

## **A SURVEY OF KNOWLEDGE AND OPINION ON RIGHTS IMMUNITIES AND PRIVILEGES FOR PERSONS WITH MENTAL RETARDATION**

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### **ABSTRACT**

*The present study was undertaken to develop and standardise a questionnaire for assessment of contemporary knowledge and opinion on rights, immunities and privileges of person with mental retardation. A sample of 150 respondents, including parents, rehabilitation professionals and medical practitioners were administered a fifty item questionnaire exclusively developed for this purpose. The results of the study indicate that most respondents have been able to correctly answer only half of the items in the questionnaire-an indication of the serious need for stepping up awareness and sensitisation programmes for rehabilitation professionals themselves. These findings are consistent across variables like education, occupation and sex of the respondents. Item analysis was carried out to delineate specific trends in positive attitudes, misinformation or misconceptions of respondents. The available interpretative norms for this standardised tool will be of use in attitude change programmes being undertaken by service agencies for persons with disabilities or their caregivers and professionals in the country.*

### **INTRODUCTION**

There are various schemes and programmes for disabled persons that have been sponsored by central/state governments and union territories in India. They cater to the complex educational, vocational and living requirements of persons with disabilities (1,2,3,4). The available data reflect that only 5-10 per cent of children with disabilities in the age group of 6-14 years actually avail some kind of benefits from government sponsored measures (5). In general, most consumers, caregivers, parents, medical practitioners and even rehabilitation professionals are unaware of the facilities, benefits, schemes or programmes initiated by the government.

### **AIMS OF THE STUDY**

The study aimed to:

- (i) to develop and standardise a questionnaire for assessment of the prevailing knowledge and opinions on rights, immunities and privileges for persons with mental retardation;

- (ii) to administer the questionnaire on a representative sample of parents/caregivers, medical practitioners and rehabilitation professionals, to survey their knowledge and opinions on rights, immunities and privileges for persons with mental retardation; and,
- (iii) to determine the influence of related variables like sex, educational qualifications, occupation, etc., in formation of their knowledge and opinions on rights, immunities and privileges for persons with mental retardation.

## **METHOD**

The study was conducted on a total sample of 150 respondents, including parents (N: 25) of children with handicaps, rehabilitation professionals (N: 53) and medical practitioners (N: 72). The rehabilitation professionals included psychologists, special educators, social workers, speech therapists and audiologists. The medical practitioners were doctors manning Primary Health Centres across Karnataka, who were deputed for the National Programme on Orientation of Medical Officers Working in Primary Health Centres on Disability Management, sponsored by the Rehabilitation Council of India and conducted periodically at All India Institute of Speech and Hearing, Ministry of Health and Family Welfare, Government of India, Mysore. The sample included 86 male respondents and 64 female respondents with a mean age of 28.81 (SD: 6.91). Among the respondents were postgraduates (N:67), graduates (N: 37) and undergraduates (N:46).

The procedure of data collection involved the use of a fifty item "Knowledge and Opinion Questionnaire On Rights, Immunities and Privileges of Persons with Mental Retardation" (KNOQ\_RIP\_MR), prepared exclusively for the purpose of this study. The questionnaire comprised of 50 questions related to government policies, programmes, schemes and rights of persons with disabilities; and items on concessions, benefits and privileges of persons with mental retardation in India. The questions were randomly distributed to avoid any purposeful classification of the items. Each item in the questionnaire was to be responded either as: "Right", "Wrong" or "Don't Know".

The correctness of responses for individual items in KNOQ\_RIP\_MR was considered as the basis for giving appropriate weight scores either as zero or one point. The correct answers were given one point and incorrect, or "don't know" responses were given zero points respectively. A high score on the questionnaire indicated better knowledge and positive attitude, while a low score meant poor knowledge and negative attitudes of respondents on rights, immunities and privileges of persons with mental retardation. The maximum possible numerical score on this questionnaire for a given respondent is 50. Data were collected, compiled and computed for descriptive and interpretative statistical inferences by using SPSS/PC Version 3.0 (6, 7).

## RESULTS AND DISCUSSION

For the overall sample (N: 150), it is seen that respondents maintain an almost average knowledge-attitude towards rights, immunities and privileges available for persons with mental retardation (Mean: 24.32; SD: 7.24). On an average, male respondents show a single point difference in their scores (N: 86; Mean 24.80; SD: 7.02) as compared to female respondents in this sample (N: 64; Mean: 23.67; SD: 7.54); even though these differences are not statistically significant ( $p > 0.05$ ; NS)(Table One). The finding that most respondents in this study have been able to correctly answer only half the items in the questionnaire, indicates a serious need for stepping up awareness/sensitisation programmes for rehabilitation professionals themselves. Professional service providers are lacking in knowledge-awareness on contemporary rights, immunities and privileges for persons with mental retardation, which therefore calls for an urgent update in optimising rehabilitation services for persons with disabilities in the country.

