

Mentally Retarded Children and Deficits in Daily Living Skills: Case Study of Calabar Municipality Local Government Area, Cross River State, Nigeria

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Abstract: *The measurability of the extent at which a child with mental retardation is affected remains one of the most challenging problems in the field of special education, psychology, sociology, and medicine and of such a Public Health issue of concern. Mental retardation is a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills. The study area was Calabar Municipality with an area of 331,551 square Kilometers whose estimated population is 137,165; 70,065 males and 65,098 females. With the view that living an independent life constitutes a great problem to mentally retarded individuals, investigating the impact of perceived deficits in daily living skills on the severity of mentally retarded children was set as a goal. Using Language Adaptation Method (LAM) a structured questionnaire of 25 items was developed and used for data collection among 40 mentally retarded children who were purposively sampled. Data obtained was analyzed and descriptively presented for clarity purpose. Result reveals that there is a significant relationship between mental retardation and deficit in daily living skills like; toileting, dressing, feeding, personal hygiene, et al., but as recommended, they can live a normal life just like other children through effective training, counseling, motivation and close supervision.*

Keywords: *Mental Retardation, Daily Deficits, Disability, Adaptive Behaviour, Skills, Public Health.*

I. Introduction

Mental retardation is a powerful term and an emotional laden label, one that conjures various postures of the people with mental retardation. The measurability of the extent at which a child with mental retardation is affected remains one of the most challenging problems in the field of special education, psychology, sociology, and medicine and of such a Public Health issue of concern. This multidisciplinary interest is significantly plagued with the problems of conceptual and definitional clarity. In an attempt to create a contemporary system of diagnosis, clarification and system of support for mental retardation, the American Association of Mental Retardation (AAMR) belatedly arrived at a more valid, accurate and all – encompassing definition of mental retardation (Kernisan, 2013).

Mental retardation is a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills. So many factors are responsible for this. More than 250 causes of this have been identified which may originate from prenatal, perinatal or postnatal factors but research by Shannon has it that 13 epidemiological studies concluded that for approximately 50% of the cases of mild mental retardation, and 30% of the cases of severe mental retardation, the cause is unknown (Edwin & Davison, 2009).

II. Study Area

The study area was Calabar Municipality, the metropolis and the capital of Cross River State. It lies between latitude 4⁰, 15 and 5⁰N and longitude 8⁰, 15 and 8⁰, 25E. In the North, it is bounded by Odukpani Local Government Area; in the West by Akpabuyo Local Government Area; in the East by Kwa River and in the South by Calabar South Local Government Area. It has an area of 331,551 square Kilometers. It is located in the Southern Senatorial District. It constitutes ten political wards. Three ethnic groups form the indigenous population. These are the Quas, the Efiks and the Efuts. Their common occupation is trading and fishing. It has an estimated population of 137,165 people, 70,065 males and 65,098 females. The municipality has fourteen (14) Public Secondary Schools and Sixteen (16) Private Secondary Schools.

III. Problem Statement

Mentally retarded children are yet to be integrated into the socio – cultural and educational activities of the immediate society basically because they have significant deficit in daily living skills. There is also a problem of misconception/judgment, wrong educational placement, insufficient therapeutic services, and rehabilitative care training solely because of inadequate knowledge concerning this population. Hence, living an independent life constitutes a great problem to retarded individuals.

Mental retardation is although a condition not a disease but can be improved upon by regular administration of correctional services through the establishment of identification centers at a pre natal and post natal stages for early detection. This also means that persons with mental retardation is not drilled on daily living skills by parents and care givers, specialists, educators, etc. in Calabar Municipality in order to help live independently (Akpa, 2011). This study is therefore set out to investigate how deficits in daily living skills pose a challenge to the severity of mental retardation in Calabar Municipality.

IV. Goal And Objectives Of The Study

Investigating the impact of perceived deficits in daily living skills on the severity of mentally retarded children in Calabar Municipality Local Government Area of Cross River State, Nigeria was the primary goal of the study while the following objectives were set in order to achieve the earlier set goal:

1. To investigate the relationship between deficits in toileting skills and the severity of mentally retarded children.
2. To determine the relationship between deficits in self – dressing skills and the severity of mentally retarded children.
3. To determine the relationship between deficits in eating skills and the severity of mentally retarded children.
4. To investigate the relationship between deficits in personal hygiene influence and the severity of mentally retarded children.

