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A case study of Chiunda an intellectually disabled child at Bauleni Community School

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Abstract
This manuscript was a study carried out at Bauleni Community School. The study aimed at promoting the aspect that "children with intellectual disabilities need to live quality lives just like any other children". One of the objectives of the study which was administered was to establish the special needs or weak areas and strengths of Chiunda a 9 year old girl with mild intellectual disability (IQ 55). The second objective of this study was to bring to light the limitations the child encountered in these settings; the school, community and domestic. The instrument for data collection was the informal observation checklist, document study and interview schedule. Data was analyzed manually. The finding of the study were that she was able to care for her daily needs with limited assistance, made friends with others though not of her age, acquired academic skills though at a slow pace. He however was limited in the area of communication and social skills. The limitations encountered affected her expected functioning at standard level in school, community and domestic settings. In conclusion, in limitation the child needed to be given relevant support services, being accepted, cared for and understood from home, school and community.

Keywords: Intellectual disability, Intellectual Quotient (IQ), Special needs, Strengths, Limitations and Special Education

Introduction
In life human beings experience limitations which education addresses by giving individual skills, knowledge and values for survival in life. Special education falls under the broad term of education but it is one education given to categories of children with special needs in order to meet them at their point of their need. This study focus on intellectual disability which is one of the categories of special education. The study established the special needs or weak areas and strengths of Chiunda a 9 year old girl with mild intellectual disability (IQ 55). Secondly, this study brought to light the limitations the child encountered in these settings; the school, community and domestic.

Literature Review
The factors taken into consideration in this review are the definition of intellectual disability followed by classifications, causes and characteristics thereafter limitations.
According to Smith (1998), intellectual disability is referred to significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the development period. Thus for a child to qualify for intellectual disability the diagnosis will include two factors of having significant limitations in intellectual functioning and limitation in two or more areas of adaptive behavior. The intellectual functioning is obtained from the standard test of intellectual quotient which measures the ability to reason in terms of mental age. Adaptive behavior includes communication, social skills, self-care, and self-direction. Home living, health and safety, community use, leisure work, functional academics (Jullian, 2000) these are skills needed for daily living. Intellectual disability begins early and persists through adult life.
Classification of intellectual disability ranges from mild, moderate, severe and profound and are based on functioning levels of an individual. The intellectual quotient score ranges as follows for mild it is from 55 to 70, moderate is 55 to 40, severe is 40 to 25 and profound is

25 and below (Jullian, 2000)
The causal factors are divided into two broad categories of neurological which include individual factors of pre-natal, peri-natal and postal-natal, then generic and environment (Jullian, 2000). Any of the factors can cause intellectual disability. Time of onset is especially during the developmental period depending on the causal of the problem.

Pre-natal (During pregnancy or before birth) some of the causes are as follows;
Toxic agents; this poisonous material is produced by infections in the mother and is responsible for defective development of the child. For example if the mother suffers from German measles or rubella, virus infection, typhoid, etc during pregnancy then child's mental development is affected.
Drugs; A few drugs enter accidentally in the productive organs of the mother like carbon monoxide, heroin which affect child's central nervous system. Drugs taken at the time of pregnancy for abortion also affect the child's mental development.
Radiation; Exposure to too much radiation in the pregnancy period by the mother is also a factor of retardation.
Genetic and metabolism; Due to defective genes of the parents retardation also occurs, for example in Down syndrome or trisomy.

Poor metabolism; due to inadequate nutrition
Physical and mental health of the mother; the mother's physical health, improper diet, **unbalanced mental state;** are some other causes of mental retardation of the child.

Peri-natal factors (during birth) some of the causes are;
Delayed child birth leading to blueness of baby; the brain cells die at the time of birth due to insufficient intake of the oxygen.
Forced labor; Brain is damaged by wrong use of instruments.
Insufficient birth canal; when the mother's birth canal is not fully opened due to some complications.

Postnatal Factors
Some of the factors affecting development of a child after birth
Acute illness; Some acute illness like typhoid, measles, jaundice, meningitis, smallpox, in the postnatal period affect the child's mental development. Measles especially is an infectious disease which damages the brain cells permanently.

Traumatic illness; in this condition, the brain is damaged totally and defects occur in the central nervous system.
Lead poisoning; Sometimes a child may eat lead paints or wood by mistake or ignorantly which may create mental retardation.

Accidental Brain Injury; Sometimes an accidental injury to the brain and disorders of the internal glands damage the nervous system

Deprived Environment; One of the important causes of mental retardation is the low socio-economic and cultural status of the child. This includes malnutrition, uncleanliness, unhygienic conditions, insufficient resources for intellectual development.

