

MENTAL RETARDATION

*A Manual for
Village Rehabilitation
Workers*



National Institute for the
Mentally Handicapped.
Manovikas Nagar, Bowenpally,
Secunderabad - 500 011.

About the Manual

This manual is written to help the Village Rehabilitation Workers of the District Rehabilitation Centre scheme. Others such as Community Health Volunteers, Anganwadi workers, Parents, Public Health Workers or even Primary School Teachers are likely to find this helpful. This is the first of the series of manuals intended to provide guidance to the workers in the rural area in the early identification and management of the **mental handicap** in children. As this manual is meant for use by the workers at the lowest level, essential information on mental retardation is given in easy English, alongwith illustrations. The manual describes what mental retardation is, what causes it, how to prevent it, how to identify it and some hints to manage the mentally handicapped persons. The reader of the manual will be able to identify persons with mental retardation in his village and refer them appropriately. He will be in a position to counsel the parents, and help the parents in the management of their mentally retarded child with the guidelines given by the referral agency.

T. MADHAVAN
Project Coordinator

January, 1988

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A Manual for Village Rehabilitation Workers

(This Manual is also for use by Community Health Volunteers,
Anganwadi Workers, Public Health Workers, Village level
Workers and Health Guides)

With Financial assistance from UNICEF

NATIONAL INSTITUTE FOR THE MENTALLY HANDICAPPED
(Ministry of Welfare, Govt. of India)
MANOVIKAS NAGAR, BOWENPALLY,
SECUNDERABAD-500 011.

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A manual for village rehabilitation workers

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T. M

What is Mental Retardation ?

Ramu is ten. Boys of his age go to school and are probably in class 4 or 5. But Ramu cannot speak clearly. He does not know how to wear his own clothes. He cannot button them up. He needs help in bathing himself. He cannot read and write like the other children of his age. Often he is found to be sitting and rocking himself.

What is the Problem with Ramu ?

The specialists examined him and diagnosed him as 'mentally retarded'.

Let us understand the term 'mental retardation'. We have people amongst us, some who are rich and others who are poor, some who are tall and some others who are short and, some who are fair and some others who are dark. Some people are strong and some others are weak. Similarly we have people with different mental abilities – average, more than average, and less than average. People with less than average mental ability are called mentally retarded. Such people have difficulty in changing their way of functioning appropriate to the various situations in everyday life.



Look at the people here. Did you notice, 1. the drooling of saliva,
2. the open mouth, the low set ears, 3. the small head. The mentally retarded
have such features.

The mentally retarded have many things in common with the normal people. But there are also characteristics which are different.

What are the Mentally Retarded People like?

1. Slow Reaction

They respond SLOWLY to what others say and to what happens in their surroundings. Sometimes they do not respond at all.

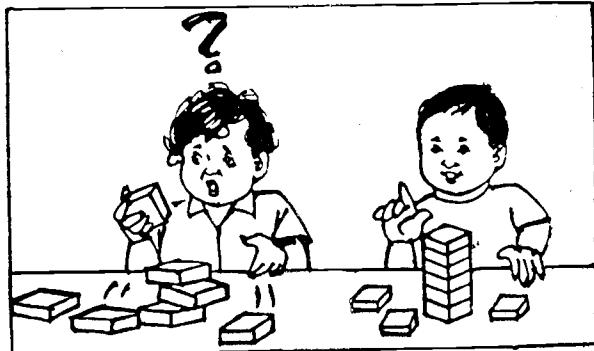


2. Absence of Clarity

They CANNOT EXPRESS CLEARLY their thoughts, needs and feelings.

3. Inability to Learn Fast

They cannot learn anything new and different as easily as the others. They are SLOW IN LEARNING.



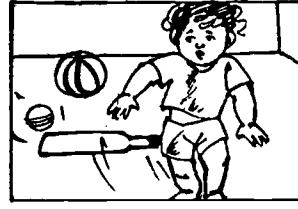
4. Inability to understand Quickly

They cannot UNDERSTAND easily what they see, hear, touch, smell or taste.



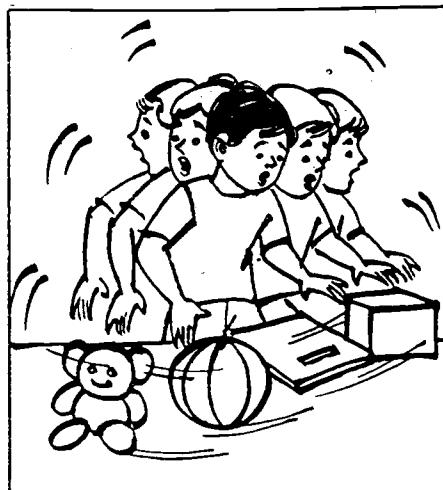
5. Inability to Decide

They cannot take EVEN SIMPLE DECISIONS. They do not know what to do, say, and so on.



