CHAPTER 5
SUMMARY, CONCLUSIONS AND SUGGESTIONS

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SUMMARY, CONCLUSIONS AND SUGGESTIONS

This chapter contains a brief summary of the study, followed by the major findings and conclusions arrived at, as well as the implications of the findings, suggestions based on the findings and the suggestions for further research.

5.1. SUMMARY OF THE STUDY

The major purpose of the investigation was to study the functional abilities and problems of adults with intellectual disability in Kottayam and Ernakulam districts of Kerala. The study also looked into the nature and extent of overall parental expectation on the life of adults with intellectual disability. The objectives, hypotheses and the methodology of the study are summarized below.

5.1.1. OBJECTIVES

1. To identify the level of personal skills of adults with intellectual disability.
2. To identify the level of food management skills of adults with intellectual disability.
3. To identify the level of house hold tasks of adults with intellectual disability.
4. To identify the level of community living skills of adults with intellectual disability.
5. To identify the level of work-related skills of adults with intellectual disability.
6. To identify the level of functional academic skills of adults with intellectual disability.
7. To study the functional abilities of adults with intellectual disability with respect to selected socio-personal variables.
8. To find out the extent of behaviour problems of adults with intellectual disability.
9. To find out the extent of sexual problems of adults with intellectual disability.
10. To find out the extent of emotional problems of adults with intellectual disability.

11. To find out the extent of social problems of adults with intellectual disability.

12. To study the problems of adults with intellectual disability with respect to selected socio-personal variables.

13. To identify the relationship between functional abilities and problems of adults with intellectual disability.

14. To find out the nature and extent of overall parental expectation on the life of adults with intellectual disability.

15. To study the parental expectation on adults with intellectual disability with respect to selected socio personal variables.

5.1.2. HYPOTHESES

1. There is no significant difference in the functional abilities of adults with intellectual disability with respect to the difference in the socio personal variables.

2. There is no significant difference in the functional abilities of adults with intellectual disability with respect to the difference in their level of problems.

3. There is no significant difference in the problems of adults with intellectual disability with respect to the difference in the socio personal variables.

4. There is no significant difference in the problems of adults with intellectual disability with respect to the difference in their level of functional ability.

5. There is no significant relationship between functional abilities and problems of adults with intellectual disability.

6. There is no significant difference in the parental expectation of adults with intellectual disability with respect to the difference in the socio personal variables.
5.1.3. METHOD ADOPTED

The present investigation was intended to study the functional abilities and problems of adults with intellectual disability. To provide valid answers to the specific research questions raised in the study, descriptive research method was followed and normative survey was adopted for collecting relevant data for the study. The sample for the study constituted a representative group of adults with ID in Kottayam and Ernakulum districts (N=200) and their parents (N=190; 10 adults don’t have parents), selected on the basis of random sampling technique. The tools used for collecting data were: (1) Socio Personal Information Sheet (SPIS), (2) Functional Ability Scale for Adults with Intellectual Disability (FASAID), (3) Problem Assessment Scale for Adults with Intellectual Disability (PASAID) and (4) Parental Expectation Scale (PES). The tools were administered on the sample and the data thus collected were analyzed using appropriate statistical techniques such as computation of Mean, Median, Mode, Standard Deviation, Skewness, Kurtosis, independent t-test, One-way ANOVA, Scheffe test, and Karl Pearson’s Product Moment Coefficient of correlation.

5.2. MAJOR FINDINGS OF THE STUDY

The major findings that were drawn from the results of the present study are the following:

1. Majority of adults (59.76%) with mild ID were found to have only moderate level of overall functional ability, whereas, 35.36% of them possesses independent functional level and 4.88% of them had poor level of functioning.

2. All the adults with mild ID except 3.66% were independent in personal skills.

3. In food management skills majority (57.31%) of adults with mild ID were independent. 30.49 per cent belong to moderate level, 9.76 per cent of adults belong to poor level and 2.44 per cent of adults belong to very poor level.
4. In case of household tasks, majority of the adults (45.12%) with mild ID were independent, 43.90% of adults were in moderate functional level, 8.54% of adults belonged to poor level and 2.44% of adults belonged to very poor level.

5. Only a very small proportion (6.10%) of adults with mild ID was independent in community living skills, 32.93 per cent belonged to moderate level, 21.94 per cent belonged to poor level, 32.93 per cent belonged to very poor level and 6.10 percent belonged to nonfunctional level.

6. In work related skills, majority (59.75%) of adults with mild ID were independent, 30.49 per cent of adults belonged to moderate level, and 9.76 per cent belong to poor level.

7. A small proportion of adults (23.17%) with mild ID was independent in functional academic. 40.24% of adults were in moderate level functioning, 23.17 per cent belonged to poor level, 12.20 per cent belonged to very poor level and 1.22 percent belonged to nonfunctional level.

