

A Comparative Study Of The Efficacy Of Intervention Program On Girl Children With Mental Retardation

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Abstract

This study was an attempt to compare self-concept and adjustment state of mentally retarded girls who were attending the special school (with intervention program), who are not attending the special school (without intervention program) and normal healthy girls attending regular school. The investigator hypothesized that the mentally retarded girls with an intervention program would differ socially and emotionally from the mentally retarded girls without an intervention program. For the nature of the design of the study, participants for this study were divided into three groups. With the help of purposive sampling (non-probability method), the participant girls were selected in such a manner that ten girls in each group were matched in age and severity with girls in each of the three groups. For the purpose of data collection, Piers Harris Children's Self Concept Scale and The AML Rating Scale were used by the investigators. The findings of the study thus did confirm on the whole the assumption that mentally retarded girls with an intervention program would differ emotionally and socially from mentally retarded girls without intervention program.

تلخیص مقالہ

اس تحقیق میں لڑکیوں کے تصور ذات اور ان کی مسابقتی سطح کو جانچنے کی کوشش کی گئی ہے۔ معطیات کے حصول کے لئے لڑکیوں کے تین مختلف گروہ تشکیل دئے گئے۔ پہلے گروہ میں ایسی ذہنی پسماندہ لڑکیوں کو شامل کیا گیا جو خصوصی اسکولوں میں زیر تعلیم تھیں جبکہ دوسرے گروہ میں ان ذہنی پسماندہ لڑکیوں کا انتخاب کیا گیا جن کو خصوصی تعلیم کی سہولت دستیاب نہیں تھیں تیسرے گروہ میں عام اسکولوں میں زیر تعلیم نارمل لڑکیاں شامل کی گئیں۔ مطالعہ کے تجزیے کے لئے جو بنیادی مفروضہ تشکیل دیا گیا وہ یہ تھا کہ ”ذہنی پسماندہ لڑکیاں جن کو خصوصی تعلیم کی سہولیات میسر ہوتی ہیں ان کی سماجی و جذباتی مسابقت ان لڑکیوں کی بہ نسبت زیادہ بہتر ہوتی ہیں جن کو خصوصی تعلیم کی سہولیات میسر نہیں ہوتیں“ تحقیق کی ضروریات کو ذہن میں رکھتے ہوئے ہر گروہ کے لئے دس لڑکیوں کا انتخاب کیا گیا جن میں سے ذہنی پسماندہ لڑکیوں میں عمر، ذہنی استعداد اور سماجی مطابقت کی صلاحیتوں کی سطح کم و بیش یکساں تھیں۔ اس موازنہ کے نتائج نے ثابت کیا کہ وہ ذہنی پسماندہ لڑکیاں جنکو خصوصی تعلیم کی سہولیات میسر تھیں ان کی سماجی و جذباتی مسابقت ان ذہنی پسماندہ لڑکیوں سے جن کو یہ سہولت میسر نہیں تھیں سے کافی بہتر تھیں۔ تاہم مسابقت کی یہ سطح عام اسکولوں میں زیر تعلیم لڑکیوں کے مقابلے میں خاصی پیچھے تھیں۔

Key Words: Girls with Mental Retardation, Intervention Program, Adjustment, Self-Concept,

Introduction

"Adjustment is a continual process by which a person varies his behavior to produce a more harmonious relationship between himself and his environment¹." To mould one's behavior to the expectations of the society is good adjustment. The parents, the school and the peer group all play an important role in the adjustment behavior of the adolescent. For the adolescent to develop personal and social adjustment, there are three essential requirements², viz.

- The adolescent must have a strong positive and stable self-concept which gives a high level of self-esteem and poor feeling of inadequacy.
- The adolescent must have a realistic self assessment about himself which includes his strengths and weaknesses.
- The adolescent must have self-acceptance.

