A SOCIAL SKILL PROGRAM OF LITERACY FOR CHILDREN WITH DOWN SYNDROME

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Abstract
This paper discusses children with Down’s syndrome. The primary abnormality is an extra copy of chromosome 21. In a small proportion of cases it is a result of hereditary transmission. The mother’s age is the main risk factor. This paper provides information on the physical features of children with Down’s syndrome as well as their physical, emotional, psychological and social needs. It also deals with societal response for their education and rehabilitation and highlights social responsibility, requiring change in the perceptions of people about these children and devises strategies for provision of services so that they can lead their lives in the society in a dignified manner

Keywords: SOCIAL SKILL PROGRAM ; LITERACY ; CHILDREN ; DOWN SYNDROME

Introduction
Down’s syndrome (DS) is a genetic disorder. “Normally, at the time of conception a baby inherits genetic information from its parents in the form of 46 chromosomes: 23 from the mother and 23 from the father. In most cases of Down’s syndrome, however, a child gets an extra chromosome – for a total of 47 chromosomes instead of 46. It is this extra genetic material that causes the physical and cognitive delays associated with DS (Homeier, 1995). It has been studied that its probability increases with age of mothers. “At age 30, for example, woman has less than a
1 in 1,000 chance of conceiving a child with DS. Those odds increase to 1 in 400 by age 35. By 42, it jumps to about 1 in 60.” (Homeier, 1995).

Dr. John Langdon Down identified a group of children in 1866, while he was working in an English asylum of children with mental disabilities. He noticed that many of them shared certain physical features that we now associate with Down’s syndrome. Dr. Down did not know the causes of this disability. Almost after a century, a French scientist Prof. Lejeune and his colleagues figured out, that this disease was genetic. “The disorder was identified as a chromosome 21 trisomy by Jerome Lejeune in 1959.” (Wikipedia, 2007). Dr. Down mentioned that people suffering from this disease were mentally retarded. “Down characterized the appearance of these people as greatly resembling with people of Mongloid race.” (Leshin, 2003). “The terms “Mongolism” and “Mongoloid” persisted till the 1970.” (Leshin, 2003). These terms were later regarded as humiliating by some scientists and were finally abandoned.

“The symptoms of Down’s syndrome can vary widely from child to child. Some physical signs include white spots on the iris of the eyes, flat face, short neck and abnormally shaped ears. Mental retardation in children leads to low IQ level, low response, speech disorders, inattentive and distractive behavior, emotional problems, slow response, no directed motor activity, limited retention and memory span. They are also recognized as “slow learners and deficient learners” “Health concerns for individuals with Down’s syndrome include a higher risk for congenital heart defects, recurrent ear infections, obstructive sleep apnea and thyroid dysfunctions.” (Wikipedia, 2007). They may also suffer from Atlantoaxial Instability, Leukemia, dementia (Alzheimer disease), vision problems, immune deficiencies, epilepsy, dental problems, skeletal problems and celiac diseases.

Children with DS have very cheerful temperament and are fun loving. They love to interact with other children and adults, but if they are ignored and isolated from the society, they become violent and sometimes uncontrollable.

In developed countries, “significant advances in health care, early intervention and family support have vastly improved the quality of life for young people with Down’s Syndrome.” (Down’s syndrome Association, 2002) As a result of this, the life span of people with Down’s syndrome has increased. “One study, carried out in the United States in 2002, showed an average lifespan of 49 years, with considerable variations between different ethnic and socio-economic groups.” (Wikipedia, 2007) According to Down’s Syndrome Association; “The average life span, which has been increasing steadily over time, is now 60 years” (Down’s Syndrome Association, 2002)
Societal Response Towards Children with Down’s Syndrome

In underdeveloped communities where human beings are suffering because of scarcity of resources, such special groups are the worst sufferers. They are abandoned by the society. Shrines are often clustered with people suffering from Intellectual Disability and physical disability. They are segregated from their families. People consider them insane and dislike talking and mixing with them and usually they are stigmatized by the society.

