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Mental retardation is a global problem. People often misunderstand that mental retardation is a disease. It is not a disease like cancer and tuberculosis but a condition. There is a popular proverb that 'prevention is better than cure', is more applicable to control mental retardation. It is a matter of great concern to psychiatrists worldwide that even now there are a large number of children who have potential but are not able to utilize it due to lack of adequate facilities and proper educational programmes. The first educational activities on mental retardation were started by Seguin in France in the year 1837. Maria Montessori also tried to educate mentally handicapped children in Italy. The first institute for mentally retarded was established at Mankhurd in Bombay in 1941. In a report National Policy on Mental Handicap 1988, it is stated that there are little more than 200 institutions in India with a facility of about 10000 mentally retarded individuals. At present mental retardation has become a centre of great attraction. The NGOs, National government and the UNO have launched welfare programmes for the education and rehabilitation of M.R. Children. Article 46 of the India constitution has emphasised the educational and economic interest of the weaker
SUMMARY

• INTRODUCTION

Mental retardation is a global problem. People often misunderstand that mental retardation is a disease. It is not a disease like cancer and tuberculosis but a condition. There is a popular proverb that 'prevention is better than cure', is more applicable to control mental retardation. It is a matter of great concern to psychiatrist, psychologist and social workers.

Mentally retarded person is socially incompetent, mentally subnormal and intellectually inferior from birth or an early stage. In the classification of exceptional children the mentally retarded children belong to lower end of the scale of intelligence and scholastic optitude quite opposite to the gifted who lies in the high end of this scale. Lower level of intellectual functioning reflect in their adaptive behaviour.

Education and rehabilitation of M.R. children has become a challenge for society. It was an age old problem of the world. The first educational activities on mental retardation was started by seguine in French in the year 1837. Meria Montessori of Itali contributed her DIdactic Apparetus to the education of mentally deficient children. In India the first institute for mentally retarded was established at Mankhurd in Bombay in 1941. In a report National Policy on Mental Handicap” (1988) it was stated that there are little more than 200 institutions in India with a facility of about 10000 mentally retarded individuals.

At present mental retardation has become a centre of great attraction. The NOGS, National government and the UNO have launched welfare programmes for the education and rehabilitation of M.R. Children. Article46 of the India constitution has emphasised the educational and economic interest of the weaker
MENTALLY RETARDED CHILDREN:

The children who are suffering from the problems of mental deficiency is termed as mentally retarded children. For the purpose of the present section including handicapped to give special care and protection from social justice and all forms of exploitation. Mentally retarded can not provide satisfactory service for society but they are not totally useless. They can do something in which field they are educated and trained. It is unfortunate that the Disabled Act 1995 (Act. 1 of 1996) had not given weightage of job reservation for mentally retarded.

The national policy on Mental Handicapped (1988) estimated that there are 16000000 mentally retarded person in India. Shankar (1958) reported that there is no certainty whether mental retardation is equally common in rural and urban areas.

Mentally retarded children are of different types. Grossman (1973) classified mentally retarded into four categories, namely i) Slow learner ii) Educable mentally retarded iii) Trainable mentally retarded and (iv) Totally dependent mentally retarded.

STATEMENT OF THE PROBLEM:

The statement of the problem is “A study of the problems of mentally retarded children and provisions for their education in the North-East.

OPERATIONAL DEFINITIONS:

- PROBLEMS:

The term problem refer to the general educational and rehabilitation problem. It also concern the causative factors of mental retardation in the North-East.

- MENTALLY RETARDED CHILDREN:

The children who are suffering from the problems of mental deficiency is termed as mentally retarded children. For the purpose of the present
study the following operational definition has been accepted.

American Association on Mental Deficiency (1983) defined “Mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period.”

**METHODOLOGY**

- **PROVISIONS FOR THE EDUCATION OF M.R.CHILDREN:**
  
  Educational provisions include the infrastructural facilities and existing educational and rehabilitation programmes for mentally retarded children undertaken by the government and by the NOG’s.

**OBJECTIVES OF THE STUDY**

i) To study the causative factors of mental retardation.

ii) To study the general problems of M.R. Children.

iii) To study the Educational Problems of M.R. Children.

iv) To study the provisions for the education of M.R. children.

v) To Study the existing rehabilitation programmes for M.R.children.

vi) To study the problem related to rehabilitation of M.R. children.

vii) To develop an “Action Plan” for the education and rehabilitation of M.R. children.

