



A COMPARATIVE STUDY OF EDUCATIONAL AND BEHAVIOURAL PROBLEMS OF MENTALLY RETARDED CHILDREN WITH REGARD TO THEIR ALL ROUND DEVELOPMENT AND SELF-RELIANCE

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Abstract:

Mental retardation means substantial limitations in age-appropriate intellectual and adaptive behavior. It is seldom a time-limited condition. Although many individuals with mental retardation make tremendous advancements in adaptive skills (some to the point of functioning independently and no longer being considered under any disability category. Many children with mild retardation are not identified until they enter school and sometimes not until the second or third grade, when more difficult academic work is required. Most students with mild mental retardation master academic skills up to about the sixth-grade level and are able to learn job skills well enough to support themselves independently or semi-independently. Some adults who have been identified with mild mental retardation develop excellent social and communication skills and once they leave school are no longer recognized as having a disability. Children with moderate retardation show significant delays in development during their preschool years. As they grow older, discrepancies in overall intellectual development and adaptive functioning generally grow wider between these children and age mates without disabilities. People with moderate mental retardation are more likely to have health and behavior problems than are individuals with mild retardation. Individuals with severe and profound mental retardation are almost always identified at birth or shortly afterward. Most of these infants have significant central nervous system damage, and many have additional disabilities and/or health conditions. Although IQ scores can serve as the basis for differentiating severe and profound retardation from one another, the difference is primarily one of functional impairment.

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Adaptive Behavior:

By definition children with mental retardation have substantial deficits in adaptive behavior. These limitations can take many forms and tend to occur across domains of functioning. Limitations in self-care skills and social relationships as well as behavioral excesses are common characteristics of individuals with mental

retardation.

Self-Care and Daily Living Skills:

Individuals with mental retardation who require extensive supports must often be taught basic self-care skills such as dressing, eating, and hygiene. Direct instruction and environmental supports such as added prompts and simplified routines are necessary to ensure

that deficits in these adaptive areas do not come to seriously limit one's quality of life. Most children with milder forms of mental retardation learn how to take care of their basic needs, but they often require training in self-management skills to achieve the levels of performance necessary for eventual independent living.

Social Development:

Making and sustaining friendships and personal relationships present significant challenges for many persons with mental retardation. Limited cognitive processing skills, poor language development, and unusual or inappropriate behaviors can seriously impede interacting with others. It is difficult at best for someone who is not a professional educator or staff person to want to spend the time necessary to get to know a person who stands too close, interrupts frequently, does not maintain eye contact, and strays from the conversational topic. Teaching students with mental retardation appropriate social and interpersonal skills is one of the most important functions of special education.

Need & Importance of the Research Study:

Mentally retarded children shows problem in communication, and socialization. Though behavioral problems may occur in both disabled non-disabled c but m r develop poor behavior due to confused unclear message. They require instructions which are easy clear and understandable to their level. shows some characteristics such as short attention, lack of concentration low frustration tolerance, and some hard behavior as unnecessary laughing, crying hyperactive attention loving. For any behavior to overcome a systematic study of cause of behavior, and what possible measures could be attended are needed to be studied. Thus it needs a systematic approach. Mental retardation which has for long been a problem of social concern has witnessed marked shifts in thinking with respect to the rehabilitative potentials of the retarded. Educating

retarded children was however not given serious consideration or thought till the dawn of the twentieth century. Misconceptions among the dawn of the twentieth century. Misconceptions among the public at large were rampant. It was popularly believed that mental deficiency was either a cursed disease or a consequence of the wrath of God. But with the first historic milestone set by Jean Izard in his attempt to "educate" a "wild boy", mental retardation has come out of its dark seclusion into the glare of public attention.

Statement of Problem:

"A Comparative Study of Educational and Behavioural problems of mentally retarded children with Regard to Their All round development and Self-reliance."

Objectives of the Study:

The major objectives of the study are as follows,

1. To investigate the present condition of mentally retarded children, with reference to educational and behavioral problems at district level and metro level, to collect and study the educational and behavioral problems of mentally retarded children in present condition.
2. To evaluate the different factors affecting the all round development of mentally retarded children and self reliance. To explore the concept of integrated education with regard to mentally retarded children.
3. To find out contribution of teachers, parents and society members in all round development of mentally retarded children,

Hypothesis:

The investigator has formulated the hypothesis which are given as follows,

1. Mentally handicapped children have behavioral problem due to genetic disorder, cognitive dysfunction.

2. There will be significant difference between all round development and self reliance of mentally children at district level and metro level.

Scope & Limitations of the study:

1. Study is limited to mildly and moderately mentally retarded children only.
2. Study is limited to educational and behavioral problems of mentally retarded children only.
3. Study is limited to district and metro of Maharashtra State only.

Selection of Research Method:

The survey method and Case study method is selected for the research.

Sample selection:

For the present research study the researcher has selected total 100 parent,s from considered as a sample of study.

Conclusion:

1. The district level more educational problems of mentally retarded children than the metro level to the educational problems of mentally retarded children.
2. The district level more behavioral problems of mentally retarded children than the metro level to the behavioral problems of mentally retarded children .
3. The more effective than of awareness among the parent of metro level retarded children than the district level parent to about self reliance of mentally retarded children,
4. The more effective than of awareness among the parent of metro level retarded children than the district level parent to about all round developmentof mentally retarded children,
5. The use of computer technology to support learning has been difficult to document and quantify¹, leaving the role of computers in the classroom precarious. In the past decade, a sudden resurgence of interest was markedly observed in the classroom use of technological innovations, along with the increased

use of the Internet and other digital technologies. New emphases, like electronic performance support systems, web-based instruction, and knowledge management systems, not only shook the knowledge base of the field, but also widened its horizon across business and industry, the military, health care and education..

6. Children with special needs generally have one form of disability. The term ‘special educational needs’ covers many kinds of difficulties in learning, and means different things to different people in different places. It covers an array of problems, from those related to particular impairments to those related to learning and behavioural difficulties experienced by some learners compared with other similar learner.
7. These children are unable to learn in ordinary schools as a result of their disabilities or handicaps. Therefore, special needs education is designed to provide additional services, support programmes, specialized placements or environment needed to cater for these unique children in order to minimize the psychological trauma derived from various disabilities.
8. The answer is not entirely in decentralization to State and local decisions; centralization of authority, general policy and fiscal control is one of the necessary conditions of equity. Of prime importance is continued vigilance in maintaining simplicity and coherence of structure, clarity in lines of communication, both vertical and horizontal, and full accountability in terms of end products.
9. The role of the Government in the alleviation of mental retardation is so new and has developed at such a rapid pace that currently programs are at relatively immature stages of development. They tend, therefore, to lack stability and the means of fully effective evaluation. In general, programs are vulnerable to premature curtailment or elimination without sufficient trial or effective evaluation.

10. The large constellation of behaviors that define autistic spectrum disorders generally representing deficits in social interaction verbal and nonverbal communication, and restricted patterns of interest or behaviors are clearly and reliably identifiable in very young children to experienced clinicians and educators. However, distinctions among classical autism and atypical autism, pervasive developmental disorder-not otherwise specified and Asperger's disorder can be arbitrary and are often associated with the presence or severity of handicaps, such as mental retardation.

Recommendations:

1. Use of innovatory practices will show prominent effect in development
2. All level mentally retarded should not be sum upper in single class according to chronological age.
3. Need for early diagnosis of the impairment to minimize the learning problems,
4. Special activities oriented curriculum should be drawn for lower level of mental retardation
5. Special vacation provision should be done by government as mentally retarded are not idiot or stupid.

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