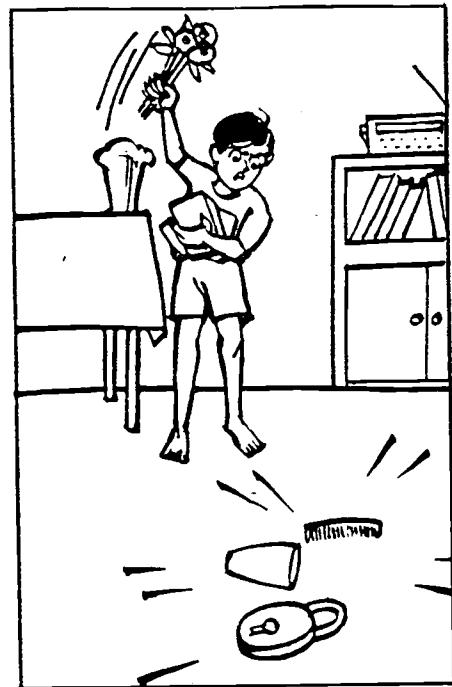
6. Lack of Concentration

Some of them CANNOT GIVE CONTINUOUS ATTENTION to one person or one activity. Some of them have difficulty in changing from one activity to another.



7. Short Temper

Some find it DIFFICULT TO CONTROL THEIR FEELINGS. They may throw things all over, injure themselves or others.



8. Inability to Remember

Some can REMEMBER ONLY FOR A SHORT TIME of what they are told. Sometimes they do not remember at all.

9. Lack of Coordination

Some have DIFFICULTY IN SUCKING, CHEWING OR EATING, use of hands or moving from place to place.

**10. Delay in Development****FEATURES OF MENTAL RETARDATION***

- | | |
|------------------------------------|--------------------------|
| 1. Slow Reaction | 6. Lack of Concentration |
| 2. Absence of Clarity | 7. Short Temper |
| 3. Inability to Learn Fast | 8. Inability to Remember |
| 4. Inability to Understand Quickly | 9. Lack of Coordination |
| 5. Inability to Decide | 10. Delay in Development |

*Adopted from WHO - Training Disabled people in the community.

A manual on community based rehabilitation for developing countries W.H.O. RHB/83.1

Mental Retardation is not the same as Mental Illness

Mental retardation is not the same as mental illness. Mental Retardation is a condition. It cannot be cured. However, the mentally retarded person can be helped to learn many things (See page 22). ONE OF THE MAJOR FEATURES OF MENTAL RETARDATION IS DELAYED DEVELOPMENT. Some mentally retarded persons have external characteristics such as a small head, big or small and slanting eyes, squint, a thick tongue, the drooling of saliva, irregular teeth, short and fat limbs and flat feet.

On the other hand, PEOPLE SUFFERING FROM MENTAL ILLNESS HAVE NORMAL DEVELOPMENT OF PHYSICAL AND MENTAL ABILITIES. Some of the symptoms of mental illness are : behaving in a strange manner, becoming moody and withdrawn, having suicidal tendencies, seeing and hearing things which others do not see and hear, suspecting others abnormally and becoming unusually cheerful and boastful. The mentally retarded persons do not share these features.

Remember

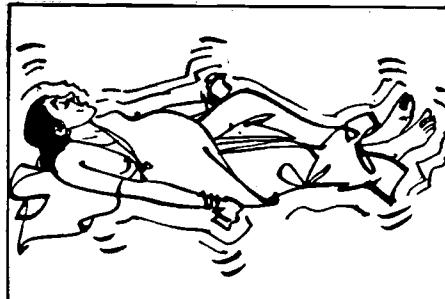
**MENTAL ILLNESS CAN BE CURED WITH MEDICAL HELP
MENTAL RETARDATION CANNOT BE CURED BECAUSE
IT IS NOT AN ILLNESS.**

Prevention of Mental Retardation

Let us see WHAT CAUSES MENTAL RETARDATION AND HOW WE CAN PREVENT IT. There are many factors that cause mental retardation. Some factors are known and some are not known. The conditions that occur before the birth of a baby i.e. when the child is in the mother's womb, during delivery and after the birth of a baby, may lead on to mental retardation.

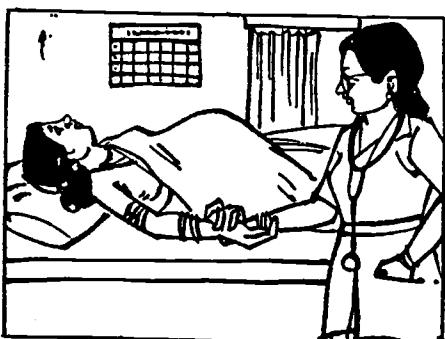
1. Factors During Pregnancy which lead to Mental Retardation

Some of the CAUSES DURING PREGNANCY are infections in the mother, the mother having fits, the mother having injuries over her abdomen due to accidents, the drinking of alcohol by the mother and not eating a properly balanced diet by the mother.



