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A Brief Study on Intellectual Development Disability

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Abstract
The level of cognitive functioning exhibited by specific children is referred to as intellectual impairment. It is the situation when a child's capacity to receive information from their surroundings, analyze it properly, solve problems, and adjust to it is severely hampered. For conceptual comprehension, this article offers an overview of children with intellectual disabilities, including definition, causes, and categorization. Significant impairments in intellectual functioning and adaptive behavior—which manifests as conceptual, social, and practical adaptive skills—are hallmarks of intellectual disability. An IQ of less than 70 and deficiencies in adaptive behavior or everyday living abilities (eating, dressing, communicating, and engaging in group activities) are considered indicators of an intellectual impairment. Individuals with intellectual disabilities struggle with abstract ideas and learn slowly. Additionally, this essay sheds some light on the traits of individuals with intellectual disability.

Keywords: *intellectual disability, definition, classification, causes and characteristics.*

I. INTRODUCTION

The aberration known as intellectual impairment has significant societal ramifications, impacting not just the individual with the condition but also their family and society at large. Reduced cognitive capacity, which manifests as a difference in the rate and effectiveness with which an individual learns, retains, and applies new information in comparison to the general population, is known as intellectual disability. Healthcare, work, education, leisure, and housing conditions have all drastically changed for people with intellectual disabilities during the past century (World Health Organization, 2000). Throughout history, it has undergone several definitions and renamings. In most nations today, intellectual impairment has taken the position of mental retardation, which was used worldwide until the late 20th century. Intellectual disability has taken its position in the Diagnostic and Statistical Manual Fifth Revision (DSM-V).

The term intellectual disability is increasingly being used instead of mental retardation because of following reasons:

- Reflects the change construct of disability described by the AAIDD and WHO.
- Aligns better with current professionals practices that focus on functional behavior and contextual factors.
- Is less offensive to persons with disability.
- Is more consistent with international terminology.

Youngsters with intellectual impairments can frequently engage in a variety of activities alongside kids their own age who do not have difficulties, such as play, clay-making, group dancing, music, and creative art. Children with intellectual disabilities have fundamental rights to quality of life, health, education, work, enjoyment, and more, thus it is critical that they get compassionate and equitable treatment. The emotional and mental requirements of people with intellectual disabilities are similar to those of the general population. The capacity to learn, retain, and apply knowledge is intelligence. According to Beirne-Smith, Patton, and Kim (2006), children with intellectual impairments are less able to understand abstract ideas than tangible ones, construct learning sets more slowly than their counterparts without disabilities, and struggle to apply information to novel contexts.

INTELLECTUAL DISABILITY

According to the Department of Health (United Kingdom), 2001, p. 14, the term "intellectual disability" refers to a markedly diminished capacity to comprehend new or complex information, acquire new skills (impaired intelligence), and cope independently (impaired social functioning), all of which began before adulthood and have a long-lasting impact on development. Mental retardation, sometimes known as "intellectual disability," is a specific condition of functioning that starts before the age of 18 and is marked by notable impairments in both adaptive behavior and intellectual functioning (AAMR, 2002). Over the past few decades, the concept of intellectual impairment has undergone several revisions in reaction to diverse social, political,

and professional influences as well as changes in people's perceptions of the disease. The AAIDD's definition of intellectual disability is the most commonly used: Significant impairments in both intellectual functioning and adaptable behavior, as demonstrated by conceptual, social, and practical adaptive abilities, are characteristics of intellectual disability. This impairment began before to the age of eighteen. (AAIDD [AAMR], 2002, p. 1)

Accompanying this description are five assumptions considered essential when applying this definition:

- Limitations in present functioning must be considered within the context of community environments typical of the individual's age, peers and culture.
- Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor and behavioural factors.
- Within an individual, limitations often coexist with strengths.
- An important purpose of describing limitations is to develop a profile of needed supports.
- With appropriate personalized supports over a sustained period, the life functioning of the person with intellectual disability will generally improve.

Intellectual disability is defined as "significantly subaverage general intellectual functioning existing concurrently with deficit in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance" by the American Association on Intellectual and Developmental Disabilities (AAIDD, 2010).

An individual is considered to have an intellectual disability based on the following three criteria:

1. Sub average intellectual functioning: It refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.

2. Significant limitations exist in two or more adaptive skill areas: It is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

- **Conceptual skills** : language and literacy; money, time, and number concepts; and self direction
- **Social skills**: interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- **Practical skills**: activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

Standardized tests can also determine limitations in adaptive behaviour.

3. The condition manifests itself before the age 18: This condition is one of several developmental disabilities-that is, there is evidence of the disability during the developmental period, which is operationalized as before the age of 18.

