SOCIAL MATURITY LEVEL IN CHILDREN WITH MILD MENTAL RETARDATION AND DYSLEXIA

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ABSTRACT: Objectives: To assess the level of social maturity in children with mild mental retardation and dyslexia Method: One hundred and twenty children in the age group of 10 – 12 years with developmental delay and/or poor scholastic performance were assessed for intelligence and social maturity by using Binet-Kamat intelligence scale and Vineland social maturity scale. The results were analyzed by using students ‘t’ test. Result : The ‘t’ value of social maturity in mild mental retardation and dyslexic children was 20.20 which is significant at a ‘p’ value of <0.01. Conclusion: The social maturity level was lower in children with mild mental retardation compared to dyslexia.

Key words: Social maturity, Mild mental retardation, Dyslexia

INTRODUCTION : Mental retardation is a condition diagnosed before 18 years of age that includes below average general intellectual function & lack of skills necessary for daily living. Mental retardation has posed a great problem throughout the world due to its highly complex social, medical, psychological and educational components, apart from various unanticipated problems. There are many congenital and acquired causes of mental retardation. A family may suspect mental retardation if the child’s motor, language and self-help skills do not seem to be developing or developing at a far slower rate than the child’s peers. Failure to adapt (adjust to new situations) normal social behavior and grow intellectually may become apparent early in a child’s life. The degree of impairment varies widely, from profound to mild or borderline. Mild mental retardation may not become recognizable until school age or later [1, 2]. Dyslexic children lack the ability of reading, writing, calculating and comprehensive spellings. There are many familial and inherited causes of dyslexia. Their IQ level is 70-90(Index of NIMHANS battery for specific learning disability scale).

Incidence of mental retardation is about 1 - 3% and dyslexia is about 5% of the general population. The psychological profile which includes intelligence and social maturity in children with mental retardation and dyslexia can be assessed by using various scales. The intelligence is assessed by using widely accepted Binet-Kamat intelligence scale developed by Binet-Kamat (1916) and social maturity by Vineland social maturity scale developed by A.J. Malin(1935)[2,3]

METHOD : Children in the age group of 10-12 years with either developmental delay and/or poor scholastic skills attending the outpatient department of Sri Siddhartha Medical College Hospital, Tumkur, Karnataka, K.C. General Hospital, Bangalore and Malleshwaran Dyslexia Association, Bangalore were included in this study. One hundred and twenty children were assessed by using a semi structured information schedule. Each child and parents were interviewed individually and categorized as MMR and dyslexia depending upon the level of intelligence by using Binet-Kamat intelligence scale. Their social maturity was assessed by using Vineland social maturity scale. Responses were noted and manually scored by using the scoring system provided by the authors of the respective scales. Students ‘t’ test was used for the analysis.

DISCUSSION : Mental retardation begins during childhood before the age of 18 years and persists throughout life. Intellectual level is assessed by
standardized tests that measure the ability to reason in terms of IQ (mental age/chronological age X 100). An IQ of 51 to 69 is regarded as mild mental retardation. Children with MMR lack the adaptive skills such as ability to produce and understand language, use of community sources like health, safety, self care, self direction and functional academic skills like attention and memory. Dyslexic children lack the ability of reading, writing, calculating and comprehensive spellings. Their IQ level is 70-90[3, 4]. Among these two categorized groups, MMR children are able to achieve up to 7th grade level in academics and can live independently with community support where as dyslexic children are able to achieve up to 10th grade level on the basis of certain facilities from the PWD-act 1995. By providing special attention during examination they can achieve up to the graduation level. Assessing the social maturity of MMR and dyslexic children can give some idea about their adaptation to life skills [5, 6, 7]. Vineland social maturity scale developed by Dr. A.J. Malin (1935) consists of 89 test items and measures the differential social capacities of an individual. It provides an estimate of social age (SA) and social quotient (SQ) and shows high correlation with intelligence. It is designed to measure social maturation in eight social areas i.e. self-help, self dressing, self direction, occupation, communication, socialization etc. [8, 9, 10]. In the present study the mean social quotient was 64.45 for MMR children and 81.18 for dyslexic children with a ‘t’ value of 20.20 which is significant at a ‘p’ value of < 0.01.

Table -1 : Religion of the subjects

<table>
<thead>
<tr>
<th>Religion</th>
<th>MMR Children</th>
<th>Dyslexic children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>59</td>
<td>55</td>
</tr>
<tr>
<td>Muslim</td>
<td>01</td>
<td>03</td>
</tr>
<tr>
<td>Jain</td>
<td>_</td>
<td>02</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

Table-2: Educational status of the subjects

<table>
<thead>
<tr>
<th>Education</th>
<th>MMR</th>
<th>Dyslexic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary school</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Middle school</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

**Table-3 : VSMS Test scores of MMR and Dyslexic children (Social maturity level)**

<table>
<thead>
<tr>
<th>MR Children (N=60)</th>
<th>Dyslexic children (N=60)</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>‘t’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>64.45</td>
<td>3.34</td>
<td>81.18</td>
<td>5.38</td>
<td>20.20*</td>
</tr>
</tbody>
</table>

*p<0.01

**CONCLUSION:** This study focused on the social maturity of children with mild mental retardation and dyslexia. Currently less emphasis is placed on the level of social maturity. Children with mild mental retardation are having low social maturity level compared to dyslexic children as evident in our study. The social ability of children with mild mental retardation can reach to the social ability of children with dyslexia by early intervention and proper guidance. By providing psychosocial therapies, these children can be prevented from indulging in antisocial activities.

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