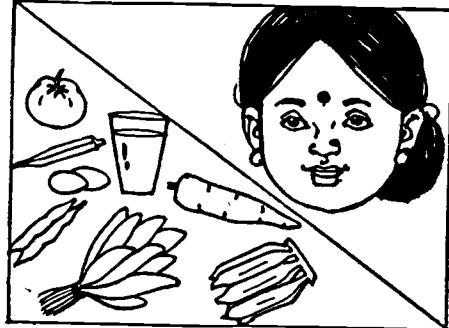
Precautions to be Taken

Let us see how mental retardation can be prevented during this period.



1. A REGULAR HEALTH CHECK UP of the pregnant woman must be made by a qualified doctor.

- 2. A BALANCED DIET must be eaten by the pregnant woman including green and leafy vegetables, rice or wheat, maize, ragi or bajra, mixed cereals, beans, peas, milk and milk products. Eggs, meat and chicken may be taken if the person likes and can afford.**

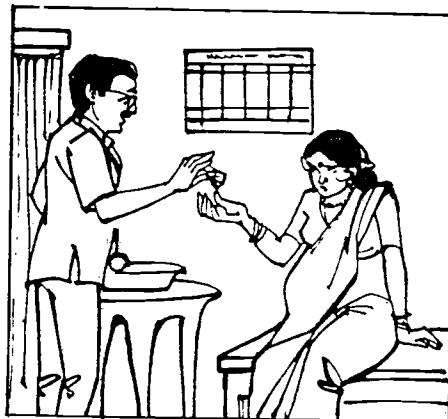


- 3. If the pregnancy is not wanted and AN ABORTION is planned, the abortion SHOULD BE DONE ONLY IN A HOSPITAL BY A QUALIFIED DOCTOR.**
- 4. VACCINATION AGAINST TETANUS must be taken by the pregnant woman.**



- 5. Carrying heavy loads, walking on slippery ground, climbing trees or narrow stools and ladders during pregnancy should be avoided to PREVENT ACCIDENTS.**

6. Medicines should be taken by the pregnant woman only on the advice of a qualified doctor.



2. Factors During the Delivery Leading to Mental Retardation

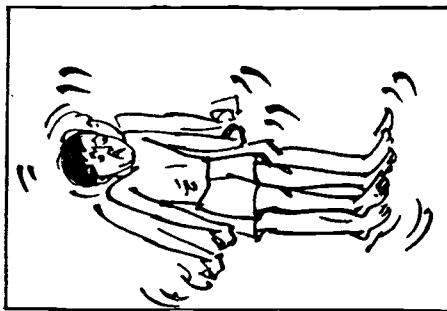
Complications DURING THE DELIVERY OF A BABY can damage the brain resulting in mental retardation. For example, a prolonged labour, the head of the baby being held high up in birth canal for a long time, the lack of respiration immediately after birth or the child being born before the full term of nine months, can cause mental retardation.

Precautions to be Taken

To PREVENT mental retardation during this period :

1. DELIVERY must be conducted BY A TRAINED PERSON and the first delivery if possible, should be in a hospital where more facilities are available than at home.
2. In case baby does not cry immediately after birth or turns blue, PROPER BREATHING MUST BE ENSURED and Oxygen given immediately.
3. If abnormalities such as a big head or the baby looking yellow are noticed, a doctor must be consulted immediately.

3. Factors Leading to Mental Retardation after the birth of a baby.

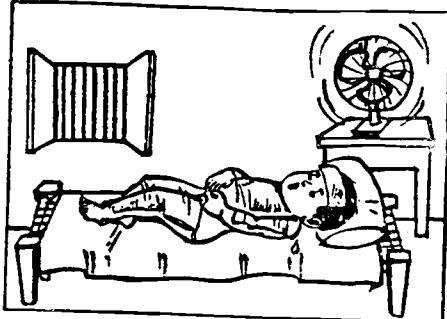


AFTER BIRTH, prolonged fever with fits and loss of consciousness, accidents resulting in injury to head, severe diarrhoea, poor nutrition for a long time, jaundice and uncontrolled fits can cause mental retardation in a child.

Precautions to be Taken

To PREVENT mental retardation during this period.

