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EFFECT OF CHILD-TO-CHILD APPROACH ON SOCIAL SKILLS AMONG CHILDREN WITH MODERATE MENTAL RETARDATION IN THE RURAL COMMUNITY

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ABSTRACT

The present study is designed to find out the effect of child-to-child approach on social skill among children with moderate mental retardation in rural community. The sample included 5 children with moderate mental retardation between the age group of 10 to 14 years by using purposive sampling method. Quasi Experimental design was used for this study, all the 5 children were involved in 'street play' along with other 5 normal children, who participated in the

awareness programme, eventually normal peers helped the mentally retarded peers through interacting in various social skills Intervention was imparted for 14 sessions. The Social Participative Skills Checklist (SPSC) was developed by the researcher for collecting data. All the Children i.e. normal children and mentally retarded children were involved in the 'Street Play' through child-to-child approach in the form of drama. t-test was done to obtain statistical significance to find out the mean achievement

scores on social skills of children with moderate mental retardation, who are exposed to child-to-child approach in rural community. The results indicated that the hypothesis which stated that there will be significant difference in the mean achievement scores on social skills of children with Moderate Mental Retardation on those receiving taught through child-to-child approach in rural community in as accepted. Thus it is evident from this study that child-to-child approach is an effective strategy to develop Social skills among children with Moderate Mental Retardation.

KEYWORDS: Child-To-Child Approach, Social Skills, Moderate Mental Retardation.

INTRODUCTION

During the late 1970s and

early 1980s, educators and health workers increasingly recognized that children can be effective agents of change in the areas of health and hygiene. Children often communicate and share more than adults, and in some cases are more literate than their parents. In addition, many children are responsible for younger siblings while their parent work. The child-to-child approach was developed for the International Year of the child (1979) by a group of health and education professionals. The goal was to improve health and reduce infant mortality by engendering positive health practices among children. Based on activity-oriented learning methods, the approach is now used in programs in over 90 different countries. These range from structured programs in schools to the participation of children in community health programs in urban slums.

HOW CHILD-TO-CHILD WORKS

A felt need is identified in the school or community. This need could be a health problem. Discuss the problem with the children

- Find solutions to the problem
- Take action collectively
- Then evaluate the out come

In so doing children realize their importance in society and the role they can play “CHILD POWER”. In schools a committee of teacher/pupils leaders and sometimes parents in formed. Their role is to identify health problems in the school and the surrounding community. They then group children in the school according to age and ability, Child-to-child motivates children to discover to solve problems and to be self reliant which is very essential in our lives today.

According to AAMR (American Association of Mental Retardation) (2002), “Mental Retardation is disability characterised by significant limitations both in intellectual functioning and adaptive behaviour as expressed in conceptual, social and practical adaptive skill originating before 18 years age”.

Table 1: Classification of Mental Retardation

Category	Level of Retardation
Mild Retardation	50-55 to approximately 70
Moderate Retardation	35-40 to 50-55
Severe Retardation	20-25 to 35-40
Profound Retardation	Below 20-25

Definition of Social Skills

The social skills are an individual’s ability expresses both in positive and negative feelings in the interpersonal context, involving the coordinate delivery of appropriate verbal and nonverbal responses (Bellack and Herson).

Need and Significance of the Study

Every individual is expected to be independent in his or her life. He or she is expected to solve a problem and handle a situation tactfully when the need arises. Achievement of social skills to a certain extent is expected from the persons with mental retardation. A person with mental retardation has to learn social skills systematically and through different teaching methods and strategies to deal with the situations. The most important area of social skills where the person with mental retardation needs to

be trained to get in to the social acceptance in their community. It can be taught by crating a stimulated situation or demotic activities etc.

Objective of the Study

- To find out the achievement scores on social sills in children with moderate mental retardation who are exposed to child-to-child approach in the rural community.

Hypothesis

1. There will be significant difference in the achievement scores on social skills in children with moderate mental retardation who are exposed to child-to-child approach in the rural community.

Research Design

The research design used in the present study is the Quasi Experimental design with Pre-Test and Post-Test. In the present study experimental method was used to examine the “Effect of child-to-child approach on social skills among children with moderate mental retardation in the rural community”. There are two variables in this study, i.e., Independent variable is child-to-child approach and dependent variable is Social Skills.

Sample

For this study five children with moderate mental retardation from the village with in the age range of 11-14 years were selected randomly for experimental group.

Table 2: Description of the Sample

Name of the Subject	Name	Age	Sex	IQ Level	Level of Retardation
S1	Hari Prashad	14	M	45	Moderate Mental Retardation
S2	Ramakrishna	13	M	45	Moderate Mental Retardation
S3	Anjaneyulu	14	M	40	Moderate Mental Retardation
S4	Krishnaiah	11	M	35	Moderate Mental Retardation
S5	Hari Vardhan Reddy	12	M	40	Moderate Mental Retardation

Table-2 shows the total description of the sample selected for the present study. The age range of the samples is 11 to 14 years. The IQ range of the sample is between 35 to 49. The sample population consisted of 10 children between the ages 10 to 14 years among five children were moderate mentally retarded, these five children were taken based on the available of medical certificates, which diagnosed them as moderate mentally retarded. The other children were taken from the neighbourhood homes from the same community. All the five moderate mental retardation were male and in the other five normal children three of them were male and two of them were female.