8. Not even a single adult with moderate ID had independent level in total functional ability. 7.79 per cent of adults belonged to moderate level functioning, 45.45 per cent belonged to poor level, 33.77 per cent belonged to very poor level and 12.99 per cent belonged to non functional level.

9. Majority of the adults (48.05%) with moderate ID were independent in personal skills. 29.87% of adults were in moderate level functioning, 10.39 % were in poor level, 9.09% were in very poor level and 2.60% were in nonfunctional level.

10. Only 11.69% of adults with moderate ID were independent in food management skills. 18.18% of adults were in moderate level functioning, 31.17% were in poor level, 27.27% were in very poor level and 11.69% were in nonfunctional level.
11. Only a single adult with moderate ID was independent in household tasks. 32.47 per cent of adults belonged to moderate level, 27.27 per cent each belonged to poor and very poor levels and 11.69 per cent belonged to nonfunctional level.

12. Majority of adults (70.13%) with moderate ID were totally dependent in community living skills, 24.68 per cent belonged to very poor level, 5.19 per cent belonged to poor level and not even a single adult was in independent functional level.

13. Only a single adult with moderate ID was independent in work-related skills, 12.99 per cent of adults belonged to moderate level, half of the adults (49.35%) belonged to poor level, 22.08 percent belonged to very poor level and 14.29 per cent belonged to non functional level.

14. Majority of adults (71.43%) with moderate ID were nonfunctional in functional academic. Only a single adult was in moderate functional level, 2.60 per cent belonged to poor level and 24.68 per cent belonged to very poor level.

15. In functional ability 93.10% of the adults with severe ID were totally dependent, and 6.90 per cent belonged to very poor level.

16. In personal skills 51.72% of adults were in non functional level, 27.59 per cent belonged to very poor level, 13.79 per cent belonged to poor level, and 3.45 per cent each belonged to moderate functional levels.

17. Majority of adults (93.10%) with severe ID were dependent in food management skills and 6.90 per cent belonged to very poor level.

18. In case of household tasks 86.21 per cent of adults with severe ID were totally dependent, 10.34 per cent belonged to very poor level and 3.45 per cent belonged to poor level.
19. Majority of adults (96.55%) with severe ID were totally dependent in community living skills and 3.45 per cent belonged to very poor level.

20. In work-related skills 89.66 per cent of adults with severe ID were nonfunctional and 10.34 per cent belonged to very poor level.

21. In functional academic all the sample of adults with severe ID were totally dependent.

22. Adults with profound ID were totally dependent in functional ability.

23. Socio personal variable such as gender, age, religion and the birth order of adults were not found to have any significant influence in deciding their functional ability. Variables such as age, education and occupation of father and mother, family history of ID, presence or absence of father, presence or absence of associated conditions as well as nature and location of stay, were not emerged as significant factors of functional ability of adults with ID.

24. The presence or absence of mother was found to be a deciding factor of the functional ability of adults with mild and moderate ID. The adults with presence of mother were found to have more functional ability than those who did not have mother.

25. Significant differences in the functional abilities of adults with mild and moderate ID were noted, with the mild group having significantly higher level ability. As the level of retardation increased the level of functional ability decreased.

26. Duration of regular school education was found to be significant predictor of functional abilities of adults with mild and moderate ID. The adults who had a regular schooling for a period of 3-8 years were found to have significantly higher level functional ability than those with 0-2 years as well as above 8 years of regular school education. Similarly the adults who had special school
27. Present status was found to be a significant predictor of functional abilities of adults with mild and moderate ID. Those who were working presently were found to have significantly more functional ability than those who were engaged in vocational training, as well as those who were not working. It was also found that those who were not working presently had only significantly less functional ability than those who were attending special schools, and those who were undergoing vocational training.

28. The level of problems of adults with ID was found to be a significant factor in deciding the extent of functional ability of adults with mild and moderate ID. Those without any problems had significantly more functional ability than low problem and moderate problem categories.

29. In general majority of the adults (90.24%) with mild ID had no problems. Only 8.54% were found to have low level problems. The domain wise analysis revealed that in all the areas, most of the adults with mild ID did not have serious problems.

30. In general half of the adults (50.65%) with moderate ID had no problems. 38.96% of them possess low level problems, 9.09% of them had moderate problems and only 1.30% of them possessed high level problems.

31. In case of behavioural and sexual domains, majority of the adults with moderate ID did not have serious problems. However, in case of emotional domain 14.29% had moderate level problems and in social domain 24.68% had moderate level problems and another 12.98% had high level problems.