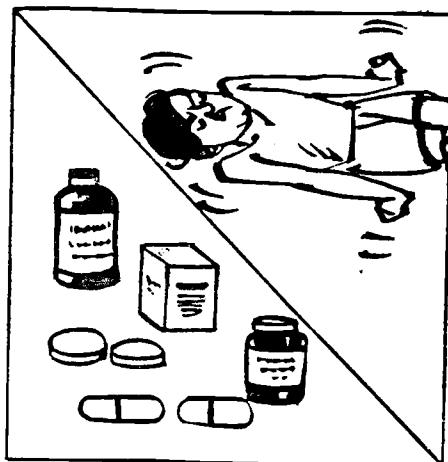
1. The child should be immunized against diphtheria, whooping cough, tetanus, polio, measles and tuberculosis during the first year.



on the forehead, the body, the arms and the legs. Change the wet pieces frequently. Give the child plenty of water with sugar or jaggery to drink. Give medicines to reduce the fever **on the advice of a doctor.** **DO NOT WRAP THE CHILD IN WARM CLOTHING OR BLANKETS.**

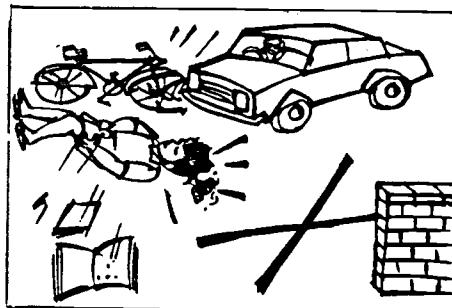
2. **HIGH FEVER in a Child**
(40°C or 104°F and above)
can damage the brain.
HIGH FEVER SHOULD BE BROUGHT DOWN IMMEDIATELY.
Uncover the child completely. Soak some pieces of cloth in cold water and place the wet pieces of cloth

3. If the child develops fits, a doctor should be consulted. Uncontrolled fits can lead to mental retardation. **DRUGS MUST BE REGULARLY GIVEN SO THAT FITS ARE BROUGHT UNDER CONTROL.**





4. During EPIDEMICS like brain fever and cholera, CONTAMINATED FOOD SHOULD BE AVOIDED. Children should be given freshly prepared food and boiled water.



5. Head injury due to accidents can damage the brain. Accidents must be avoided.

4. Other Factors

Hereditary Factors

1. Some defects can be transmitted from ONE GENERATION TO THE OTHER. These are hereditary factors. For example, if there is a mentally retarded person among the parents or the forefathers, there is a chance of bearing a mentally retarded child. Hence, marriage among blood relatives should be avoided, particularly when there is a history of mental retardation in the family.

2. Child bearing by a woman under 18 years and over 35 years of age should be avoided.
3. If a child is born with a small / big head or stiff limbs, he should be taken to a doctor to prevent further disabilities.

How to Identify a Child with Mental Retardation

The growth and development of children follow a particular pattern. Every child passes through certain stages of development. It is important to know these stages of development as it helps in identifying children who have **DELAYED DEVELOPMENT**. Some of the **IMPORTANT STAGES OF DEVELOPMENT** along with the normal age range, are given below.



Stage-1

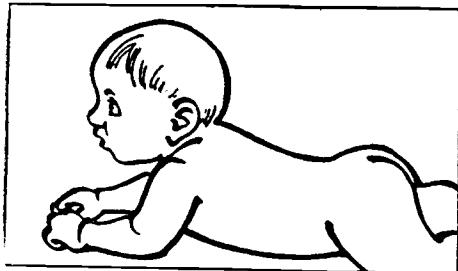
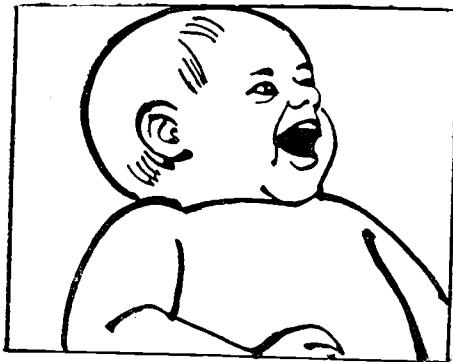
AGE : 1 to 3 months