After years of work, the AAIDD definition has changed to better represent the constantly shifting understanding of intellectual impairments. In the past, definitions of intellectual impairment focused more on regular maintenance and care than on treatment and education, and they were based only on the assessment of intelligence. The idea of adaptive behavior has been increasingly crucial in describing and categorizing individuals with intellectual impairments in recent years.

CAUSES OF INTELLECTUAL DISABILITY

Genetic Conditions

These are caused by DNA fusion errors, inherited genetic flaws, or other genetic issues brought on by infections, excessive x-ray exposure, and other factors during pregnancy. Intellectual disability has several inherited causes. One such disorder is PKU (phenylketonuria), which is caused by a single gene. Because they lack or have a defective enzyme, children with PKU are unable to metabolize phenylalanine, a protein component. If left untreated, phenylalanine builds up in the blood and causes intellectual impairment.

Pregnancy Complications

A newborn may have an intellectual disability if it does not develop normally within its mother. For example, the baby's cell division may be problematic. A kid with intellectual problems may also be born to a pregnant mother who drinks alcohol or has a disease like rubella.

Issues during childbirth

More frequently than any other conditions, prematurity and low birth weights are indicators of serious issues. Intellectual disabilities may result from birth complications like brief oxygen deprivation or birth wounds.

Poverty and cultural deprivation

Malnutrition, childhood diseases, exposure to environmental health dangers, and sometimes inadequate medical care are all more common among children living in poverty. These factors raise the risk of intellectual impairment. Many typical cultural and educational possibilities that are available to other children may not be available to children in impoverished neighborhoods. Such understimulation can lead to irreversible damage and contribute to intellectual disability, according to study.

Diseases or exposure to toxins

Diseases including meningitis, whooping cough, and measles can cause intellectual issues. Other possible causes include severe malnutrition, inadequate medical treatment, or exposure to poisons like lead or mercury. An intellectual disability cannot be acquired from another person since it is not communicable. Furthermore, we are positive that it is not a mental illness like depression. Nonetheless, children with intellectual impairments are capable of learning a wide range of new skills. Perhaps all they need to do is take more time or learn differently than other children. Other causes of intellectual impairment, including severe brain injuries, infections, or strokes, don't show up until a child is older.

CHARACTERISTICS OF PEOPLE INTELLECTUAL DISABILITY

Characteristics of people with intellectual disabilities that can affect their academic learning, as well as their ability to adapt to home, school, and community environments are presented under the following sub-headings:

General Cognition

Individuals with intellectual impairments differ not just in personality, temperament, and views, but also in their physical and emotional characteristics. Their delayed pace of intellectual growth may be connected to their seeming slowness in learning (Wehman, 1997). Adults with intellectual impairments can learn at an adequate pace and quantity when they focus on suitable rather than inappropriate parts of provided learning stimuli (Vakil, Shelef-Reshef,&Levy-Shiff, 1997; Werts, Wolery, Gast & Holcombe, 1996). Few studies show that children with intellectual impairments may accomplish at the same rates if specialized educational supports are put in place, but they will still lag behind their classmates overall (Vakil et al. 1997; Wehman, 1997). The kinds and quantities of assistance required to perform at certain activities or levels are more significant indicators of a person with an intellectual disability's general cognition, or capacity and facility in receiving information, than the results of an IQ test (Hourcade, 2002).

Learning and Memory

When compared to peers without impairments, individuals with intellectual disabilities have far lower learning and memory capacities. Individuals with intellectual impairments are less adept at applying knowledge to novel circumstances and construct learning sets more slowly than their peers without disabilities (Beirne-Smith, Patton, & Kim, 2006). Children with intellectual impairments may struggle to recognize the circumstances or behaviors that support learning and memory, and they may not naturally employ suitable learning or memory retention techniques. However, these strategies can be taught (Fletcher, Huffman, & Bray, 2003; Hunt & Marshall, 2002; Werts, Wolery, Holocombe, & Gast, 1995; Wolery & Schuster, 1997). People with intellectual disabilities have trouble focusing on relevant stimuli in learning and in reallife situations, sometimes attending to the wrong things (Kittler, Krinsky-McHall,& Devenny, 2004; Westling & Fox, 2004).

Attention

Children must focus on the learning activity for the necessary amount of time and manage distractions in order to learn. In social and academic contexts, children with intellectual impairments may find it challenging to recognize and respond to pertinent issues (Saunders, 2001). According to Hunt and Marshall (2002) and Meyen and Skrtic (1988), the issue is not that the student won't pay attention, but rather that they won't comprehend or filter the material to find the important details.

