



PISSN : 2543-3938 - EISSN : 2602-7771



Content of adapted educational programmes for children with mild mental retardation (Down syndrome) in pedagogical training centres in Algeria

Benkaida Messaouda

¹University of Ziane Achour Djelfa, Specialization: Education Sciences (Algeria),

E-mail: souadbenkaida@gmail.com

Received: 13/05/2024

Accepted: 13/06/2024

Published: 12/10/2024

Abstract:

This research aims to determine the quality, nature and effectiveness of educational programs implemented in adapted educational centers in Algeria for children with Down syndrome, especially those with mild mental retardation who have the ability to learn. The study used content analysis techniques to evaluate the different programmes implemented and found that they are appropriate and adapted to the target group in terms of content, objectives, and methods of implementation by professionals in the field.

Keywords: Adapted education; Down syndrome; intellectual disability

I. INTRODUCTION

The problem of intellectual disability as a genetic condition is a global phenomenon that exists in all societies. This condition has been the subject of study and scientific research for a long time due to its significant prevalence and variability in different communities. As a result, research in this field has diversified in terms of its types and objectives. Medical studies in the fields of genetics and epidemiology have sought to diagnose the causes of this condition, while psychological and educational studies have sought to identify methods and approaches to support this population. Statistics from the United States indicate an increase in the incidence of Down syndrome, with an estimated annual birth rate of 4,000 to 6,000 affected children. In addition, studies conducted in the United Kingdom suggest that there are approximately 30,000 individuals with Down syndrome in the country and over 2,000,000 individuals worldwide (Al-Malik, 2001, p. 14).

On the other hand, it is important to consider another aspect of this phenomenon, which is the diversity of categories and levels of intellectual disability. There are different categories representing different levels of intellectual disability. There is a category that represents a complex level of intellectual disability, while there is a category for moderate disability and another for mild disability. This last category represents children who have a certain level of abilities and skills that allow them to learn some skills and to participate to some extent in activities of daily living.

In the context of adapting education for people with intellectual disabilities, there are various mechanisms and solutions that different countries around the world are working to innovate and develop. These aim to provide better social, medical and psychological services for children in this category. Algeria, like other countries, is committed to caring for this population. Several adapted educational programmes are implemented in pedagogical training centres spread throughout the country. These programmes use different pedagogical methods, approaches and techniques. In other words, these programmes are based on the provision of a range of related medical, educational and social services that distinguish them as specialised categories (Al-Gaddafi, Ramadan Mohammed, 1996, p. 60).

The fact that special education programmes for people with intellectual disabilities include a range of plans and procedures that are managed by individuals and groups that do not necessarily have direct contact with the direct services provided to people with disabilities for their rehabilitation, but rather focus on planning and organising the services provided to people with intellectual disabilities (Youssef, Abbas, 2003, p. 20). These programmes vary in size, organisation and objectives and may be run by voluntary groups, institutions or charitable organisations (Youssef, Abbas, 2003, p. 20). It is important that these programmes are designed according to the cognitive abilities and psychological characteristics of each category of individuals with Down syndrome, taking into account the different degrees and complexities. It is also important to use the expertise, structures and capacities in a way that is appropriate for each category of this disability.

Based on the previous information, the aim of our research is to shed light on various specialised educational programmes for people with mild Down's syndrome, who have normal qualifications, skills and competences, which enable them to integrate into society to the best of their ability. We will study and analyse the content of these programmes using the scientific methodology used in such analytical educational studies. This research can contribute to the development and enrichment of the content of these programmes, making them more meaningful and useful for this segment of society. Based on this, we can ask through this research:

-To what extent does the content of the educational programmes implemented in pedagogical centres enrich people with mild mental retardation?

-How well do these programmes match the characteristics of children with mild Down syndrome?

- Hypotheses:

-The content of the educational programmes applied in pedagogical centres for people with intellectual delay is relatively rich.

- These programmes are largely compatible with the characteristics of individuals with mild Down syndrome.

1. Definition of study concepts and terms:

1.1 Mild Down syndrome:

-It is a form of mental retardation resulting from a chromosomal and genetic disorder that causes a level of cognitive functioning two standard deviations below average intelligence. It is associated with impairments in adaptive behavioural aspects and occurs during the developmental period from birth to 18 years of age (Rossen, 2000, p. 61).

