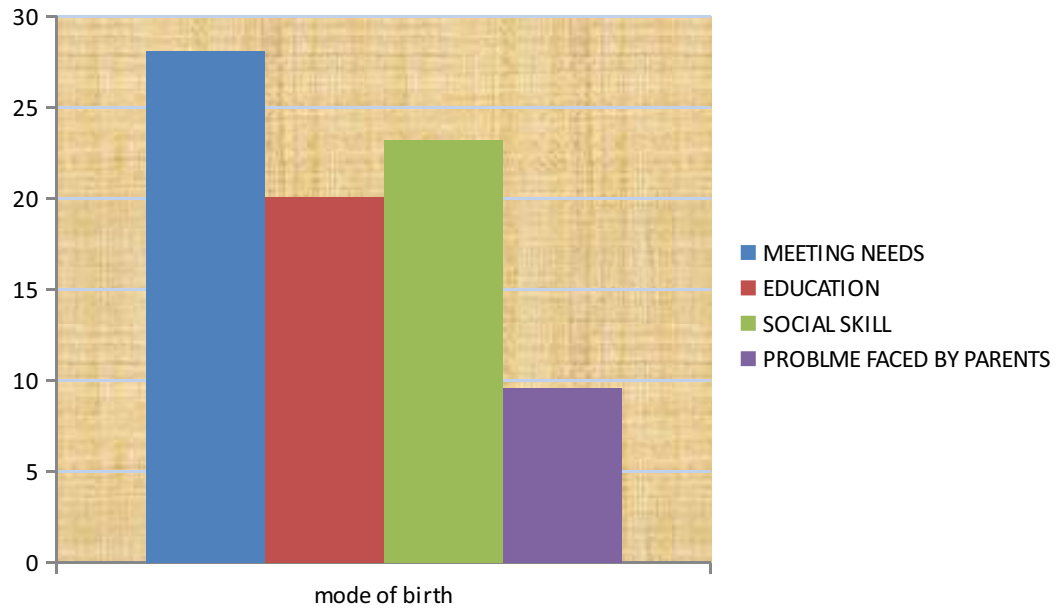


Fig:15 Association between order of birth and problems of mentalretardation

SECTION:VIII
LINEAR REGRESSION ON MEETING BASIC NEEDS AMONG
DEMOGRAPHIC VARIABLES

NO-60

S.NO	DIMENTIONS	UNSTANDARDIZED COEFFICIENTS		STANDARDIZED COEFFICIENTS	t	Sig
		B	STANDARD ERROR			
1	AGE	.020	.079	.029	.259	.797
2	GENDER	.008	.161	.006	.049	.961
3	LOCATION	.756	.312	.448	2.426	.019
4	SOCIO ECONOMIC STATUS	-.620	.311	-.368	-1.992	.051
5	TYPE OF MARRIAGE	.116	.167	.081	.697	.489
6	ORDER OF BIRTH	-.658	.147	-.554	-4.481	.000

Table VIII Shows that the standardized beta indicates that the relative contribution of all five dimensions of the independent variables in predicting Meeting basic Needs based on the percentage of prediction of Age(2.9%), sex (0.6%), Location (44.8%), Socio economic status(36.8%), Type of marriage (8.1%) and order of birth (55.4%) demographic variables having influencing on meeting basic needs.

SECTION: IX
LINEAR REGRESSION ON EDUCATION AMONG DEMOGRAPHIC
VARIABLES

No-60

S.NO	DIMENTIONS	UNSTANDARDIZED	STANDARDIZED	t	
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		COEFFICIENTS		COEFFICIENTS		Sig
		B	STANDARD ERROR			
1	AGE	.035	.086	.049	.407	.686
2	SEX	-.182	.176	-.126	-1.032	.307
3	LOCATION	.773	.341	.443	2.267	.027
4	SOCIO ECONOMIC STATUS	-.614	.341	-.352	-1.804	.077
5	TYPES OF MARRIAGE	.231	.183	.156	1.263	.212
6	ORDER OF BIRTH	-.579	.161	-.472	-3.606	.001

Table IX Shows that the standardized beta indicates that the relative contribution of all five dimensions of the independent variables in predicting Education based on the percentage of prediction of Age(4.9%), sex (12.6%), Location (44.3%),Socio economic status(35.2%), Types of marriage (15.6%) and order of birth (47.2%) thus, these demographic variables having influencing in education.