V. Literature

The common characteristics of mentally retarded children are that they exhibit almost no adaptive behaviours (Abang, 2005). In an assessment carried out by Harrison, Hanson, and Johnson (2006) in Bloomfield Town among school children with difficulties in bowel elimination, 69% of the population were discovered to be mentally retarded, 15% constituted autistic children, cerebral palsy 13%, etc.

Harrison, Hanson, and Johnson (2006) investigated cleanliness among children with intellectual disabilities and the spread of disease; they arrived at a conclusion that most intellectually disabled children are unnecessarily untidy when it comes to toileting habits. Thus, mentally retarded children are vulnerable to germs and infections due to bad toileting habits. Rapid spread of disease is common among children with autism, Down Syndrome, Mental Retardation, and Cerebral Palsy because of some difficulties such as mobility problem, inadequate orientation of toilet etiquette, entering and exiting toilet, proper clean – up of bowel after toileting, etc. (Abang, 2015).

Drew & Hardman (2007) suggested that, with consistent toilet training practices by an expert on rehabilitative care, these children could avoid most unhealthy practices and generally improve their independence. Decorum demands that toileting must be done with carefulness. Children and adults must ensure proper toilet etiquette maintenance (Bogg & Wallace, 2009). Generally, mentally retarded persons deviate from their chronological age peers when it comes to toileting (Anderson, 2012).

Man's quest to satisfy aesthetic drive does not only make him wholesome but also portrays him before the people and this is evident in dressing style and the choice of dress. Dressing is one of the complex skills which requires many sequential movements and involves gross and fine co – ordination, eye – hand co – ordination, and balance. The continuum of skills related to dressing in the mentally retarded population includes being passively dressed, accommodating the body to dressing, assisting in dressing and undressing. Dressing is one of the important skills of daily living that needs to be developed to become an acceptable member of the society (Bode & Logsdon, 2002). Some persons do not know how to dress themselves except with assistance or under supervision. Among this category are the mentally retarded children.

Self dressing is complex and problematic to mentally retarded children, especially in activities of dressing such as buttoning, zipping, buckling, fastening, appropriate selection of clothes, purchasing, and maintenance. 30% of mentally retarded children cannot button, 35% cannot dress themselves, and 5% are children with colour fixation problem (Judge, Ukam & Grace, 2006).

A research conducted by the Institute of Medical Science in 2010 in New Delhi reveals that dressing was the self – help skills with the highest frequency of deficits (45.5%), whereas toilet deficits was the least (13.6%) among the mentally retarded persons. 90% of mentally retarded persons loss employment due to deficits in dressing (Okoi & Udensi, 2008).

The relationship of nutrition and mental disorders has always been a matter of debate and therefore a therapeutic role for specific dietary factors has not been clearly established (Iyam et al., 2013; Ekpo & Ngozi, 2000). Statistics show that approximately 80% of the severe and profound mentally retarded population has some feeding difficulties but among mildly retarded this is considerably low (Ekpo & Ngozi, 2000).

The impact of improved hygiene on health and comfort is hard to deny. Most victims of prevalent health conditions are people with low levels of hygiene and mentally retarded people (Hopkins, 2011). The Center for Diseases Control and Prevention (2008), USA noted that common washing of hands can stop the spread of germs/diseases and as such children and adults should be taught the rudiments of hygiene so as to prevent contamination (Esiet et al., 2007) which is lacking in mentally retarded children/adults.

VI. Methodology

Through research survey, a structured questionnaire of 25 items was developed and used for data collection among 40 mentally retarded children who were purposively sampled in the study area. Data was also obtained through researchers administered interviews designed through Language Adaptation Method. The questionnaire was scientifically administered to avoid infiltration by a third party. The data obtained was analyzed and descriptively presented for clarity purpose.

VII. Results And Findings

The study investigated the impact of perceived deficits in daily living skills on the severity of mentally retarded children. Results obtained were used to test the Null hypotheses (Ho):

- a. Deficits in toileting skills have no significant relationship with the severity of mentally retarded children. The independent variable was deficits in toileting skills while the dependent variable was severity of mentally retarded children. Testing this, the test statistical technique adopted was Person Products Moment Correlation Coefficient Analysis (PPMCCA). Result of the test gave calculated r – value of 0.92 and this is greater than the critical r – value of 0.312 at 0.05 level of significance and 38 degree of freedom (df). This implies that, deficits in toileting skills have a significant relationship with severity of mentally retarded children, which indicates that the poorer the dept in toileting skills the more severe the mentally retarded condition. This shows that the null hypothesis (Ho) was rejected in favour of the alternative hypothesis (Ha). This is summarized in table 1 below.

