

International Multidisciplinary Research Journal

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ANLYTICAL STUDY OF CORRELATION BETWEEN INTELLIGENCE AND FUNCTIONING LEVEL OF INTELLECTUAL DISABLED CHILDREN

Gyanoji Sahebrao Dalvi

ABSTRACT

While child borned , that firstly cried , it is major symptom of healthy infant. But accidentally or sometimes medically infants cooing delayed. General people could not understand , psychology started first than physiology.

KEY WORDS: ancient indian society , child borned , physiology.

INTRODUCTION :

An ancient indian society had not sufficient awared about mental health related problems and



intellectual disability. Society had awared about physical diseases but not psychological diseases. Saint Dhyneshwar prescribed some words in "DHYNESHWARI" about human mind stages. Day by day every branch of science or knowledge is rapidly growing ,one of them is psychology.

Intellectual disability , in each country have 0.02% of the population. Mostly rural parents could not identify childs developmental delay in early stage(1 or 2 years). After 3or 4 year child clearly indicated delay symptoms. Then parents think on "why our child is not properly responding ?" This point is start of identification journey. Parents attend pediatrician, then other experts , after two or three visits with expert , they got clear conclusion, my child is intellectually disable.

Intellectual disability characterized by significant limitations in both intellectual functioning and in adaptive behavior. Which covers many every day social and practical skills . This disability originates before the age of 18 years. In intellectual disability intelligence quotient is below 70 with lack of adaptive behavior. DSM -4 developmental delay had settled on Axis-2 . then ICD-10 , coded it in F-70 to F-79. In the next revision , the ICD-11 changed term of mental retardation in intellectual disability. In intellectual disability developmental milestones are delayed such as sitting , walking , crawling etc.Self –help skills have poor , such as dressing , buttoning, bathing etc.

Levels of Mental Retardation:-

	According to IQ level mental retardation classified as following-
Intelligence level	Intellectual disability level

50-69	-	Mild mental retardation level.
35-49	-	Moderate mental retardation level.
21-35	-	Severe mental retardation level.
0-20	-	Profound mental retardation lev.

BACKGROUND:-

Researcher has reviewed some researches as following.

Shastri and mishra(1971):- This study assessed 56 intellectual disabled children (aged 6 to 13 years) with the help of social maturity scale and found that the mentally retarded children function more in the lower level of social interaction. As the degree of impairment in terms of intelligence goes down, it is observed that the child approaches an average or satisfactory level of social functioning. They also found that the level of social development varies with intellectual level among persons with mental retardation.

Matson and et al.(1999):- Present study was designed for assessing effect of seizure disorder/ epilepsy on psychopathology , social functioning, adaptive functioning and maladaptive behaviours in mentally retarded children. People with diagnosis of seizure disorder were found to have significantly less social and adaptive skills when compared to developmentally disabled controls with no seizure disorder diagnosis.

Indrabhushan kumar and et al (2009):- This study was conducted in Bihar state. The present study was evaluated social maturity in mentally retarded children and consequent adjustment in family and society.

Research methodology:-

Researcher has used following steps in methodology.

Objective:-

1. To know correlation between intelligence and functioning skills of intellectual disabled children.

Hypothesis:-

1. There is no correlation between intelligence and functional skills in intellectual disabled children.
2. Personal skills are highly correlated with each other.

Variables of the study :-

In present research below given variables under study.

A} Independent variable –

- intellectual disabled children.
- Gender.

B} Dependent variable –

- Functioning skills.

Sample:-

The present study was carried out on a sample of 10 Mentally retarded children(5 male +5 female). Students age level is 10 to 14 years. Two female children are comorbid with epilepsy and low vision. Quota sampling method was used.

Tools :-

Below mentioned or interpreted tools were used in diagnosis procedure.

1) Vineland Social Maturity scale:-

The scale was originally developed by E. A. DOLL in 1935, which was then adapted by Dr. A. J. Malin in 1965. It measures differential capacity of an individual. It provides clear picture of social age and social quotient (S. Q.) and shows high correlation (0.80) with intelligence. It is designed to measure social maturity in eight social

dimensions. The scale consists of 89 items grouped into year level 15.

2) Functional Assessment Checklist For Programming –

The present checklist is designed for functioning level assessment. It provides qualitative and quantitative measurement of the child's progress. It should also help in homogeneously grouping children and provide for promotion of children objectively to next level. The items listed in the tool should be such that they are 1) easy to understand 2) activities necessary for daily living 3) easily observable 4) age appropriate as far as possible 5) ultimately contribute to living competently in the society.

The department of special education at National Institute For Mentally Handicapped, Secunderabad, has developed educational assessment checklist for children from pre-primary to pre-vocational levels.