Characteristics
The mild intellectual disabled child is easily identified with the following developmental characteristics. Intellectual quotient ranges from 55 to 70. The child can acquire education or functional academics up to the sixth grade level (Martin, 1997). He or she can be fairly sufficient or live independently with community and social support. The child can develop more slowly than a typical child (Dykens, 2000). This means that the child would be slow to acquire age appropriate skills. For instance the child will take longer to learn to speak, walk, take care of personal needs such as eating and dressing this could be due to the environment and society standards as one develops from one stage of life to another or due to delayed developmental milestones or sequences that human being follow such as Gross motor development: which is the use of large groups of muscles to help the child sit, stand, walk, run, keeping balance, and changing positions. Fine motor development: the using of hands in order to be able to eat, draw, dress, play, write, and do many other things. Language development: it involves development in terms of speaking, using body language and gestures, communicating, and understanding what others say. Cognitive development: this development borders around thinking skills: which includes learning, understanding, problem-solving, reasoning, and remembering. Social development: this is development in terms of interacting with others, having relationships with family, friends, and teachers, cooperating, and responding to the feelings of others.

Limitations
The child with mild intellectual disability would be limited in terms of developmental milestones such as intellectual ability, social, communication and would acquire these skills quite alright but is done at a later stage than the typical child. This is because the child reaches developmental milestone later than the age mates (Martin, 1997). The child will have no physical signs of disabilities but mild intellectual disabilities being manifested itself in developmental years before the age of eighteen (Dykens, 2000). The child can acquire practical skills, conform socially to accepted demands and could be fairly integrated into society (Libal, 2004). The child by virtue of his or her condition requires additional support and generally benefit mainly from vocational skills.

Tools for data collection
The informal observation checklist was used and it assisted in identifying the characteristics of a child with mild intellectual disability in the classroom and there was no interference with the client. Secondly, record or document analysis was used. For instance under five clinic card provided the information concerning the case history such as the age. Marked schedule provided the progress of the child's intellectual ability. Thirdly, the interview schedule was used and provided the information about case history and developmental milestone of Chiunda. The information collected using these tools helped the researcher to come up with measures of helping Chiunda in her area of need in order to help her live quality life.

Data Collection Procedure

The procedure was as follows; to start with permission was obtain from the school head-teacher to collect information with the use of interviews, observation using the checklist and record analysis from school records (using the child's file). This authority was granted. Permission was also obtained from the parents to use the under-five clinic card it was as well granted. Purposeful sampling procedure was used which is a selection of a group or individual out of a large population according to one's convenience. Thus, two teachers and the mother were selected at the study school because they were directly involved with the child. Then Chiunda was selected due to her special need of being delayed in terms of intellectual ability, social and communication skills.

Presentation of findings

The researcher found the child being placed at Bauleni regular community school in the sixth grade. The teacher reported that, the child had problems with academic work. An intellectual assessment record for Chiunda was having (IQ of 55). The teacher revealed that, the child befit from school because I do give her work litter than her friends and I do modify the teaching method because I use individualized method when teaching her and use a good number of teaching aids due to her lack of logical thinking whenever concrete materials were used. Chiunda was observed by the researcher of being slow at understanding and grasping new concepts being taught to her by the teacher. The other areas which were observed being affected were language or communication and social skills. The child was failing to express one-self and understand what others were saying or word structure, grammar, comprehending spoken and written language and had problems discriminating the sounds. She was reported by the teacher having difficulties in in expressing her thoughts, making speech sound adequately, inadequate in the use of grammar, word meaning, speak and write adequately and answering questions. She was observed by the researcher having limited vocabulary, oral language, having limited speech problem such as poor articulation, inability to make sound clear, not speaking fluently, mispronouncing particular sounds, having unusual voice quality, unable to participate in class discussion. She was observed by the researcher being alone most of the times. The teacher reported that, the child feels rejected by others most of the times. Chiunda found it difficult to socialize with age mates and teachers but managed at times to socialize with children younger than her age as stated by the teacher. Chiunda was reported by the teacher using emit of nasty statement and the teacher said it disturbed her relationship with others or resulted into the failure to get along with others. Chiunda was observed by the researcher acting out when a friend was not in support of her negative behavior.

In the community setting they considered the child with intellectual disability as restarted and slow as reported by one teacher. Chiunda was reported by one teacher of having problems in terms of expressing her thoughts, ideas and receive information in different settings in the community and participate in communal activities. The teacher stated that, the child had problems to communicate in terms of accessing transport, adapting to new situations, do the shopping, use public services and worship with others. In the community the child was considered childish due to her lack of successful social functioning and that the child was limited in the interaction with non-disabled because other families would not allow it, as a response from a teacher.