-Down syndrome represents a deficiency in mental functions due to internal or external factors affecting the child, resulting in impaired efficiency of the nervous system and a general deficit in mental, psychological and social growth, as well as a reduced ability to adapt (Al-Maghazi, 2003, p. 15).

Down syndrome represents a significant reduction in intelligence compared to the average level, which may be caused by genetic or environmental factors.

1.2 Adaptive educational programmes:

Its symptoms are manifested in the individual's difficulty in performing various ordinary life skills in the areas of learning and psychological adaptation in all dimensions (Abdulrahman Mohammed & Ali Musafir, 2004, p. 12).

Special education programmes refer to a set of plans and procedures implemented by individuals and groups who do not necessarily have direct contact with the direct services provided to the disabled in order to rehabilitate them. They focus on planning and organising services for people with intellectual disabilities. Rehabilitation programmes for the disabled vary in size, organisation and objectives and may be run by voluntary groups, institutions or charitable associations (Youssef Abbas, 2003, p. 20).

Based on the above definitions, it can be stated that special care programmes for mild Down syndrome refer to educational care services provided to individuals who face difficulties that negatively affect their learning abilities and adaptation to their environment, including self-direction and independent behaviour.

2. Research methodology:

In this study, we adopted a descriptive methodology because we wanted to analyse the content of educational programmes implemented in special care centres for people with mild mental retardation. These programmes require a descriptive approach in terms of their dimensions, units, content, activities and objectives. Therefore, the descriptive methodology contributes to an accurate description of these programmes as they exist in reality.

3. Research tools:

3.1 Pedagogical programmes: Since we are carrying out a content analysis of adapted educational programmes, it is important that these programmes are one of the research tools. The aim is to check and study their content, characteristics and objectives, as well as the degree of compatibility between their content and the target group.

3.2 Content analysis grid: Since we are carrying out a content analysis of programmes implemented in educational centres, in order to provide a statistical description of the different elements and units of these programmes, the appropriate technique is the content analysis grid. Within this framework we focused on:

-Programme level: Referring to the degree of compatibility between these programmes and the category of children with mild mental retardation who are able to learn regular activities.

-Programme content: Aimed at identifying and accurately describing the content of the activities included in the programmes.

-Programme objectives: To understand the nature of the objectives of these programmes and the feasibility of achieving them.

4. Statistical methods: In order to provide a statistical description of the data obtained from the content analysis grid, we decided to rely on percentages. Percentages are considered appropriate for presenting descriptions with statistical meaning, ensuring that the analysis of programme content is based on scientific objectivity, away from personal judgement.

5. Presentation of results:

Table 1: Content analysis grid for programmes for people with mild mental retardation.

Axis of Programs	Goal	Means	Number
Therapeutic activities	-Early therapeutic intervention -Pedagogical training in conventional activities	-Training in routine activities (sensory, motor and basic cognitive skills, hygiene, dressing and feeding) -Enabling the child to interact with others and integrate into a positive social environment, along with other manual activities.	09
Self-awareness activities	-Training in self-awareness, body awareness and understanding of personal belongings	-Learning to dress, button and unbutton, lock and unlock doors -Understanding the concept of time and direction -Recognising details and parts of the body	08
Sensory perception	-Enabling the child to make good use of their senses	-Acquiring the concept of volume, size and shape -Understanding the content of pictures -Shape assembly and disassembly games -Various puzzle games	10
Verbal Expression	-Training the child in verbal expression	-Developing understanding of verbal expression -Improve pronunciation -Enrich vocabulary -Expressing ideas about pictures on the wall -Expressing daily activities	05
Planning	-Training in written expression and preparation for handwriting	-Training in drawing letters and shapes (e.g. triangle, square, circle, straight line, etc.)	06
Conventional education	-Teaching the child to become more involved in routine activities	-Dressing and undressing -Drawing curtains, opening and closing taps, opening and closing doors -Making the bed and organising the wardrobe	08
Manual Activities	-Developing the child's sensory and motor skills	-Colouring activities, cutting activities, sizing and moulding activities -Classifying natural elements such as vegetables, circles, squares, birds, grains, etc.	08
Free activities	-Training the child in individual initiative and autonomy	Each cognitive activity includes follow-up activities programmed for each weekly session.	08