Procedure:-

mentally retarded children were identified on basis of Vineland Social Maturity Scales Quotient and diagnosis of senior psychiatrist of Govt. Medical College and Hospital, Aurangabad. Informed consent was taken from parents and school principal. Nature and purpose of study were explained. All subjects in this study assessed functioning assessment checklist for programming with help of special teachers and got current functioning level in personal skill, social skill, educational skill and vocational skill.

Statistical analysis and interpretation :-

Below given table is explaining correlation between intelligence and functioning skills.

		Correlations				
		Personal	Social	Educational	Vocational	IQ
Personal	Pearson Correlation	1.00	0.93	0.82	0.87	0.55
	Sig. (2-tailed)		0.00	0.00	0.00	0.10
Social	Pearson Correlation	0.93	1.00	0.74	0.84	0.49
	Sig. (2-tailed)	0.00		0.01	0.00	0.15
Educational	Pearson Correlation	0.82	0.74	1.00	0.90	0.36
	Sig. (2-tailed)	0.00	0.01		0.00	0.30
Vocational	Pearson Correlation	0.87	0.84	0.90	1.00	0.60
	Sig. (2-tailed)	0.00	0.00	0.00		0.07
IQ	Pearson Correlation	0.55	0.49	0.36	0.60	1.00
	Sig. (2-tailed)	0.10	0.15	0.30	0.07	

0.00 Correlation is significant at the 0.01 level (2-tailed).

0.01 Correlation is significant at the 0.05 level (2-tailed).

0.05 and above correlations are not significant.

Personal functioning skill and intelligence correlation is 0.55, which is not significant. Social functioning skill and intelligence correlation is 0.49, which is not significant. Educational functioning skill and intelligence correlation is 0.36, which is not significant. Vocational functioning skill and intelligence correlation is 0.60, which is not significant.

Personal functioning skill is correlated to social, educational, vocational skill, which correlation is 1. Social functioning skill is correlated to personal, educational, vocational skills correlation is 0.93, which is significant on 0.01 level. Educational functioning skill is correlated to personal, social and vocational skills, which correlation is 0.87. It is significant on 0.01 level. Vocational skill is correlated to personal, social, educational skills

, which correlation is 0.87. It is significant on 0.01 level.

RESULTS AND DISCUSSIONS:-

Results of the study proved intelligence and functioning skills are not significantly correlated. Personal functioning skill is highly correlated with social, educational and vocational skills.

Intellectual disabled children slowly learned from their family members. If, family members actively interacted in children then personal skills automatically sharpened. Children learn how to indicate needs, body pains or routine emotions, for example joy, sadness, happiness etc. Intellectual disability has four levels. These are mild, moderate, severe, profound. Mild intellectual disabled children easily learn, imitate, observe, comprehend and recall information in compare to severe and profound children. If child is mild intellectual disabled with comorbid, he/she can not perform effectively, such as only intellectual disabled. Mild intellectual disabled children's personal functioning skills are indicated very low difference in compare to normal children in age of 5 to 10 years. Cognitive abilities played important role in social, educational and vocational skill such as, memory, attention, logic, pattern recognition, abstract thinking, decision making etc. but these skills are not developed in early age of intellectual disabled children. Their behavior and interaction patterns are innocent and pure. Actions are simple and clear. Educational and vocational skills are based on cognitive power, lack of cognition power intellectual disabled children can not perform educational and vocational skills.

Present study basically focused on, what is reason behind, same intellectual disabled children can not perform same performance or tasks. Researchers observational experience is underlined family atmosphere, members focus on children, family's socio-economic status, family occupation, educational awareness of family, family's location rural/urban and birth order of child. These factors played important role in intellectual disabled children's development. For example – a child who belongs from educated farmers family, he/she easily understood farm related pet animals, crop patterns, market valuation of crops, which environment set up is necessary for fast growing of seeds or plants. These things effectively explained by farmers intellectual disabled children, but not urban child. Birth order is most important factor, in normal child, first order child is more responsible and matured than other. But in special children younger child is automatically developed than elder child. Younger child learn and observe elder siblings behavior pattern and imitate it. Family status means joint or nuclear. In joint family grandmother and grandfather strongly focused on special children. They very lovingly, kindly, genuinely grooming to them. They very deeply understand to them and properly direct. They want special children should become independent as early as possible. Caretakers role is very important in disabled children's rearing practices. Nuclear family can not focus on special child's need or grooming. Due to his or her skills automatically delayed. Continue practice of behavioral patterns is also important in their grooming. Role of emotional intelligence is key factor in special child's grooming styles. Because of they are not emotionally stable.

CONCLUSION:-

Correlation between intelligence and functioning skills is low but personal functioning skill is significantly correlated to social, educational and vocational skill.

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