Adolescent who had a healthy childhood are healthy in adolescent period and are well adjusted. But an adolescent with unhealthy childhood complain of severe discomforts at adolescent period and make poor adjustment. For the young adolescent, problems are more than that at other ages. Their problems center on home, school, physical condition, emotions, social adjustment, vocation and values. Many older adolescents feel that they are misunderstood by their families, teachers, friends and employees (McGue, Sharma, Benson & Peter, 1996).³

This misunderstanding intensifies their problems and results in a psychological isolation from possible sources of help in meeting their problem. When the needs of the older adolescent for acceptance, affection, and achievement are met and satisfied to his expectation, he will be happy; and as a consequence are well adjusted. They are also able to solve their problems satisfactorily and develop a philosophy of life which enables them to face the good with the bad. But the unhappy adolescents are maladjusted, unable to solve their problems and they carry the unhappiness into adulthood (Powell, 2008).⁴ Especially for girls, the society puts certain limitations and conditions towards their choice of study, job opportunities, behavior pattern and friendship with opposite sex (Casey, Patricia & Doherty, 2012).⁵

On the other side, self-concept refers to individual's appraisal or evaluation of herself. It is a motivating force for the individual's behavior and it is a key to self-confidence, which is the secret of success in life. Baumeister (1999)⁶ defines "Self concept as a composite of person's thoughts and feelings, strivings and hopes, fears and fantasies, his view of what

he is, what he has been, and what he might become, and his attitudes pertaining to his worth".

Hattie (1992) described three major components of self - concept which are: the perceptual, the conceptual, and the attitudinal.⁷ The perceptual component is the image the person has of the appearance of his body and of the impression he makes on others. It can be called as the "physical self-concept". The conceptual component refers to the individuals' conception of his distinctive characteristics, his abilities and disabilities, his background and origins, and his future. It is the psychological self-concept and it includes life adjustment qualities such as honesty, self-confidence, courage and their opposite. Attitudinal component refers to the feelings about himself his attitudes about his present status and future prospects, his feelings about his worthiness, and his attitudes of self-esteem, self re-approach, pride and shame.

Whether stable or unstable, a person's self-concept is a motivating force in his behaviors. Adolescents who have a more favorable, stable self-concept resulting from feeling accepted and loved at home are insulated against pressures from the peer group to engage in delinquent activities. If the individual is to be personally and socially well adjusted, the development of the self-concept cannot be left to chance. It is the responsibility of parents and teachers to control the development of the self-concept, as unfavorable self-concepts are likely to become deeply rooted and cannot be changed later on.

Throughout the history of disability literature, 'double jeopardy' is the commonest phrase used to describe the status of women and girl with disabilities. This is because, first they are women and second they are disabled. For example, women with disabilities face "double jeopardy" in the workplace on the basis of both their gender and their disability status⁸. As women, they are less likely to work, and they earn less than men; as women with disabilities, they face a lack of jobs, inaccessible work environments, and much lower wages than those with no disability.

In general, when a person made advocacy for women and girls with disabilities it includes all types of disability. It may include a physical, health, visual, or hearing impairment. They can also be diagnosed as facial disfigurement, or communication, learning, psychiatric or developmental disability. Some girls may also have invisible disabilities such as a chronic illness, epilepsy or diabetes. On the bases of current researches and statistics⁹ we can draw a picture about the situation of women/girls with disabilities quality of life which presents in Table 1:

Table 1
Inferences regarding the situation of girls' child

Research Findings	Source
1. Women with disabilities make up at least 10% of all women globally	WHO
2. Women with disabilities comprise three quarters of all disabled people in low and middle-income countries	USAID
3. Women with disabilities comprise three quarters of all disabled people in low and middle-income countries	USAID
4. Women in general are more likely than men to become disabled because of poorer working conditions, poor access to quality healthcare, and gender-based violence	ILO
5. Only 25% of women with disabilities are in the global workforce	UN
6. Literacy rates for women with disabilities globally may be as low as 1%	UNDP
7. Mortality rates amongst girls with disabilities are much higher than for boys with disabilities	USAID, UNICEF

These findings confirmed that girls, who live with any disability, are among the most marginalized group of children. Additionally, the stigma associated with them has further increased the violation of their basic rights. Lack of acknowledgement of the issue of girls with disabilities and support mechanism by the government, society, community and even in homes have made their life miserable.