32. In general 44.83% of the adults with severe ID had low level problems, 41.38% of them had moderate problems and 3.45% possessed high level problems, whereas, 10.34% did not have any problems.
33. In the case of behavioural problems, half (51.72%) of adults with severe ID had no problems, 34.49 per cent of adults belonged to low behavioural problem level, 10.34 per cent belonged to moderate level, and 3.45 per cent of adults belonged to high problem level.

34. In sexual domain, majority (89.66%) of adults with severe ID did not have any serious problems, 6.90 per cent of adults belonged to low sexual problem level and 3.44 per cent belonged to moderate level.

35. In emotional domain 44.84% of adults with severe ID had high level problems, another 3.44 per cent of adults had very high level emotional problems and 37.93 per cent belonged to moderate level problem, percent of adults’ belonged to high problems.

36. In social domain, majority (51.73%) of the adults with severe ID had high level problems and 37.93% had very high level problems.

37. In general most of adults with profound ID did not have serious problems.

38. In the case of behavioural problems, majority (75%) of the adults with profound ID had no problems, and only 8.33 per cent of adults belonged to moderate level problems.

39. In sexual domain, none of the sample of adults with profound ID reported to have any problems.

40. In emotional domain majority of adults with profound ID had either moderate level problems (50%) or high level problems (33.33%).

41. In social domain, majority of adults with profound ID had either high level problems (58.33%) or very high level problems (25%).

42. Gender of adults with mild and moderate ID was found to be significantly influencing the problems of adults with ID, with females had significantly more problems than that of the males.
43. The problems of adults with mild and moderate ID did not differ significantly with respect to their age, presence or absence of associated conditions, nature of stay, location of residence and their birth order. Similarly, no significant difference was emerged with respect to the age, education and occupation of father and mother, family history of disability, presence or absence of father and mother, and duration of special school education.

44. Significant difference was noticed with respect to the religion of adults with mild and moderate ID in their problems. Difference between the pair ‘Hindu and Christian’ was significant at 0.05 level, with the former group having significantly more problems than that of the later.

45. Adults with moderate ID were found to have significantly more problems than that of the adults with mild ID.

46. Duration of regular school education was found to be a significant predictor of problems of adults with mild and moderate ID. Difference between the pair ‘0-2’ and ‘3-8’ was found to be significant at 0.01 level, with the former group having significantly more problems than the later.

47. Present status was found to be a significant predictor of the problems of adults with mild and moderate ID. Adults who were not working were found to have significantly more problems than that of the adults who were attending special schools, undergoing vocational training and those who were working.

48. Similarly the level of functional ability of adults with ID was found to be a significant factor in deciding the extent of problems of adults with mild and moderate ID. Adults who belonged to ‘non functional’ category had significantly more problems than that of ‘poor’, ‘moderate’, and ‘functional’ categories of functional ability. Similarly, those belonged to ‘very poor’ category had significantly more problems than that of ‘poor’, ‘moderate’ and
‘functional’ categories. It was also found that the ‘poor’ category had significantly more problems than that of the ‘moderate’ and ‘functional’ categories.

49. There was a significant negative high correlation between total functional ability scores and total problems scores of adults with ID. This indicated that the functional ability increased with the decrease of problems and vice-versa.

50. The expectation of the parents of adults with ID was found to be in the moderate to high level. The result revealed that 44.21% of the sample of parents had high level expectation, 24.74% of them possessed moderate level expectation, and 11.58% of the parents had very high level expectation.

51. Gender of adults with ID was found to be a significant factor in deciding the expectation of parents of adults with ID. The parents of male adults had more expectation than parents of female adults.

52. The expectations of parents of adults with ID did not differ significantly with respect to the age of adults, nature of stay, education and occupation of father and mother, age of father, family history of disability, presence or absence of father, and birth order.

53. Religion was found to be significant predictor of the expectation of the parents of adults with ID. The difference between Hindu and Christian was significant at 0.01 level, with the later group having significantly more expectation than the former.

54. Age of mother was found to be significant predictor in deciding the expectation of the parents of adults with ID. Middle age group was found to have significantly more expectation than that of the young age group. The old age group had significantly more expectation than that of the ‘young’ and ‘middle age’ groups.
55. Level of intellectual disability was emerged as a significant factor of parental expectation. Difference between all the pairs was found to be significant at 0.01 level. The results revealed that as the level of retardation increases the level of expectation decreases.

56. Associated condition was found to be significant predictor of the expectation of the parents of adults with ID. The parents of adults with absence of associated condition had more expectation than the parents of adults with associated condition.

57. Duration of regular school education was found to be significant predictor of the expectation of the parents of adults with ID. Parents of the group with 0-2 years of regular schooling was found to have significantly less expectation than that of the group with 3-8 years as well as with above 8 years group.

