

## Awareness about Mental Retardation among B. Ed. Students

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### ABSTRACT

Education is the widest sense includes all the influence which acts upon an individual during his passage from the cradle to grave. Everything which influences human behaviour and personality is education. Education includes experiences gained through a no. of agencies like school, church, college etc. In this regard, to make effective inclusion of students with special needs in general education classroom, the teacher educator community must overcome barriers toward inclusion including existing attitudes. In present era central concern of education is to ensure equality access to general education for all students, including students with special needs and students from diverse cultural background. For this purpose a general teacher (B.Ed students after his study) has to teach special education needs children in general classroom. The purpose this study was to determine the awareness about mental retardation of B.Ed students. The sample consists of 300 students studying in B.Ed. Class at Haryana, Jammu & Kashmir and Rajasthan State with the descriptive research design.

**Key words:** *Education, Inclusive Education, Awareness, B. Ed. Students, Mental Retardation*

**I**n the present scenario, awareness means as having knowledge or being fully aware of or well informed about the concept of

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disabilities in children, causes and characteristics of children with disabilities, identification and assessment of children, teaching and training methods.

Now the era is of inclusion. Our motto is in special education to create barrier free environment so that children with special needs can learn easily with their non-disabled peers. But in fact our society is still lack behind in the field of special education. There are so many magnificent laws of India but these laws are not totally or beastly used. So the peoples of the society still are not aware about the disability area. The grassroots level of this field is so pathetic, the community people do not know the types of disability, their expectation, their desirous, the way of life style, the laws due to lack of knowledge or awareness. As a result some misconceptions are prevailed or running in the society. Still the society people curve their dignity and rights. Society still thinks that the disabled people may not be the productive member of the society.

For proper and successful integration and socialization of persons with mental handicap, parents and general public should be suitably prepared for, through public education on causes, prevention, early detection, training, misconceptions and right attitudes towards the persons with mental retardation.

As it became widely accepted that mental retardation was something that occurred for natural, medical reasons and not because someone was being punished by God, the nature of prejudice against people with mental retardation shifted from an attitude of active rejection towards an attitude of compassionate rejection. *Wolfensberger* points out that at a certain point, people began considering the mentally retarded population as object of pity, or as people who were ill and requiring treatment, rather than as outright abominations. These attitudes were an improvement

upon the active disdain and persecution of previous centuries, but continued to perpetuate damaging stereotypes concerning the mentally retarded population. The idea of retarded individuals as object of pity is still very much with us today and is reflected in the use of “poster children” to promote awareness of mental retardation. Person with mental retardation are treated as second-class citizens. They have been mistreated, neglected and locked away in warehouse style institutions. In recent decades public awareness increased regarding the suffering face by these persons, and numerous court cases and class action suits have provoked the deinstitutionalization movement. Knowledge of the appalling conditions in institutions is abundant, and now the quality of care provided by community services.

In these days society is not properly aware whatever it should be. In the rural setting, still now they have many misconceptions like, as the child grow old, the condition will be finish or the marriage will cure the mental retardation. Mostly parents of mentally retarded children think that mental retardation is a disease. So there is a lack of awareness about mental retardation in rural setting because of the lack of untrained professionals who may give the information about mental retardation to the parents who are living in villages. But now due to the changing attitude of the society, many actions have been taken for the upliftment of mentally retarded persons. So there is the first need to aware the society through mass media or other important sources about mental retardation so that they may also be the productive part of the society.

### ***Mental Retardation:***

Historically the popular perception toward mentally retarded has been full of harshness and inhuman. The consideration, which one could observe, was of the charity, philanthropy, mercy and compassion shown from time to time by the leaders of various

religion faiths. On the other hand, social customs are well known for having discriminatory attitudes against the disabled. Mental retardation is a condition that not only has medical, educational and psychological implications, but has also major impact on the social system in any given community. Whatever is condition of persons with mental retardation, how to society perceives them has a definite impact on the way they are treated (*Singh, 2001*).

According to PWD Act (1995), mental retardation is “a condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence” (*Maya and Rani, 2006*).

“Mental Retardation is a disability characterized by significant limitation both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical skills. This disability originates before the age 18” (*A.A.M.R., 2002*).

