Original Research Article

A Study to Assess the Effectiveness of Self Instructional Module on Knowledge Regarding Intellectual Disability among Caretakers of Intellectually Disabled Children in Selected Special School Kanpur

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Abstract

A pre experimental study was conducted to evaluate the effectiveness of self instructional module on knowledge regarding intellectual disability among caretakers of intellectual disability children of Amrita special school Kanpur. The research design was one group Pre-test post test design. The sample of the study is caretakers of intellectual disability children in Amrita special school Kanpur. The sample size was 40 selected by convenient sampling technique. Consent was taken from the sample before data collection. Demographic data were collected by Structured closed ended questionnaire to assess the knowledge of caretakers regarding intellectual disability. The mean of overall pre test knowledge score was 14.85 and the mean of overall post test knowledge score was 19.7.Improvement in the knowledge score of the samples from pre test to post was tested for statistical significance using paired t-test (t=8.834),shows significance difference between pre and post test score (p0.05).Hence SIM was an effective teaching strategy for care givers of intellectually disabled children.

Key Words: Special school, Self Instructional Module (SIM), Intellectual disability, Caretakers of intellectually disabled children

Introduction

Disability as defined by the Act (Persons with Disability Act, 1995) cover blindness, low vision, leprosy-cured, hearing impairment, locomotors disability, mental retardation and mental illness as well as multiple disability. The Act does not cover disabilities like Autism, or learning disabilities [1]. As American Association on Mental Deficiency defining **"**Intellectual disability refers to significantly sub-average general intellectual functioning resulting in or associated with concurrent impairments in adaptive behaviour and manifested during the developmental period [2]. Intellectual disability is not a disease or single entity. It refers to a developmental mental disability and that appears in children by birth or under the age of 18years [3]. Families especially in rural areas of backward states do not have proper understanding of such disabilities so they are unable to offer appropriate support to their children and to access their rights [4]. Intellectual disability is common developmental disorder. Person with retardation or slowness in their mental growth and capacities are called "Mentally Handicapped" or "Mentally Retarded." They are also referred to as slow developers, 'Slow learners' or 'less intelligent.' Intellectual disability can occur any time before eighteen years of age [5].

About 15% of the world's population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning. The global disability prevalence is higher than previous WHO estimates, which date from the 1970s and suggested a figure of around 10% [6]. According to the Census 2001, there are 21 million people with disabilities in India who constitute 2.13% of the total population. In contrast, the National Sample Survey Organization (NSSO) estimated that the number of persons with disabilities in India is 1.8% of the Indian population; of which 75% of persons with disabilities live in rural areas, 49% of them are literate. However, experts working in the field of developmental disabilities feel that prevalence of mental disability is much higher [7]. Hormonal factors such as hypothyroidism in mother, mother's age at pregnancy, infection or An IQ below 70 on Stanford Benet or Weschler intelligent scale is considered mentally retarded [8]. The chance of a couple who have conceived one trisomy having a further pregnancy with Down syndrome is considered to be 1%, except in the case of balanced parental translocation in which case the chance of recurrence is much higher [8].

Objectives of the study

1 To assess the pre test knowledge regarding intellectual disability among caretakers of intellectually disabled children.

2 To assess the effectiveness of self instructional module on knowledge regarding intellectual disability among caretakers of intellectually disabled children.
3 To find out the association between the pre-test knowledge score with their selected demographic variables

Hypothesis

H1: The mean post test knowledge score of subjects exposed to Self instructional Module on intellectual disability can be more than pre test knowledge as measured structured knowledge test at 0.05 level of significance.
H2: There is a significant association between knowledge score of subjects and selected demographic variables at 0.05 level of significance.

Materials and methods used:

Research Approach: Evaluative research approach was used for this study.
Research design: Pre- Experimental one –group pre-test and post-test design.
Setting of the study: Selected Special school at Kanpur.
Population: The population for the study present is caretakers of intellectual disability children.
Sample size: 40 caretakers of intellectually disabled children.
Sampling Technique: Non probability convenient sampling technique.

Variables

Independent variable: Self Instructional Module on intellectual disability
Dependent variable Knowledge of caretakers.
Demographic data of caretakers of intellectually disabled: age, sex, religion, education, monthly income, type of family, place of living, marital status. Occupation and source of information regarding intellectual disability

Sampling criteria:-

Inclusion criteria:-
1 Caretakers of intellectual disability children who were present the period of data collection
2 Caretakers in the age of 25-35.
3 Care takers who can speak, read, write Hindi or English.

Exclusion criteria
1. Caretakers who were not available during the time of data collection.
2. Caretakers who were not willing to participate in the study.

Description of instruments

The Structured questionnaire consisted of 2 sections.
1. **Demographic data:-** A consist of demographic data including age, sex, religion, education, monthly income, type of family, place of living, marital status. Occupation and source of information regarding intellectual disability.
2. **Questionnaire:-**There areStructured closed ended questionnaire to assess the knowledge of caretakers regarding intellectual disability. It contained 32 structured items on various aspects related to introduction of intellectual disability, etiology, classification, management, prevention. Each item had 4 options for which instructions were clearly written for caretakers of intellectually disabled children to choose the best option..

Scoring key and interpretation of the instruments

The score for the correct response was ‘1’ and score for the incorrect response was ‘0’. The level of knowledge on intellectual disability were interpreted as follows

Table: 1 Grading of knowledge score

Sl. No.	Knowledge Score Range	Category
1.	0- 8	Poor
2.	9- 16	Average
3.	17- 24	Good
4.	25-32	Very Good

Data collection procedure

The data collection was done in the Amrita special school kanpur. Formal approval was obtained from the principle of Amrita special school and data collection was scheduled in the month of july 2017 two weeks (04-7-2017 to 18-7-2017). The data were collected from the caretakers of intellectually disabled children by using closed ended questionnaire method. Based on the selection criteria, the sample were selected by convenient sampling technique. The investigator selected the samples from there Amrita special school Kanpur. First day researcher has got 15 samples. Researcher introduced about herself and explained the information regarding the nature of the study. After that researcher conduct the Pre-test for the selected sample.

