

## A Study on Awareness among Shikshamitras about Children with Mental Retardation

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### **Abstract:**

**Objectives:** This study was aimed (i) to determine the level of awareness about the children with mental retardation among shikshamitra of Basti district of Uttar Pradesh state and (ii) to compare the difference in awareness among shikshamitra about mental retardation according to their educational qualification (EQ) and age. **Method:** The survey based research approach was adopted to study the awareness level of shikshamitra about children with mental retardation. **Sample:** A total of thirty (30) shikshamitra working in primary schools under SSA of Basti district of Uttar Pradesh state, were chosen randomly as participants for purpose of the study. **Tools:** Researcher used a self made questionnaire containing 24 items on the knowledge, awareness and skill of teaching dimensions. **Findings:** (i) There was significant difference in the level of awareness about the children with mental retardation among the shikshamitra according to their educational qualification. Shikshamitra with high educational qualification showed better awareness level about mental retarded children than that of under graduate shikshamitra. (ii) There was significant difference in the level of awareness about the children with mental retardation among the shikshamitra according to their age. Shikshamitra in older age group demonstrated better awareness level about mental retarded children than that of shikshamitra from younger age group.

**Key words:** Shikshamitra, Children with Mental Retardation, SSA

### I. INTRODUCTION

Historically persons with mental retardation (MR) were only treated to meet their needs of food, clothing and shelter in asylums. They were thought up persons with mental illness. Over the last few decades, there have been many changes in the support services system to mental retarded children. The roles of teachers, special educators, therapist, parents and community have vital role in the better inclusion and adequate rehabilitation of MR children and their educational rights now considered on account of social significance. Integrated and inclusive education became ringlet for mentally retarded persons to mainstream in society. Chandra (1984) has given a clear picture of child care services in India; he mentioned that voluntary organizations have played a pioneer role in child care services. Significant contributions were made by such organizations in the mid twenties in the field of education, welfare, health, nutrition and recreation services for children i.e. the Indian Council of Child Welfare, the Indian Red Cross Society, the all India women's conference, *Balkanj-Bari*, The Children's Aid Society and others. Non-governmental organizations were the pioneers in running educational and welfare programmes for the preschool children. Among the earliest attempts in the country made in this regard could be mentioned the name of Mahatma Gandhi who experimented with pre-basic education. The Kasturba Gandhi National Memorial Trust also organized *Balwadis* as part of their programmes for women and children in early fifties.

Further this movement is seen continued later on and our government implemented the policy to provide nutrition to child, educational care and development at pre-school age through *Anganwadis* and *Balwadis*. In this venture *shikshamitra* and *Agandwadi*, *Balwadi* workers become

main human resource in implementing such schemes and programmes.

*Shikshamitra* workers are providing non formal preschool education to the children of 3-6 years under programme. Since they are dealing with 3-6 years age group children, these *Shikshamitra* workers need to be oriented on special education frontier in order to equip themselves with the required skills of screening, early identification and management of special children for their special needs, so that zero rejection of children at *Shikshamitra* level can be ensured. In order to include children with special needs in preschool activities, the *Shikshamitra* workers need orientation or training not only to provide services to the children but also to guide the parents regarding their child's abilities and they could suggest the methods to improve skills of the child. For every nine children born normal, the tenth is born with or acquire some mental, physical or sensory impairment. If these impairments are detected at early age then child could be helped in terms of their home management and early treatment to prevent disability or deformity. Thus several cases of handicaps can be prevented from occurring. Further *Shikshamitra* should be on the alert to identify childhood impairments at very early stage. *Shikshamitra* should make aware the community that a child with deficits is not a punishment for one's sins nor it is a curse. There is no need to feel ashamed of the child and hide him away and the child should be allowed to mix with normal children.

Gujral, Abbi, and Gopaldas (2005) concluded that *shikshamitra* is the key person for the development of community and *shikshamitra* should receive nutrition health education and regular guidance from the auxiliary nurse

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midwives and their education level should be high school or above. Mathur, Mathur, Singh, Kushwaha, Lele, (1995) revealed from their study that AWWS can help in early detection and appropriate management of incipient and preventable child hood disabilities. Srivatsava (1991) found that there was a significant difference among *shikshamitra* workers regarding their knowledge and skills pertaining to certain preschool activities. It is evident that the knowledge of *shikshamitra* workers after the intervention programme has improved a lot. Gupta and Rahgir (1983) reported that children of the experimental group showed a significant improvement and progress in their learning activities after receiving the modified pre-school education programme where as those in the control group did not show any significant improvement and discussed about key role of *shikshamitra*. Seshama and Anuradha (1985) pointed out that most of *shikshamitra* (97 percent) felt that play was extremely essential role for the development of the child and majority of *shikshamitra* (80 percent) reflected positive attitude towards organizing play activities for children and play with water, clay, sand and paint. Sahani and Agarvel (1984) observed that there was significant difference in the knowledge and skills of *shikshamitra* workers and cognitive abilities of per school children before and after the intervention and reported that *shikshamitra* had a favorable attitude towards pre-school education and were interested in preparing play material for children.

The aim of the present study was to investigate the Awareness on Mental Retardation among *Shikshamitra* and the following objectives have been framed.

## II. OBJECTIVES OF THE STUDY

1. To determine the level of awareness about the children with mental retardation among *shikshamitra* of Basti district of Uttar Pradesh state.
2. To compare the difference in awareness about the children with mental retardation among *shikshamitra* according to their educational qualification (EQ) and age.