Rosen (2006)¹⁰ seconded these statistics and concluded that “Violence and exploitation against women and girls with disability occur at a rate 50% higher than in the rest of society.” He also points out a number of additional critical issues:

“Professionals are uneducated and insensitive to the needs of these populations; increasing numbers of women and girls living with disability exacerbate the problem; women and girls with disability are uneducated about their rights and responsibilities; and action must be taken to halt this epidemic.”

To consider this situation, on 3rd May 2008, the UN Convention for the Rights of Person with Disabilities (PWDs) was entered into force. There are eight guiding principles that underlie the Convention and Article 7 ensure about the ‘Equality between men and women’. Article 6 of the Convention on the Rights of Persons with Disabilities (CRPD)¹¹ comprehensively addressed their rights and needs as:

“States Parties recognize that women and girls with disabilities are facing multiple discriminations and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.”

Pakistan is a patriarchal society where survival for girls or women, in general, is always a conspiracy, which starts when she is conceived and catalyzes throughout her life in one way or another. The situation gets worse when a girl is either born or develops some kind of disability. It is a fact that, our society in general has a discriminatory and stereotypic negative attitude towards persons with disabilities, specifically a girl. Despite the high numbers of women and girls with disabilities in Pakistan – many women and girls with disabilities report feeling “invisible” in the development context and largely absent from the development agenda. Even when gender considerations are incorporated into development projects, the specific perspectives and needs of women and girls with disabilities are seldom sought or incorporated.¹²

Recently, Department of Special Education, Government of Sindh is finalized a draft of policy with regard to promoting special education and providing required facilities of education to the special persons in the province. The policy includes fourteen core areas including specifically an area which will supposed to protect the rights of women and girls with disabilities. The objective set for this purpose expressed that “To empower women and girls with disabilities so that they can enjoy their human rights and become a productive member of the society” (DES, Govt. of Sindh, 2012).¹³

The strategies designed for this area ensure that the Special Education Department, Government of Sindh will:

- provide legal literacy training to women and girl with disabilities in collaboration with women’s organizations, like APWA, Aurat Foundation and other NGOs so that they have awareness of their rights and can implement these rights for their betterment;
- develop an awareness campaign on sexual harassment (sexual, physical, psycho-social, economic and domestic violence) abuse against women and girls with disabilities;
- develop a “disability rights awareness campaign” (rights to work, housing, health, education etc);
- promote representation of talented women with disabilities as leaders on various forums;
- ensure that where possible plans, policies, legislation, programs and projects incorporate and address human rights and related issues faced by women and

- girls with disabilities in consultation with the Ministry of Women, Social Welfare and Special Education, and also other relevant Ministries; and
- establish Industrial and Technical Training Institutes for girls and for women with disabilities.

Including this draft policy, Pakistan has ratified all major Human, Women and Child Rights Conventions, including the UN Convention on the Rights of the Child and UN Convention for the Rights of Person with Disabilities. However, ratification of any UN Convention and preparing a policy should lead to design a proper implementation mechanism with a view to translate the fine words into actions. It is, therefore, expected that the provincial governments should take tangible measures to safeguard the fundamental rights of women and girl with disabilities.

Purpose of the Study

In Pakistan, the attitude of parents towards their children with mental retardation is likely to be divided – realistic and unrealistic. It has been observed that those parents who have objectively accepted their children's retardation have admitted the child in the special school (intervention program) while those who have failed to accept the mental retardation of their children have either forced their children to continue in a normal school or are still looking for a miraculous cure at home (Shagufta, 1996¹⁴ & Nasir, 1998¹⁵).

This study was an attempt to compare self-concept and adjustment state of mentally retarded girls who were attending the special school (with intervention program), who are not attending the special school (without intervention program) and normal healthy girls attending regular school. The investigator hypothesized that the mentally retarded girls with an intervention program would differ socially and emotionally from the mentally retarded girls without an intervention program.

Methodology

Participants

For the nature of the design of the study, participants for this study were divided into three groups. With the help of purposive sampling (non-probability method), the participant girls were selected in such a manner that ten girls in each group were matched in age and severity with girls in each of the three groups. The groups are listed below:

- (a) Ten girls with mental retardation attending the special education referred to as 'with intervention group',
- (b) Ten girls with mental retardation not attending the special education program and this group classified as 'without intervention group' and

- (c) Ten normal girl children attending regular school labeled as ‘control group’. The age ranged of all participant girls was from 8 years to 16 years.