The second day researcher went to the same school. Researcher has got 12 sample. After that researcher conduct the Pre-test for the selected sample. After that researcher has given intervention (SIM) to the care takers.Third day researcher has got 13 samples. After the Pre-test and intervention the investigator went for the post test on 13, 14,15th day the researcher conducted the post test for the same group. Samples were gathered in the Amrita special school Kanpur respectively.

Results

Section I : Demographic data

When the present study when assessed the knowledge of caretakers of intellectually disabled children were in the age group of below 25 years (12.5%) and above 35years (12.5%) respectively . Similar were in the group of sex caretakers (50%) were male and whereas were female (50%).Majority of the caretakers of intellectually disabled children were Hindu (75%). Majority of the caretakers of intellectually disabled children were Graduate and above (52.5%). Most of the caretakers family monthly income between the 5001-10000Rs (32.5%).Most of the caretakers of intellectually disabled children belongs to the joint family (55%). Majority of the caretakers of intellectually disabled children were belong to city (82.5%). Majority of the caretakers of intellectually disabled children were married (87.5%).). Majority of the caretakers were private job (37.5%). Majority of caretakers of intellectually disabled children got the information regarding intellectual disability from their parents (80%) only.

Section II: Assessment of knowledge of the caretakers of intellectually disabled children regarding Intellectual disability among caretakers before implementation of Self Instructional module:

Among 40 caretakers, the majority of respondent 10% had poor knowledge and 60% had average level of knowledge, 30% had good level of knowledge, 0%had very good level of knowledge.

Section III: Assessment of knowledge of the caretakers of intellectually disabled children regarding Intellectual disability among caretakers after implementation of Self Instructional module.

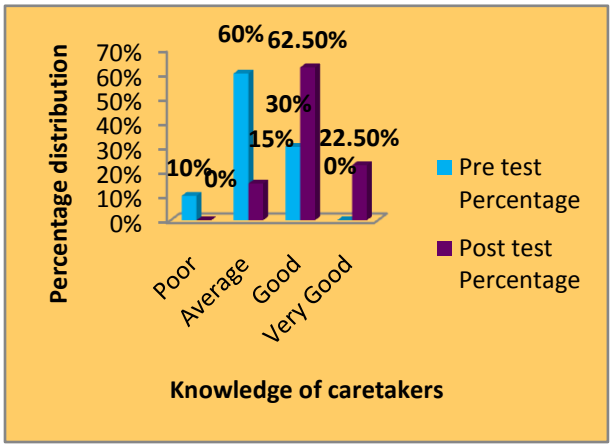

Figure1: Percentage distribution of caretakers according to their Pre-test and post test means percentage score.

Bar diagram Depicts that there were 6 caretakers of intellectually disabled children (15%) had who Possessed average knowledge during post test. Whereas 25 caretakers (62.5%) had who possessed good knowledge during post test. And 9 caretakers (22.55%) had possessed very good knowledge during post test. Nobody have poor knowledge during posttest.

Section IV: Effectiveness of self instructional module on Intellectual disability:

Area wise distribution of mean, SD and mean percentage of prepost and post-test knowledge of caretakers of intellectually disabled children regarding Intellectual disability

Comparison of Mean, SD and Mean percentage of pre test and post test knowledge of caretakers of intellectually disabled children regarding intellectual disability shows that the overall mean percentage of pre test was 46.41% whereas in the post test the mean percentage was 61.80% thus depicting the overall difference in Mean percentage was 15.39%. Hence, it is interpreted that self instructional module was effective on various areas of intellectual disability.(6.45± 1.7) where as lowest mean score is in post test (1.3±0.64). Further, the difference in mean percentage reveals that the highest mean difference 22.5% for the "Prevention of intellectual disability" where as the lowest mean difference were 7.5% in "Etiology"

Section V : Hypothesis testing

TABLE 3: Paired't' value of pre and post test knowledge of caretakers of intellectually disabled children regarding intellectual disability. N=40

Sl.No	Area	't' value ' p'	Remarks
1.	Intellectual disability	8.834 <.05	Highly significant

(Table value =2),(df = 39) p<.05

Above the table shows that, paired't' test was calculated to assess the significant difference between pre and post test knowledge of caretakers finding shows that there is highly significant difference between pre and post test over all mean score.

Section V1: Association between demographic variables and knowledge score of subjects on knowledge Intellectual disability

When the chi square value was computed for education, monthly income and occupation, the obtained value was higher than the table value at 0.05 levels. Hence there was statistically significant association with these selected baseline variables of caretakers of intellectually disabled children and their overall knowledge scores regarding intellectual disability. This shows that hypothesis$_2$ accepted with regard to these variables

Conclusion

Intellectual disability among caretakers of intellectual disabled children is the major problem in the rural and urban areas. The findings reveal that Self instructional Module was effective in increasing the knowledge of caretakers of intellectually disabled children.

Recommendation

1. A comparative study can be conducted to identify the differences and similarities between rural and urban areas of caretakers' knowledge level in intellectual disability.
2. An experimental study can be conducted with control group for comparison.
3. A similar study can be conducted in hospital settings.
4. Information booklet materials can be shown to the caretakers in outpatient department of hospital and Based on the finding of the study.

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