Development: Responds to name/
voice

Stage-2

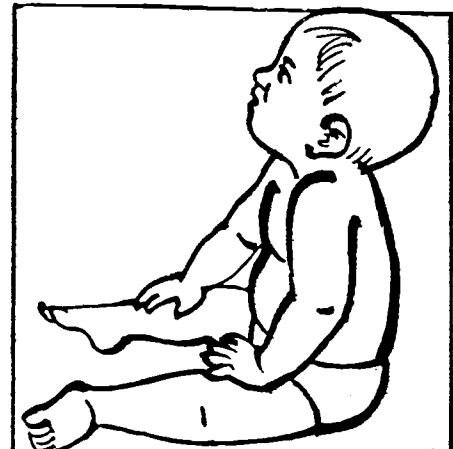
Age : 1 to 4 months

Development : Smiles at others

**Stage-3**

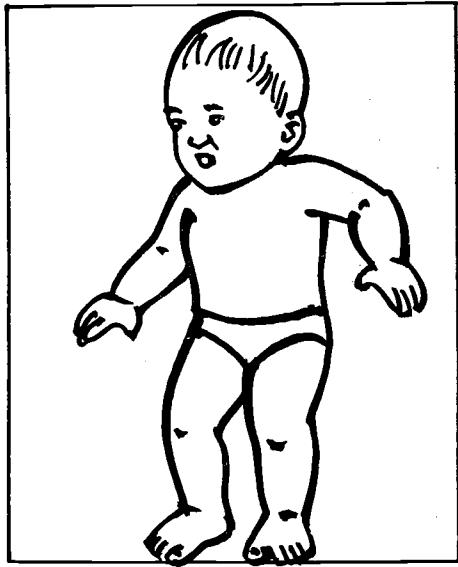
Age : 2 to 6 months

Development : Holds head steady

**Stage-4**

Age : 5 to 10 months

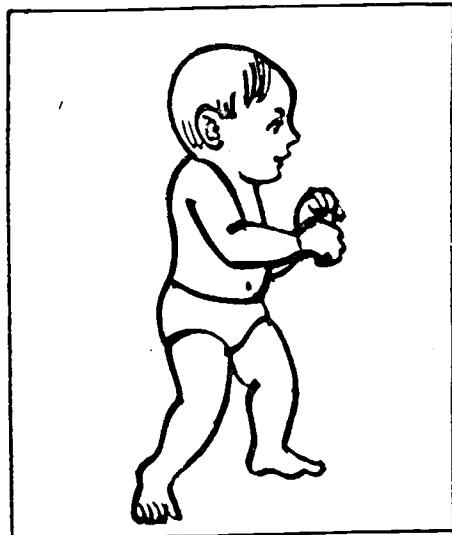
Development : Sits without support



Stage-5

Age : 9 to 14 months

Development : Stands without support,



Stage-6

Age : 10 to 20 months

Development : Walks independently

**Stage-7**

Age : 6 to 30 months

Development : Talks in 2 to 3 word sentences

Stage-8

Age : 2 to 3 years

Development : Self feeding



Stage-9

Age : 2 to 3 years

Development : Tells name

**Stage-10**

Age : 3 to 4 years

Development : Has toilet control

We have seen the MAJOR STAGES OF DEVELOPMENT in a normal child. Let us see HOW WE CAN IDENTIFY A CHILD WITH MENTAL RETARDATION. Look at the three screening schedules given below :

Screening Schedule	Age range	Page
Schedule I	below 3 years	19
Schedule II	3-6 years	20
Schedule III	7 years and above	21

Gather the information required in the schedules from the parents / guardian / those persons who know the child well.

Screening Schedule I (below 3 years)

Stage No.	CHILD'S PROGRESS	NORMAL DEVELOPMENT		DELAYED DEVELOPMENT : If not achieved by the
		Age	Range	
1.	Responds to name/voice	1-	3 months	4th month
2.	Smiles at others	1-	4 months	6th month
3.	Holds head steady	2-	6 months	6th month
4.	Sits without support	5-10	months	12th month
5.	Stands without support	9-14	months	18th month
6.	Walks well	10-20	months	20th month
7.	Talks in 2-3 word sentences	16-30	months	3rd year
8.	Eats/drinks by self	2-3	years	4th year
9.	Tells his name	2-3	years	4th year
10.	Has toilet control	3-4	years	4th year
11.	Avoids simple hazards	3-4	years	4th year

Other factors

12. Has fits	Yes	No
13. Has physical disability	Yes	No

IF THE CHILD IS FOUND TO BE DELAYED IN ANY OF THE STAGES GIVEN FROM 1 - 11 AND IF THE CHILD HAS FITS OR PHYSICAL DISABILITY, SUSPECT MENTAL RETARDATION.

Screening Schedule - II* (3 to 6 years)**Observe the following :**

- | | | |
|--|-----|----|
| 1. Compared with other children, did the child have any serious delay in sitting, standing, or walking? | Yes | No |
| 2. Does the child appear to have difficulty in hearing? | Yes | No |
| 3. Does the child have difficulty in seeing? | Yes | No |
| 4. When you tell the child to do something, does he seem to have problems in understanding what you are saying? | Yes | No |
| 5. Does the child sometime have weakness and/or stiffness in the limbs and/or difficulty in walking or moving his arms? | Yes | No |
| 6. Does the child sometimes have fits, become rigid, or lose consciousness? | Yes | No |
| 7. Does the child have difficulty in learning to do things like other children of his age? | Yes | No |
| 8. Is the child not able to speak at all? (Cannot make himself understood in words/say any recognizable words) | Yes | No |
| 9. Is the child's speech in any way different from normal? (not clear enough to be understood by people other than his immediate family) | Yes | No |
| 10. Compared to other children of the same age, does the child appear in any way backward, dull or slow? | Yes | No |

IF ANY OF THE ABOVE ITEMS IS ANSWERED 'YES' SUSPECT MENTAL RETARDATION

*Adapted from the International pilot Study of Severe Childhood Disability – Final Report - Screening for Severe Mental Retardation in Developing Countries.

