

Suboptimal Performance in Cleft Lip/Palate Children- Who is Responsible?

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ABSTRACT

Information in this article is from an observational study comparing intelligence in children with cleft lip and palate with normal children. Both groups performed "draw a man test", the investigator noted the attitude and behaviour of children and their parents. The study shows low, but normal intelligence quotient in children with oral defects as compared to normal. The probable reason for sub-normal performance appeared to be overprotective attitude of parents and poor self esteem of children with oral defects.

Keywords: Draw a man test, Intelligence quotient, Oral defects

INTRODUCTION

A large number of parents with children having cleft lip/palate complain of poor academic performance of their children. These children are brought for management by their parents who already start believing that their child is not normal. A comparative, observational study was designed to find the reality about the intelligence of above children and figure out reasons for poor performance.

MATERIALS AND METHODS

This study was performed in Acharya Vinoba Bhave rural hospital which is attached to Jawahar Lal Nehru Medical College, Sawagi (Wardha). A group of 100 children aged 4 to 15 years with isolated defects (cleft lip/palate) before they underwent surgery were compared with 100 normal controls of same age group using "draw a man test". None of the children with defect had subnormal Intelligence Quotient (IQ). A very remarkable observation was, mean IQ of cleft children of each age group (though within normal limits) was significantly below the mean for normal children.

RESULTS

The person introducing the test also recorded the reaction of children and parents in a structured format before and during the test.

Observations before test- Parents of cleft children were over protective and not too eager to subject the child to test. They were not sure whether child will agree to perform the activity. Most parents said "He/she can't do it". The parents of controls were interested in Child, undergoing the test.

Observations during test- The children with defect were easily distractible especially if somebody entered the room during the activity. Most of them hurried to hide behind mother. They lacked confidence and showed reluctance to take the test. Most children needed cajoling by the mother who in turn was constantly encouraged by the doctor.

School attendance - Mean school attendance in cases was around 70% where as in controls it was around 90%. The parents of cleft children felt that teasing at school was the main reason for poor attendance.

Nutritional status - Among cleft children 60% were malnourished (stunted 60%, stunted and wasted 40%) which might have contributed to poor performance. Among controls malnutrition was observed in 20%.

The issue of concern- It has been reported [1] that disabled children judge themselves by the reaction of parents, peers and relatives around them. Over protective parental attitude brings down self esteem in these children [1,2] thus negatively affecting the performance of the child. The key concern is, this poor self esteem and tendency to seek escape, becomes a habit which might continue even after corrective surgery [3].

Concluding remark- Suboptimal performance in children with normal IQ directly indicates that low esteem of children due to non-supportive environment was the cause for it. Parental and peer behaviour may be instrumental for it.

The message - Government of India is already on the way to support disabled children [4]. We suggest parental counseling should start right at birth of dysmorphic child (when mother notices the disability first) and continue throughout till and after corrective surgery (if any) has been performed. As mainstreaming (differently abled child going to normal school) has been found useful, school counselors should specifically and separately counsel the normal children and the teachers, which will reduce abuse of differently abled children and improve their performance.

LIMITATION

This message is based on a study where sample size was small hence generalization of results is difficult. Further studies in this field with adequate sample size are suggested.

CONCLUSION

Intelligence quotient of children with isolated cleft lip /palate is usually normal and performance can improve with counselling of parents and peers.

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