

Chapter 7

An Overview on Issues Among Individuals With Intellectual Disability in India

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ABSTRACT

Intelligence is the general mental capacity that involves reasoning, planning, solving problems, thinking abstractly, comprehending complex ideas, learning efficiently, and learning from experience. Intellectual disability (previously termed “mental retardation”) shows significant cognitive deficits (IQ score of below 70, i.e., two standard deviations below the mean of 100 in the population) and also significant deficits in functional and adaptive skills. Individuals with intellectual disability meet with various challenges in every span of life. The chapter tries to highlight some of the areas that are related to the concerns for the people with intellectual disability.

INTRODUCTION

Intellectual disability (intellectual developmental disorder) is a neuro developmental disorders is one of the conditions with an onset in the developmental period. This disability is characterized by inability to cope up with the mental abilities as per the child's chronological age (DSM V, 2015).

The common characteristics of intellectual disability are although uniqueness in every person, regardless of their IQ scores each individual has their own personality and areas of ability and difficulty. Generally a person with an intellectual disability has difficulty: learning and processing information as quickly as people without an intellectual disability. Grasping abstract concepts such as money and time, understanding the subtleties of interpersonal interactions, manipulating of the ideas and concepts

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is required for planning and organizing as compared to people without intellectual disability. The difficulties include such as reasoning, problem solving, planning, abstract thinking judgment, academic learning, and learning from experience. This inability results in impairments of adaptive functioning, such as the individual fails to meet the ideals of a person's independence and social responsibility in one or more aspects of daily life, that includes communication, social participation, academic or occupational functioning, and personal independence at home or in community settings. Diagnosis for intellectual disability includes an expected delay in developmental milestones that involves various areas of intellectual functioning (Ahuja, 2011).

The concept of 'intellectual disability' is that it is based on at least two different theoretical models of thought. Those advocating the use of the medical model state that intellectual disability is a 'trait' (it is something that one is born with and does not change over one's lifetime). Intellectual disability is thus seen as a physical impairment, the same as a deformed limb, or something that is deficient in an individual, and may well be innate (Spitz, 2006). The social model of disability asserts that although a person may have impairment (the deficit in cognitive and adaptive behaviour in the developmental period); it is society that disables people, not the impairment. The social model has gained recognition and strong support by those who are most affected by disability, including intellectual disability. The social model clearly influences the current thinking about the notion (Luckasson, et al., 1992). state "Mental retardation is not something you have, like blue eyes or a bad heart. Nor is it something you are, like being short or thin. It is not a medical disorder ... Nor is it a mental disorder. Mental retardation refers to a particular state of functioning that begins in childhood and in which limitations in intelligence coexist with related limitations in adaptive skill.

Individual factors include personality, social and communication abilities, coping strategies and the presence of other disabilities (motor, social or sensory). The supports provided by family, friends and support staff are also crucial aspects of people's lives and have a profound influence on their confidence and function. Issues of access (including physical, social, communication, cognitive, financial access) to community based facilities and services also play a powerful role in either enabling or inhibiting opportunities for inclusion, participation and contribution and the ability of the individual to fulfill their community roles. (CDDH, 2015).

Presently, individuals with intellectual disability in India, majority of them are still excluded by the society irrespective of identified or unidentified. To fully understand the challenges that individuals with intellectual disability are facing within the Indian society, is by understanding that the barriers are primarily rooted in religious beliefs, cultural norms, and majorly lack of awareness regarding intellectual disability. India's rigid social structure within the society becomes a hurdle in inclusion and acceptance for individuals with intellectual disability.

Factors Influencing Intellectual Disability and its Comorbidities

Genetic factors play a major part in intellectual disability, numerous genetic causes may lead to intellectual disability. Genetic studies have been complicated for a long time by the extreme clinical and genetic heterogeneity. Genetic diagnosis can now be made in most patients with severe intellectual disability. Severe intellectual disability is mostly caused by a de novo point mutation, an insertion or deletion, or a structural genomic variation (Vissers et al., 2016). Down syndrome (trisomy 21) is the most common genetic cause of intellectual disability in the United States, occurring approximately once every 700 live births (Parker et al., 2010). Fragile X syndrome is the most common known inherited cause of intellectual

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