**Table 1. Distribution of Mean & SD scores on KNOQ\_RIP\_MR.**

SlNo.	Items	N	Mean	SD	Probability
1.	<b>Overall:</b>	150	24.32	7.24	
2.	<b>Sex:</b>				
	(a) Males	86	24.80	7.02	t: 0.952
	(b) Females	64	23.67	7.54	p: > 0.05 (NS)
3.	<b>Education:</b>				
	(a) Undergraduates	46	21.67	5.67	t: 1.954
	(b) Graduates	37	24.64	7.00	p: > 0.05 (NS)
	(c) Graduates	37	24.64	7.00	t: 0.0354
	(d) Postgraduates	67	24.32	7.24	p: > 0.05 (NS)
	(e) Undergraduates	46	21.67	5.67	t: 0.3171
	(f) Postgraduates	67	24.32	7.24	p: > 0.05 (NS)
4.	<b>Occupation:</b>				
	(a) Medical Practitioners	72	24.81	7.42	t: 0.252
	(b) Rehabilitation Professionals	53	25.16	6.65	p: > 0.05 (NS)
	(c) Rehabilitation Professionals	53	25.16	6.65	t: 0.528
	(d) Parents/Caregivers	25	24.32	6.64	p: > 0.05 (NS)
	(e) Medical Practitioners	72	24.81	7.42	t: 0.295
	(f) Parents/Caregivers	25	24.32	6.64	p: > 0.05 (NS)

{\*p: <0.05 (S);\*\*p: <0.01(HS); \*\*\*p: <0.001(VHS)}

### Relationship with various variables

With regard to education variable, respondents with post-graduation and above, (N: 67; Mean: 24.32; SD: 7.24) do not seem to differ significantly from graduates (N: 37; Mean: 24.64; SD: 7.00) and/or undergraduates (N: 67; Mean: 21.67; SD: 5.67) ( $p > 0.05$ ; NS). The influence of respondent-occupation in determining the favorable/unfavorable knowledge-attitude towards contemporary social-legal status of individuals with mental retardation does not also show any significant differences between medical practitioners (N: 72; Mean: 24.81; SD: 7.42), rehabilitation professionals (N: 53; Mean: 25.16; SD: 6.65) and parents/caregivers (N: 25; Mean: 24.32; SD: 6.64) respectively ( $p > 0.05$ ; NS).

### Item Analysis

An item wise analysis of respondent scores on KNOQ\_RIP\_MR was carried out by calculating the weighted ranks of correct answers (Table Two). This was done by a simple calculation involving conversion of the number of correct respondents to single digit ratio. For example, if there were 104 correct respondents for item one out of the 150 respondents, the item's weighted rank would measure 0.69. The analysis of weighted ranks (Mean: 0.49; SD: 0.192) for all the items in the questionnaire closely approximates the measure of central tendency for the whole sample. Some of the questionnaire items with low weighted ranks that reveal negative opinion-attitude valence, includes their belief that school fees for children with mental retardation should be higher than those of normal children, since special teachers put in extra efforts in teaching them (Item #14; WR: 0.11). They believe that a heavy dose of tranquilisers can be given to mentally retarded children for controlling their disruptive

**Table 2. Item wise analysis of scores on KNOQ\_RIP\_MR .**

SI No.	Item/s	WR
1.	MR persons have similar rights/privileges as normal human beings.	0.69
2.	MR child is eligible to receive same life saving remedies at birth or later, like other children.	0.88
3.	MR infants cannot be put up for adoption like other normal babies in our country	0.25
4.	MR children cannot claim educational entitlement for same number of years like other normal children	0.38
5.	MR adult is also qualified and permitted to stand/vote in general elections	0.35
6.	MR person is eligible to receive the same help and protection from the police like other normal persons	0.93