Screening Schedule - III (7 years and above)

Observe The following :

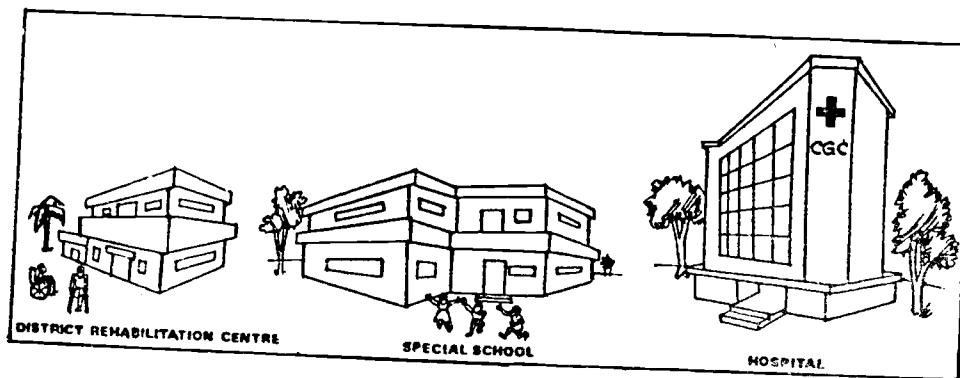
- | | | |
|--|-----|----|
| 1. Compared with other children, did the child have any serious delay in sitting, standing or walking? | Yes | No |
| 2. Can the child not do things for himself like eating, dressing, bathing and grooming? | Yes | No |
| 3. Does the child have difficulty in understanding when you say "do this or that"? | Yes | No |
| 4. Is the child's speech unclear? | Yes | No |
| 5. Does the child have difficulty in expressing, without being asked what the child has seen/heard? | Yes | No |
| 6. Does the child have weakness and/or stiffness in the limbs and/or difficulty in walking or moving his arms? | Yes | No |
| 7. Does the child sometimes have fits, become rigid or lose Consciousness? | Yes | No |
| 8. Compared to other children of his age, does the child appear in any way backward, dull or slow? | Yes | No |

IF ANY OF THE ABOVE ITEMS IS ANSWERED 'YES' SUSPECT MENTAL RETARDATION.

Referral for Detailed Assessment

Once a case is suspected, REFER to the Multi-purpose rehabilitation therapist (MRT) of the Primary Health Centre Rehabilitation Unit (PHC—RU) or the psychologist at District Rehabilitation Centre (DRC) for detailed assessment and diagnosis. The case can also be referred to a special school if available or to the child guidance centre at the nearest general hospital.

Some persons with mental retardation may have other disabilities such as a visual handicap, a hearing handicap, fits, muscle weakness, physical deformities and behaviour problems such as excessive activity, being destructive or hurting others/self. Such persons need the opinion of experts such as medical specialists, psychologists, speech pathologists and special educationists for management.



Management

After establishing the diagnosis, the specialist assesses the child for the skills the child has already acquired and the skills that need to be developed in the mentally retarded person. Following this, one or two skills are taken at a time for training such as feeding, dressing, bathing, brushing, and language skills. The method of training is systematically planned and carried out. The mentally retarded person is assessed periodically to find out the progress or problems encountered during the training and to make a new programme for training.

It is always better to HAVE THE PARENTS TRAIN THE CHILD AT HOME. The Multi Rehabilitation Assistant/Multi Rehabilitation Therapist (MRA/MRT) would demonstrate to the parent, the method of training and the parent would follow the instructions at home. The Village Rehabilitation Worker (VRW) may have to help the parents to carry out the training planned by the Multi-Rehabilitation Assistant/Multi-Rehabilitation Therapist (MRA/MRT).

Following are some HINTS for successful skill training :

- Each training activity should be divided into small steps and demonstrated.
- The mentally retarded person must be given repeated training in each activity.
- The training must be given regularly and systematically. Parents should not get impatient.
- The training must start with what the child already knows and then proceed to the skill that needs to be trained. By this the child will have a feeling of success and achievement.
- Even if the child attains near success, his effort must be rewarded by appreciation or with something that he likes.
- As the child masters a skill, the reward must be gradually reduced and another skill must be taken up for training.
- The training materials used must be appropriate, attractive and locally available.
- There is no age limit for a mentally retarded person to receive the training.
- Children learn better from children of the same age. Therefore, try and involve normal children of the same age in training the mentally retarded child, after orienting the normal child appropriately.

