NON-VERBAL IQ AND QUALITY OF LIFE (QOL) AMONG SPECIAL NEEDS STUDENTS IN KELANTAN, MALAYSIA

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Abstract— Special needs children are often linked to people with low IQ levels. Low IQ in these types of children is associated with problems in reading and understanding of what they are learning. Quality of life (QOL) is a concept that assesses both positive and negative aspects in life. QOL for each individual is different from other individual depending on how the person's manage his/her daily live. The aim of this study is to compare non-verbal IQ and QOL score by the gender and aged group among special needs students in Kelantan, Malaysia. A cross-sectional study was conducted among 130 special needs students aged between 8 to 18 years old from 5 primary and 5 secondary schools in Kelantan, Malaysia. All subjects were administered to the Comprehensive Test of Nonverbal Intelligence (CTONI 2nd edition) and Pediatric Quality of Life (PedsQL™) inventory to assess their non-verbal IQ and QOL. The independent t - test was used to determine whether there is a statistically significant difference between gender and age groups on IQ and QOL. One-way ANOVA was used to determine the effect of different type of learning disabilities on special needs students IQ and QOL. The t-test result showed significant difference in IQ between age groups ($p<0.05$) not by gender ($p=0.371$), while no significant difference in QOL between age groups ($p=0.702$) and gender ($p=0.191$). One-way ANOVA indicates there is no significant difference on special needs students IQ ($p=0.500$) and QOL score ($p=0.898$) on the basis of different type of learning disabilities. Detailed implication of this study will be discussed in the paper.

Index Terms— non-verbal IQ, QOL, special needs students, Kelantan, Malaysia.

I. INTRODUCTION

Statistic from Ministry of Education show an increase in the number of students with special needs who registered for special education program for the year 2010-2014 with the rate of 43,584 in 2010 and 55,269 in 2014 (1). A previous study has reported that 9% (3,103) of 34,178 children who have enrolled as pre-school students were students with special needs (2). Both of these reports showed an increasing number of special needs students who register for special education programme in Malaysia. The Ministry of Education, Malaysia categorized learning disabilities as Down syndrome, mild autism, attention deficit hyperactive disorder (ADHD), mental retardation and specific learning problems (3). Special needs children are defined as children with various disabilities, including visual, hearing and intellectual impairment (4). On the other hand, Ravindranadan and Raju (5) described special needs children as children who have a mental or physical disability. These groups of students also suffer from learning difficulties and special education classes are required to support their needs in order to understand the process of teaching and learning (6).

Three criteria have been laid down to identify the characteristic of learning disabilities. The criterion is intellectual impairment (IQ), social or adaptive dysfunction combined with an IQ and early onset (7). IQ is the intelligence to receive, store and process the information into a word. Education, premature birth, nutrition, environmental pollution, drug and alcohol abuse, mental illnesses and diseases can be factors that may influence a person's IQ (8). Psychological and environmental factors may also play a role in contributing to the difficulties faced by the special needs children in their learning (9).

Quality of life (QOL) is a subjective and multidimensional experience that involves a summary evaluation of the positive and negative attributes that characterizes person's life (10). Different degrees of human IQ may influence QOL (11). Marta and collegiate (12) has compared the result for QOL among children with cerebral palsy (CP) between Spain and Europe. This study found that children with low IQ have better QOL. This indicates that the greater severity of impairment is not always associated with poor QOL. On the other hand, a study conducted by Harder (13) found non-verbal IQ score is lower in children with language impairment compared to group without language impairment. A study on non-verbal cognitive impairment predicted three times on the variance of QOL than children with language impairment (14). Some researchers (15) stated, genetic factor (children genetic makeup), familial factor (parents IQ, education and QOL), education (quality of educational opportunities and teaching) and other factors may influence children IQ. Mclean et al. (16) stated that women tend to get more depression and anxiety compare to men. Therefore, men tend to have better QOL than women. The same study also found that the best model to predict QOL relied on childhood intelligence

The present study focused on the comparatively non-verbal IQ and QOL between gender and age groups and to determine the effect of different type of learning disabilities on special needs students IQ and QOL in Kelantan, Malaysia.