**Table 2. Item wise analysis of scores on KNOQ\_RIP\_MR . (Cont'd).**

Sl No.	Item/s	WR
7.	MR person is considered incapable of realistically comprehending his rights and responsibilities despite advising as in case of normal citizens.	0.57
8.	When a MR person is charged with a crime, he must be presumed innocent unless proven otherwise.	0.80
9.	Not all MR persons are permitted to use all public utilities like playgrounds, buses, hotels, banks, etc., at all times.	0.39
10.	There is no agency to oversee and assure the enforcement of all basic rights of persons with MR in our country	0.28
11.	Overdose of tranquilizers can be given to MR individuals for controlling their disruptive behaviors.	0.15
12.	When a MR person is hospitalized, obviously, he cannot claim the same quality of attention, comfort, privileges of having visitors, etc., like other patients.	0.17
13.	The informed consent of a MR person is not required before any proposed hospital treatment programme.	0.51
14.	The school fees for children with MR can be kept higher than normal children as anyway teachers have to put up with extra effort for teaching them.	0.11
15.	The MR worker could be paid lower than his non-retarded peers since his production/quality of work is likely to be inferior or lower	0.19
16.	The Government has provided for some economic allowances like pension, invalidity allowance, etc., from taxpayers' money to parents of MR children.	0.66
17.	MR persons can be segregated from their families by placing them in institutions, residential homes, etc	0.43
18.	There are still no laws in our country to ensure that MR persons make use of same recreational/leisure time facilities like swimming pools, play clubs, etc., along with his non-disabled peers.	0.48
19.	There is legal provision to house natural homes and foster homes of MR persons in places away from residential areas .	0.33

**Table 2. Item wise analysis of scores on KNOQ\_RIP\_MR . (Cont'd).**

SI No.	Item/s	WR
20.	There are still no laws to ensure "barrier-free" environment/architecture for public utility buildings visited by persons with MR in our country	0.46
21.	There is, at present, no law to guarantee guardianship rights for MR persons, especially when they are abandoned, orphans or destitute	0.39
22.	There are, still, no legally authorized government agencies to intervene on behalf of MR persons when their welfare is threatened	0.39
23.	There are no laws to prevent exhibition or exposure of MR persons to visitations by members of public or press under circumstances, which could be considered inappropriate in a regular institution.	0.38
24.	There are no laws that prohibit depiction of MR persons as comic figures in films/mass media with an intention of entertainment or ridicule.	0.43
25.	Marriage with MR spouse is declared null and void since they do not anyway understand their attendant duties and responsibilities	0.49
26.	MR persons enjoy 75 % concession along with an escort for rail travel by train	0.66
27.	MR persons are allowed 50 % concession for travel by air in domestic flights.	0.53
28.	Concessions are allowed up to an extent of 50% for travel by road in KSRTC buses for persons with MR and their single escort	0.57
29.	Government of Karnataka grants MR persons owning motorised vehicles exemption from road tax.	0.27
30.	There is also a scheme to refund up to 50 % of expenditure incurred by MR owners of motorized vehicles on purchase of petrol/diesel from recognized dealers subject to certain ceiling limits.	0.16
31.	There is a scheme to reimburse conveyance allowance for employees of Central Government incurred on their MR children subject to certain maximum limits	0.55
32.	There is provision for preferential allotment of Public telephone booths for persons with MR	0.55
33.	Excise duty exemption has been given to equipment imported/purchased for requirement of MR persons subject to certification from competent authority	0.49

**Table 2. Item wise analysis of scores on KNOQ\_RIP\_MR . (Cont'd).**

SI No.	Item/s	WR
34.	There is a scheme for providing scholarships to a tune of Rs.100/- per month for lower income groups of persons with mental retardation in Karnataka.	0.71
35.	Under the scheme for "Integrated Education for Disabled", uniform allowance of Rs.50/- per annum has is permitted for MR children attending schools.	0.62
36.	Under Section 80 DD of Income Tax Act, deduction of Rs.40, 000/- is allowed in addition to standard deduction for income tax assesses having children with moderate-profound MR.	0.51
37.	Parents can claim preferential allotment of house sites through Urban Development Authorities in the name of their MR children	0.38
38.	Central Government employees having children with MR can secure preference in their place of posting subject to consideration on humanitarian grounds	0.61
39.	There is provision for special leave subject to a maximum of two weeks per annum for Central Government employees having children with MR in order to facilitate them to seek medical assistance for their wards	0.41
40.	A MR person is ineligible to secure a driving license	0.55
41.	MR persons have an opportunity to participate in a "Special Olympics" held at National/International Levels	0.75
42.	MR persons have an opportunity to participate in a "Special Arts" held at National/International Levels	0.81
43.	Just as there is a "National Health Policy" (1982), "National Policy on Education" (1986), there is as yet, no "National Policy on Disability Rehabilitation" in India.	0.41
44.	The Government has established Special Employment Exchanges across the country through which MR persons can register to seek employment in government/public sector undertakings	0.42
45.	One per cent jobs are reserved in government/public sector undertakings for each category for physically, visually, hearing & MR persons respectively	0.79