SECTION:X
LINEAR REGRESSION ON SOCIAL SKILL AMONG DEMOGRAPHIC VARIABLES

NO-60

S.NO	DIMENTIONS	UNSTANDARDIZ ED	STANDARDIZED COEFFICIENTS	t	Sig
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		COEFFICIENTS				
		B	STANDARD ERROR			
1	AGE	.017	.082	.024	.206	.838
2	SEX	-.176	.082	-.125	-1.043	.301
3	LOCATION	.775	.168	.460	2.384	.021
4	SOCIO ECONOMIC STATUS	-.620	.325	-.367	-1.907	.062
5	TYPES OF MARRIAGE	.237	.174	.166	1.357	.161
6	ORDER OF BIRTH	-.570	.153	-.481	-3.724	.000

Table X Shows that the standardized beta indicates that the relative contribution of all five dimensions of the independent variables in predicting Social skill. based on the percentage of prediction of Age(2.4%), sex (12.5%), Location (46%), Socio economic status(36.7%), Type of marriage (16.6%) and order of birth (48.1%) thus, these demographic variables having influencing in social skills.

SECTION: XI
LINEAR REGRESSION ON PROBLEMS FACE BY PARENTS AMONG
DEMOGRAPHIC VARIABLES

S.NO	DIMENSIONS	UNSTANDARDIZED COEFFICIENTS		STANDARDIZED COEFFICIENTS	t	Sig
		B	STANDARD ERROR			
1	AGE	.092	.078	.138	1.184	.242
2	SEX	-.052	.159	-.039	-.327	.745
3	LOCATION	.292	.308	.180	.949	.347
4	SOCIO ECONOMIC STATUS	-.083	.307	-.051	.269	.789

5	TYPE OF MARRIAGE	.269	.165	.195	1.631	.109
6	ORDER OF BIRTH	-.572	.145	-.501	-3.949	.000

Table XI Shows that the standardized beta indicates that the relative contribution of all five dimensions of the independent variables in predicting Problems faced by parents. based on the percentage of prediction of Age(2.4%), sex (12.5%), Location (46%),Socio economic status(36.7%), Type of marriage (16.6%) and orderof birth (48.1%) Thus, these demographic variables having influencing in problems face by parents.

CHAPTER - V

DISCUSSION

This chapter deal with the discussion of the study with appropriate literature, statistical analysis and the findings of the study based on the study objectives.

The aim of the study was to assess the Problems of children with Mental Retardation among children aged between 5-18 years at Akshara school, Amma Illam, Puthiya Uthayam school, Madurai.

The main study was conducted from sample numbering of 60 among special school Children.

The Mental Retardation among primary school children was assessed by questionnaire.

HYPOTHESIS

H1: There will be a significant association between Meeting needs with demographic variable like age, sex, location, Socio economic Status, Type of marriage, Order of delivery.

H2: There will be a significant association between Educations with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.

H3; There will be a significant association between Social Skills with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery .

H4: There will be a significant association between Problems faced by parents with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.

Table II Table 2 Shows that frequency distribution and percentage on Problems of mental retardation children aged between 3--18 yrs. In Meeting Needs 14(23.3%) have severe problems, 15(25%) have moderate problems and 31(51.7%) have mild problems. In Education, 15(25%) have severe problems, and 29(48.3%) have moderate problems, and 16(26.7%) have mild problems. In Social skill,

14(23.3%) have severe problems, 31(51.7%) have problems, 15(25%) have mild problems. In Problems faced by parents, 12(20%) have severe problems, 33(55%) have problems, 15(25%) have mild problems.