Ten girls with mental retardation who were attending special school had IQ ranging from 35 to 60. Seven of them were moderately retarded and three of them had mild retardation. Of these ten participant girls; two had Down’s syndrome, one was cerebral palsied, one had autism, and three had speech difficulties, while others had no physical symptoms. Except for one girl child suffering from behavior problems, all others were lively and friendly.

The other ten girls with mental retardation who were not attending the special education had IQ ranging from 30 to 60. Five of them were moderately retarded and the other five were mildly retarded. Of those ten participants; one was epileptic, one had cerebral palsy, one had enuresis, four of them were hyperactive and the rest three were had serious emotional disturbances.

Table 2 shows the age and IQ of the two groups of participant girls with and without intervention selected for the present study after matching them in age and IQ.

Table 2
Age and IQ of the Two Groups of Girls with and without Intervention Program

Mentally Retarded Girls with Intervention			Mentally Retarded Girls without Intervention		
Case #	Age	IQ	Case #	Age	IQ
1	8	40	1	8	48
2	9	43	2	9	50
3	10	49	3	10	70
4	12	40	4	12	53
5	13	52	5	13	62
6	13	35	6	13	58
7	13	55	7	13	76
8	14	50	8	14	37
9	14	30	9	14	37
10	16	40	10	16	53

Ten normal girls who were attending regular school had satisfactory academic performances. These girls were active, smart and cooperative. They were well adjusted and did not suffer from any emotional and social problems.

Instruments

For the purpose of data collection, following two instruments were used by the investigators.

a) Piers Harris Children's Self Concept Scale (Piers Harris, 1969): The measure of self-concept used on all the girls was the Urdu version of Piers Harris Children's Self Concept Scale. The scale which is a paper and pencil type consists of 30 'Yes' and 'No' questions (substantial evidence of construct validity is reported in the manual of the scale (1969)).¹⁶ To test the reliability of the Urdu version of the scale, the scores on Urdu version were correlated with the original scale, and high positive correlation was found ($r=.98$; $p<.005$). High score on the test was indicative of high self-concept and low scores were indicative of low self concept.

b) The AML Rating Scale (Cowen, 1973):¹⁷ The AML rating scale was used to measure adjustment of the children at school and home by teachers and parents. The AML is a five point scale which measures three dimensions of behavior: Acting out (A), Moodiness (M) and Learning Disorder (LD). The scale 'A' consists of five items, measuring such acting out behavior as fighting, impulsivity and restlessness. Depression, hypochondriacs and moodiness are measured by the 'M' scale which also consists of five items. The 'L' scale consists of a single item "has difficulty in learning". The ratings were made either by the teacher or the parent. Lower scores in the AML scale were indicative of better adjustment and high scores were indicative of poor adjustment.

Procedure

Initially, the investigators contacted the principal of Quaideen Special Education Centre for Children with Mental Retardation. After receiving the final approval, the investigator selected ten girls ranged in age from 6 years to 16 years and their intellectual sub-normality categorized from severe to mild mental retardation. These ten girls comprised the first required group i.e. 'with intervention group'.

The second group of participants were included in 'without intervention group' i.e. those who were not attending special school. These girls were found out from the previous registration records of the same school. Parents of these girls had initially contacted with the school but after this visit they never came for proper admission. Finally, ten girls among them who could be matched in age and IQ with ten girls with mental retardation attending special school selected for the present study.

However, only those girls were selected whose parents agreed to participate and cooperate in the research study. The parents of both the groups were contacted at home. The participants' girls with mental retardation were given Piers Harris Children's Self Concept Scale individually by the investigators. The mentally retarded girls who were not

attending any special school were rated on the AML scale by their parents, while mentally retarded girls attending special school were rated on the AML by the teachers to find out how well they were adjusted, in school or at home.

A control group of ten normal healthy girls attending regular schools were also included in the study by matching the age with the other two groups of mentally retarded girls. Their parents were also contacted for the same purpose. Both the instruments administered on the mentally retarded girls were also administered on these normal girls.

