CHAPTER V
SUMMARY AND CONCLUSIONS

SUMMARY

Mental retardation, as defined by AAMD (American Association of Mental Deficiency) and DSM III is "significantly subaverage general intellectual functioning, resulting in, or associated with, deficits of impairments in adaptive behavior with onset before the age of 18". This has also been accepted by W.H.O. As it was stated earlier, numerous authorities in the field of mentally retarded have offered their definitions. Amongst them the above definition is most widely used and accepted.

There was a time when mental retardation was not recognized as a natural phenomenon caused by either genetic or environmental factors. Among the ancients mental retardation was attributed to demon possession and in order to drive away the evil spirit, various types of rituals were followed like prayers, religious rites, strange brews, and medicines.

The causes of mentally retarded is said to be both genetic and environmental. From the point of view of psychology, both genetic as well as environment jointly contribute to the growth of intelligence.

Similarly, the factors that lead to behavior problems
are numerous. These are described in Review of Literature (Chapter II) a comprehensive review of the relevant research studies regarding behavior problems and its causes are described.

As noted, family stress, instability, broken homes, and child rearing practice, could be the cause of behavior problems. The studies also reflected that boys show more behavior problems than the girls. These studies have been categorized into 3 different sections (1) behavior problem (2) behavior problem in mentally retarded and (3) causes of behavior problem.

The studies related to behavior problem in mentally retarded suggested that mentally retarded children show many behavioral problems such as attention deficit disorder, hyperactivity, distractibility, aggression, conduct disorder.

As stated earlier the main objectives of this study was to find out persistent behavior problem and its relationship between family environment, parental attitude in mentally retarded children. The hypotheses are as follows

Hypothesis 1 stated that there will be many behavior problems in mentally retarded children.

Hypothesis 2 stated that there will be a significantly more behavior problems in mentally retarded
than in normal children.

For testing this hypothesis, sub-hypotheses were formulated as follows:

Hypothesis 2(a) stated that, Attention-deficit disorder will be significantly more in mentally-retarded than in the normal children.

Hypothesis 2(b) stated that, Conduct disorder will be significantly more in the mentally retarded than in the normal children.

Hypothesis 2(c) stated that, Irritability will be significantly more in mentally retarded than in normal children.

Hypothesis 2(d) stated that, Hostility will be significantly more in mentally retarded than in the normal children.

Hypothesis 2(e) stated that, Stereotypy will be significantly more in mentally retarded than in the normal children.

Hypothesis 2(f) stated that, Passivity will be significantly more in mentally retarded than in the normal children.

Hypothesis 2(g) stated that, Disorientation will be significantly more in mentally retarded than in the normal children.
Hypothesis 3 stated that, Home environment will be one of the important causative factor of behavior problem in children.

Hypothesis 3(a) stated that, there will not be significant difference between mentally-retarded and normal children on Relationship dimension.

Hypothesis 3(b) stated that, there will not be significant difference between mentally-retarded and normal children on personal growth dimension.

Hypothesis 3(c) stated that, there will not be significant difference between mentally-retarded and normal children on System Maintenance dimension.

Hypothesis 4 stated that, Parent child relationship will be a significant causative factor of behavior problem in children.

Hypothesis 4(a) stated that, there will not be significant difference between mentally retarded group and normal group on Rejection / Acceptance dimension.

Hypothesis 4(b) stated that, there will not be significant difference between mentally retarded group and normal group on carelessness / over protection dimension.

Hypothesis 4(c) stated that there will not be significant difference between mentally retarded group and
Hypothesis 4(d) stated that there will not be a significant difference between mentally retarded group and normal group on Negligence / Over indulgence dimension.

Hypothesis 4(e) stated that there will not be a significant difference between mentally retarded group and normal group on Strong realism / Utopian Expectation dimension.

Hypothesis 4(f) stated that there will not be a significant difference between mentally retarded group and normal group on Lenient Standards / Severe moralism dimension.

Hypothesis 4(g) stated that there will not be a significant difference between mentally retarded group and normal group on Total freedom / Severe discipline dimension.

Hypothesis 4(h) stated that there will not be a significant difference between mentally retarded group and normal group on Marital conflict / Marital adjustment dimension.

