

Comparative Study of Some Interesting Data Of Mentally Retarded Children From Faisalabad And Islamabad

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ABSTRACT

Children not only born and live in a society but also a specific part of it, and get influenced by particular subcultures of socio-economic class, race and religion as well as by specific groups such as family and friends. During their lifetime, they continually encounter changing conditions, both personal and social and learn to adjust to them. As a matter of precaution it may be pointed out that being able body is in itself no criteria for social adjustment. Able bodied persons may be misfit. However, in a society comprising of a majority of able bodied, it is far difficult for the handicapped to adjust to the prevailing social system. God has gifted man with six major power or senses, if any of those is absent or damaged in such a way that it is unable to perform its function, the person became handicapped. There are many types of disabilities. In this research a cross sectional study was conducted in Faisalabad and Islamabad districts. Methodology techniques are very important for analyzing the sociological and empirical research. The purpose was to study the Socio-Psychological problems and needs of Mentally Retarded children. The study was

confined to children of age 6-18 years. Teachers (center) and Parents of Mentally Retarded children were interviewed through a well structured questionnaire consisting of open ended and close ended questions. Researchers take a part of the universe by using convenient sampling technique. The sample size was 120 respondents. After a comprehensive research the factors which were identified i.e. **1. Pre- Natal:** Pre- Natal life is an embryonic life of the child in the womb of mother after the fertilization of egg. **2. Natal:** After the development when the mother delivers a fertilized egg in the form of a live child, this stage is known as natal. **3. Post –Natal:** The life of infant child is called as post-natal (After birth) stage. On the basis of results and findings of the study, different recommendations are proposed, focusing on parent's behavior towards their child development. More studies on children psychology gives understanding to better personality development of Mentally Retarded child. Nurturing children in the best way, is the key to attain broader objective of building an educated, well behaved society and nation and this objective can be achieved through research on children psychology.

INTRODUCTION

The children of the world are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be full of joy and peace, playing, learning and growing. Their future should be shaped in harmony and cooperation. Their lives should mature as they broaden their perspectives and gain new experience. Parental influences are indeed very crucial in child development particularly during his childhood. The fact is that it is not feasible to thrash out any aspect related to child development without giving due consideration to its relationship to parental attitude and behavior pattern. [9] Full participation of an individual (whether able bodied or

disabled) in the activities of society, is possible only if the interpersonal relationship of the individual and society are in complete harmony with each other. In other words, full participation depends on an individual's social adjustment. Social adjustment is the preparation and adaptation of young people to their occupational and economic status, in such a way that their social and domestic needs are also met. As a matter of precaution it may be pointed out that being able body is in itself no criteria for social adjustment.[2] Able-bodied persons may be misfit. However, in a society comprising of a majority of able bodied, it is far difficult for the handicapped to adjust

to the prevailing social system.[5] God has gifted man with six major power or senses, as they are called, the sense of sight, hearing, touch, speech, taste and smell. [7] If any of those is absent or is damaged in such a way that it is unable to perform its function, the person became handy -capped. All these senses are so closely related with each other that each part is important and essential for keeping the other part working. Some babies are born with special physical needs or conditions such as Cerebral Palsy, which might make it difficult for them to walk or talk. Some babies may bear with Down syndrome which means they usually have some level of retardation.[9] Other babies are born deaf or blind. Still others may have ongoing health problems, such as diabetes or sickle cell anemia, which can make it more difficult for them to learn. A person with **Mental retardation** is “one who, from childhood develops consistently at a below average rate and experiences difficulty in learning, social adjustment and economic productivity” [1] The degree of mental retardation a person has affects how much and how quickly he/she can learn. Mental Retardation occurs once in every 33 people. Here some types of Mental Retardation are as, Down Syndrome, Autistic Hyperactive Slow Learners, C.P (Cerebral Palsy) and A.D.H.D (Attention deficit Hyperactivity disorder). Mental Retardation is not mental illness. Mental Retardation refers to a person’s capability to think reason. Mental illness is an emotional disturbance; there may be one occurrence or several which can develop at any time in a person’s life & may become emotionally disturbed or mentally ill. [2] The condition that causes mental retardation can come from one parent or from both-depending on whether the characteristic is a dominant or recessive one. Both genetic and environmental factors can combine to cause mental retardation Mental retardation is the most challenging problem of childhood. It doesn’t only affect the child but also his parents, siblings, and the community. [6] The mentally retarded children are found in every socio-economic class. It affects the rich and the poor, educated and the uneducated, in all races and creeds.[4] In sum, it is a universal phenomenon. Experts have given various reasons as causing mental retardation: It is attributed to heredity or genetic factors, pre-natal abnormalities, environmentally induced biological factors, such as brain damage, socio-cultural factors, that is the intellectual and educational level of the family. Unfortunately, mental illness, Mentally Retardation in Pakistan carries such a

stigma that to admit its presence in a family is like revealing a shameful secret. [8] As a result, very little is done for retarded children or adults, apart from locking them away. And yet the problem is widely prevalent, and millions of people suffering from it receive no professional attention or care. [3]

OBJECTIVES

1. To find out the attitude of the parents towards their mentally retarded children.
2. To find out the socio-economic characteristics of families having mentally retarded children.
3. To study the problem faced by the parents in the rehabilitation of their mentally retarded children.
4. To formulate policies to address the issue.