Development of the Tool

The researcher has developed Social Participative Skills Checklist (SPSC) for the study. The checklist consists of 25 items, which assesses social participative skills. Before using the checklist the initial checklist that was consisting 25 items, was given to 10 experts working with person with mental

retardation for validating the checklist. As per the comments of the experts, modifications were incorporated and no items of the checklist marked by the experts as inappropriate.

Scoring Procedure for SPSC

The base line of the social skills of the selected sample was collected before beginning the intervention and recorded in the performance data sheet.

Key for Scoring

1. Needs more than two reminders or demonstrations
2. Needs only one reminder or demonstration.
3. Is Independent & performs in group without any help of other members.

Procedure and Data Collection

This study was conducted at Gundumal Village, Kosgi Mandal in Mahabubnagar District of Telangana State. Prior to the study, written permission was obtained from the Project Director of COMMITMENTS Organization working for Persons with Disabilities in Community Based Rehabilitation settings. Group of 10 students with moderate mental retardation were identified from the Gundumal Village, pre-test was given to these children and among them 5 children were selected by considering the need of the present study.

Selection of Activity

In order to teach the social skills, the researcher listed one activity and selected Street Play (Social Participative Skills) with Action Songs. The reason for selecting the above activities is that there are the required Social Skills are involved in those activities.

The investigator selected activity Street Play with Action Song for improving:

- Communication
- Participation
- Interaction
- Cooperation
- Shared participative skills

Child-to-Child Training

The researcher had given training to the normal intelligence children for about 14 sessions; each session was of 45 minutes. The training was given in the following areas of teaching:

- Imitation for competence
- Coordinates with others Role appropriately
- Express emotions appropriately
- Follows Instructions in Timely manner
- Co-operates appropriately

Analysis of Data

Table 3: Mean, SD and t-value of All Items of Social Skills in Street Play

	Pre-Test		Post-Test		t-value	Level of Significance
	Mean	SD	Mean	SD		
Grand Total	26.2	1.53	56.4	6.84	10.72	p<0.01

Table-3 shows t-value 10.72 is highly significant at p-value (<0.01) on sample subjects in the study for social skills. Thus the comparison of pre-test score clearly proves the intervention has benefited to improve social skills among children with moderate mental retardation through child-to-child approach.

The present study was designed to investigate the effect of child-to-child approach on social skill among children with moderate mental retardation the pre-test score in social skills in achievement score in shared participative skills were low in, competence for imitation, coordination with others, expressing emotions appropriately, following instructions in timely manner, co-operates appropriately, sings with group appropriately. After serious of intervention in these medians, through child-to-child approach which involved creative awareness programme on prevention of mental retardation where in both mental retardation children and normal children where participating together. Thus there was significance in difference in the post-test scores in social skills among children with moderate mental retardation. Hence there was remarkable improvement in social skills from this it is event that child-to-child approach is an effective approach to improve social skills.

Table 4: Session Wise Mean Scores of Improvement in All Items of Social Skills of Child-To-Child Approach

Social Skills	Pre-Test	4 th Session	8 th Session	12 th Session	Post-Test
25 Items	26.2	31.8	40.6	50.4	56.4

Table-3 interprets the session wise improvement in social skills among children with moderate mental retardation from the pre-test. Moderate mental retardation due to lack of exposure to interact in the community with other people the mean achievement scores in social skills were low. The intervention through child-to-child approach was given. There was initiative in the improvement in the social skills at the 4th session. This was evident as the mean achievement score was improved. As the intervention was given through various dramas which was perform as 'street plays'. These dramas have consisted of awareness on preventive measures of mental retardation in rural areas. In this street play students with moderate mental retardation were involved with others peers of their age group, which gradually improved social skills. Here child-to-child intervention was imbibed among moderate mentally retarded students through peer modelling and buddy system. There was improvement among moderate mental retardation by 8th session through street play (Drama) involved shared participative skills in competence for imitation, coordinating with others, expressing emotions, following instructions, co-operating appropriately, singing with group. Thus all these participative skills improved social skills after continuous intervention for the 14 sessions for about a fortnight is given.

Major Findings

- The Street Play (Drama) was helpful to improve social skills among persons with mental retardation
- It also can be used as an effective teaching skill in special education.
- This study reveals that training includes street play (Drama) and it is effective if practically demonstrated.
- The study reveals that child-to-child training has its own influence to improving social skills of the children with moderate mental retardation.
- In this study samples are in village children, and their parents support has given while playing activity.
- The present study also reveals that street play (Drama) is not only effective in improving social skills, but also in communication development, interaction with peers, cooperation to others, and participation of the immediate environment.

CONCLUSION

Study shows the effectiveness of child-to-child approach on social skills among children with moderate mental retardation. Some experts believed that the training of child-to-child approach is helpful to improve social skills of children with mental retardation. It also can be used as an effective training skill in special education.

There are no data based studies found by researcher. In foreign studies also there are few studies, which are relating child-to-child approach. The present study involved 5 children from Gundumal Village, Mahabubnagar District. They were intervened for 14 sessions and performance was evaluated after that. The data collection was taken for every day after the session with used checklist prepared by the researcher SPSC.

The results indicated that mean score of 5 children from pre-test and post-test has been increased. It supports the fact or the objective of the study. That child-to-child approach is effective improvement social skills of children with moderate mental retardation. But some other factors such as parental involvement, peer group and neighbourhood interaction, associated conditions with mental retardation, opportunity for activities, practice of the task, attention, motivation, demonstration, imitation, behavioural problems are also influences the training of the children.

Due to mental retardation such children have less cognitive and reasoning skills to compete with complex social interactive pattern but aim of special education is to make them independent in life or daily living.

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