

NIMH GEM QUESTIONNAIRE

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(Ministry of Social Justice and Empowerment, Govt. of India)
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INTRODUCTION

It is necessary to assess level of awareness amongst general public towards mental retardation. It is equally important to find out if parents having children with mental retardation have misconceptions. Such assessment is necessary to launch awareness program in the community. For any community based rehabilitation program, it is important to demonstrate change in the level of awareness or change in the attitude of people towards mental retardation. Hence, there is a need to develop a tool which can systematically make this assessment and be sensitive enough to changes which can occur over a period of time with intervention or the impact of awareness campaign.

The need was felt to develop NIMH-GEM questionnaire for the following reasons:

1. To measure level of awareness amongst parents, family members and general public towards the condition of mental retardation.
2. To develop an instrument that is sensitive to record misinformation and misconceptions held by general community with reference to the social cultural conditions prevalent in India.
3. To develop an instrument that can give guidelines on the thrust areas to be taken up in awareness campaign or an intervention program or a training program designed to enhance knowledge about mental retardation.
4. To develop an instrument that reliably assesses misconceptions held by parents so that a guidance and counselling program could be designed to help the parents overcome these misconceptions.

METHODOLOGY

DEVELOPMENT OF NIMH-GEM QUESTIONNAIRE Misconceptions expressed by parents were compiled from consecutive case records of 100 clients with mental retardation who attended general services of NIMH during the year 1985. These statements were classified into 3 categories of general information, etiology and management. It was observed that 29 out of 100 parents had reported some misconceptions as shown in table 1. Table 2 gives the rank order about endorsement of these statements by 29 parents.

TABLE 1**PARENTS AND MISCONCEPTIONS**

Total No. of cases	No. of cases with misconceptions	No. of cases without misconceptions	Total
100	29	71	100

TABLE 2**MISCONCEPTIONS AMONGST 29 PARENTS**

S.No.	MISCONCEPTIONS	No. of cases
1.	Fate, destiny, luck	13
2.	Evil spirit, black magic	4
3.	The child will improve with age even without intervention	4
4.	Belief that total cure is possible	2
5.	Marriage helps in curing	1
6.	Denial that the child has any deficiency	1
7.	Lack of feeding on mothers milk during infancy	1
8.	Medicines will cure the condition	1
9.	Psychological trauma	1
10.	Physical weakness causes MR	1

An attempt was made to find out the relationship between father's age and misconceptions, mother's age and misconceptions, father's education, mother's education in relation to misconceptions, misconceptions and religion, rural-urban status and severity of mental retardation as reported in tables 3 to 9.

TABLE 3
FATHERS AGE AND MISCONCEPTIONS

	20-29 yrs	30-39 yrs	40-49 yrs	50+	Total
Fathers with misconceptions	1	4	10	12	27
Fathers without misconceptions	3	29	26	9	67
Total	4	33	36	21	94

X² = 12.767 Significant level .001

TABLE 4
MOTHERS AGE AND MISCONCEPTIONS

	20-29 yrs	30-39 yrs	40-49 yrs	50+	Total
Mothers with misconception	6	9	12	2	29
Mothers without misconception	18	33	15	5	71
Total	24	42	27	7	100

X² = 4.478 Not Significant

TABLE 5
FATHERS EDUCATION AND MISCONCEPTIONS

	Illiterate	Matric	Inter + Diploma	Gradua- tion	Total
Fathers with misconceptions	8	6	5	8	27
Fathers without misconceptions	7	19	16	25	67
Total	15	25	21	33	

X² = 5.197 Not Significant

TABLE 6
MOTHERS EDUCATION AND MISCONCEPTIONS

	Illiterate	Matric	Inter + Diploma	Gradua- tion	Total
Mothers with misconception	14	14	0	1	29
Mothers without misconceptions	11	46	6	8	71
	25	60	6	9	100

$X^2 = 11.896$ Significant level .01

TABLE 7
MISCONCEPTIONS AND RELIGION

	Hindu	Muslim	Others	Total
Parents with misconceptions	20	9	0	29
Parents without misconceptions	59	7	5	71
Total	79	16	5	100