Under domestic setting the responses were as follows; the mother stated that, Chiunda was born normally like any of my children and she has never been seriously sick up to now but she took long to learn on how to manage house-keeping, home safety, clothing care, to do proper maintenance, food preparation plan budget for shopping. As a family due to her condition we don't allow her to play with others and go to other near-by homes even some extended families because they laugh at her and consider her as a difficult person to chart with as reported by the mother.

Analysis and Interpretation of Data and Discussion

Data collected was mostly qualitative therefore analysis was descriptive. To start with, this was a case study carried out on Chiunda. The advantage of a case study is that it focuses on a single case which can be" undertaken by a single researcher without needing a full research team" (Nisbet and Watt, 1994, as cited by Cohen et al., 2007, p56).

According to the intellectual assessment records Chiunda was having (IQ of 55). This was in line with Jullian (2000) who found that, the intellectual quotient score for mild intellectually disabled child ranges from 55 to 70. The other areas which were observed being affected were adaptive behavior. For instance the child was limited in terms of language or communication and social skills. The two factors of intellectual functioning at 55 intellectual quotient and adaptive behavior made Chiunda qualify for mild disability. For example the finding revealed that, the girl was unable to communicate accurately. According to Lewis and Doorlag, (1997) communication is the ability to receive or comprehend and send or express language or information and it involves speech and language which is verbal and non-verbal or ability to use symbols, oral and written forms. The child was limited in terms of this skill. The girl also lacked social skills because social skills are abilities a person possesses of interacting well with others effectively (Libal, 2004).

Due to the problems in the intellectual area, communication and social skills Chiunda encountered limitations in the following settings; the school, community and domestic.

School environment

In the school setting Chiunda was found in a regular school because of her mild intellectual disability as supported by (Smith, 2008) who stated that, children with mild intellectual disability usually learn from regular school with modified work. Intellectual quotient of 55 for Chiunda made her have trouble learning especially with functional academics. The child had difficulties in all areas of functional academics due to lack of thinking beyond concrete or logically. This finding was similar to what was discovered by Dykens, (2000) that children with mild disabilities encounter general academic retardation. On the other hand the child was able to learn up to sixth grade. She benefited educationally within a class with the aid of considerable curriculum, modification of teaching methods and supportive service (Smith, 2008). Modification was needed because the child was unable to learn when taught in the same manner as others and modification made her

benefit from functional curriculum. Chiunda was capable of learning new things but at a slow pace than others in school.

The researcher's argument was that, individualized education program was appropriate for the child to learn at her own pace. It also called for the teacher to be patient with her slowness. The researcher was of the idea that, on top of what the teacher used there was also need to use reputations, task analysis of her work, use of concrete objects, use child to child learning, promote routine work, modeling, rehearsal, project method in order to help the child benefit from her education and live quality life just like any other children.

Lack of communication skill made the child experience limitations in school. For instance chiunda experienced learning difficulties in regard with receptive and expressive. This finding was similar to the findings of Jullia, (2000) who stated that, receptive and expressive of communication are core skills in the learning process. In addition Lewis and Doorlag, (1987) narrowed the problem expressive problems to having difficulties in semantics, phonology, syntax and pragmatics.

The researcher's point of view was that, the child was not communicating appropriately according to her age due to slowness in acquiring age appropriate communication skills and these were the expressive and receptive skills. In this case the child need language therapies, a focus on speaking, writing, listening and reading skills as receptive and expressive skills. The teachers and peers need to be models, the child need a conducive non-threatening stimulating environment, use of language or pragmatic. All these would be of primary importance in addressing the child's functional immature language development which probably made the child be isolated because she felt no one understood her.

Having limitation in social skills probably made Chiunda to be rejected due to her failure to initiate and sustain social interaction or friendship, being irresponsible socially, her experience of having lower personal social skills, her lack of friendship skills, social maintenance and conflict resolution skills and her withdrawal behavior. These are skills such as initiating greeting, cooperation compromise, persuasion and negotiating. This was in agreement to the findings of Libal, (2004) who argued that, lack of social skills leads to rejection and failure to engage oneself in group activities. However, the current study discovered more social skills which were lacking as compared to Libal's findings.

Chiunda was slow intellectually and it might have contributed to her being slow in interpretation of social signals such as being accepted or not as supported by Gearheart et al, (1998). Similarly Jullian, (2000) found that, a child with mild disability find it difficult to interpret or see situations as others do.