58. Duration of special school education was found to be significant predictor of the expectation of the parents of adults with ID. As in the case of duration of regular school education, here also parents of the group with 0-2 years of special school education was found to have significantly less expectation than that of the groups with 3-8 years and above 8 years of special schooling.

59. The location of residence was found to be significant factor of the expectation of the parents of adults with ID. Those who were staying in the urban area had significantly higher expectation than those in the rural area.

60. Present status of adults was found to be a significant predictor of the expectation of the parents of adults with ID. Parents of adults who were working had significantly higher expectation than those who were attending special schools, as well as, than parents of those who were not working. It was also found that parents of those who were not working had only significantly less expectation than the parents of those who were attending special schools, as well as, than parents of those who were undergoing vocational training.
5.3. TENABILITY OF THE HYPOTHESES

Hypothesis-1

There is no significant difference in the functional abilities of adults with intellectual disability with respect to the difference in the socio personal variables.

The results prove that variables such as presence of mother, degree of disability, duration of regular school education, duration of special school education and present status have significant influence in deciding the functional abilities of adults with mild and moderate ID. However, all other variables studied were found to be insignificant in deciding the functional abilities of adults with mild and moderate ID.

*Therefore, the hypothesis 1 is partially rejected*

Hypothesis-2

There is no significant difference in the functional abilities of adults with intellectual disability with respect to the difference in their level of problems.

The study proved that the level of problems of adults with ID is a significant factor in deciding the extent of functional ability of adults with mild and moderate ID.

*Hence, the hypothesis 2 is rejected*

Hypothesis-3

There is no significant difference in the problems of adults with intellectual disability with respect to the difference in the socio personal variables.

The results prove that variables such as gender, religion, degree of disability, duration of regular school education, and present status have significant influence in deciding the problems of adults with mild and moderate ID.
ID. However, all other variables studied were found to be insignificant in deciding the problems of adults with mild and moderate ID.

*So, the hypothesis 3 is partially rejected*

**Hypothesis-4**

There is no significant difference in the problems of adults with intellectual disability with respect to the difference in their level of functional ability.

The study proved that the level of functional ability of adults with ID is a significant factor in deciding the extent of problems of adults with mild and moderate ID.

*So, the hypothesis 4 is rejected*

**Hypothesis-5**

There is no significant relationship between functional abilities and problems of adults with intellectual disability.

The study proved that there is a significant high negative correlation between total functional ability scores and total problem scores of adults with ID. This indicates that the functional ability increases with the decrease of problems and vice-versa.

*Therefore, the hypothesis 5 is rejected.*

**Hypothesis-6**

There is no significant difference in the parental expectation of adults with intellectual disability with respect to the difference in the socio personal variables.

The results prove that variables such as gender, religion, age of mother, degree of disability, associated condition, birth order, duration of regular school education, duration of special school education, location of residence and present
status have significant influence in deciding the expectation of parents of adults with ID. However, all other variables studied were found to be insignificant in deciding the expectation of adults with ID.

Therefore, the hypothesis 6 is partially rejected

5.4. CONCLUSIONS

The present study convincingly proved that, when all the six functional skills are taken together, most of the adults with mild intellectual disability have only a moderate level of functional ability and about one third of the sample have independent skills. However the domain wise findings show that almost all of them are independent in personal skills, and majority of them are independent in food management skills and work related skills. More than half of the samples of adults with mild intellectual disability studied were found to have only moderate, poor or very poor level of functional ability in household tasks, functional academic skills and in community living skills.

In the case of adults with moderate intellectual disability, the study revealed that, when all the domains are taken together, none of them have independent functional skills and most of them are in the poor, very poor or nonfunctional level. Domain wise analysis reveals that about half of them are independent in personal skills, whereas, in case of household tasks, work related skills, and food management skills, most of them have only poor or very poor level of functional ability. It was also found that most of them are nonfunctional in community living and functional academic skills.

As far the adults with severe intellectual disability are concerned, more than 90% of the sample studied were found to be nonfunctional in five of the six domains of functional ability, whereas, in personal skills about 50% of them are nonfunctional.
It was also revealed that as a whole, all the adults with profound intellectual disability studied are in the non-functional level. Only in personal skills, few of them were found to be in the very poor category of functional skills. In all other domains all of them are totally dependent.