II. METHODOLOGY

A. Data collection

This cross-sectional study included 130 special needs students male (n=92) and female (n=38) aged between 8 to 18 years old. The target populations consist of students who are attending special education integration program in Kelantan, Malaysia and the study population is special needs students who attending special education integration programme in the district of Kota Bahru, Tanah Merah, Machang, Pasir Mas and Jeli Kelantan, Malaysia. Selection of the study location employed Multistage Random samplings. The Sampling Frame was the list of schools full filled these criteria (1) have a special education integration classes and (2) has the students being diagnosed as attention deficit hyperactive disorder (ADHD), autism, Down syndrome, global developmental delay, intellectual deficit, slow learner and specific learning disabilities. The subject has been chosen by simple random sampling based on the students list obtained from the class teacher, which consists of; name, gender, aged and type of disabilities.

B. Tools

Non-verbal IQ was assessed using the Comprehensive Test for Nonverbal IQ (CTONI 2nd Edition). CTONI-2 are using non-verbal formats to measure general intelligence of children. This examination kit measures analogical reasoning, categorical classification, and sequential reasoning by using pictures of familiar objects and geometric designs with six different subtests; (1) pictorial analogies, (2) geometric analogies, (3) pictorial categories, (4) geometric categories (5) pictorial sequences, and (6) geometric sequences (9).

Special needs students QOL was assessed using the Pediatric Quality of Life Inventory version 4.0 (PedsQL^{TM}) completed by his/her parents. This inventory used to measure Health-related Quality of Life (HRQOL) of children and adolescents with acute and chronic health condition. There are four domains that covered by this inventory; physical (8 items), emotional (5 items), social (5 items) and school (5 items). This inventory composed of 5 point Likert-scale range from 1 indicating never to 5 indicating always. All the items are reverse-scored 0-100 (0=100, 1=75,2=50, 3=25, 4=0) meaning highest score indicate better HRQOL (22).

C. *Reliability and Validity*

Translated version (Malay version) of PedsQL^{TM} internal consistency reliability was good. The Cronbach's alpha value for the child self report was 0.70 and 0.80 for parent proxy reported (17). The average alpha coefficients of CTONI-2 subtest scores have exceeded 0.80. Pictorial scale, geometric scale and full scale composite scores had average alpha coefficients of 0.90, 0.91 and 0.95 respectively (13). It can be concluded that the internal consistency for both score and age group are sufficient.

III. RESULT

The demographic characteristic of the subjects is illustrated in table 1. Male subjects were 70.8% and 29.2% were female. Students with age 13-18 years were 58.5% and 41.5% (8-12 years old) respectively. Table 2 shows the IQ and QOL of special needs students. 63.8% of the special needs students were recorded with very low IQ and only 1.5% were recorded with below average level. The mean QOL for entire special needs student was (M=49.97, SD=13.13).

Age and gender difference are determined using independent t-test. Skewness Z_s and Kurtosis Z_k confirmed that the data were normally distributed. There is no significant gender difference on non-verbal IQ t (128) = 0.897, p = 0.371 and QOL score t (128) = -1.313, p = 0.191 (table 3). It can be inferred that gender difference do not have an effect on the increased and decreased in IQ and QOL of special needs students. Table 4 shows there is significant difference on aged non-verbal IQ. Students with age between 8-12 years old score highest IQ (1.80±0.89) compare to students with age between 13-18 years old (1.32±0.60) t (85.193) = 3.43, $p < 0.05$, while there is insignificant reading for the QOL score, (p= 0.702).

One-way ANOVA were used to find out the effect of different type of learning disabilities on special needs students IQ and QOL. The result shown, F (6,123)= 0.90, p=0.500 on the variable IQ and F (6,123)= 0.37, p=0.898 on the variable QOL (table 5). There is no significant difference on special needs students IQ and QOL based on different type of learning disabilities.