Chiunda found it difficult to socialize with age mates and teachers but managed at times to socialize with children younger than her age probably due to social immaturity, as Smith (1998) puts it that, the child with mild intellectual disability will have the tendency of socializing with children younger than her age.

Chiunda's failure to conform to school social expectations could have been due to her distractibility, emit of nasty statement which disturbed her relationship with others or resulted into the failure to get along with others. Chiunda was observed acting out probably due to being unfairly treated or discriminated.

The researcher's point of view was that, social training might have helped Chiunda to accept others and be accepted, be aware of self-worth which could help her conform, integrate socially to demands of personal social growth, friendship, social responsibility and take part in school social activities fairly as expected.

Community Setting

The community setting was composed of neighbors, churches, different families and friends. The label which was given to chiunda in her community made her feel rejected. The finding of the current study was in line with the findings of Dyken, (2000) who discovered that, the community considers the child with intellectual disability as restarted and slow. Similarly, Smith, (1998) found that, the child with intellectual disability feel rejected due to negative label as a general attitude of the public towards the disabled.

Chiunda's communication problem made her experience a failure to express her thoughts, ideas and receive information in different settings and participate in communal activities as expected. Similarly, Libal, (2004) found that, the communication problem could be attributed to lack of generalization skills which is the ability to transfer knowledge and skills acquired from one setting to another. Furthermore, Lewis and Doorlag, (1987) found that, lack of communication makes the learner with intellectual disability fail to participate in the community to a desired level. For instance, the child had problems to communicate in terms of accessing transport, adapting to new situations, do the shopping, use public services and worship with others because she was unable to transfer what was learnt at school to community setting. In the community the child was considered immature due to her lack of successful social functioning. This is supported by Martin, (1997) who stated that, the child will be considered as social misfit due to her difficulty of independent social functioning. For example, the child was limited in the interaction with non-disabled because other families would not allow it as a result the child encountered low participation in community social activities and lived a separate social life resulting from her low social profile.

The researcher however viewed that, if the child had received proper support from the community such as professionals' expertise the child might have improved her social life and successfully live quality life by playing, and participating well in the community activities. For instance, she could have benefited from occupational, speech-language therapies, social workers' services and psychologists services.

The Domestic or Home Setting

The domestic setting during the study was composed of parents or guardians, siblings and extended family. The child's lower intellectual functioning made her took long to learn on how to manage house-keeping, home safety, clothing care, to do proper maintenance, food preparation plan budget for shopping. The finding was in agreement with Ysseldyke and Algozzine, (1995) who found that, a child with mild intellectual disability take longer a period to learn domestic chores due low intellectual functioning. In addition, the child with intellectual disability can develop more slowly than a typical child (Dykens, 2000).

However, the finding of the current study explained and gave specific example as compared to the findings of Ysseldyke and Algozzine and Dykens.

The researcher basing on the finding attributed Chiunda's performance in the social setting to poor cognitive ability which probably made the child have flat performance profile, slow in processing and retention of information. For instance, what she could have done in three minutes she was doing it roughly in six to ten minutes time. This example shows that she might have had difficulties with her working memory, self-regulation, monitoring and control in retention and executive functioning of the brain.

The child encountered over protection and restriction in joining social activities from the parents and entire family. According to Smith, (1988) over protection and restrictions experienced by learners with mild intellectual disability leads the child to having low self-esteem, self-confidence, a worsened condition, withdrawal behavior and having anger due to reduced opportunities of being with others.

Poor communication skill made others, parents, siblings and extended family members perceive her as a difficult person to chart with. The reaction from parents was the negative attitude towards her and it led to the point of hiding her from the rest of rest of the society and extended family members inclusive. This finding was contrally to the findings of Libal, (2004) who discovered that, a child with mild disability who is cared for in the home by being supportive, accepting, understanding and helping throughout his or her life can help the child do fairly well.

Basing on the discussion concerning over protection and restriction of child with mild disability the researcher argued that in addition to what is discussed, the cause of her disability might be congenital and made the child had difficulties in meeting the daily demands of social activities because of her condition which led to delayed developmental milestones, the guardian or parents, siblings and other family members in their inadequate nurture towards her also belt in her the anger, frustration, having the problem of social adjustment because of being considered less desirable by her family and other families. Otherwise the child needed positive support, understanding, acceptance and care from her family and other families in order to live a quality life like other children.

Conclusion

In a nutshell it cannot be overemphasized that the mild mentally challenged child is able to progress in life upon being given relevant support services, being accepted, understood from home, school and community despite many difficulties encountered in life in all intellectual, communication, social or adaptive life.

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