$X^2 = 6.883$ Significant level .05

TABLE 8
AREA SETTING OF PARENTS

	Rural	Urban	Total
Parents with misconceptions	5	24	29
Parents without misconceptions	9	62	71
Total	14	86	100

$X^2 = 0.355$ Not Significant

TABLE 9
MISCONCEPTIONS AND DEGREE OF RETARDATION

	Mild	Moderate	Severe	Total
Parents with misconceptions	7	11	11	29
Parents without misconceptions	20	31	20	71
Total	27	42	31	100

$X^2 = 0.918$ Not Significant

It was observed that father's age had significant relationship with misconceptions, higher the age greater were the chances having misconceptions, while there was no relationship between mother's age and misconceptions. Mother's education played a crucial role in determining the presence or absence of misconception. It was observed that greater the literacy amongst mothers less were the chances of having misconceptions while no significant association was found between father's education and misconceptions. Similarly, there was no association between misconceptions and religion as reported in table 7. There was no significant association between rural urban status and misconception, however parents from urban areas had marginally reported larger number of misconceptions. As regards severity of mental retardation again there was no significant association with misconceptions.

ITEM POOL Apart from the search from the case records, misconceptions towards mental retardation held by general public or parents were also collected from other sources like information pamphlets, journals and manuals. An item pool of 33 statements in English language was made which was administered to 50 persons which included 36 parents having a child with mental retardation and 14 primary school teachers. This draft questionnaire was administered with a view to find out whether the statement is simple enough that parents can understand the contents easily and also to find out which of the items may not perform satisfactorily. Out of 33 items 3 items failed to reach the endorsement rate of 60% and above which were excluded. Language of some of the statements was modified keeping in view the difficulties expressed by the respondents with regard to language and content of the statements.

FORMAT OF NIMH-GEM QUESTIONNAIRE The NIMH-GEM questionnaire has 30 items divided into 3 sections namely general information(G), etiology (E) and management (M). The items are stated in the form of a statement and the respondent is expected to indicate whether he/she agrees with the statement or no. If the respondent agrees with the statement he/she is expected to answer by making a circle with pen/pencil on "yes". If the respondent does not agree with the statement, he/she is expected to encircle "no". The items are jumbled up.

There are 11 items in the category of general information, 9 items on etiology and 10 items on management aspects. NIMH-GEM Questionnaire in English, Hindi and Telugu are appended in this booklet.

TRANSLATION The original questionnaire was prepared in English language. In order to ensure wider application in the general public, the questionnaire was translated into English and Telugu languages by bilingual experts. The accuracy of translation was checked by retranslating Hindi or Telugu version into English language. The language was considered satisfactory when two experts who developed the original questionnaire ensured that the retranslated version closely matched the original English version.

ADMINISTRATION AND SCORING The questionnaire can be administered individually in one to one situation, however, the NIMH-GEM questionnaire can also be administered in group setting. The instructions given in the beginning of the questionnaire are self explanatory, therefore, in group situations a literate person can give response to the statements by encircling 'yes' or 'no' responses to indicate whether he agrees or does not agree with the statement. In the case of illiterate respondent, it is appropriate that the statements are read out to the respondent and his/her opinion be recorded by the person administering the questionnaire. Each statement is given a score of 1 given in the direction of misconception. For example, if the respondent says 'yes' to the statement no.13 'mental retardation is due to fate or karma' a score of 1 is given. Similarly, when the respondent gives 'yes' to the statement no.18 'mental retardation is caused as an effect of lunar eclipse at the time of pregnancy or birth of the child', a score of 1 is given. NIMH-GEM Questionnaire has 30 items. Items 1 to 11 identify misconceptions related to general information on mental retardation, item 12 to 20 on etiology and item 21 to 30 on management of mental retardation. The higher the scores the higher the misconceptions regarding the condition of mental retardation.

FINAL TRY OUT AND VALIDITY In this study, NIMH-GEM questionnaire was administered to 100 parents having a child with mental retardation, 100 adults from general public not having any association with mental retardation, 50 primary school teachers from regular schools and 25 professionals engaged in providing special education and rehabilitation services to persons with mental

retardation. Misconception scores were obtained in four groups i.e. parents, general public, school teachers and professionals as given in table 10.