**METHODOLOGY**

Normative survey method was used for the present study. Analysis and interpretation of data was done both quantitatively and qualitatively. The sources of data was primary and first hand information. It covered the educational and rehabilitation programmes for M.R. children in the North-East. It also concerned the
general problems and causes of mental retardation in the North-East.

**PLAN OF THE STUDY**

The present study is well planned and divided into six chapters. First is concerned with introductory chapter, Second chapter is concerned with review of related literature, third chapter deals with methodology-plan and procedure, Fourth chapter is related to analysis and interpretation of data, fifth chapter was findings of the study and sixth and last chapter contained the action plan and suggestions for further study.

**POPULATION AND SAMPLE**

Population of the study covers the M.R.children of six North East states, namely Assam, Meghalaya, Manipur, Mizoram, Tripura and Nagaland. Out of 12 special schools in the Six North East states 9 schools are selected purposively. Three Psychiatric Department one directorate of social Welfare office was also selected. The sample within the institutes comprised 9 principals and 20 teachers. It also comprised 6 parents of mentally retarded children and 4 psychiatrists from the department of psychiatry.

**TOOLS USED**

The Present study used case study, questionnaire, observation and interview schedule for data collection.

**STATISTICAL TECHNIQUES**

Analysis and interpretation of data was followed by the calculation of percentage and ratio in the present study.
The present study revealed that thirteen causes of mental retardation was found in the North-East. The causes are genetic and chromosomal abnormalities, over-aged pregnancy, Consanguine marriage, pre-natal maternal mental shock, deprivation of oxygen during birth, pre-matured birth, para-typhoid, Jaundice, epilepsy, accident, bottle feeding, socio-economic status, & low level of I.Q. These causes (excluding socio-economic status and the I.Q) are categorized into three parts namely pre-natal Neo-natal and post-natal causes. Pre-natal causes comprised of 51.85%, Neo-natal causes comprised of 22% and post-natal causes comprised of 25.93% of mental retardation. It was found that mental retardation occurred among people of any socio-economic status representing 21% of the upper class, 42% of the middle class and 37% of the lower class. The study also indicated that the I.Q. range of mentally retarded children lies between 12.50-71 and 30% of M.R. Students are educable 50% are trainable and 20% are custodial.

**DELIMITATION OF THE STUDY**

The study is delimited to six states of the North-East namely Assam, Meghalaya, Manipur, Mizoram, Tripura And Nagaland. Arunachal pradesh is excluded from the study as no special school for the education of M.R.children exist till the time of data collection.

It is confined with 9 special schools for M.R.children in the North-East and the three psychiatric department of Assam and Nagaland.

**FINDINGS OF THE STUDY**

**CAUSATIVE FACTORS OF MENTAL RETARDATION IN THE NORTH-EAST**

The present study revealed that thirteen causes of mental retardation was found in the North-East. The causes are genetic and chromosomal abnormalities, over-aged pregnancy, Consanguine marriage, pre-natal maternal mental shock, deprivation of oxygen during birth, pre-matured birth, para-typhoid, Jaundice, epilepsy, accident, bottle feeding, socio-economic status, & low level of I.Q. These causes (excluding socio-economic status and the I.Q) are categorized into three parts namely pre-natal Neo-natal and post-natal causes. Pre-natal causes comprised of 51.85%, Neo-natal causes comprised of 22% and post-natal causes comprised of 25.93% of mental retardation. It was found that mental retardation occurred among people of any socio-economic status representing 21% of the upper class, 42% of the middle class and 37% of the lower class. The study also indicated that the I.Q. range of mentally retarded children lies between 12.50-71 and 30% of M.R. Students are educable 50% are trainable and 20% are custodial.
GENERAL PROBLEMS OF MENTALLY RETARDED CHILDREN IN THE NORTH EAST

The general problems covered the behavioural problems, habit disorder, physical problems and attitude of neighbours towards M.R. children and their parents. The study indicated that poor adjustment was found among 51.85% of M.R. children, behavioural complaints of 77.78%. Inferiority complex of 55.55%, aggressive of 40.63%, hyperactive of 81.48%, Self-injurious of 28.57%, physical problems of 70.79%, eating problems of 91.30% and habit disorder of 96.97% in the North East. It was also indicated that 52.94% of neighbours had favourable attitude towards M.R. children, 17.65% unfavourable attitude and 29.41% of them were indifferent. Regarding attitude towards parents of M.R. children it was found that 75% of the neighbours had favourable attitude, 6.25% were unfavourable and 18.75% of them were indifferent.