Findings

Data obtained from the participants were subjected to statistical analysis separately. Table 3 shows the mean scores obtained by the three groups of girls in Piers Harris Children's Self Concept Scale with 't' and 'F' values. Results indicated that the three groups of girls differed significantly in their self-concept scores. It is important to note that retarded girls without intervention had the lowest self-concept scores among all the three groups of girls. The results of the study show that intervention program can exert influence in reducing the problems of adolescent girls with disabilities.

Table 4 shows the mean scores obtained in AML (adjusted rating scale) test with 't' and 'F' values by the three groups of girls. The results clearly highlighted that girls with mental retardation attending special school and girls with mental retardation not attending special school differed significantly in adjustments as rated by parents or teachers on AML scale. Both groups' girls also differed significantly with normal girls. These results also indicated that significant difference among the three groups of children, the retarded girls with out intervention were found to be the lowest performance in their adjustment at home was concerned.

Table 3
Mean Scores, Standard Deviation, 't' and 'F' Values Obtained on Piers Harris Children's Self Concept Scale of the Three Groups of Girls

Groups	Mean score on self-concept	S.D.	't'	'F'
Mentally retarded girls with intervention	65.3	22.39	2.15*	
Mentally retarded girls without intervention	40.3	26.84		8.72**
Normal girls	82.2	11.30		

*P<.05 (t value)

** P<.01 (F value)

Table 4:
Mean Scores, Standard Deviation, 't' and 'F' Values Obtained on AML Rating Scale the Three Groups of Girls

Groups	Mean score on self-concept	S.D.	't'	'F'
Mentally retarded girls with intervention	31.0	9.53	1.57*	
Mentally retarded girls without intervention	36.9	6.04		21.45**
Normal girls	17.0	2.05		

* P<.01 (t value)

** P<.01 (F value)

Discussion

The findings of the study thus did confirm on the whole the assumption that mentally retarded girls with an intervention program would differ emotionally and socially from mentally retarded girls without intervention program. In the context of Pakistan, very few studies were highlighted this issue. For example, Shagufta (1996)¹⁴ has found out that mentally retarded subjects with negative self-concept were significantly more anxious than subjects with positive self-concept. She has also found out since self-concept is the dominant element in personality pattern, it governs the individuals' characteristic reactions to people and situations and determines the quality of his behavior.

In continuation, Sulman (1998)¹⁵ aimed at finding out the problems in educating girls with disabilities in urban areas of Karachi in relation to the aspirations and attitudes of the parents towards education. The study revealed that parents of high income, small family structure, and higher educational plus occupational levels favored their daughters with disabilities going to special school. The findings suggest that socio-economic conditions were more conducive to school going girls with disabilities had fewer problems than non-school going girls.

Recently, Saira (2010)¹⁸ found out that girls with visual impairment with poor self-concept are less popular than those who have esteem for themselves and they are generally rated as less effective in groups. They have a stronger need for groups and over react to acceptance. She concluded that negative self concept characterized low achievement and positive self-concept, adequate high achievement. So people like mothers, elder sisters, peer group girls, teachers, and social workers can help them in reducing their problems. First of all, the problems of adolescent girls with disabilities are to be identified as common problems and special problems according to their disabilities.

These finding suggested that, if possible, people from special education, psychology, social work and voluntary organizations can establish a guidance cell and often meetings

with these girls can be arranged. Suggestions to individuals, parents and to the people in the particular community can be given directly or indirectly so that they can be aware of problems of girls with disabilities and the need to improve the conditions of her in the society. Mass media also can help this group of adolescents through its programs. Dramas, conversations and awareness programs can be prepared and arranged in such a way that according to their convenient time, these programs can be viewed. Even writings about the conditions and improvement activities can be added in the magazines and newspapers.

More than that, schools should have a guidance and counseling cell. Teachers and other people who are interested in the development of girls with disabilities can become counselors and they should give chances for them to express their ideas, problems and even suggestions to implement their wishes. Counselors should act as parents, teachers, psychologists and friends. They have to develop these girls' positive attitude towards education and life.

The crucial role of the special education teachers, who are actively involved in intervention program, is inculcating a philosophy of life among all students including girls with mental retardation. This is an induction of a system of values, which will lead the adolescents towards a satisfying life.

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