Adaptive Skills

People with intellectual impairments frequently lack the same adaptive ability as their peers without disabilities. For a variety of reasons, such as increased distractibility, inattentiveness, impulsive behavior, and a failure to interpret social cues, a kid with intellectual impairments may struggle to acquire and apply skills (Hardman et al., 2008). When Lee, Yoo, and Bak (2003) examined the social interactions between peers without disabilities and children with modest intellectual disabilities, they discovered that the children without disabilities did consider their classmates with intellectual disabilities to be friends.

Self-Regulation

Self-regulation, or the capacity to moderate or control one's own behavior, is a wide notion that is linked to the ability to practice a task (Shonkoff & Phillips, 2000). Information processing theorists investigate how an individual processes information from motor output to sensory inputs (Sternberg, 2003). The underdevelopment of metacognitive processes is thought to be the cause of learning deficits in individuals with intellectual impairments, according to information-processing theory. Memory, rehearsal skills, organizing capacity, and control over the learning process are all significantly impacted by the absence or underdevelopment of these abilities (Erez & Peled, 2001; Hunt&Marshall, 2002).

Speech and Language

Individuals with intellectual impairments may struggle with formulation, delayed speaking, and language understanding. Rather than a strange use of language, language issues are typically linked to delays in language development (Beirne-Smith et al., 2006; Moore-Brown & Montgomery, 2006). When it comes to pragmatic language skills like taking turns, choosing appropriate conversation topics, knowing when to speak and when to be silent, and similar contextual abilities, people with intellectual disabilities may exhibit delayed functioning (Haring, McCormick, & Haring, 1994; Yoder, Retish, & Wade, 1996). "The overriding goal of language intervention is to increase the functional communication of students," according to Kaiser (2000) (p. 457). The severity of the speech and language problems is positively correlated with the cause and severity of the intellectual disabilities: the milder the intellectual disabilities, the less pervasive the language difficulty (Moore-Brown&Montgomery, 2006).

Motivation

Individuals with intellectual impairments are frequently characterized as being unmotivated or acting in an external manner. They may seem less motivated and less goal-directed due to past failures and the worry they caused. Failure frequently leads to learned helplessness. Dependency on external sources of reinforcement or reward instead of internal ones is likely to result from a history of failure. According to Beirne-Smith et al. (2002) and Taylor et al. (2005), they are less likely to be self-starters driven by self-approval.

Academic Achievement

Children with mild to moderate intellectual impairments often struggle academically due to cognitive inefficiencies (Hughes et al., 2002; Macmillan, Siperstein, & Gresham, 1996; Quenemoen, Thompson, & Thurlow, 2003; Turnbull et al., 2004). Children with moderate intellectual impairments read below their own mental-age level (Katims, 2000) and are better at decoding words than understanding their meaning (Drew & Hardman, 2007). According to Beirne-Smith et al. (2006), children with intellectual impairments might be able to understand simple calculations, but they might not be able to apply principles correctly when faced with a problem. A growing body of research has indicated that children with moderate or severe intellectual disabilities can be taught academics as a means to gain information, participate in social settings, increase their orientation and mobility, and make choices (Browder, Ahlgrim-Delzell, Courtade-Little,&Snell, 2006).

Physical characteristics

Physical, motor, orthopedic, visual, and auditory impairments, as well as health issues, can coexist with intellectual difficulties in children with many biological causes (Hallahan & Kauffman, 2006). There is a correlation between an individual's degree of physical deviations and the severity of their intellectual problems (Drew & Hardman, 2007; Horvat, 2000). According to Westling and Fox (2004), most children with severe and profound intellectual impairments have numerous disorders that impact almost every facet of their intellectual and physical development.

II. CONCLUSION

Since humans are social animals, people with intellectual disabilities should get comprehensive, all-encompassing care. To get beyond any challenges, they require motivation and assistance. Research does not support the claim that the phrase "intellectual disability" is less stigmatizing. Ditchman et al. (2013) pointed out that society, not the impacted person, is the source of the issue. The assumptions and biases that some individuals apply while thinking about people with intellectual disabilities are probably the source of the ridicule of the label. According to Ditchman et al. (2013), stigma is a complex and psychological issue rather than a linguistic issue in and of itself. Significant cognitive and adaptive behavior impairment is a hallmark of intellectual disability.Both ordinarily functioning people and those with intellectual disabilities suffer loss. However, because of their communicative and cognitive demands, this population requires specific attention (Kauffman, 1994; LoConto & Jones-Pruett, 2008). Due to secondary loss, communication difficulties, and

difficulty or incapacity to find meaning in the loss, people with intellectual disabilities are more likely to experience symptoms of severe grieving (Brickell & Munir, 2008).

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