EDUCATIONAL PROBLEMS OF MENTALLY RETARDED CHILDREN IN THE NORTH-EAST:

In the North-East 77.78% institutes had no residential facilities, 33% institutes had no own building, 11% institutes had no water supply and sanitation facilities 66.64% institutes had no student's common room and library 100% institutes had no permanent health centre and 44.50% institutes had no parents teacher association. The study also indicated that 66.67% institutes deprived of grant from the state government 22% institutes deprived of grant in aid from the central government 33% institutes did not get donation from the NGOS and 44.44% institutes did not get donation from local bodies. In the Present study it was found that 59.09% M.R. Student were not interested in studies, 28.57% of them could not understand even simple talk, stagnation problem was of 87.50% and teachers salary was not regular in 22% institutes.
EDUCATIONAL PROVISIONS FOR M.R.CHILDREN IN THE NORTH-EAST

The findings of the study indicated that 83 teachers and 575 students were enrolled in the special schools of the North-East. Teacher student ratio comprised 1:7. Male and female teacher comprised 24.10% and 75.90% respectively. The male and female student constituted 58.78% and 41.22% respectively. The institutes followed modified normal curriculum and special curriculum. Special curriculums were NIMH curriculum, SSEI Curriculum and IICP Curriculum. Academic and vocational programmes were included in the Curriculum to develop conception and self-help skills among M.R.Children. Academic instruction was related to reading, Writing and Simple arithmetic. Vocational instruction was for weaving, Knitting, tailoring, Carpentry, file making and envelop making. Co-curricular programmes covered both indoor and outdoor games. The study revealed that individualised instruction, repetition, learning by doing, reward and punishment and songs and music were suitable methods in the teaching-learning process of M.R.children. Guidance service and parents Counselling were available in 66.67% and 100% institutes respectively. The study also indicated that 77.78% of the institutes are purely under private management and are day care centres. Residential and government aided institutes constituted 22.22% in the north-East.

*NIMH refers National institute of mentally handicap.
* SSEI Refers spastics Society of Eastern India.
*IICP refers Indian Institute of cerebral palsy
The present study revealed that the rehabilitation programmes in the special schools were not satisfactory. 66.67% institutes had no sheltered workshop. The institutes were shishu sarothish. B.B., Paul Mental Development Home, Marry Rice Centre, Dwarjinkyrmens, Gilead special school and swabalamban. Loan facilities for self-employment were not available in 77.78% institutes. The institutes were sahayika and MonVikash kendra. 55.56% institutes had special training programmes for girls. The institutes were Ch. Ibohol Institute, B.B. Paul Mental Development Home, Dwarjinkyrmens, sahayika and Mon Vikash Kendra. 33% institutes had scholarship facilities. The institutes were Ch. Ibohol Institute, B.B. Paul Mental Development Home and Mon Vikash Kendra.

**EXISTING REHABILITATION PROGRAMMES IN THE SPECIAL SCHOOLS OF THE NORTH-EAST**

The finding of the present study revealed that sheltered workshops were existing in 33% special institutes. The institutes were Sahayika, Ch. Ibohol institutes and Mon Vikash Kendra. Loan for self-employment were available in 22% institutes. The institutes were sahayika and MonVikash kendra. 55.56% institutes had special training programmes for girls. The institutes were Ch. Ibohol Institute, B.B. Paul Mental Development Home, Dwarjinkyrmens, sahayika and Mon Vikash Kendra. 33% institutes had scholarship facilities. The institutes were Ch. Ibohol Institute, B.B. Paul Mental Development Home and Mon Vikash Kendra.