Hypothesis 5 stated that there will not be any sex differences on the severity of behavior problem in mentally retarded children.

The two groups were used in this study. These are
mentally retarded children and normal children, both ranging from 6 to 12 years of age. The first group consisted of two hundred mentally retarded children (130 boys and 70 girls) who had an IQ between 54-85. They were compared with 30 normal children who had an IQ of 90 and above. The subjects were chosen from various institutes/special school for mentally retarded and schools for normal from the city of Bombay.

The tools used were (i) Kamath Intelligence Scale (ii) Seguin Form Board (iii) Vineland’s Social Maturity Scale for categorizing the appropriate criteria of mentally retarded (iv) Behavior problem Questionnaire (prepared by investigator) (v) Family Environment Scale (Moose and Associates) (vi) Parental Child Relationship Scale (H. C. Sharma).

A preliminary study was conducted on 10 mentally retarded children with the specific objectives of the study. Result of this study showed that each item of the questionnaire was found suitable and fulfilled the requirements of the study. Questionnaire and Scales were translated in Marathi and Hindi by professional translators.

This was followed by data collection for the study. The Principals and Director of institutes and schools were approached and the purpose of the study was explained. The interview of parents and teachers of M.R. and normal children were conducted.
Further, the result of the above data was described and discussed (Result and Discussion chapter IV). This chapter was divided into two sections. Section 1 shows the result obtained after statistical analysis. In Section 2 the result was discussed in detail.

Results

The mean score of mentally retarded group was higher than the normal children on all the dimension of Behavior problem questionnaire.

The t-value of each dimension are as follows

Add total 9.59; CD total 8.39; Irritability 5.91; Hostility 5.37; Stereotypy 2.69; Passivity 5.17; Disorientation 7.85 are significant at 0.01 level.

For FES, t value on Relationship dimension is 3.95; significant at 0.05 level, personal growth dimension is 3.92; significant at 0.01 level whereas system maintenance dimension showed no significant difference.

Chi-square for inattentativeness was found to be 36.1; Impulsivity 52.1; hyperactivity 23.85, socialization 77.95; Non aggression 39.97, aggression 27.82, Irritability 47.67, Hostility 34.20, Stereotypy 9.07, Passivity 30.15 and Disorientation 74.18 were significant at 0.01 level.

On personal growth dimension 7.19, For Rejection 3.93 and Acceptance 5.17, Marital conflict 7.02, Marital
adjustment 8.39 were significant at 0.05 level. There was no significant difference between other dimensions.

The boys were more impulsive than the girls in M.R. group (t = 2.29, at 0.05 level).

The correlation analysis was done between the scales and within the scales and were found to be correlated with variables.

The ADD total is significantly correlated with FES variables such as Rd total (r = .15), ICO (r = .12), MRE (r = .12) at 0.05, PGD total (r = .19) significant at 0.01; and with PCRS only two variables are correlated viz. CARN / OPTCT (r = -0.13) and STRL/UPECT (r = -0.13) significantly at 0.05 level.

CD total is correlated with only PCRS variables which are RJCT / ACPT (r = -0.19; 0.01) and MCON / MADJ (r = -0.12; 0.05 level).

Irritability is correlated with PGD total of FES (r = 0.15 at 0.05 level) and PCR scale RJCT / ACPT (r = -0.14; 0.05) and FAROEX / REROEX (r = -0.13; 0.05) are correlated.

Hostility is correlated with MRE (r = 0.11), ORG (r = -0.11), SMD total (r = -0.11) significant at 0.05. With PCRS two dimensions are correlated namely RJCT / ACPT (r = -0.18), TOFE / SEDIS (r = 0.12) significant at 0.05.
Stereotypy is correlated with ARO ($r = .22; \ 0.01$) and PGD total ($r = 0.16; \ 0.05$) whereas with PCRS - RJCT / ACPT ($r = -0.16$), NGLC / OIND ($r = 0.15$), STRL / UPECT ($r = 0.14$), LNST / SEMOR ($r = 0.16$), TOFE / SEDIS ($r = 0.12$) all are significant at 0.05.

Passivity is correlated with ARO ($r = 0.13$) & PCR scale RJCT / ACPT ($r = 0.15$), STRL / UPECT ($r = 0.15$) TOFE / SEDIS ($r = 0.18$) significant at 0.05 and MCON / MADJ ($r = 0.19$) significant at 0.01 level.