MATERIALS AND METHODS

The universe of the present study was restricted to the “Mentally Retarded” Centers and schools, which are working for the mentally retarded children in two, districts namely Faisalabad and Islamabad. Teachers (center) and Parents of Mentally Retarded children were interviewed through a well structured questionnaire consisting of open ended and close ended questions. The sample size was 120 respondents where as the universe of the present study was comprised of all inmates in these centers of age 6-18 years. Researcher takes a part of the universe by using convenient sampling technique. The present study was conducted in two cities i.e. 1. Faisalabad 2. Islamabad. For this purpose, Al-Masoom center For Deaf & Damed, Mentally Retarded children Faisalabad. 2. Sir Sayyed Center, Faisalabad, were selected as centers. 3. Fatima Jinnah/ Ibn-e-Sina special education center for Mentally Retarded children Islamabad. 4. Govt School for Mentally Retarded children Naval Complex Islamabad, the following table contains the brief introduction of children at each Rehabilitation center, school and institute who were interviewed for the research purpose are as under.

Center	Parents	Teachers	Total
Al-Masoom Center Faisalabad.	23	7	30
Sir Sayyed Center, Faisalabad.	26	4	30
Fatima Jinnah/ Ibn-e-sina	25	5	30

Center Islamabad			
Govt. School for Mentally Retarded Children Islamabad	21	9	30
Total	95	25	120

Percentages were used for the description of the basic characteristics of the sample. There were many variables in the statistical analysis, which required the use of percentage for the purpose of interpreting the related phenomenon. For calculated percentages, $P = F / N \times 100$

Where F = Absolute frequency N = Total number of frequent Conceptualization

RESULTS AND DISCUSSION

Table.I

Distribution of respondents with regard to their age

Age Year)	Frequency	%
6- 10	35	29.16
11- 15	60	50.00
16+	15	12.5
Total	120	100.0

The table shows that out of the total 29.16% were in their age group of 6-10 years, followed by 50.0% in 11-15 years age group & other 12.5% aged 16+ years. Table.2.

Inmates with regard to their age of Mentally Retardation

Table.II

Inmates with regard to their age of Mentally Retardation.

Age of Mentally Retardation.	Frequency	%
Since Birth	67	55.83
1 – 5 Years	33	27.5
6 – 10 Years	15	12.5
Above 10	5	4.17
Total	120	100.00

According to the data presented that the symptom of mental retardation was mostly by birth i.e. 55.83%, whereas 27.5 became mentally retarded at the age of 1– 5, while 12.5% caught the disease of mental retardation at the age of 6 – 10 years, and the rest

4.17% inmates had to face (when completely conformed) the problem at the age of 10 or above.

Table.III

Inmates with regard to the causes of Mentally Retardation.

Causes of Mental Retardation	Frequency	%
Genetic	16	13.34
Pre-natal	54	45.00
Natal	36	30.00
Post –Natal	14	11.66
Total	120	100.00%

The table shows that 13.34% inmates faced the problem of mental retardation genetically. This indicates that the problem of retardation is not inherited because in some cases other brothers & sisters had not faced the problem of mental retardation. In the 14 cases 11.66% inmates had the post natal cause of mental retardation, 30% inmates had natal, while the majority of the inmates i.e. 45% had pre- natal cause of mental retardation.

Table.IV

Respondents with regard to their family income. (Annually)

Income	Frequency	%
50,000-100,000	52	43.33
100,000-150,000	43	35.83
150,000-200,000	17	14.17
200,000 & above	8	6.67
Total	120	100.00%

According to the data presented in the table 43.33% had 50,000-100,000 annually family income, 35.83% had 100,000-150,000 whereas 14.17% had 150,000-200,000 while only 6.67% had 200,000 and above. But it was noticed that majority were engaged in low paid incomes & as a result many of them were in poor position in the society. So the hypothesis, the children who belonged to economically sound family have the better care and development as compare to those children who belonged to economically poor family is significant.

Table.V
Distribution according to their type of family.

Family	Frequency	%
Nuclear	85	70.83
Joint	35	29.17
Total	120	100.01

The data of this table described the family structure of respondents of the study. Out of 120 respondents, Majority 70.83% respondents lived in Nuclear family 29.17% respondents lived in joint family system. This means nuclear family's Mentally Retarded children had high care and development. So our hypothesis that children belonging to nuclear family system show better care and development compared to Mentally Retarded children of joint family system is accepted.