Five assumptions essential to the application of the definition:

1. Limitation in present functioning must be considered within the context of community environment typical of the individual’s age, peer and culture.
2. Valid assessment considers culture and linguistic diversity as well as differences in communication, sensory, motor and behaves factors.
3. Within an individual, limitations often co-exist with strengths.
4. An important purpose of describing limitations is to develop a profile of needed support.
5. With appropriate personalized support over a sustained period, the life- Functioning of a person with mental retardation will generally improve. The condition of mental retardation is defined by A.A.M.R. in terms of three major components:

6. General Intellectual Functioning

Intelligence refers to a general mental capability. It involves the ability to reason, plan, solve problem, think abstractly, comprehend complex ideas, learn quickly, and learn from

experience. Although not perfect, intelligence is represented by Intelligence Quotient (IQ) scores obtain from standardized tests given by a trained professional. In regard to the intellectual criterion for the diagnosis of mental retardation, mental retardation is generally through to be present if an individual has an IQ test score of approximately 70 or below. It is important to remember, however, that an IQ score is only one aspect in determining if a person has mental retardation.

*Lisa M. DeLucia, D.D.S.; Elaine L. Davis (2009)* conduct a study that examined the relationship between didactic instructions related to special needs patients and dental students' expectations of and reported comfort levels in treating those with intellectual disabilities. The relationship between students' experience with individuals with intellectual disabilities and their expectations and comfort levels was also assessed. Third-year students were surveyed immediately before and one week, six months, and one year after a lecture on management of patients with developmental disabilities. Students indicated their previous experience with individuals with intellectual disabilities, assessment of their general capabilities (i.e., life function skills) and dental capabilities, and current and anticipated comfort levels related to their treatment. Repeated measures ANOVA indicated significantly higher expectations of general and dental capabilities after instruction ( $p < 0.05$ ), but no change in comfort levels. At one-year follow-up, students' expectations were still significantly higher than at baseline. Regression analyses indicated significant positive relationships between experience and baseline comfort levels ( $p < 0.05$ ), but no significant relationship between experience and expectations of general or dental capabilities. Based on these findings and review of the literature, it is recommended that curricula include experiential learning with reflective components in order to develop students' comfort level in treating special needs populations.

*Marie Yazbeck, Keith McVilly, Trevor R. Parmenter* (2004) attitudes in Australia toward people with intellectual disabilities was investigated among students; disability services professionals, and the general population. Three previously validated questionnaires and a measure of respondent self-reported "social desirability" were used. Students and disability services professionals exhibited similar attitudes, with both groups reporting significantly more positive attitudes than members of the general population. More positive attitudes were evident among younger people, people with higher educational attainment, and individuals with a prior knowledge of or regular contact with people with intellectual disabilities. These respondents were less likely to support the principles of eugenics and more likely to support the paradigm of community inclusion. The authors make recommendations concerning the development of policies and strategies to foster the acceptance and inclusion of adults with intellectual disabilities in the wider community. Further studies that include the use of qualitative techniques and target people in the general population are recommended.

***Significance of study:***

The first and the foremost need of research are to know the awareness about mental retardation among college going youth in Haryana, Jammu & Kashmir and Rajasthan State. B.Ed College students are the population which brings the development in every aspect of life in the field of teaching and therefore, their awareness about mental retardation may of course contribute to the rehabilitation of persons with mental retardation. At present time is inclusive education in which the B.Ed. students will teach special children's (Visually Impaired, Mentally Retarded, Hearing Impaired, Orthopedically Handicapped and other disabilities) in their class. There are several research have been done in developed countries like U.S.A., China, Japan etc. (Advisory Committees on Special Education, 2001) but there is need to

know the awareness among the youth particularly B.Ed students going about mental retardation in developing countries like India which is yet to be developed.

***Objectives of study:***

1. To know the level of awareness among B.Ed. students in Haryana, Jammu & Kashmir and Rajasthan State.
2. To compare awareness level of the B.Ed. students Haryana and Rajasthan State.
3. To compare awareness level of the B.Ed. students Jammu & Kashmir and Rajasthan State.
4. To compare awareness level of the B.Ed. students Haryana and Jammu & Kashmir State.

***Hypotheses:***

1. There is significant difference between Jammu & Kashmir and Haryana States B.Ed. students in their level of awareness about mental retardation.
2. There is significant difference between Jammu & Kashmir and Rajasthan States B.Ed. students in their level of awareness about mental retardation.
3. There is significant difference between Haryana and Rajasthan States B.Ed. students in their level of awareness about mental retardation.