Disorientation is correlated with EXP ($r = 0.15$), RD total ($r = 0.12$), IND ($r = -0.12$) significant at 0.05 level. With MRE ($r = 0.17$), with RJCT/ACPT ($r = -0.15$), with CARN/OPTCT ($r = -0.24$) are significant at 0.01 level.

With NGLC / OIND, ($r = -0.14$), significant at 0.05 level. With STRL / UPECT ($r = -0.15$), with LNST / SEMOR ($r = -0.17$), with TOFE/SEDIS ($r = -0.17$), with FARDEX/RERDEX ($r = -0.27$) are significant at 0.01 level.

The FES is correlated with some of the dimensions within scale whereas PCRS also correlated with namely NGLC / OIND and STRL / UPECT with CARN / OPTCT at 0.01 level whereas STRL / UPECT, with LNST / SEMOR are significant at 0.05 level. With MCON / MADJ, with FRROEX / REROEX are significant at 0.01 level.
Discussion

In this section the results of various types of analysis were brought together for each of the variable. These results were discussed and compared with the results of various studies, which were reviewed in chapter II.

CONCLUSIONS

The conclusions derived from the main hypothesis and the sub hypotheses based on the statistical analysis are given below:

1. There are many behavior problems in M.R. children such as Attention deficit disorder, conduct disorder, Irritability, Hostility, Stereotypy, Passivity and Disorientation.

2. The M.R. children showed more behavioral problems as compared to normal children. The t values and chi square also show significant differences in the two groups on all the dimension of the behavioral problem questionnaire.

3. The Relationship dimension and personal growth dimension of FES shows significant difference between the two groups. The family of M.R. children were found to be less cohesive, less expressive, less independent and less achievement oriented. The intellectual cultural activities and recreational activities were less among the families of M.R. children as compared to families of normal children. But there is no big difference between the two groups on
system maintenance dimension. Thus the rules, regulations and structure of the families are same in both the groups.

4. The Rejection Vs. acceptance Negligence Vs. over indulgence and marital conflict Vs. marital adjustment dimension shows significant difference between the groups. Here, it can be said that a relationship between the behavior problems and above dimension.

5. The boys were found to be more impulsive than the girls on parent rating BPQ whereas on teacher rating BPQ, the boys were found to be more hyperactive and aggressive than the girls.

6. The BPQ rated by teachers, showed that M.R. children have significantly more behavior problems than the normals but comparing the means of rating by parents and teachers showed that parents have perceived more behavior problems among the M.R. children than the teachers.

Thus it can be concluded that M.R. children have several behavior problems which are observed more frequently than in the normal children. The relationship of the family members, personal growth of the child, parent-child relationship such as rejection or acceptance, negligence by the parents and marital conflict or marital adjustment of parents may be related to behavior problem in M.R. children.

**Contribution of the study**

(1) To make the parents aware of the factors
contributing to the behavior problems.

(2) To help to get more insight into the behavior problems faced by the child.

(3) The present study helps to increase the understanding of various processes that influence the parent child relationship.

(4) Contribution towards the understanding of the relationship between parental attitudes, child rearing practices and intellectual development of the children are made by this study.

(5) The present study has also contributed the understanding of the various ways in which teachers influenced the development of child.

Limitations of the study:

The investigator is aware that there are several limitations to this study. Firstly this research study included only the borderline and mild categories, hence it could not be extended to moderate group as this category show marked speech and communication problems secondary, as the age range was limited upto 12 years, M.R. above the age of 12 years who had behavioral problems could not be included. Apart from this, many other factors such as socio-economic status parents literacy level and siblings attitudes were not included in the study due to practical
Suggestions for further research

1) A comparative study could be carried out to find out whether school environment or home environment as contributing factors in causing behavior problems among the MR children.

2) Behavior problems among Mentally Retarded above the age of 12 years could be studied using similar research design.

3) Socio economic status and parent's literacy level could be related to overall development of the M.R. individual.

4) Parental discrimination between M.R. child and his/her normal sibling could have an effect on the personality development.

5) By means of behavior modification therapy the effects of behavior problem on academic performance of the M.R. child could be reduced.