Education and training of children with Down’s syndrome is the most neglected area by families, communities and state. However, if properly trained, children with Down’s syndrome can excel in various skills and abilities and they may become useful members of the society.

Early training, education of children with down syndrome and their capacities of learning

A wide variation in mental abilities, behavior and physical development in individuals with Down syndrome can be seen, each having his/her own unique personality, capabilities and talents. “Many children with down syndrome learn to read effectively, and this can help in learning language concepts.” (Buckley, 1993).

Occupational therapists who are experts in the areas of child development, neurology, psychiatry and therapeutic techniques can greatly help children to master various necessary skills for independence. Infants suffering from Down Syndrome need training in basic motor skills such as feeding, sitting, crawling, standing, walking, movement of hands and arms. Parents can develop an infant’s interest in the surrounding environment.

It is required that parents promote self help skills such as grasping things, holding spoon and dish, dressing, grooming, brushing, playing and drawing as the children grow up. They need to be exposed to various physical, social and learning environments to make them independent. Early training helps children in excelling in various skills and abilities. “Given the chance to develop their self-help skills and independence, people with Down’s Syndrome can respond positively to many of today’s challenges.” (Down Syndrome Association, 2002).

These children need oral motor exercises to strengthen their muscles and improve their speech. “Speech skills with emphasis on articulation and intelligibility would be targeted in therapy during this period.” (Swift and Rosin, 1990). Individualized speech therapy of these children can detect specific speech errors and lead to advance language development. Siegel pointed out; “There is no evidence that lower IQ scores are causally related to poor reading skills.” (Siegel, 1989). So, they can develop good reading skills in their early school years.

In the past some important people with Down syndrome have significantly contributed in the society. Some of the prominent personalities are Bobby Brederlow (German actor), chris burke
(actor and autobiographer), Pascal Duquenne (Belgian actor), Anne de Gaulle, Stephane Ginnsz (actor), Max Lewis (actor), Joey Moss, Edmonton Oilers, Isabella Pujols, Paula sage (Scottish film actress and Special Olympics athlete in netbal), Judith Scott (artist), Johny Stalings, Miguel Tomasin (singer with Argentinian avant-rock band Reyols) and Charles Warning drawin. (Wikipedia, 2007)

Need of Education and Training of children with Down syndrome

They are highly sensitive, emotional, placid and very cheerful. They love music, and recreation. They find it difficult to adjust to new environments. Special education is a hope for these children who vary in their skills and abilities. Specially designed curriculum can meet the unique learning needs of such children. It provides focused and appropriate learning techniques suitable to the varying learning requirements of each child. Regular meetings between the parents and teachers help for assessing their abilities in order to better judge the abilities, skills, performance, needs and requirements of these children. These children need to be provided equal learning opportunities, conducive environment and regardless of their contours and disabilities.

In developed countries “individuals with Down Syndrome benefit from loving homes, early intervention, inclusive education, appropriate medical care and positive public attitudes.” (National Down syndrome Congress, 2007). For developing an inclusive timetable for the students with Down syndrome, teachers need to combine information they receive from parents, colleagues and other professionals and they may also include their observation of the students in the classroom as well as their response to the teaching program offered and the results of any more formalized assessment procedures.

Educating them in regular education system eliminates prejudice against them and they easily adjust in the society. It also promotes self-help skills and independence in them. However, they require special attention of teachers and parents for improving their personalities. Education of children with Down syndrome along with the normal children in the same school leads to better understanding among children and promotes social skills for sustaining relationships. Such children have good imitation skills and they love to work in teams.
Some Key Areas of Education and Training for Children with Down syndrome
The key areas are related to families, teachers communities as well as state. They include:

- Perceptions
- Strategies
- Services

1. Perceptions

It is required to bring attitudinal change as well as changing perceptions of people towards them. They possess feelings, emotions and enthusiasm like other children. There is a need to remove apprehensions in their personalities to enable them to adapt to the society.