***Design:***

The study focuses on awareness about Mental Retardation among B.Ed Students. The researcher adopted the descriptive research for gaining the objectives of the study.

***Tools used for Study:***

The investigator, after discussion with experts in special education developed the questionnaire tool and it was used as the tool of the study. This is the aid in the recording of information for the

present study. The tool for collecting the information about awareness about mental retardation from B.Ed students was prepared with five rating scale for each statement.

**Sample:**

Sample sizes of 300 (100 B.Ed. students in each state e.g. Haryana, Jammu & Kashmir and Rajasthan) were randomly selected from two colleges from each state.

**Data Gathering Procedure:**

The investigator with great interest planned the data gathering soon after selecting sample and finalizing for the research. The investigator with prior permission of the head of the colleges personally and establish a good rapport with them. He then explained the importance of his research work and collected the data after ensuring the confidentiality of them. Each subject was given a questionnaire. All were requested to read all statements one after the other and give their responses in the responses column by choosing one out of five choices for each statement which they feel correct and appropriate. All the subjects were explained the purpose of the study and what is expected in the questionnaire given to them. The investigator explained to them the purpose of giving questionnaire and the way of giving responses column for each item. They were requested to avoid mutual consultations. Whatever they had doubts, the investigator clarified and explained to them clearly. Time was not limited. The respondents were requested not to leave any item unanswered and incomplete.

**RESULT & DISCUSSION:**

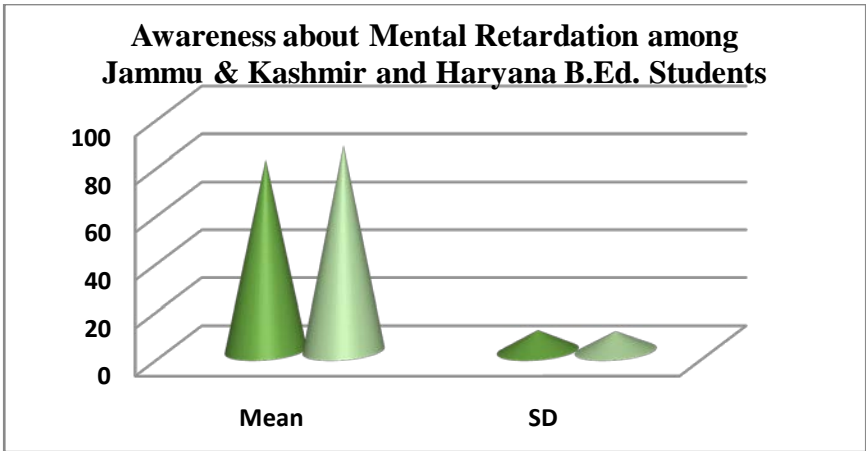
**Table 1: Difference between Jammu & Kashmir and Haryana B.Ed. student's awareness scores about Mental Retardation.**

Awareness About MR	Groups	N	Mean	SD	SEM	“t”
	J & K	100	79.93	8.70	0.87	
	Haryana	100	85.70	8.23	0.82	



The t-test was applied to find whether there is significant difference between Jammu & Kashmir and Rajasthan B.Ed. student's average awareness scores about mental retardation. The calculated t-test value is 4.81 which are higher than the table value of 2.617 at 5% level of significance.

**Figure 1: - Difference between Jammu & Kashmir and Haryana B.Ed. student's awareness scores about Mental Retardation.**