Table 1. PPMCCA of the relationship between deficits in toileting skills and severity of mentally retarded children (N = 40).

Variable	$\sum X$	$\sum Y$	$\sum X^2$	$\sum Y^2$	$\sum XY$	r – val.
Deficits in toileting skills (X)	99	61	195	150	102	0.92
Severity of mentally retarded children (Y)						

Level of significance at 0.05; df = 38; Critical r – Value = 0.312

Data Source: Field Survey, 2014.

- b. There is no significant relationship between deficits in self – dressing skills and severity of mentally retarded children. The independent variable was deficits in self – dressing skills while the dependent variable was severity of mentally retarded children. Testing this, the result in table-2 shows that the test gave calculated r – value of 0.97 and critical r –value of 0.312 at 0.05 level of significance and 38 df. Hence the calculated r – value was greater than the critical r – value, the Ho is rejected in favour of the Ha. This implies that deficits in dressing skills have a significant relationship with severity of mentally retarded children.

Table 2. PPMCCA of the relationship between deficits in self - dressing skills and severity of mentally retarded children (N = 40).

Variable	$\sum X$	$\sum Y$	$\sum X^2$	$\sum Y^2$	$\sum XY$	r – val.
Deficits in self - dressing skills (X)	105	61	210	150	101	0.97
Severity of mentally retarded children (Y)						

Level of significance at 0.05; df = 38; Critical r – Value = 0.312

Data Source: Field Survey, 2014.

- c. A significant relationship does not exist between deficits in eating skills and severity of mentally retarded children. The independent variable was deficits in eating skills while the dependent variable was severity of mentally retarded children. Result as shown in table-3 indicates that the test statistical r – value of 0.95 is greater than the critical value of 0.312 at 0.05 level of significance and 38 df and this was the basis of the

rejection of the Ho in favour of the Ha. This means that, deficits in eating skills have a significant relationship with severity of mentally retarded children.

Table 3. PPMCCA of the relationship between deficits in eating skills and severity of mentally retarded children (N = 40).

Variable	$\frac{\sum X}{\sum Y}$	$\frac{\sum X^2}{\sum Y^2}$	$\sum XY$	r – val.
Deficits in eating skills (X)	106	215	99	0.95
Severity of mentally retarded children (Y)	61	150		

Level of significance at 0.05; df = 38; Critical r – Value = 0.312

Data Source: Field Survey, 2014.

d. There is no significant relationship between deficits in personal hygiene and severity of mentally retarded children. The independent variable was deficits in personal hygiene while the dependent variable was severity of mentally retarded condition. Still using the PPMCCA as the test statistical technique to test this, result as shown in table-4 indicates that the calculated r – value was 0.83 and the critical r – value was 0.312 at 0.05 level of significance and 38 df. Since the calculated r – value is greater than the critical r – value; it is a strong evidence to reject the Null Hypothesis (Ho) in favour of the Alternative Hypothesis (Ha). This means that deficits in personal hygiene have a significant relationship with severity of mentally retarded condition. This further implies that a profoundly mentally retarded child may have the poorest personal hygienic skills while mildly retarded child may have more and better personal hygiene skills than the former.

Table 4. PPMCCA of the relationship between deficits in personal hygiene skills and severity of mentally retarded children (N = 40).

Variable	$\frac{\sum X}{\sum Y}$	$\frac{\sum X^2}{\sum Y^2}$	$\sum XY$	r – val.
Deficits in personal hygiene skills (X)	88	200	150	0.83
Severity of mentally retarded children (Y)	61	150		

Level of significance at 0.05; df = 38; Critical r – Value = 0.312

Data Source: Field Survey, 2014.

VIII. Discussion

Deficits in toileting skills have a relationship with severity of mental retardation. Anderson (2012) in his study avows that most intellectually disabled children are unnecessarily untidy when it comes to toileting habits. Result implies that intellectually disabled children are vulnerable to germs and bacterial infections as a result of poor toileting habit. Anderson (2012) and Harry and Obiozor (2012) in their separate work also supported that mentally retarded children are found to lag behind in toileting and other instrumental activities of daily living, which does not occur as a result of a disadvantage or unavailability of materials, resources or problem with arranging the environment.