Functional abilities of mild and moderate were taken together and analyzed with respect to 20 socio personal variables, of which significant differences were obtained with respect to presence or absence of mother, degree of intellectual disability, duration of regular as well as special schooling and present status. Adults living with their mothers were found to have significantly more functional abilities than those whose mothers are no more. Those with mild ID were found to have significantly higher functional abilities than those with moderate ID. The study further showed that adults with mild and moderate ID with 3-8 years of regular school education have significantly more functional abilities than those with 0-2 years and above 8 years of regular schooling. Similarly, those with 3-8 years of special school education were found to have significantly more functional abilities than those with 0-2 years. It was also found that adults who are working presently have significantly higher functional abilities than those who are undergoing vocational training, and those who are not working. Similarly, significantly less functional abilities was found for those who are not working when compared with the adults who are attending special schools, and those who are undergoing vocational training. All the other socio personal variables were found to be insignificant in deciding the functional abilities of adults with mild and moderate intellectual disability. It was also found that adults with mild and moderate intellectual disability without having any problems have significantly more functional abilities than those with low and moderate level problems.

The study also analyzed the nature and extent of behavioural problems, sexual problems, emotional problems and social problems of the adults with intellectual disability. It was found that most of the adults with mild ID do not
have any problems in the behavioural, emotional, social and sexual domains. Very few of them have moderate or low level problems in these domains.

In the case of adults with moderate ID, most of them do not have any problems in the behavioural and sexual domains. However, most of them have moderate to low level problems in the emotional and social domains.

For most of the adults with severe ID, they do not have any behavioural and sexual problems. However, majority of them were found to have high to moderate level of emotional problems. It was also found that most of them have high or very high level social problems. Most of the adults with profound ID do not have any serious behavioural problems and none of them was found to have any sexual problems also. However, most of them were found to have high to moderate level emotional problems and high to very high level social problems.

As in the case of functional abilities, problem scores of mild and moderate ID were combined and analyzed with respect to socio personal variables. Five out of 20 variables studied were emerged as significant. Female adults were found to have significantly more problems than the male adults. Adults belonging to Hindu religion were found to have significantly more problems than those of Christian religion. Adults with moderate ID were found to have significantly more problems than those with mild ID.

Adults who had 0-2 years of regular school education were found to have significantly more problems than those with 3-8 years of regular schooling. It was also found that adults with mild and moderate ID who are not working have significantly more problems than those who are attending special schools, undergoing vocational training and those who are working. All the other 15 socio personal variables were emerged as insignificant in deciding the problems of adults with mild and moderate intellectual disability.

It was also found that adults with mild and moderate ID who are totally dependent in functional skills have significantly more problems than those with
poor, moderate and independent level of functional skills. In other words, the study revealed a significant high negative relationship between functional abilities and problems of adults with mild and moderate intellectual disability.

The study also examined the level of expectation of parents on their adult children with intellectual disability and it was found that as a whole the parents have a moderate to high level expectation on their adult children.

Analysis of parental expectation with respect to 19 socio personal variables revealed that half of them are significant. Parents of male adults were found to have significantly higher expectation than that of the females. Christian parents have significantly more expectation than that of the Hindus. Parents belonging to the old age mothers’ category were found to have significantly more expectation than that of the middle age and young age categories. Similarly, those belonging to the middle age category were found to have significantly more expectation than those of the young age group.

The findings very clearly proved that the parental expectation significantly decreases with increasing level of intellectual disability. It was also found that parents of adults without any associated conditions have significantly more expectation than parents of adults with associated conditions.

The study also revealed that the expectation of parents significantly increases with increase in years of regular as well as special school education of their adult children. Parents who are staying in the urban area were found to have significantly more expectation than those from the rural area.

Finally, parents of adults who are not working were found to have significantly lower expectation than the parents of adults who are attending special schools, undergoing vocational training and the parents of adults who are working. Parents of adults who are working were found to have significantly more expectation than the parents of adults who are attending special schools.
5.5. IMPLICATIONS

The present investigation was basically intended to study the functional abilities and problems of adults with intellectual disability by assessing their functional skills and problems as dependent variables and certain socio-demographic variables as independent variables. The findings of the study have certain theoretical as well as practical implications in the planning and practice of education, training and rehabilitation of individuals with intellectual disability. The important implications are outlined below:

1. The present study revealed that in general, adults with mild ID were not independent in functional abilities, they were in moderate level. They were independent in personal skills, food management skills and work-related skills. They were not independent in household tasks, community living skills and functional academic skills. This finding point towards the inadequacy of present system of special education. The findings imply that there is a need for intensive and continuous training in household tasks, community living skills and functional academic skills for children with ID. The children with mild ID are educable. So, in their training, the present curriculum, especially planning, teaching and evaluation procedures should be examined thoroughly and modified as per the needs of children with ID. In their training more functional skills should be included. It will help them to be independent in their future.

2. The study also reveals that the adults with moderate ID have only poor or very poor level of functional ability. The children with moderate ID are trainable. Yet, not even half of the adults are independent in personal skills. Attitude and level of confidence of parents and teachers are to be evaluated and addressed. In the case of children with moderate ID, their attention, concentration, comprehension etc are poor. So they need continuous step by step training. The findings of the study imply that early identification and training should be given as early as possible. Until they acquire the skills or...
generalize the skills the teacher or parent should concentrate on their step by step improvement. Modern technology and computer assisted instruction will be helpful in acquiring and maintaining the functional skills.