TABLE 10
MISCONCEPTION SCORES ON NIMH-GEM QUESTIONNAIRE

GROUP	N	MEAN	SD
Parents	100	10.71	4.05
General public	100	10.64	4.63
School teachers	50	9.00	3.39
Professionals	25	0.56	-

Professionals were expected to have least number of misconceptions as compared to the remaining 3 groups who are not exposed to mental retardation. Surprisingly, parents having a child with mental retardation compared favourably with general public and school teachers not exposed to scientific study of mental retardation. This was understandable as these parents had attended the general services at NIMH for the first time and therefore were not expected to have undergone guidance and counselling which could have reduced their misconception score.

As the NIMH-GEM questionnaire was designed to elicit misconceptions amongst parents, teachers and general public, given in table 11 please find percentage endorsement obtained by parents. Keeping in view the diversity in endorsement of misconceptions, the NIMH-GEM questionnaire really measured what it purported to measure as can be seen in table 11.

TABLE 11**ENDORSEMENTS ON SELECTED ITEMS ON NIMH-GEM QUESTIONNAIRE**

ITEMS	% Endorsement by parents (N=100)
As infectious disease	18
As mental illness	53
Can be fully cured	74
Due to fate or karma	60
Marriage can cure	48
Will become normal as he grows up	76
Born due to sins of parents	50
Residential school is the only solution	77
Involvement of parents essential in training	03

RELIABILITY Split half (odd even split) reliability for NIMH-GEM questionnaire using Spearman Brown profecy formula after correction was observed to be .66.

Test-retest reliability was computed by comparing scores of 15 parents by readminstèring the NIMH-GEM questionnaire in a span ranging from 10 days to 14 days. Test-retest reliability was found to be 0.86.

Thus the NIMH-GEM questionnaire can be taken as safe and reliable instrument to measure misconceptions in parents of mentally retarded children, school teachers and general public.

APPLICABILITY To make sure that this instrument can be used in rural as well as urban areas, the analysis on NIMH-GEM questionnaire was obtained using rural and urban groups of general public as shown in table 12.

TABLE 12

GENERAL PUBLIC : RURAL VERSUS URBAN NIMH-GEM SCORES

GROUP	N	G	E	M	MEAN SCORE
Rural	(50)	5.92	2.66	4.02	12.24
Urban	(50)	3.96	2.08	3.0	9.04

It was observed that adults drawn from general public from the rural areas had greater misconception score as compared to those from the urban areas. This is in the expected direction, keeping in view the fact that general level of education and awareness is higher amongst urban adults as compared to their rural counterparts.

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NIMH - GEM QUESTIONNAIRE

Instructions

As you well know that some persons are very intelligent while some are average and some below the average in intelligence. When the intelligence of a person is exceptionally below the average this condition is known as mental retardation or mental handicap. In Hindi this condition is known as मन्द बुद्धि and in Telugu మందబుద్ధి.

The following 30 statements are given, relating to the mentally retarded or mentally handicapped persons in general and do not pertain to any particular individual. If you agree with the statement, please encircle 'YES' and if you do not agree with the statement, please encircle 'NO'. It is important that you complete the questionnaire quickly.

1. The problem of mental retardation is found only in children. YES NO
2. Individual differences exist among mentally retarded persons. YES NO
3. Mental retardation is an Infectious disease. YES NO
4. Some of the mentally retarded persons can be as energetic as normal persons. YES NO
5. Mentally retarded persons are able to manage themselves to some degree. YES NO

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| 6. | Mental retardation is mental illness. | YES | NO |
| 7. | Mentally retarded persons can be fully cured. | YES | NO |
| 8. | Most of the mentally retarded individuals can become capable of helping other persons in simple tasks. | YES | NO |
| 9. | As the mentally retarded child grows up he would gradually become normal. | YES | NO |
| 10. | Mentally retarded persons usually remain unhappy. | YES | NO |
| 11. | The problem of mental retardation does not exist in our society. | YES | NO |
| 12. | The condition of mental retardation may not always be transmitted from parents to children but can also be caused by factors during pregnancy, after birth, during childhood or adolescence. | YES | NO |
| 13. | Mental retardation is due to fate or Karma. | YES | NO |
| 14. | Children suffering from fits may not suffer from mental retardation. | YES | NO |
| 15. | A mentally retarded child is born due to the sins of parents. | YES | NO |
| 16. | Mentally retarded individuals are disobedient. | YES | NO |
| 17. | Mental retardation is due to black magic or spells. | YES | NO |
| 18. | Mental retardation is caused as an effect of Lunar ecilpse at the time of pregnancy or birth of the child. | YES | NO |
| 19. | Accidents, high fever, fits, causing brain damage in childhood may cause mental retardation. | YES | NO |