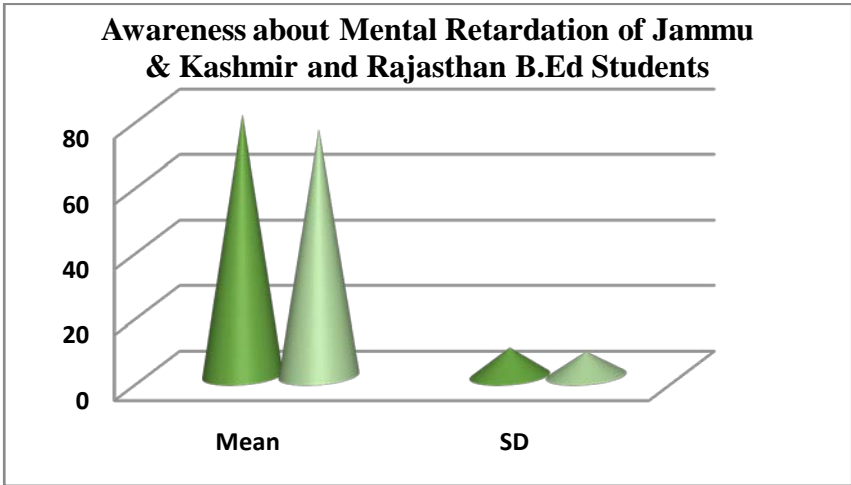


**Table 2:- Difference between Jammu & Kashmir and Rajasthan States B.Ed. student's awareness scores about Mental Retardation.**

Awareness About MR	Groups	N	Mean	SD	SEM	“t”
	J & K	100	79.93	8.70	0.87	3.94
	Rajasthan	100	75.41	7.46	0.75	

The t-test was applied to find whether there is significant difference between Jammu & Kashmir and Rajasthan B.Ed. student's average awareness scores about mental retardation. The calculated t-test value is 3.94 which are higher than the table value of 2.617 at 5% level of significance.

**Figure2:- Difference between Jammu & Kashmir and Rajasthan States B.Ed. student's awareness scores about Mental Retardation.**

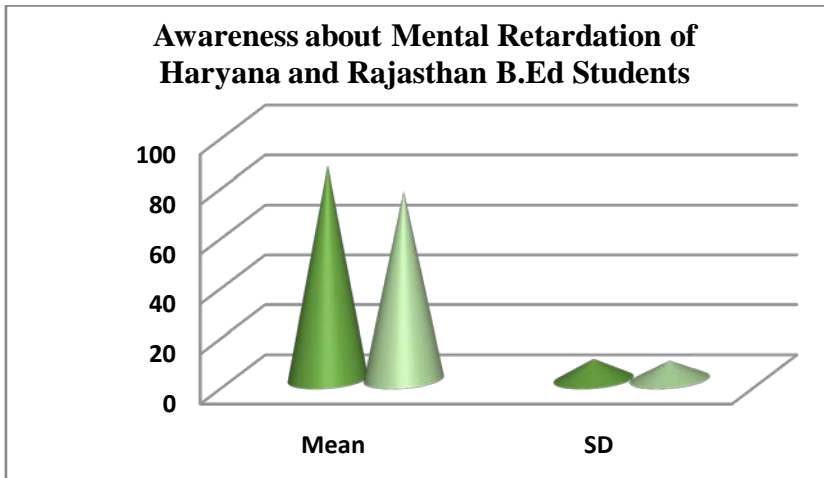


**Table 3:- Difference between Haryana and Rajasthan States B.Ed. student's awareness scores about Mental Retardation.**

Awareness About MR	Groups	N	Mean	SD	SEM	“t”
	Haryana	100	85.70	8.23	0.82	9.26
	Rajasthan	100	75.41	7.46	0.75	

The t-test was applied to find whether there is significant difference between Haryana and Rajasthan B.Ed. student's average awareness scores about mental retardation. The calculated t-test value is 9.26 which are higher than the table value of 2.617 at 5% level of significance.

**Figure 3:- Difference between Haryana and Rajasthan States B.Ed. student's Awareness scores about Mental Retardation.**



### **CONCLUSION:**

As all we know that the youth are the pillars of the country. They are great contributing factors in every area. Area of rehabilitation of disabled cannot be exemption. The youth only can bring the great changes. According to this study it is revealed that B.Ed is not much aware about the mental retardation. It is therefore, the voluntary organization and also NCTE should come forward to take the responsibility of making aware the B.Ed students of nation. Government at State and Central level expected to be more vigilant, we have PWD Act (1995) which provides equal opportunity, protection or rights and full participation of disabled. However, until the beneficiaries and the B.Ed students are not aware of it, real rehabilitation cannot take place. Hence, the Government should make such a policy to involve youth in the rehabilitation, it should be very clear to find out the sources and awareness Programmes i.e. the programme of attitudinal change, acceptance of the disability and contribution for the rehabilitation. To conclude we can say that if the B.Ed students have positive attitudes and proper awareness towards disability the holistic

rehabilitation is possible. This is the present need of our nation to pay equal attention to all fields.

### ***Acknowledgments***

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***Conflict of Interests:*** The author declared no conflict of interests.

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