The Supportive study is Habibollah. Naderi, Rohani. Abdullah (2010) this study was conducted on **Creativity as a predictor of intelligence among undergraduate students**. This research examines the extent to which the level of creativity and different components of creativity: Something about myself, Environmental sensitivity, Initiative, Intellectuality, Self-strength, Individuality and Artistry among undergraduate students predict intelligence One-hundred-and-fifty-three Iranian undergraduate students in Malaysian Universities (31.4% females and 68.6% males) were recruited as respondents in this study. Their ages ranged from 18-27 years for females and 19-27 years for males. **Catell Culture Fair Intelligence Test**. descriptive statistics on intelligence. The finding of this result shows that the mean score for intelligence was 104.55, standard deviation (15.70), while the mean scores for creativity and its components were as follows: the SAM (M=32.30, SD=4.44), Environmental Sensitivity (M= 4.83, SD= 1.15), Initiative (M= 2.74, SD=1.48), Self Strength(M=7.24,SD=1.62), Intellectuality(M=6.69,SD=1.70), Individuality (M=3.54,SD=1.39) and Artistry (M= 2.50, SD=1.51). Multiple regression analysis reveals that a total variance in intelligences accounted for by the creativity factors is 13.5% (multiple R² = 0.135, F (7, 145) =3.222, p = .003). This implies that creativity is important when considering the factors that influence the intelligence of students. [The Journal of American Science.

The second objective of the study is To associate the Mental Retardation with demographic variables like age, sex, Location, Socio economic status, Types of marriage, mode of birth.

Table III shows that association between Age and Problems of Mental retardation. Regarding Meeting Needs. there is no association between age and Meeting Needs. Regarding Education, there is no association between age and Education. Regarding Social skill, there is no association between age and Social skill. Regarding problems faced by parents , there is no association between age and Problems faced by parents.

Table IV shows that association between Gender and Level of Learning disabilities. Regarding Meeting Needs. there is no association between gender and Meeting Needs. Regarding Education, there is no association between gender and Education. Regarding Social skill, there is no association between gender and Social skill. Regarding problems faced by parents , there is no association between Gender and Problems faced by parents.

Table VI shows that association between Location and Problems of Mental Retardation. Regarding Meeting Needs. there is no association between class and Meeting Needs. Regarding Education there is no association between class and Education. Regarding Social skill there is no association between Social skill. Regarding problems faced by parents , there is no association between Location and Problems faced by parents.

Table V shows that association between Socio economic status and Level of Mental Retardation. Regarding Meeting Needs. there is no association between Socio economic status and Meeting Needs Regarding Education, there is no association between Socio economic status and Education. Regarding Social skill, there is no association between Socio economic status and Social skill. Regarding problems faced by parents, there is no association between Socio economic status and Problems faced by parents.

Table VI shows that association between Type of marriage and Level of Mental Retardation. Regarding Meeting Needs. there is association between Type of marriage and Meeting Needs Regarding Education, there is association between Type of marriage and Education. Regarding Social skill, there association between Type of marriage and Social skill. Regarding problems faced by parents , there is association between Type of marriage and Problems faced by parents.

Table VII shows that association between order of birth and Level of Mental Retardation. Regarding Meeting Needs. there is association between order of birth and Meeting Needs Regarding Education, there is association between order of birth and Education. Regarding Social skill, there association between order of birth and Social skill. Regarding problems faced by parents, there is association between order of birth and Problems faced by parents.

The Supportive studies are, A cross-sectional study was conducted to assess whether cognition abilities vary in children with specific mental retardation learning disorders (dyslexia, dysgraphia and dyscalculia) having different grades of nonverbal intelligence in a Government recognized clinic situated in a medical college over a period of 15 months by Department of Paediatrics, Lokmanya Tilak Municipal Medical College and General Hospital, Sion, Mumbai, India. Ninety-five children with specific learning disorders (aged 9-14 years) were assessed. An academic achievement of two years below the actual grade placement on educational assessment with a Curriculum-Based test was considered diagnostic of specific learning disorders. On basis of their non-verbal Intelligence Quotient(IQ) scores obtained on the Wechsler Intelligence scale for children test, the study is divided into three groups: (i) average-nonverbal Intelligence group(IQ 90-109), (ii) bright normal nonverbal Intelligence group(IQ 110-119) and super nonverbal Intelligence group(IQ120-129). A battery of 13 cognition function tests(CFTs) devised by Jnana Prabodhini's Institute of Psychology, Pune based on Guilford's structure of Intellect Model was administered individually on each child in the four areas of information viz. figural, symbolic, semantic and behavioural. The mean Cognition Function Tests scores obtained in the four areas of information were calculated for each of the three groups and compared using one-way analysis of variance test. A P value < 0.05 was to be considered statistically significant. The result showed that there were no statistically significant differences between their mean Cognition Function Tests scores in any of the four areas of information. The study concluded that Cognition abilities are similar in children with specific learning disorders having average, bright-normal and superior nonverbal intelligence.²²

The Third objective of the study is to find out the Regression of Mental Retardation among children aged between 5-18 years at Akshara school, Amma Illam, Puthiya uthayam special school, Dindigul.