3. One of the revealing findings of the present study is that adults with severe and profound ID are totally dependent in the functional abilities. Owing to their significantly lower level of intelligence, they need individual attention and very systematic training to develop their daily living activities. In the light of the present study the policy makers, teachers and parents should be given more importance to develop policies and training programmes for children with severe and profound ID. Parent support and care are very crucial in the case of children with severe and profound ID. So parent training programmes and awareness programmes are important to promote the involvement of parents in the education of their children.

4. The degree of disability is found to influence the functional abilities of adults with ID. The level retardation is a crucial factor in the education of children with ID. There is a negative relation between level of retardation and functional abilities. This study proves that adults with mild ID have high functional abilities than adults with moderate ID. This finding demands more than a common sense approach in the education and training of children with low level of intelligence. The learning theories applied in the special education practice, especially, the applied behaviour analysis approach has very clear designs and techniques that can be effectively used with this group. But, to what extent these are used by the present system of special education is to be verified: whether the teachers have necessary knowledge, skills and techniques to apply such methods? Whether the special education system has enough facilities and personnel’s to support? All these are to be specially addressed.
5. Presence of mother was found to be influencing factor of functional abilities of adults. At the same time presence or absence of father was not emerged as a significant variable. This reveals the importance of mother in the development of functional abilities among children who are adults. Also this, result confirms that even in adulthood the individuals with intellectual disability are not independent in functional skills, they need support and help of mothers for performing their daily routine activities. Or it may be pointing towards the level of over protection of mothers, and the failure of the prevailing practice of special education and training to develop and maintain appropriate skills among these individuals. In order to identify the basic reason for this fact, further research is needed.

6. Another variable that was emerged as an influencing factor is the duration of both regular and special school education. It is quite natural to see that those who had education for 3-8 years have significantly better skills than those who had 0-2 years of education. However, the study revealed that those who had 3-8 years of education have significantly more functional skills than those with above 8 years of education. It may be because of several reasons, such as, by the eight years of education, children reaches adolescence, which is a period of stress and strain, chances of developing adjustment problems is high; the changeless, routine methods and materials of teaching learning process might have developed boredom and the resultant stagnation in learning and development; chances for developing hopelessness among the teachers and parents, etc. All these possibilities are to be studied carefully.

7. Present status of the adults was emerged as a crucial variable that influences the functional ability. It is to be noted that adults who are working have significantly higher functional ability. This positive finding projects the possibilities of vocational training and placement of adults with ID. This emphasizes the importance of imparting vocational education to all the individuals at the right time.
8. All the above discussions underline the present dependent status of the adults with ID. This indirectly points towards the failure of the educational system to make them self supportive. So it is high time to review the curriculum and teaching learning process followed in the special schools for children with ID. Lack of serious approach towards vocational training and placement is yet another area to be addressed urgently. Also, special educationists and policy makers should think of the measures to be taken to enable the individuals with ID to maintain their functional skills even after their schooling.

9. The study highlighted that the adults with mild ID do not have much problems in any of the problem areas studied. In the first part it was found that they are not independent in functional abilities. Mild level retardation with lack of problems and moderate level functional ability are the outcomes of this study. These evidences indicate that these children have the potentials to develop independence in functional skills and the potentials to lead self reliant life.

10. In the case of moderate ID, the study reveals that even though most of them do not have much problems, a significant portion of the sample have either moderate level or high level problems in the emotional and social domains. This raises questions such as what are the contributing factors of problems of adults with moderate ID? Is there any relation between the lower level functional skills and increased level of problems? Is there any relation between the teaching learning process and the occurrence of problems? Is there any relation between the family environment and problems? All these questions are to be investigated. Unfortunately research in ID has not yet got the due status in this country. Universities and colleges in India do not offer much to this area of developmental disability.

11. The reported level of problems, in general, for most of the adults with severe ID is low. However, in emotional domain most of them have high or
moderate level problems. This also deserves special attention of the special educators, psychologists, social workers, parents and researchers. It is exacerbating in case of the social domain, where most of the adults studied have high or very high level problems. But, it seems that issues like this are most often ignored. A kind of helplessness develops among the professionals and parents. It adversely affects the growth and development of individuals with ID.