IV. DISCUSSION

63.8% of male students between the age of 13-18, scored very low IQ, while 22.3% scored poor IQ, 12.3% scored average IQ and only 1.5% scored below average which the highest score for this group of students. Due to the large number of students score very low IQ, it can be inferred that most types of special needs students in current study scored low IQ level. There are several factors contributed to this decline. Previous studies found socioeconomic factor, educational level and lack of nutrition can reduce IQ (4). Children living below the poverty threshold are tending to experience learning disabilities and developmental delays. (18) This study also stated, children IQ can be influenced by genetic and

environmental factors. Parents' education levels, genetic and environmental factors will lead to decreased of children IQ. Low IQ level may affect students' cognitive function and behavioral characteristic thus leads the students to struggle with measurable learning and verbal ability (19). Low level of IQ may also influence the association between ADHD symptoms with other cognitive functions (20).

The mean QOL score by the gender and aged group of special needs students was (M= 49.97, SD=13.13). Varni et al (21) found negative impacts of ADHD in children QOL with the total score of parents proxy (M=69.50, SD=16.17) respectively. This study shows the lower result with a total score of 49.9 compare to study by Varni et al (21) 69.9. Low socioeconomic status, immigrant status, and single status are all related to poorer HRQOL. Psychosocial and family related domain seem to have the largest effect on total QOL scores among children with various mental disorders (22). The type of severity also a strong predictor of reducing HRQOL among this type of students (23). All the special needs students in this study suffer with low QOL and IQ. There are a lot of factors that can inferred with this reduction on IQ and QOL.

No difference by gender among special needs students in IQ and QOL scores as reported by Ryland et al. (24). The study conducted found that there is no significant difference in performance IQ (PIQ), Autism spectrum screening questionnaire (ASSQ) and verbal IQ (VIQ) between gender in school children population. White-Koning and collegiate (25) had conducted a study about the QOL report on children with cerebral palsy (CP) and its association with intellectual impairment also found no significance difference in children with CP QOL in term of age, gender, IQ and pain. Previous studies (26,27) also showed gender difference do not affect students IQ; male and female IQ level are about equal below the age of 15 and there is no gender difference in general intelligence. Ulric (28) pointed the difference in average IQ level between male and female is small in magnitude and inconsistent in direction.Current study's findings are consistent with previously indicating gender factor doesn't affect IQ and QOL of special needs students.

Significant result by aged can only view on a comparison with IQ. However, not for QOL. This shows, age differences do not affect students with special needs QOL. Special needs students aged 8-12 years old, recorded higher IQ level compared to students aged 13-18 years old. Table 6 shows, 25.4 % of these special needs students have been diagnosed with slow learner, 18.5% syndrome down, 16.2 % intellectual deficit, 11.5 % global developmental delay, 10.8% with specific learning disabilities, 9.2 % ADHD and 8.5 % autism. Students who diagnosed with Down syndrome and slow learner are the frequent group for this study. Viewing from students age, serious type of learning disabilities (LD) are dominated by students aged 13-18 years old. There are a lot of students in this group still do not know how to read, count, write, manage themselves and still childlike imagination. ANOVA result shows, different type of LD could not affect special needs students IQ and QOL but, there are some study claimed the opposite finding.

LD in students with special needs is the biggest issue among the category of children with disabilities. Students with LD have one of the highest dropout rates of any group of students with disabilities (29). ADHD is several type of disorder which is often associated with a students' intelligence. Naheed et al. (30) assessed a total sample of 50 children aged 5 to 9 years old to measure the IQ among ADHD. They found a significant relation between inattention a subtype of ADHD and intelligence. Students who have been diagnosed with ADHD have lower IQ level compared to students who are not diagnosed with ADHD (31). Male and female students with ADHD also have been reported to have similar impairment in emotional, school, family and interpersonal functioning (32). Most children with ADHD have LD and have a high risk for academic achievement difficulties (33). Students with LD and ADHD had more severe learning problems compared to children who had LD but not diagnosed with ADHD (34).

Charman et al. (35) found 50 % of the 255 children who have autism spectrum disorder (ASD) had intellectual disabilities. Autism spectrum disorder (ASD) and LD is a lifelong disability that is characterized by the deterioration of cognitive function and other neurological sign (36). One-third of children diagnosed with ASD are known as "low functioning" (in the range of mental retardation) by WISC-III (37). Specific learning disabilities include dyslexia (reading disability), dysgraphia (writing disability), and dyscalculia (mathematics disability) could give effect on neurocognitive process and may manifest as an imperfect ability to listen, speak, read, spell, write, concentrate and solve mathematical problems or organize information (38).