Table 2: Statistical description of the content of training programmes for people with mild intellectual disabilities

Axis	Units number	Percentage
Therapeutic Activities	09	14.51%
Self-awareness Activities	08	12.90%
Sensory Awareness	10	16.12%
Verbal Expression	05	08.06%
Planning	06	09.67%
Regular Education	08	12.90%
Handicrafts	08	12.90%
Free Activities	08	12.90%
Total	62	100%

Table number (02) shows that there is a qualitative balance in the distribution of units and dimensions of programmes for children with mild mental retardation. These programmes are implemented in specialised educational centres for adapted education for people with intellectual disabilities. This means that there is a balanced and consistent distribution of units and dimensions in these programmes, as no significant or dominant proportions were recorded in any of the dimensions.

The highest percentage is attributed to units in the dimension of sensory perception activities, reaching 16.12%. However, this percentage does not indicate a dominance of these units over units in other dimensions of the programmes. This is followed by units in the dimension of therapeutic activities, with a percentage of 14.51%, which is not far from the percentage of units in the dimension of sensory perception. Activities and units in dimensions such as self-awareness activities, free activities, craft activities and regular education come with the same percentage, estimated at 12.90%. Then come units in the planning dimension with a percentage of 09.67%. Finally, units in the verbal dimension come with a percentage of 08.06%.

With regard to the total number of units in the different dimensions, we note that the number of units allocated to the annual programme is 62 units. This number seems to be in line with the prepared situation, as it does not represent a density that could be incompatible with the condition of children with mild mental retardation, nor is it a low number that could make it insufficient for the development of adaptive and social behaviours in the target group of children.

6. Conclusion:

Based on our comprehensive research focused on the analysis of the content of adapted educational programmes implemented in educational centres for people with mild mental retardation, we can point out the importance of these programmes in terms of the rights they grant to this population for social integration. These specific educational programmes enable them to acquire a large number of skills and tasks that enable them to take on social roles that are no less important than those of neurotypical individuals in terms of cognitive aspects.

On the other hand, it is necessary to mention that when analysing the content of these programmes, they are characterised by a sufficient quantity and distribution that adequately serve the purpose of training and educating the group of mentally handicapped children in order to obtain their right to education, which improves their performance capabilities in various tasks related to daily activities and typical behaviour. They are distributed on axes related to different spheres of life that require individuals to possess certain abilities, skills and competences related to daily behavioural performance.

The distinctive quality of these programmes corresponds to their quantity. They include theoretical instruction and practical application in the training and study environment, ensuring effective integration of the target group of children into social life. In other words, they combine theory and application, which contributes significantly to ensuring appropriate education for the different cognitive characteristics of children with mild mental retardation.

Finally, based on the results of our study, it is important to make recommendations for these programmes, based on our conclusions regarding the analysis of their content. It is essential to keep these programmes under constant review and to evaluate them periodically. The evaluation process helps to appreciate and improve the various positive aspects of these programmes. In addition, it is essential to renew these programmes to the extent that they serve the developmental dimension, which aims to better serve the education and training process of students with mild mental retardation.

7. The reference list:

- Al-Rusan, Farouk (2000). Psychology of Exceptional Children. Amman, Jordan: Dar Al-Fikr Al-Arabi.
- Abd, Al-Rahman Mohamed Al-Sayed and Ali Musafir; Ali Abdullah (2004). Educating the Well-Behaved: A Therapeutic Approach to Assist Intellectually Disabled, Autistic and Behaviourally Challenged Children (1st edition). Cairo, Egypt: Zahra Al-Sharq Library for Publishing.
- Al-Qadhaafi, Ramadan Mohamed (1996): Caring for the Mentally Disabled. Alexandria, Egypt: Al-Maktab Al-Jame'i Al-Hadeeth.
- Al-Maghazi, Ibrahim Mohamed (2003). An Introduction to Mental Retardation. Cairo, Egypt: Al-Maktaba Al-Academeya.
- Al-Malq, Saud bin Issa Nasser (2001). Down syndrome: The world's most prevalent intellectual disability, Facts: A Family and Professional Guide (2nd edition). Riyadh, Saudi Arabia: King Fahd National Library Publishing House.
- Youssef, Mohamed Abbas (2003). Studies in Disability and Special Needs. Cairo, Egypt: Dar Gharib for Printing and Publishing.