12. The study revealed a similar result for the adults with profound ID also. In case of individuals with profound ID, it is doubtful whether the teachers and professionals are able to apply the behaviour modification techniques confidently? Do they have a right positive perspective towards the teaching and learning as well as problem behaviour management of individuals with profound ID? The level of involvement of parents in this regard is to be analyzed. The root causes of the problems are to be explored. It is sometimes, a deceptive finding that adults with profound ID do not have any of the sexual problems. From the professional experience of the investigator and the interactions with parents and teachers it may be stated that adults with profound ID in fact do not know the concept of sex and sexuality. They are typically unable to sense the sex related matters. The lack of proper training as well as the very low level of learning ability may be the basic reasons for the increased level of problems in social and emotional domains. All these once again invite the urgent attention, planning and intervention of professionals, researchers and parents.

13. The reasons for increased problems of adult women with mild and moderate ID than the men are to be analyzed systematically. Also the findings indicate that the adults with moderate ID are at increased risk of problems than the mild group. Attitude, approach and practice with regard to education, teaching and learning etc are to be restructured to address this issue.
14. Adults with mild and moderate ID from Hindu community have more problems than that of Christians. In order to explain this difference further research is needed. Relation between religious belief, religious practices influence of these practices in the learning, training, and child rearing are to be analyzed scientifically.

15. There is an inverse relation in problems of adults with ID with respect to the duration of regular schooling. This implies the importance of schooling in preventing and managing problems. Some of the parents do not send their children with ID in school so they may not get any training to modify their behaviour. The parents may not be able to modify the problem behaviour of their children at home.

16. Present status was found significantly to influence the problems of adults with mild and moderate ID. Those who got training and are working have fewer problems. The finding reveals that the training and placement of children with ID is a crucial factor to reduce their problem behaviours.

17. The last part of the study shows that expectation of parents of adults with moderate to high level. This indicates that to some extent, parents are optimistic about the strength of their children. But whether this expectation is based on the developed skills is a question, and in turn may lead to despair and hopelessness.

18. The study proved significantly higher expectation for parents of male children. So, the attitude and approach towards the education of girls with ID is to be analytically examined.

19. There is a negative relation between the level of retardation and the expectation of parents. This study proves that parents of adults with mild ID have high expectation than the parents of adults with moderate, severe and profound ID. In other words even after education for a good number of years, the parents do not have reasonable hope on their children with ID. Hence, the
findings can be considered as an eye opener of special educators, professionals and authorities and the need for urgent intervention is implied.

20. The results show that as the age of mother increases the expectation of parents also increases. But age of father was not emerged as a crucial factor. This may be linked with the impact of the diagnosis of ID on the younger mothers. Hence, proper psychological intervention for younger mothers is implied here.

21. The study also shows the relatively low level of expectation of parents of adults who have associated problems. The hopelessness of those parents may be because of the absence of proper alternative supportive therapies and training programmes, or may be because of lack of convincing progress even after undergoing the existing training programmes.

22. However the study points towards the fact that more years of both regular as well as special school education of their children helped the parents to expect more on their future life. Message of this positive result can be considered as a catalyst for further educational interventions in this field.

23. Urban parents were found to have more expectation than the rural parents. In the context of such a finding, it is to be examined that whether the training facilities and availability of professionals as well as the approach of parents differ with respect to locality of residence.

24. Finally, the study reveals higher expectation for the parents of working adults. Only 10% of the samples of adults studied were found to have employment. That is, 90% of the samples of adults studied still do not have any vocation. This finding once again points towards the importance of ensuring vocational training and placement of individuals with ID.

To sum up, the present study directly or indirectly gives valuable findings related to the functional abilities, problems and parental expectation of adults with intellectual disability. The findings have very clear practical, theoretical and research level implications.
5.6. SUGGESTIONS

Based on the findings, conclusions and implications, following suggestions are given.

1. The curriculum of special school should be revised and restructured, and give more importance to the mastery of each skill. Use modern technology in the curriculum transaction.

2. More emphasis should be given to the training and development of household tasks, community living skills and functional academic skills. The training should include simulation as well as opportunities for generalization of the learned skills. Parents have an important role in the generalization of the skills what their children learned. The present system provides less opportunity for the generalization of the learned skills. In this regard, parents, teachers and community should cooperate and work together.

3. The school authority should take necessary steps to follow the principles of need based education, individualized educational programme and evaluation of the training systematically. This will make the process of special education more scientific and productive.

4. After schooling, the children should get vocational training through trained teachers and implement the work education programme systematically. It will help the person to work in their community set up or in open and sheltered employment set up.

5. After schooling even the mild and moderate adults are working in special school vocational training centers or sheltered workshops. Some of these adults are able to do unskilled work or semi skilled work in open employment. So, the parents, teachers, and professionals should take appropriate steps to find out the appropriate place and employment for these adults. In the present study investigator found out that the adults with mild
and moderate ID who are working in the open employment are earning in between Rs. 5000 to 11,000. But, she didn’t include this variable for analysis because the number of adults working in open employment was very few in the sample. So the curriculum for vocational teacher training should be evaluated and the vocational educator should be able to guide the adults with ID to work in open employment. The institutional authority, vocational educator, parents and community should actively involve in this programme.