Table VIII Shows that the standardized beta indicates that the relative contribution of all five dimensions of the independent variables in predicting Meeting Needs based on the percentage of prediction of Age(2.9%), sex (0.6%), Location (44.8%), Socio economic status(36.8%), Type of marriage (8.1%) and Mode of birth

(55.4%) Thus, these demographic variables having influencing in meeting basic needs.

Table IX Shows that the standardized beta indicates that the relative contribution of all five dimensions of the independent variables in predicting Education based on the percentage of prediction of Age(4.9%), sex (12.6%), Location (44.3%),Socio economic status(35.2%), Types of marriage (15.6%) and Mode of birth (47.2%) Thus, these demographic variables having influencing in education.

Table X Shows that the standardized beta indicates that the relative contribution of all five dimensions of the independent variables in predicting Behavioural assessment based on the percentage of prediction of Age(2.4%), sex (12.5%), Location (46%),Socio economic status(36.7%), Type of marriage (16.6%) and Mode of birth (48.1%) Thus, these demographic variables having influencing social skill.

Table XI Shows that the standardized beta indicates that the relative contribution of all five dimensions of the independent variables in predicting Problems faced by parents based on the percentage of prediction of Age(2.4%), sex (12.5%), Location (46%),Socio economic status(36.7%), Type of marriage (16.6%) and Mode of birth (48.1%) Thus, these demographic variables having influencing in problems based by parents.

The supportive studies are, Learning disabilities are frequently associated with psychological problems (Rutter, 1974;Willcutt & Pennington, 2000). Results of population based surveys suggest that about 30% of learning disabled children have behavioural and emotional problems (Mc Gee etal, 1984). Psychopathology worsens with age in children with non-verbal learning disabilities (Rourke, 1988). Marked anxiety can appear when children with dyscalculia are confronted with reasonably simple arithmetic problems (Garnett & Fleischner, 1987). Ekblad (1990) found a positive correlation between psychological disturbance and poor school achievement among Chinese children. Shenoy & Kapur (1996) noted that 21 out of 88 children with learning disability had a co-morbid psychological diagnosis. Kishore et al (2000) reported that 21 out of 56 children with specific developmental disorders of scholastic skills had a co-morbid psychological disorder.

CHAPTER - VI

IMPLICATIONS AND RECOMMENDATIONS AND CONCLUSION

This Chapter represents the summary, findings, conclusion, implications and recommendations which create a base for the future researcher for an evidence-based practice.

SUMMARY OF THE STUDY

A major topic for discussion today is the extent to which a Mental Retardation is a reality independent of social context versus a socially constructed phenomenon that depends, for its existence, on the demands, perception, values and judgements of persons in position of authority over students. One view is that students with Mental Retardation are different from most people in ways that are relatively constant across social contexts. This idea is associated with assumption that the primary causes of learning disabilities are biological-that is neurological. Another perspective is that learning disabilities are mostly created by social demands and expectations; that is, learning disabilities are phenomena constructed by social contexts. Today people from nearly every walk of life recognize the term learning disability, which is often used generically by the general public to indicate that someone's behaviour is highly unusual or inadequate for the circumstances.

PROBLEM STATEMENT:

A study to assess the Problems of children with Mental Retardation in special school in dindigul district.

OBJECTIVE OF THE STUDY:

1. To assess the Problems of children with Mental Retardation using Meeting needs, Education, Social skills, Problems faced by parents.
2. To find out the association among selected demographic variables. (age, sex, Location, Socio economic Status, Type of marriage, order of delivery)

3. To find out the significant influencing of demographic variables among Meeting needs, Education, Social skill, Problems faced by parents, dependence with demographic variables like Type of marriage and order of delivery.