Table.VI
Inmates with regard to their family size

Family size	Frequency	%
0-2	40	33.33
3-4	59	49.17
5+	21	17.50
Total	120	100.00

The above table indicated that 49.17% respondents had 3-4 brothers and sisters while 33.33 % respondents had 0-2 brothers and sisters while 17.50% respondents had 5 or above brothers and sisters. The family having 5 or more than five children had low care and development of their Mentally Retarded children as compared to the 33.33% of respondent's brothers and sisters of the same category and having high care and development. So our hypothesis that fewer the number of children in the family, better cared and his / her needs (Mentally Retarded) would be executed more comfortably as compare to the large number of children in the family is accepted.

Table.VII
Inmates with regard to their parent's attitude.

Behavior	Frequency	%
Loving	84	70.00
Harsh	22	18.34
Indifferent	14	11.66
Total	120	100.00%

The Pattern of treatment received by inmates from their parents was very interesting, 70.0% inmates

declared that the treatment of the parents were loving, while 18.34% of the inmates were those, who got harsh treatment from their parents, and only 11.66% received indifferent treatment from their parents. So our hypothesis that loving attitude of relatives particularly parents affected a lot in the development of rehabilitation of their Mentally Retarded child as compared to the harsh attitude is accepted.

Table.VIII.
Distribution of respondent parent's education

Family Education	Frequency	%
Illiterate	23	19.16
Up to Metric	45	37.50
College level	32	26.67
University level	20	16.67
Total	120	100.00%

The table reflects the statistical results regarding the relationship of parent's education and better care of Mentally Retarded child. The table indicated that out of total 120 respondents reflecting high development and better cared only 19.16% belonged to illiterate parents, 37.50% belonged to matriculate parents, 26.67% belonged to those parents having college level education and 16.67% belonged to university graduate parents. This is a true indication that as parent's education improves the development of their normal as well as abnormal particularly Mentally Retarded child also improves. So the hypothesis that more educated parents are more conscious about the development and better care of their Mentally Retarded child as compare to uneducated parents is accepted.

Table.IX.
Contribution of technical training in improving the disability.

Response	Frequency	%
To a great extent	67	55.84
To some extent	40	33.33
Not at all	13	10.83
Total	120	100.00%

In order to have an idea about the inmate's training in improving the disability 55.84% of the inmate's belief that their technical skill will be helpful in making their future bright, 33.33% of the inmate's show their interest to some extent, while only 10.83% inmates were not satisfied with the argument that technical training helpful in making the future bright. So the hypothesis that non- formal (technical training) helps plenty in improving the disability as compared to the formal education is accepted.

Table.10.

Do you think that the disability creates hinders for your child's future.

Response	Frequency	%
To a great extent	53	44.16
To some extent	42	35
Not at all	25	20.84
Total	120	100.00%

It has been observed that disability is a great problem not only for child but also for the family. When a disable member of a society tries to use his/ her capabilities, his/her disability often creates problem for him/her [6]. Talking about the hinders which is created by mentally retardation, 44.16% parents of inmates thought that their disability is not a problem in their lives as they hope that their inmates will recover this by training to some extent, while 35% inmate's parents had some believe on some extent, whereas 20.84% inmate's parents had believe at all on this statement. They think that this disability never been finished, but most of the parents preferred that their inmates can use their capabilities like a normal child [8].

CONCLUSION

The present study "Socio-Psychological Problems and Needs of Mentally Retarded Children" was an attempt to know the problems faced by mentally retarded children within the society and their needs for their social adjustment. Because the needs and requirements of mentally retarded children are different from the normal children. It needs multidimensional approach to check all this. Children are considered little more the helping hands, but the mentally retarded children

in our society are not considered as helping hands, rather as a burden. Not only the family members but also the other members of the society /community considered mentally retarded children as a burden upon them. This burden is some times temporary, permanent & accidental.

All children are gifted with special abilities. The basic needs of each individual child are important. Planning for the future of the mentally retarded children and provision of basic facilities for them is the utmost important.

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EDITORIAL COMMENTS:

I have seen lot of mentally retarded people around us in our society. I know what problems they are facing in their homes and in the society. Initially they were ignored population. This population and

their problems got media coverage and their problems were highlighted when late General (Retd) Zia-ul-haq started taking his mentally retarded daughter with him in public places. Since then the different institutions have been developed to look after these deprived children and to train them so that they may live their lives in a comfortable way.

The data collected in this article is a good attempt to base our arguments on sound foundation. It will highlight the socio-psychological problems and needs of these children. In spite of few shortcomings in the article, this is accepted for publication.

Abstract of paper is too lengthy however authors wanted it to publish as such.

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