These children have learning difficulty, not “Learning Disability” which can be easily overcome through proper education and training by considering them equal to other children. They should not be segregated from their families and communities and should be made a part of the mainstream society and be provided education through recreation like sports, drama, music and festive activities etc. Children with DS are prone to abuse by people, so they might be protected against any abuse or discrimination.

2. Strategies

Following strategies are recommended for parents and teachers to ensure that children with Down syndrome receive proper education and training from the very beginning; Imparting pre-educational social skills at home before starting the regular schooling, by training them in attaining basic motor skills and self-help skills to make them independent. It would help in laying foundation of a sound learning and education.

Highly trained teachers at school may be employed for identifying the unique potentials and requirements of such children. Their parents may ensure that the children revise lessons learnt at school daily at home for better comprehension.

A continuous communication between parents and teachers needs to be ensured. A well-structured communication plan between parents and teachers can prove to be an effective strategy for meeting the individuals, unique and varied learning needs. It is need to keep a record of the comprehension by the teachers and parents. Both records may be compared for understanding of the learning needs of the children which would help to enhance abilities of these children.

Modern learning techniques such as pictorial presentation of characters, symbolic meanings, visual image, perception and reasoning through symbolic presentation and vocabulary
enhancement methods may be used to make these children comprehend the lessons easily. Differentiation learning techniques can be used by the teachers to respond to the unique learning needs of these children. They may be encouraged for inclusive education in mainstream schools. It would help them cope with their weaknesses. Regular classes with speech and language therapists can solve their communication problems. However, two-teacher system becomes more effective for focusing on the specific learning needs of these children. The second teacher pays attention to the group of these special children in the class. This method fulfills not only the needs of the normal children but also addresses the unique learning requirements of children with DS by involving them in teamwork with normal children. It provides them more motivation for learning. Families may be involved in problem solving process by conducting regular parents teachers meetings. During these meetings their parents may be educated about the physical, psychological, and educational requirements, so that they can play a better role in the development of these children. Exposure to various social, physical and educational environments can make them independent and self reliant.

3. Services

Families, communities and the state may play an active role in providing services to the children with D.S. Following are the ways in which quality services can be offered to them: Launching of awareness campaigns to highlight their physical, emotional, psychological and social needs. Electronic media can play an important role in this context. Advancement in health services has greatly solved the auditory and visual impairments of these children, which are main hurdles in the learning process. Many of their disabilities can be corrected through surgery. Speech and language therapists can greatly help them in speech and sound recognition. Special attention may be given for improving their articulation and phonology.

Children with D.S have short memory. They need revisions in their lessons for better understanding. Teachers and parents can help them in memorizing things. They may also be helped by the community by devising recreational activities such as festivals, sports and celebrations to give them exposure to social situations and to make them feel more secure in society. Musical programs may be arranged for these children because they love music and fun. Softwares related to the unique educational needs of these children may be introduced which would help the families to educate their children at home as well as strengthen their literacy plans.
These children require some time to adjust to the new environments and they need the support of family members, teachers and peers for availing the opportunities of conducive environment. Families with these children also need social support for taking care of their children with enthusiasm and maximum capacities.

Conclusion
Down syndrome is a genetic disorder which appears due to abnormality at the time of conception. Normally at conception a baby inherit 46 chromosomes, 23 from each parent. The chromosomal combination includes all the genetic information from both the parents. However, in case of Down syndrome a child inherits total of 47 instead of 46. This extra genetic information causes the physical and cognitive delays associated with DS. Its probability increases with the growing age of mothers. However, it is not related with any race, nationality, religion or socio-economic status. Children with DS are segregated and stigmatized by the society. Genetic variation causes mental retardation. Generally they are considered as “Slow and Deficient Learners”. However, by providing them special care, better health facilities and satisfying their physical, emotional, psychological and social needs, their abilities and capacities can be enhanced.

It is required to bring attitudinal changes in the people and make efforts to change their perceptions regarding these children. Strategies may be devised to provide them better services to make them independent and self reliant. It would help them become useful member of the society to lead their lives in dignified manner.
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jan Different challenges and different blessings; life of the young mothers of children with down syndrome