20. Malnutrition in pregnant women can cause mental retardation. YES NO
21. Medicines only can cure mental retardation. YES NO
22. The mentally retarded individuals require continuous training to learn various simple activities. YES NO
23. Marriage can cure a mentally retarded person. YES NO
24. Many of the mentally retarded persons are capable of looking after their basic needs. YES NO
25. Traditional healers, poojaris can cure mentally retarded persons. YES NO
26. The only solution to the problem of mentally retarded person is to put him in a residential school / hostel. YES NO
27. Involvement of the parents is essential in the training of the mentally retarded child. YES NO
28. Mentally retarded individuals will not improve without any amount of training. YES NO
29. A mentally retarded individual can become as capable as a normal individual. YES NO
30. Love alone will not benefit a mentally retarded individual. YES NO

* * *

राष्ट्रीय मानसिक विकलांग संस्थान

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एन. आई. एम. एच. जी ई एम प्रश्नावली

अनुदशः

जैसा कि आप जानते हे कि कुछ लोगो की बुद्धि तेज होती है और कुछ की कम और कुछ लोगो की सामान्य से भी बहुत कम । जब व्यक्ति में बुद्धिमत्ता सामान्य से भी बहुत कम होती है तो उन्हें मन्द बुद्धि कहा जाता है ।

सामान्य मन्द बुद्धि व्यक्तियों से संबंधित नीचे 30 प्रश्न दिये गये है जिनका किसी भी व्यक्ति विशेष के साथ साम्वन्य नहीं है। यदि आप प्रश्न से सहमत हे तो आप "हां" पर घेरा लगा दें और यदि असहमत है तो आप "नहीं" पर घेरा लगा दें । यह आवश्यक है कि इन प्रश्नों का उत्तर जल्दी दें ।

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| 1. मन्द बुद्धि केवल बच्चों में ही पाई जाती है । | हां | नहीं |
| 2. मन्द बुद्धि लोगो में भी व्यक्तिगत मतभेद होता है । | हां | नहीं |
| 3. मन्द बुद्धि छूत की बीमारी है । | हां | नहीं |
| 4. कुछ मन्द बुद्धि लोग सामान्य लोगो की तरह सशक्त होते है । | हां | नहीं |
| 5. मन्द बुद्धि लोग किसी सीमा तक अपनी देख भाल स्वयं कर सकते है । | हां | नहीं |
| 6. मन्द बुद्धि और मानसिक रोग एक ही है । | हां | नहीं |
| 7. मन्द बुद्धि लोगो को पूर्ण रूप से स्वस्थ किया जा सकता है । | हां | नहीं |
| 8. अनेक मन्द बुद्धि लोग प्रशिक्षण से दूसरों के साधारण कामों में सहायक सिद्ध हो सकते है । | हां | नहीं |
| 9. जैसे ही मन्द बुद्धि बच्चा बड़ा होता जाता है, वह सामान्य बनता जाता है । | हां | नहीं |