**PROBLEMS RELATED TO REHABILITATION OF MENTALLY RETARDED CHILDREN IN THE NORTH-EAST**

The present study revealed that the rehabilitation programmes in the special schools were not satisfactory. 66.67% institutes had no sheltered workshop. The institutes were shishu sarothish. B.B., Paul Mental Development Home, Marry Rice Centre, Dwarjinkyrmens, Gilead special school and swabalamban. Loan facilities for self-employment were not available in 77.78% institutes. The institutes were Marry Rice Centre, Dwarjinkyrmens, Shishu Sarothi, B.B. Paul Mental development Home, Ch. Ibohal institute, gilead Special School and Swabalamban. 44.44% institutes had no special training facilities for girls. The institutes were Gilead Special School, Swabalamban, Marry Rice Centre and Shishu Sarothi. 66.67% institutes were deprived of scholarship facilities. The institutes were Dwarjinkyrmens, Shishu Sarothi, Marry Rice Centre, Swabalamban, Gilead Special School and Sahayika. It was also found that reservation quota was not existing for M.R. Children in the North-East.
ACTION PLAN

An 'Action Plan' is developed under the following heads

- PREVENTION OF CAUSATIVE FACTORS
- IDENTIFICATION AND TREATMENT
- AWARENESS PROGRAMME AND EDUCATIONAL MEASURES
- REHABILITATION PROGRAMMES
- PREVENTION OF CAUSATIVE FACTORS

Maternal and child health care programme can be launched at different levels to check the Pre-natal, Neo-natal and post-natal causes of mental retardation.

Genetic and pregnancy counselling may be available for all women to prevent the genetic and chromosomal abnormalities among children.

Expectant mother should be free from mental shock and tension to avoid the risk of mental retardation among children. In case any child get breathing difficulty during birth due to the deprivation of oxygen the child may be given oxygen immediately.

Breast feeding should be encouraged and bottle feeding should be discouraged for proper mental growth of the child.

IDENTIFICATION AND TREATMENT

A team consisting clinical psychologist, psychiatric social workers, audiologist and physio-therapist should diagnose the causes of mental retardation among children in district level hospital. Epilepsy, Jaundice and Para-typhoid should be identified in infancy and early childhood and proper treatment can be given in time.
AWARENESS PROGRAMME AND EDUCATIONAL MEASURES

Central and provincial government and the mass media may involve in the awareness programmes on mental retardation. Information and Documentation centre may be established in each state to highlights various problem related to mental retardation. Building grant and land donation may be given for the construction of school building. Special and integrated education should run simultaneously and special school can be established at rural areas. A National Institute can be established for M.R. Children having research and training facilities. in the North-East Parent-Teacher Association and guidance and counselling services should be emphasised in each institutes. Behavioural and physio-therapy can be introduced in each institute. Books, stationaries and free transportation may be available for M.R. Children.

REHABILITATION PROGRAMME

Mentally retarded children need sheltered workshop in special institutes to compensate their abilities.

The deficiencies of the Disabled Act 1995 (Act 1 of 1996) can be removed and 1% of job reservation can be given to mentally retarded person. Mentally retarded person can be entitled to take the benefit from Integrated Rural Development Programme (IRDP). The National government can established District Rehabilitation centre (DRC) in the North East. Community Based Rehabilitation (CBR) Programme should be started and implemented effectively with the help of NGO's involved in the welfare activities.

Special employment exchange may be set up for the registration of mentally retarded. Special intitutes will be the legal authority to certify the fitness of the candidate for the appointment. Sale tax exemption can be given and
sale centre may be set up for marketing product of M.R.children. Scholarship, loan facilities and other welfare scheme may be introduced soon for M.R.Children.

**SUGGESTIONS FOR FURTHER STUDY**

The Areas for further studies are suggested as follows:

- Studies on the problems related to implementation of National policy for mentally handicapped (1988)
- Studies with the coverage of all groups of disabilities.
- Comparision on the effectiveness of integrated education and special education programme.
- Co-rrelational studies on mental retardation and other associated handicapness.
- Studies on supporting services related to the welfare of mentally retarded.
- Studies on the evaluation of different welfare scheme for M. R. Children.
- Comparative studies on the services of government and NGOS relating to education and rehabilitation of mentally retarded.
- Studies on the impact of mentally retarded persons on the family.
- Studies on the effectiveness of preventive measures to arrest mental retardation.
- Studies on the practices of Yoga for mentally retarded person.
- Studies to develop effective remedial measures for mental retardation.
- A Nation-wide survey on the prevalence of various kinds of disabilities among children
- Studies to identify the suitable jobs for mentally retarded.