HYPOTHESIS

- H1: There will be a significant association between Meeting needs with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.
- H2: There will be a significant association between Educations with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.
- H3: There will be a significant association between Social Skills with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.
- H4: There will be a significant association between Problems faced by parents with demographic variable like age, sex, location, Socio economic Status, Type of marriage, order of delivery.
- H5: There will be significant influence of demographic variables on mental retardation among meeting basic needs, education, social skill and problem faced by parents.

Pilot study was conducted at Akshara school, Dindigul for a period of 2weeks. After Pilot study, the reliability of the tool was elicited by Inter rater reliability. The Tool was moderately reliable.

The main study was conducted from sample numbering of 60 among Special School Children. The Level of problems of children with mental retardation was assessed by questionnaire.

DATA COLLECTION PROCEDURE

Written permission was obtained from the Director different abled welfare officer, Dindigul. The Students who fulfilled the inclusion criteria were selected by using Convenience sampling method. The researcher introduced herself to the students and developed good rapport with them for their co- operation. The researcher assured the participants for the confidentiality of their responses.

The purpose of the study was explained to every sample, so as to get their full co-operation. Adequate privacy was provided. Demographic data was collected through self report. After that assessing problems faced by students by using the questionnaire. Duration for collection of data is 30 mts.

MAJOR FINDINGS:

Shows that association between Age and Problems of Mental retardation. Regarding Meeting Needs, there is no association between age and Meeting Needs. Regarding Education, there is no association between age and Education. Regarding Social skill, there is no association between age and Social skill. Regarding problems faced by parents, there is no association between age and Problems faced by parents.

Table IV shows that association between Gender and Level of Learning disabilities. Regarding Meeting Needs, there is no association between gender and Meeting Needs. Regarding Education, there is no association between gender and Education. Regarding Social skill, there is no association between gender and Social skill. Regarding problems faced by parents, there is no association between Gender and Problems faced by parents.

Table VI shows that association between Location and Problems of Mental Retardation. Regarding Meeting Needs, there is no association between class and Meeting Needs. Regarding Education, there is no association between class and Education. Regarding Social skill, there is no association between Social skill. Regarding problems faced by parents, there is no association between Location and Problems faced by parents.

Table V shows that association between Socio economic status and Level of Mental Retardation. Regarding Meeting Needs, there is no association between Socio economic status and Meeting Needs. Regarding Education, there is no association between Socio economic status and Education. Regarding Social skill, there is no association between Socio economic status and Social skill. Regarding problems faced by parents, there is no association between Socio economic status and Problems faced by parents.

Table VI shows that association between Type of marriage and Level of Mental Retardation. Regarding Meeting Needs, there is association between Type of marriage and Meeting Needs Regarding Education, there is association between Type of marriage and Education. Regarding Social skill, there is association between Type of marriage and Social skill. Regarding problems faced by parents, there is association between Type of marriage and Problems faced by parents.

Table VII shows that association between order of birth and Level of Mental Retardation. Regarding Meeting Needs, there is association between order of birth and Meeting Needs Regarding Education, there is association between order of birth and Education. Regarding Social skill, there is association between order of birth and Social skill. Regarding problems faced by parents, there is association between order of birth and Problems faced by parents.

IMPLICATIONS

The data analysis results give rise to few suggestions to the nursing profession.

NURSING PRACTICE

- Awareness Programme can be made as a routine in nursing services as a physiotherapy.

NURSING EDUCATION

- Awareness Programme on Prevention of Mental retardation among children can be brought in detail in nursing curriculum from undergraduate level.

NURSING ADMINISTRATION

- In service education can be arranged to the staff nurses Awareness Programme on Prevention of mental retardation in both clinical and community setting.

NURSING RESEARCH:

This research findings can be utilized for the development of research based protocols and policies in health care setting.

RECOMMENDATIONS:

- Same study can be conducted with large samples.

- Same study can be conducted among problems faced by children of Mental retardation
- Same study can be conducted to assess the effectiveness of Structured Teaching Programme on Awareness Programme of Prevention of Mental retardation among children.
- Comparative study can be done to assess the effectiveness of Structured Teaching Programme and video Teaching Programme on Awareness Programme of Prevention Mental Retardation among children.

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