Mental Retardation : Case - 1

Anjali is three. Six months back she was brought with the complaints of inability to hold her head, inability to establish or maintain eye contact with others, not responding when called by name and not turning over or sitting.

She was born before the full term of pregnancy was completed, did not cry immediately after birth and was blue to look at.

The developmental assessment revealed that she might be a child with MODERATE MENTAL RETARDATION. The chances of improvement are better as she was brought to the centre for the mentally retarded at the young age of $2\frac{1}{2}$ years.

After giving early stimulation exercises regularly, she learnt to hold her neck and turnover, respond to her name, look at persons and moving objects and is getting trained to sit. With continued exercises and training, Anjali is showing good improvement.

- The child must be assessed periodically.
- The mentally retarded child learns very slowly. The parents should be informed not to be dejected at the slow progress, NOR FEEL THREATENED BY THE FAILURE.

Examples of three cases of mental retardation are given on pages 24, 26 and 28.

Guidance to parents :

It is not enough if a mentally retarded child is identified and the parents are taught how to train the child. One should advise the parents and understand their feelings too. Parents may feel bad for having a retarded child. They may feel burdened. The parents should be given encouragement in their efforts to help the child. They must be made aware of the child's condition and how to train the child, so that they accept their mentally retarded child. The problems described by the parents must be listened to carefully. Do not let the parents lose confidence in the training they give to the mentally retarded child. They should be reassured that the child will learn but slowly, depending on the level of retardation. Do not let the parents develop high hopes about the child, nor feel that the child is totally hopeless.

Many people, the parents as well as general public, have wrong ideas about mental retardation. A rehabilitation worker should help the people to correct their wrong ideas. By doing so, the parents can be made to cooperate better in the training of their retarded children. The parents should develop confidence in the rehabilitation worker and feel that he understands their problems and feelings. The worker should show interest in listening to what the parents are trying to say and guide them appropriately. Most people do not really know what mental retardation is. Study the following questions and answers to tell such people exactly what mental retardation is.

Question 1. Is mental retardation same as mental illness?

No. Mentally retarded persons are not mentally ill. The mentally retarded persons are just slow in their development. Therefore, they are dull

Mental Retardation : Case - 2

Sita is nine. She was unable to feed herself, and unable to attend to her toilet needs. She had drooling of saliva from the mouth. She was not able to speak nor understand instructions. She was also having fits frequently from the age of 6 months

The history revealed that she was born after full term pregnancy but the mother had difficulty during the delivery of the baby. The child's crawling, sitting and standing were delayed when compared to her brother and sisters.

The child was taken to a number of faithhealers since her childhood. There was no improvement. She was then taken to a doctor. The doctor treated her for fits and referred her for further assessment and management to the centre for the mentally retarded persons. There she was assessed for her INTELLECTUAL ABILITY and current level of functioning in various skills. She was diagnosed as SEVERELY MENTALLY RETARDED and the parents were explained about the child's condition. She is being trained in various skills such as feeding, toileting, bathing, language and so on. The parents cooperate in training the child as they are now aware of the child's condition.

and slow in understanding and have difficulty in learning various skills needed for daily living. Usually they have problems in speech. Some of them can be educated up to the 5th class while the others cannot reach even this level.

The Mentally ill, on the other hand have normal development. Mental illness can occur at any age and even among the highly qualified people, Mental illness can be cured.

Question 2. Is mental retardation curable?

No. Mental Retardation is a condition which cannot be cured. But timely and appropriate intervention can help the mentally retarded person to learn several skills.

Question 3. Can marriage solve the problems of mental retardation?

No. Many people think that after marriage, the mentally retarded person will become active and responsible or sexual satisfaction will cure the person. That is not so. Marriage will only further complicate the problems. When it is known that a mentally retarded person cannot be totally independent it will not be possible for him/her to look after his/her family.

Question 4. Do mentally retarded persons become normal as they grow older?

No. The mentally retarded person's mental development is slower than that of a normal person. Therefore when their actual age increases with time, the mental development does not occur at the same pace to catch up with the actual age. The mentally retarded persons cannot become normal as they grow older, but, with intensive training they can improve to some extent. Early training is very important.

Mental Retardation : Case - 3

Mahesh is 15. He was unable to understand what is taught in school, unable to travel alone, unable to identify or manage money, could not tell time, was beating others and throwing things when he was angry.

The history showed that he had very high fever leading to loss of consciousness at the age of 10 months. After recovering, he had lost his ability to hold his neck, turn over or sit. All the other developments (standing, walking and talking) were delayed.