6. The involvement of parents especially that of mothers is very crucial in the education of children with ID. With appropriate training and support the involvement of mothers can be enhanced. Provisions should be made for the same.

7. The present study revealed that adults with mild ID have moderate to low level problems in behavioural, emotional, social and sexual domains. Whereas, other three levels have moderate and high level emotional and social problems. So, effective planning for the social and emotional maturity of children with ID is crucial. The curriculum of teacher training programmes should be given due importance for effectively planning, and implementing the strategies and techniques for developing these skills in children with ID in all levels.

8. There are a number of special schools in each district of Kerala. Yet, the children are entered the school very late because of the lack of awareness and expectation of parents. Necessary steps should be taken to ensure the enrolment of all the children with ID in the special school as early as possible and encourage the parents to participate actively in the educational and evaluation process of their children.

9. As the study revealed a stagnation or reduction of functional abilities after 3-8 years of regular as well as special education, steps should be taken to identify the causes and ensuring further development of skills.
10. The present study revealed that all the parents have moderate to high level expectation on their adult children with ID. However, parental expectation significantly decreases with increasing level of ID. In the case of children with severe and profound cases they are nonfunctional in all the domains. So naturally the parental expectation will be less. In this context more research study has to be done for developing effective methods, materials and techniques for the management of children with ID. The technicians should develop adaptive devices for the functioning of children with severe, profound ID and with associated conditions.

11. The study proved that the adults with ID who are not working have significantly low level of functional ability, high level of problems and low level of parental expectation. These findings unfold the fact that the children with ID should be involved in any of the activities or services, otherwise they will be lazy and their level of functional ability will be worst. So the parents and Community Based Rehabilitation centers should take initiative to involve the children with ID in any of the service available for them.

12. Proper document regarding those adults with ID who are not attending any special institutions are not available. This creates a lot of difficulty for planning and implementing rehabilitation activities as well as research studies. So necessary urgent steps should be taken by authorities to develop the correct prevalence and other details of adults who are not attending any institution.

5.7. LIMITATIONS OF THE STUDY

The investigator adopted all possible steps to make the study a reliable one and generalized as far as possible. However, a few limitations have crept in to the study which is listed below:

1. The size of the sample selected was only 200 and was collected only from 2 out of 14 districts of Kerala state, due to certain practical difficulties involved
in the data collection procedure such as time, accessibility and the cost involved.

2. Considering the convenience of the parents few of the parent expectation scales was completed through phone call.

3. The investigator classified the sample into mild, moderate, severe and profound categories, only on the basis of the disability certificate kept in the institution.

4. Owing to difficulties in identifying and collecting data the investigator selected only 33 subjects from homes, a larger sample of adults who are not attending institutions could have given more generalisable findings.

5. In the tools FASAID and PASAID, the investigator didn’t include the option like ‘not applicable’. At the completion of the study, it is felt that such an option could have given more meaningful data, especially regarding adults with severe and profound ID.

Despite the limitations cited above, the investigator hopes the findings of the study are generalized to a great extent, and may serve as guidelines for policy makers, administrators, professionals, teachers, researchers and parents in planning and providing best education and employment to the children and adults with ID and to optimize the quality of life of the individuals with ID.

5.8. SUGGESTIONS FOR FURTHER RESEARCH

1. The same study can be repeated with larger sample covering all the districts of Kerala so that a more generalized result could be obtained.

2. An investigation may be conducted to compare the levels of functional abilities and problems of adults with and without intellectual disability.

3. The effect of special education services and vocational services for children with ID may be studied.
4. An attempt may be made to identify the attitude of parents and siblings towards the special education and vocational training of children with intellectual disability.

5. A similar study can be conducted in other type of disabilities.

6. A specific study may be conducted on expectation of parents of children with and without ID.

7. A study can be conducted on the current status of vocational education of adults with ID.

8. An attempt may be made to compare the problems of adults with and without ID.

9. A study can be conducted on the perception of teachers and parents towards the current practices of special education services.

10. A study may be conducted on the comparison of the functional abilities and problems of adults who are staying at home and in the institution.

11. A study may be conducted on the problems of adults with ID in the employment set up.

12. An attempt may be made to evaluate the special school curriculum.

13. A study may be conducted on the management of problem behaviour of adults with ID.

14. An attempt may be made to develop specific package for training children with severe and profound ID.

15. An attempt may be made to compare the social and emotional problems of adults with ID and other developmental disabilities.

16. A study may be conducted on the skills of adults with ID in co-curricular activities.