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| 10. प्रायः मन्द बुद्धि लोग अप्रसन्न रहते हैं । | हां | नहीं |
| 11. हमारे समाज में मन्द बुद्धि की समस्या नहीं है । | हां | नहीं |
| 12. हमेशा माता पिता से ही बच्चों में मन्द बुद्धि के संस्कार नहीं आते, बल्कि मन्द बुद्धि के कारण गर्भ धारण, जन्म के बाद, बचपन तथा किशोर अवस्था के दौरान भी पाये जाते हैं । | हां | नहीं |
| 13. भाग्य या कर्मफल मन्द बुद्धि का कारण है | हां | नहीं |
| 14. जिन बच्चों को दौरे पडते हो, वे मन्द बुद्धि ही हो, ऐसा सत्य नहीं है । | हां | नहीं |
| 15. माता पिता के पाप के कारण मन्द बुद्धि बालक का जन्म होता है । | हां | नहीं |
| 16. मन्द बुद्धि लोग कहना नहीं मानते । | हां | नहीं |
| 17. मन्द बुद्धि का कारण भूत-प्रेत और झाड-फूंक है । | हां | नहीं |
| 18. चन्द्र ग्रहण के समय गर्भ धारण करना अथवा बच्चे का जन्म होना, मन्द बुद्धि होने का कारण होता है । | हां | नहीं |
| 19. बचपन में दुर्घटना, तेज बुखार तथा दौरे पडने से मस्तिष्क को हानि पहुंचना मन्द बुद्धि का कारण हो सकता है । | हां | नहीं |
| 20. गर्भावस्था में माताओं को पौष्टिक आहार न मिलना मन्द बुद्धि का कारण हो सकता है । | हां | नहीं |
| 21. केवल दवाइयों से मन्द बुद्धि को ठीक किया जा सकता है । | हां | नहीं |
| 22. मन्द बुद्धि लोगों को विभिन्न साधारण कामों को सीखने के लिए लगातार अभ्यास करना पडता है । | हां | नहीं |
| 23. मन्द बुद्धि व्यक्ति विवाह से ठीक हो सकता है । | हां | नहीं |
| 24. अनेक मन्द बुद्धि व्यक्ति भी अपनी दैनिक आवश्यकताओं को पूरा करने के काबिल हो सकते हैं । | हां | नहीं |
| 25. पारम्परिक तांत्रिक तथा पूजारी मन्द बुद्धि व्यक्तियों को स्वस्थ कर सकते हैं । | हां | नहीं |

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| 26. छात्रावास में ही रहना मन्द बुद्धि व्यक्ति की समस्या का हल है । | हां | नहीं |
| 27. मन्द बुद्धि बालक को प्रशिक्षण देने के लिए माता पिता का सहयोग जरूरी है। | हां | नहीं |
| 28. मन्द बुद्धि लोगों को कितना भी प्रशिक्षण क्यों न दिया जाये उनमें सुधार नहीं हो सकता । | हां | नहीं |
| 29. मन्द बुद्धि मनुष्य सामान्य व्यक्ति की तरह समर्थ हो सकता है | हां | नहीं |
| 30. मात्र प्रेम से मन्द बुद्धि व्यक्ति को लाभ नहीं हो सकता । | हां | नहीं |

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జాతీయ మానసిక వికలాంగుల సంస్థ

మనోవికాస్ నగర్, సికింద్రాబాద్ - 500 009. A.P. INDIA.

ఎన్.ఐ.ఎమ్.హెచ్. జె ఇమ్ ప్రశ్నావళి

కొంతమంది వ్యక్తులు ఎక్కువ తెలివిగలవారు ఉంటారు. కొంతమందికి మామూలు తెలివి ఉంటుంది, మరి కొంత మందికి మామూలు కన్నా తక్కువ తెలివి ఉంటుంది. మామూలు మనుషుల కన్న అతి తక్కువ తెలివి ఉన్న వ్యక్తులను మందబుద్ధి గలవారు అందురు.

ఈ క్రింద 30 వాఖ్యములు మందబుద్ధి వ్యక్తులకు సంబంధించినవి. వాక్యమును ఒప్పుకుంటే 'అవును' అని, ఒప్పుకోక పోతే 'కాదు' అని గుండ్రముగా గీత. చుట్టవలెను. ఈ ప్రశ్నావళిని త్వరగా పూర్తి చేయుట ముఖ్యము.

1. మందబుద్ధి అనే సమస్య పిల్లలోనే ఉంటుంది. అవును కాదు
2. మందబుద్ధి గల వ్యక్తుల మధ్య తేడా ఉంటుంది. అవును కాదు
3. మందబుద్ధి అనునది అంటువ్యాధి. అవును కాదు
4. మందబుద్ధి గలవారు మామూలు వ్యక్తులవలె చురుకుగా ఉంటారు. అవును కాదు
5. మందబుద్ధి గలవారు వారి పనులు కొంతవరకు వారే చేసికొనగలరు. అవును కాదు
6. మందబుద్ధి అనునది పిచ్చితనము. అవును కాదు
7. మందబుద్ధి గల వ్యక్తులు పూర్తిగా నయము కాగలరు. అవును కాదు
8. ఎక్కువ మంది మందబుద్ధి గలవారు ఇతరులకు సులువైన పనులలో సాయము చేయగలరు. అవును కాదు