Beside LD and other health disorder, family income also has an impact on children's achievement and plays an important role in education and IQ. Family income appears to be more strongly related to children's ability and achievement than emotional outcome. Children suffered from poverty since pre-school and early school seem to have a low level of intelligence compared to children who suffer from poverty after it (20). The level of intelligence of a child also varies according to the socio demographic factor (39). Family income seems to affect the IQ level among special needs students. Parents and caregivers should be aware on their children QOL especially who have children with special needs. This type of students required special and systematic observation from their parents and people around. If proper attention is given, students' performance and

intelligence can be comparable to others normal studies.

CONCLUSION

Significant result of non-verbal IQ level can only be seen in the difference between age, but not by QOL among special needs students. Students IQ seem to be affected by age but not by gender and the type of learning disabilities. While, students QOL are not affected by all the factors mentioned. However, taking into consideration that the changing of age, gender and LD only are still not enough to measure IQ and QOL of special needs students. Other factors such as social aspects, emotional (EQ), spiritual (SQ), creativity and so on should be accounted because wisdom is subjective and can be evaluated from various angles. Students may not show the abilities in cognitive function. However, they may demonstrate competence in other functions such as painting, carpentry, gardening, and cooking.

ACKNOWLEDGMENT

This research is fully funded by Fundamental Research Grant Scheme (FRGS) [FRGS/2/2014/SS02/UKM/02/2] of Ministry of Education Malaysia. Special thanks to all teachers, parents and students who participated in this study and deepest gratitude to my supervisor, co-supervisor and friends which has helped to ensure the success of this study

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Figures and table

TABLE 1. DISTRIBUTION OF SOCIODEMOGRAPHIC CHARACTERISTIC

	n%	Mean	SD
Gender			
Male	92 (70.8)	1.29	0.457
Female	38 (29.2)		
Age			
8-12	54 (41.5)	2.58	0.495
13-18	76 (58.5)		

TABLE 2. DISTRIBUTION OF MEAN AND SD FOR NON-VERBAL IQ AND QOL OF SPECIAL NEEDS STUDENTS

	n%	Mean	SD
IQ Score			
<70 (Very Poor)	83 (63.8)		
70-79 (Poor)	29 (22.3)	1.52	0.770
80-89 (Average)	16 (12.3)		
90-110(Below Average)	2 (1.5)		
QOL	-	49.97	13.13

TABLE 3. MEAN, SD AND P VALUE OF NON-VERBAL IQ AND QOL SCORE BY GENDER

Variable	Group	Mean	SD	p Value
IQ	Male	1.55	0.817	0.191
	Female	1.42	0.642	
QOL	Male	49.00	12.96	
	Female	52.32	13.40	0.371

TABLE 4. MEAN, SD AND P VALUE OF NON-VERBAL IQ AND QOL SCORE BASED OF AGE GROUP

Variable	Group	Mean	SD	p value
IQ	8-12	1.80	0.898	p<0.05
	13-18	1.32	0.594	
QOL	8-12	49.44	12.65	
	13-18	50.34	13.53	0.702

TABLE 5. DISTRIBUTION OF THE EFFECT OF LEARNING DISABILITIES ON SPECIAL NEEDS STUDENTS NON-VERBAL IQ AND QOL SCORE

Description	df	mean square	f	p value
IQ Score	6, 123	0.534	0.896	0.500
QOL	6,123	65.35	0.368	0.898

TABLE 6. DISTRIBUTION OF THE TYPE OF DISABILITIES

Type of Disabilities	Student Age		Percentage %
	8-12	13-18	
Syndrome Down	9	15	18.5
ADHD	4	8	9.2
Autism	7	4	8.5
Global Developmental Delay	8	7	11.5
	8	13	16.2
Intellectual Deficit	13	20	25.4
Slow Learner	6	9	10.8
Specific Learning Disabilities			

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