## III. HYPOTHESES OF THE STUDY

1. There will be significant difference in the level of awareness about the children with mental retardation among the *shikshamitra* according to their age.
2. There will be significant difference in the level of awareness about the children with mental retardation among the *shikshamitra* according to their educational qualification.

### Research Design

This study is exploratory in nature and descriptive survey method was employed to collect the data.

### Sample

A total of thirty (30) *shikshamitra* working in primary schools under SSA of Basti district of Uttar Pradesh state, were chosen randomly as participants for purpose of the study.

### Tool

Researcher developed a questionnaire on *Shikshamitra* Awareness about Mental Retarded Children (SAMRC) under

the guidance of supervisor. This test contains 24 items on three point scale. In order of establishing the reliability of test investigator used test-retest method. Primary draft of (SAMRC) was given to experts or professional concerned to inclusive education for their expert comment on the items in terms of their language, and discrimination ability. After incorporating the experts' views the final draft of (SAMRC) was given to 12 *shikshamitra*. Researcher repeated the administration of (SAMRC) after an interval of 25 days. The coefficient of correlation of two sets of scores was calculated and found to be 0.76. Further investigator took care to establish the face validity of the test. (SAMRC) developed for the present study has sufficient face validity because as the questionnaire contains items which according to experts not only seem to be related but are in fact related to various dimensions of the variable being measured

*Inclusion criteria:* (i) *Shikshamitra* age range – 20-40 years (ii) Education – Senior Secondary Passed and above (iii) *Shikshamitra* were working in rural areas only

*Excursion criteria:* *Shikshamitra* working in urban area were excluded.

## III. ANALYSIS AND INTERPRETATION OF DATA

$H_{01}$  There will be significant influence in the level of awareness about the children with mental retardation among the *shikshamitra* according to their educational qualification.

**Table-1:** Difference in awareness level of *shikshamitra* about children with mental retardation according to EQ

EQ	N	Mean	SD	df	t-value
Under Graduate	21	16.09	6.05	28	3.50*
Post Graduate	9	19.77	2.58		

\*Significant at 0.01 level.

The table -1 shows that the mean scores of *shikshamitra* on awareness about the children with mental retardation, with respect to their educational qualification. Mean scores of Post Graduate *shikshamitra* (M=19.77, SD=2.58) are bigger than Under Graduate *shikshamitra* (M=16.09, SD=6.05), this indicates that *shikshamitra* with high educational qualification showed better awareness level about the children with mental retardation than that of under graduate *shikshamitra*. Further the means of two groups of *shikshamitra* were compared using t-test (two tailed), and it is observed from the above table that the value of t-static is 3.50. This t-value is found significant at the 0.01 significance level. Thus, the null hypothesis that there will be significant difference in the level of awareness about the children with mental retardation among *shikshamitra* according to their educational qualification may be rejected. It might be due to their educational level and training provided under the SSA for better inclusion.

$H_{02}$  There will be significant influence in the level of awareness about the children with mental retardation among the *shikshamitra* according to their age.

**Table-2:** Difference in awareness level of *shikshamitra* about children with mental retardation according to age

Age	N	Mean	SD	df	t-value
20-30 Years	18	25.89	5.19	28	8.08
30-40 Years	12	34.33	2.44		

\*Significant at 0.01 level.

The table -2 provides that the mean scores of *shikshamitra* in awareness about children with mental retardation with respect to their educational qualification. Mean scores of 30-40 years age *shikshamitra* (M=34.33, SD=2.44) are higher than *shikshamitra* of 20-30 years age group (M=25.89, SD=5.19), this points out that *shikshamitra* in 30-40 years age group demonstrated better awareness level about children with mental retardation than that of *shikshamitra* from 20-30 years age group. In addition to study the significance of the difference of two means of *shikshamitras*' age were analyzed using t-test (two tailed), and it is seen that the value of t-static is 8.08. This t-value is significant at the 0.01 significance level. Thus, the null hypothesis that there will be significant difference in the level of awareness about the children with mental retardation among the *shikshamitra* according to their age may be rejected. It might be due to older age *shikshamitra* have more interaction with mental retarded children in SSA schools and they have long experience of providing the services to such children SSA schools.

### III. FINDINGS AND DISCUSSION

1. There is significant difference in the level of awareness about the children with mental retarded children on among the *Shikshamitra* according to their educational qualification. *Shikshamitra* with high educational qualification showed better awareness level about mental retarded children than that of under graduate *shikshamitra*.
2. There is significant difference in the level of awareness about the children with mental retarded children on among the *Shikshamitra* according to their age. *Shikshamitra* in older age group demonstrated better awareness level about mental retarded children than that of *shikshamitra* from younger age group.

The findings of this study are conformity with Sahani and Agarvel (1984) that the significant difference was observed in the knowledge and skills of *shikshamitra* workers and cognitive abilities of per school children before and after the intervention and *shikshamitra* workers had a favorable attitude toward pre-school education and were interested in preparing play material for children. Similarly Gupta and Rahgir (1983) discussed that mental retarded children showed a significant improvement and progress in there learning activities after receiving the modified pre-school education programme and disclosed the key role of *shikshamitra* under integrated child development services.

### IV. CONCLUSION

From the findings of this study it can be concluded that *shikshamitra* could play a vital role in making the community

aware about preventive measures of mental retardation. *Shikshamitra* also play a major role in the physical, social, emotional and educational development of children with mental retardation in pre-school age. From the findings it is also perceived that *shikshamitras* have good training and orientation to work with community and children with mental retardation but still they need more advanced training for to cope with more complex issues i.e. early identification of the child and community awareness.

### V. REFERENCES

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