There is a relationship between deficits in self – dressing and severity of mental retardation as revealed by the results which is in consonant with Akpa (2011) report that self dressing is complex and problematic to mentally retarded children especially in activities of dressing such as buttoning, zipping, and selection of clothes, buckling and tying of lace. This make mentally retarded persons to be easily noticed by people due to their difficulty in dressing.

By implication, there is a significant relationship between deficits in eating skills and the severity of mental retardation in children. This is supported by Kernisan (2013) who reported that mentally retarded children may eat very slow and often may be messy. Some mentally retarded persons finds it difficult to strictly observe feeding etiquette as such carry food particles in most parts of their body and have difficulty holding and using utensils such as spoons, forks, and other flatware (Fabian, Toye & Ngel, 2009).

However, there is also a significant relationship between deficits in personal hygiene and severity of mental retardation. Deficits in personal hygiene as established from the findings among intellectually disabled children, could lead to more debilitating health conditions as asserted by Hopkins (2011).

IX. Summary/Conclusion

In the course of studying the perceived impact of deficits in daily living skills of the severity of mentally retarded children, it was discovered that mentally retarded children can be deficit in daily living skills like; toileting, dressing, feeding, personal hygiene, et al., but they can live a normal life just like other children through effective training, counseling, motivation and close supervision. The comparisons of the level of daily

deficits are expressed below in figure-1 to show to what extent each can be expressed in a mentally retarded person. Poor personal hygiene is the most expressed by mentally retarded persons.

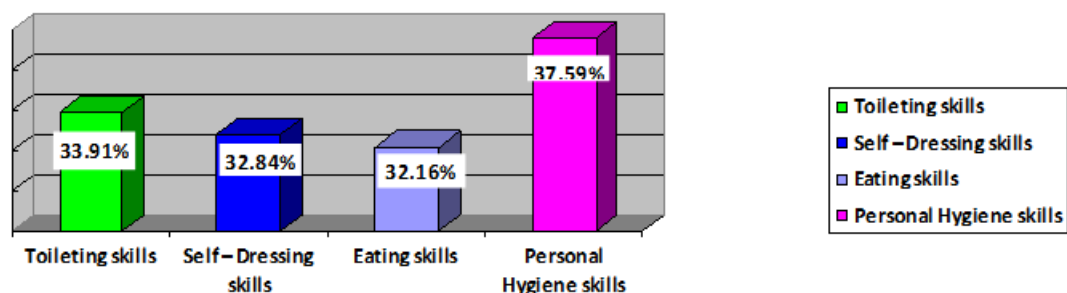


Figure 1. Level of daily deficits in mentally retarded children

Data Source: Field Survey, 2014.

X. Recommendations

Based on the findings and the test of hypotheses of the study, the following are recommended;

1. Training of the mentally retarded people on toileting skills. Little wonder Ushie, Nkpu, and Attah (2008) affirmed that children who are given consistent training on toileting show fascinating improvement in toileting, maintenance, compliance to rules and regulations of toileting than their counterparts who are not given this training.
2. Children with mental retardation should be equipped with self – help skills training to develop their effective and psychomotor domain as well as facilitating independence and self – reliance.
3. Parents of mentally retarded children should collaborate to share information and possibly enhance the level of their knowledge and how to handle their wards.
4. Provision of rehabilitative services for the mentally disabled as viewed by Nkong and Nkem (2010) that deficits in toileting are reflective of the fact that this is a gross inadequacy of rehabilitative services and essential training services for mentally retarded children.
5. There is need for consistency in early assessment and evaluation for these individuals to determine the level of their deficits in the self – help skills.
6. Special educators and stakeholders should collaborate to provide intervention services so as to reduce the severity of mental retardation.
7. Seminars/workshops should be regularly organized for parents and caregivers of mentally retarded children in order to equip them with adequate knowledge on the problem in question.

It is as well recommended and suggested that further research can also be carried out by researchers on the same study in the same community or other areas or in a wider range – say a local government, senatorial district, state, country, continent or the world – in order to understand the severity of the problem and to as well authenticate this research work. With these, set goal and objectives of this study was 80% achieved.

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