**Table 2. Item wise analysis of scores on KNOQ\_RIP\_MR . (Cont'd).**

SI No.	Item/s	WR
46.	Repayable-low interest loans are available for cooperatives of MR adults through a scheme introduced by National Handicapped Finance & Development Corporation	0.59
47.	A recently introduced scheme provides for free distribution of anti-convulsion medication to persons suffering from epilepsy along with mental retardation	0.53
48.	According to a government scheme to promote voluntary action for persons with disabilities, registered societies/charitable companies/trusts can seek grant supports up to an extent of 90 % for starting or continuing services for MR persons.	0.47
49.	MR person is eligible to receive life long pension under Central Employees Pension Scheme (1995) even after the death of his/her parents in or out of service	0.55
50.	The Department of Posts (India) has a scheme to subsidise on postal charges incurred for letters/materials in or for the service of persons with MR	0.30

**(WR: Weighted Ranks)**

behaviours (Item #11; WR: 0.15). They share a negative opinion that when a mentally retarded person is hospitalised, he cannot claim the same quality of attention, comfort or privileges of having visitors like other patients (Item #12; WR: 0.17). Other negative attitudes indicate that mentally retarded workers could be paid lower wages than their non-retarded peers, since their production/quality of work is likely to be lower or inferior (Item #15; WR: 0.19).

A majority of respondents are misinformed in believing that there is scheme for a refund of 50 % on the purchase of diesel/petrol by mentally retarded owners of motorised vehicles. (Item #30; WR: 0.18). They presume that mentally retarded babies cannot be put up for adoption like other normal babies in India. (Item #3; WR: 0.25). It is also seen that a majority of the respondents in this study are unaware of the Office of Commissioner of Disabilities in the country, under whose purview all the basic rights of persons with mental retardation are safeguarded or guaranteed (Item #10; WR: 0.28).

The items on which respondents show positive opinion-attitude valence includes the correct knowledge that mentally handicapped persons are eligible for monthly scholarships (Item

#34; WR: 0.71). They are aware that parents of these children are eligible for income tax exemptions under section 80 DD of the Indian Income Tax Act (Item #41; WR: 0.75). It is paradoxical that the majority of respondents who believed erroneously that there is a scheme for refund of petrol/diesel expenses, also identify that mentally handicapped persons are ineligible to secure a driving license (Item #45; WR: 0.79). Many respondents agree that when a mentally handicapped person is charged with a crime, he must be presumed innocent unless proven otherwise (Item #8; WR: 0.80). They are aware that there is "Special Arts" for persons with mental handicaps (Item #42; WR: 0.81), or that mentally handicapped persons are eligible to receive the same life saving remedies (Item #2; WR: 0.88) or help/protection from the police, like other normal persons (Item #6; WR: 0.93).

### Interpretative Norms

The raw scores derived from this study were normalised to Z scores in order to derive interpretative norms. Since none of the associated organismic variables were found to be statistically significant, only overall interpretative norms are given (Table Three). As per the criteria adopted for deriving interpretative conclusions for individual respondents in the use of this questionnaire, the conventional criteria of the population between +1.00 SD and -1.00 SD (68.27 %) was designated as "Average". The Z values between +2.00 SD and -2.00 SD (surrounding 27.18 % of population) was designated as "Above Average" and "Below Average" in their knowledge-opinion valence. Only those scores which fell beyond +2.00 SD and/or -2.00 SD (remaining 4.55 % of population) was designated as either "Good" and/or "Poor" in their knowledge-opinion on rights, immunities and privileges for persons with mental retardation.

**Table 3. Interpretative Norms for KNOQ\_RIP\_MR**

Sl No.	Interpretative Description	SD Range	Raw Score Range
1.	Superior	+2.00 and above	>38
2.	Above Average	+1.00 to +2.00	33-38
3.	Average	- 1.00 to +1.00	18-32
4.	Below Average	- 2.00 to -1.00	10-17
5.	Inferior	Below -2.00	<10

### Reliability and Validity

An in-house two week test retest reliability check for KNOQ\_RIP\_MR on a sub-sample (N: 39) showed a correlation coefficient of 0.91. The face validity for the questionnaire as confirmed by experts, was also rated as high. A series of inter item correlation carried out to ascertain Kuder Richardson 20 (KR-20) estimates an internal consistency coefficient of 0.82; thereby confirming the homogeneity of item pool included in this questionnaire.

## CONCLUSION

The KNOQ\_RIP\_MR is expected to be a useful instrument for:

- (a) Ascertaining the content of parents/caregiver and/or professional opinion-knowledge on rights, immunities and privileges for persons with mental retardation in India.
- (b) Determining the attitudinal valence of parents/caregiver and/or professional opinion-knowledge on rights, immunities and privileges for persons with mental retardation in India.
- (c) Formulating, planning, implementing and evaluating knowledge-information based training programmes for target groups of rehabilitation professionals as well as parents of children with mental disabilities.

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