9. మందబుద్ధి గల పిల్లలు పెరిగే కొలది క్రమముగా మామూలు వ్యక్తులు కాగలరు. అవును కాదు
10. మందబుద్ధి గల వ్యక్తులు మామూలుగా ఎల్లప్పుడు దుఃఖితులై ఉంటారు. అవును కాదు
11. మందబుద్ధి అనే సమస్య మన సంఘములో లేదు. అవును కాదు
12. మందబుద్ధి అనే సమస్య ఎల్లప్పుడు తల్లితండ్రుల నుండి పిల్లలకు వచ్చేది కాకపోవచ్చు. కాని గర్భముతో నున్నప్పుడు, పుట్టిన తరువాతను, చిన్నతనములోను మరియు యవ్వన దశలోను వేరే కారణముల వలన రావచ్చును. అవును కాదు
13. మందబుద్ధి అనునది ఖర్మ వలన వచ్చును. అవును కాదు
14. మూర్ఖ / సామ్య రోగము ఉన్న ప్రతి పిల్లవానిలో మందబుద్ధి కలగక పోవచ్చును. అవును కాదు
15. తల్లితండ్రుల పాపము వలన మందబుద్ధి గల పిల్లలు జన్మించెదరు. అవును కాదు
16. మందబుద్ధి వ్యక్తులు చెప్పిన మాట వినరు. అవును కాదు
17. మందబుద్ధి అనునది మంత్రతంత్రాల వలన వచ్చును. అవును కాదు
18. తల్లి గర్భముతో నున్నప్పుడు మరియు ప్రసవించే సమయములోను, చంద్రగ్రహణము యొక్క ప్రభావము వలన మందబుద్ధి గల పిల్లలు పుట్టెదరు. అవును కాదు
19. చిన్నతనములో ప్రమాదాలు, తీవ్ర జ్వరము, మూర్ఖవ్యాధి వలన మెదడు దెబ్బతిన్నప్పుడు మందబుద్ధి కలుగ వచ్చును. అవును కాదు
20. గర్భిణీ స్త్రీలలో ఆహారలోపము వలన పుట్టిన పిల్లలకు మందబుద్ధి కలగవచ్చును. అవును కాదు

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| 21. మందులతోనే మందబుద్ధి నిర్మూలన కాగలదు. | అవును | కాదు |
| 22. మందబుద్ధి గల వ్యక్తులు మామూలు పనులు నేర్చుకొనుటకు కూడా ఎడతెగని శిక్షణ అవసరము. | అవును | కాదు |
| 23. మందబుద్ధి గలవారికి వివాహము చేసినచో బాగుపడుదురు. | అవును | కాదు |
| 24. ఎక్కువ మంది మందబుద్ధి గల వ్యక్తులు వారికి అవసరమైన చిన్న చిన్న పనులు వారే చేసికొనగలరు. | అవును | కాదు |
| 25. తంత్ర వైద్యులు, పూజారులు మందబుద్ధిని బాగు చేయగలరు. | అవును | కాదు |
| 26. మందబుద్ధి గల సమస్య తీరుటకు వారి బాగోగులను చూసే నివాస సంబంధమైన పాఠశాలలోగాని, సంస్థలలోగాని చేర్పించ వలెను. | అవును | కాదు |
| 27. మందబుద్ధి గల పిల్లలకు శిక్షణ ఇచ్చుటలో తల్లితండ్రుల పాత్ర చాలా అవసరము. | అవును | కాదు |
| 28. మందబుద్ధి గల వ్యక్తులు ఎంత శిక్షణ ఇచ్చినను బాగుపడరు. | అవును | కాదు |
| 29. మందబుద్ధి గల వ్యక్తులు సాధారణ (మామూలు) వ్యక్తులవలె సమర్థులు కాగలరు. | అవును | కాదు |
| 30. మందబుద్ధి గల వ్యక్తులకు ప్రేమ ఒక్కటే ఉపయోగ పడదు. | అవును | కాదు |

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