The boy was assessed for his intellectual abilities and current level of functioning in various skills. He was diagnosed to be a person with MILD MENTAL RETARDATION. The parents were counselled and a training programme was planned.

His behaviours of beating and throwing things were corrected using behaviour modification techniques.

He is being trained in reading and writing required for daily living such as reading sign boards and directions, writing name and address, and simple arithmetics, telling time and managing money. He is also being trained in a job in wood work involving sand papering. The parents are happy with his progress.

Question 5. Is mental retardation an infectious disease?

No. Many people think that on allowing normal children to mix, eat or play with mentally retarded children, the normal children also develop mental retardation. This is wrong. On the other hand, interaction between mentally retarded children and normal children helps in the improvement of mentally retarded children. The normal children will understand the problems of the retarded children and will accept them.

Question 6. Is it true that the mentally retarded persons can be taught nothing?

No. Mentally retarded persons can be taught many things. They can learn to look after themselves; to do tasks such as watering the plants sowing the seeds, looking after the cattle, sweeping the floor, cleaning the utensils and carrying the loads. The mentally retarded persons have to be trained systematically. They can perform many jobs under supervision.

Question 7. Is it true that mental retardation is due to Karma and hence nothing can be done about it?

No. Believing that mental retardation is due to their karma helps the parents to be free from the feelings of guilt. But having this belief and making no efforts to train the child and leaving the child to fate is not correct. Parents must be told that whatever may be the cause, training the child will improve him/her. The earlier the training is started, the better chances of improvement in the child.

Summary

This manual on mental retardation intended for Village Rehabilitation Workers, covers various aspects of mental retardation with illustrations.

The various aspects of mental retardation described in this manual include the nature, the characteristics, causes and prevention of mental

retardation, the differences between mental retardation and mental illness, and the identification and detection of mentally retarded persons and the necessary screening schedule / proforma which can be used by the Village Rehabilitation Workers for Identification. The manual also describes the important stages of normal development. Any delay in the normal development is one of the important indicators of mental retardation.

As wrong ideas and beliefs are prevalent among the public and parents of the mentally retarded individuals, information on such misconceptions and proper parent counselling are described in detail. Hints for the successful management of the mentally retarded persons form an important component of the manual.

This manual prepares a Village Rehabilitation Worker to understand mental retardation, to identify persons with mental retardation and refer them for further management. It does not prepare the Village Rehabilitation Worker to independently work with the mentally retarded persons and manage them as it is assumed that it will be difficult for a Village Rehabilitation Worker to do this on his/her own. The management of a retarded person involves more knowledge and skills and is a prolonged process. A manual is separately prepared for Multi Rehabilitation Workers which would include management aspects.

Self Evaluation

After going through this manual, please answer the following questions. Check whether your answers are right or wrong from the key given in the end. In case you are not able to answer the questions correctly, go-through the suggested pages of the manual once again.

1. The features of mental retardation include all of the following except
 - a) slow reaction
 - b) suicidal tendencies
 - c) difficulty in understanding
 - d) unclear expression

2. Medicines cannot cure
 - a) mental retardation
 - b) mental illness
 - c) epileptic fits
 - d) all of the above
3. A normal child of 6 months will be able to
 - a) walk
 - b) sit
 - c) say one or two words
 - d) indicate toilet needs
4. A child of 3 years who does not hold his/her head and does not indicate his/her needs is probably
 - a) normal
 - b) visually handicapped
 - c) mentally retarded
 - d) hearing impaired
5. While advising the parents of the mentally retarded children one should
 - a) give less time to understand their feelings
 - b) develop high hopes in them about their child
 - c) make them feel that one understands their problems
 - d) should discourage them
6. Getting a mentally retarded person married will
 - a) cure his mental retardation
 - b) further complicate his problems
 - c) make him independent
 - d) all of the above

7. While teaching the mentally retarded person, one should
 - a) teach in simple steps
 - b) punish the child
 - c) teach the task only once
 - d) teach the most difficult task first
8. All of the following can cause mental retardation except
 - a) brain fever in the child
 - b) difficult delivery
 - c) poor nutrition during pregnancy
 - d) black magic and/or karma
9. All of the following can help in the prevention of mental retardation except
 - a) eating balanced diet by the mother
 - b) avoiding accidents during pregnancy
 - c) proper care during the delivery of the baby
 - d) avoiding contact with the mentally retarded children
10. When mental retardation is suspected in a child he can be referred to all the following except
 - a) The psychologist
 - b) The faith-healer
 - c) A special school
 - d) The district rehabilitation centre

Answer Key :

Right Answer	Reference pages
1. b	1 to 6
2. a	7
3. b	14 to 18
4. c	19 to 21
5. c	25
6. b	27
7. a	23, 25
8. d	7 to 14, 29
9. d	7 to 14, 29
10. b	22, 26