
Effect of Use of Instructional Materials on Self-Help Skills of Children with Intellectual Disabilities in Abuja School for The Handicapped, Abuja, Nigeria

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Abstract

INTRODUCTION: One role of special education is to increase the functional independence of children receiving services. Practitioners have used systematic instruction to teach academic, social, self-help, recreation/leisure, and vocational skills to different categories of children.

OBJECTIVES: The purpose of this study was to ascertain the nature of self-help skills of children with intellectual disabilities and to determine the efficacy of instructional materials employed to teach self-help skills to children with intellectual disabilities.

METHODS: Using descriptive statistics to analyse the research questions. The researchers purposively and conveniently assigned eight (8) children as participants, diagnosed with intellectual disabilities and have identified deficits in either personal care and hygiene such as teeth brushing, dressing and cleaning of drooling, as identified by the teachers, with three sets of instruments: Ihenacho Cognitive Domain Measurement Profile (ICDMP) and Collection of Materials for Self-Help Skills (CMSKS) to collect data.

RESULTS: The results revealed that there was significant improvement in the ability to use a toothbrush in brushing teeth of the children in the second group and improvement in the experimental group using a toothbrush, the ability to use a handkerchief to clean drooling and ability to use detergent to wash clothes of the children in the second group and improvement in the experimental group using detergent.

CONCLUSION: The study recommended that teachers and caregivers of children with intellectual disabilities should help in the acquisition of hygiene protection skills and behaviour through training.

Key words: *Intellectual Disabilities, Self-Help Skill, Instructional Materials, Self-Management skills, Independence*

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Background to the study

One role of special education is to increase the functional independence of children receiving services. Practitioners have used systematic instruction to teach academic, social, self-help, recreation/leisure, and vocational skills to different categories of children. However, children with intellectual disabilities show a continuous limitation in one or more of the adaptive behavioural patterns of communication, personal hygiene, domestic life, social skills, self-control, community interaction, health and security. Academic function, work-life and spare-time utilization have continued to play out in the quest to educate children with intellectual disabilities. Children with intellectual disabilities are categorized into mild, moderate, severe and profound (Papazoglou, Jacobson, McCabe, Kaufmann & Zabel, 2014). They manifest deficits in both areas of cognition, memory, generalization, metacognition, motivation and language (Ndurumo, 1993).

Although development usually occurs in an orderly sequence, each person is unique. Children develop skills at their own pace and it is important for teachers, parents/caregivers to be aware of their child's intellectual, social, emotional, communication, sensory, and physical development. Being aware of your child's skills and abilities can help recognise which tasks a child can realistically be expected to do and which tasks are likely to allow the child to experience success. Children with intellectual disabilities can acquire self-help skills if teaching methods are applied effectively (Gargiulo, 2006). These skills must be developed in whatever setting, whether home or school, for maximum independence. Development of such skills may assist children with intellectual disabilities to increase autonomy, co-dependence and nurturing problem-solving in the house, school and in the whole community at large (Lombardi, 2011).

Deficits in self-help skills are an inevitable problem of children with intellectual disabilities. The acquisition of self-help skills, learned effortlessly by more intelligent children, is a crucial aspect of the overall development of the children with intellectual disabilities. Self-help skills are home and community living techniques that allow individuals to deal with current and future day to day demands and responsibilities (Reynold &

Zupanic, 2011). These skills enable the individual to learn to be independent and responsible. The skills are; personal care and hygiene like teeth brushing, dressing, laundry processes, shoe care, food preparation and eating, money, transportation, job skills, home and kitchen management, time management, leisure and recreation (Friend, 2008). Improving self-help skills in children with intellectual disabilities and the acquisition of hygiene protection skills and behaviour through training in this social group remain a major institutional and community concern of care receivers and researchers, hence the need for individuals with ID to increase independent daily living abilities (Bouck, 2014). Teaching independent living self- help skills is a process that begins at birth and goes on into adulthood. Children with disabilities find these skills difficult to perform for various different reasons. However, they will need to acquire these skills as best they can to live as independently as possible. Even if they cannot live independently, being independent in self -care will take a lot of burden off the caregivers. Thus, this is often the most important goal for a child with a disability. That is why it is so important to plan independent living skills lessons for students with intellectual disabilities (Ayres & Cihak, 2010). Instructional materials are tools or objects that facilitate learning. They cultivate motivation in the children and make them active participants in the learning process. Teaching and learning materials capture and maintain learners' attention, help them to understand what is being taught, and learn new skills. Children with intellectual disabilities require instructional materials over and above what is already being provided by the school. Friend (2008) asserts that selection, adaptation and development of educational learning materials for children with intellectual disabilities should be guided by the ability level of the child, age, educational needs of the child, interests of the child, activity to be done and also the objectives of the activity.

It is also likely that lack of appropriate teaching and learning materials may affect the effectiveness of teaching methods in the implementing of self- help skills to children with mild intellectual disabilities. It is against this background information that the researcher intends to determine the effects of use of instructional materials on self- help skills of

children with intellectual disabilities in Abuja School for the Handicapped, Abuja, Nigeria.

Statement of the problem

Most children with intellectual disabilities in the School for the Handicapped, Kuje, still lack self-help skills for independent living. They have problems with self-help skills in the areas of brushing, cleaning themselves after going to the toilet, dressing and wearing of shoes. This was exhibited by the way they present themselves and were discriminated, segregated, rejected and abused by the society.

Parents or guardians spend time caring for these children limiting their contribution towards self and natural development. The children in special schools were mildly, moderately and severely intellectually impaired. Despite the government efforts to develop self-help skills through the curriculum for children with intellectual disabilities, learners in special units and schools are still unable to demonstrate competence in the skills such as shoe lacing, drooling control, brushing of teeth amongst others. In addition, despite the fact that children with intellectual disabilities are taught in special units and schools, the extent to which these skills are taught and how they help children with intellectual disabilities to participate in their community yielded insignificant improvement. This study therefore intends to determine the effects of use of instructional materials on self-help skills of children with intellectual disabilities in Abuja School for the Handicapped, Abuja, Nigeria.

Purpose of the study

The purpose of this study is to determine the effects of the use instructional materials on self-help skills of children with intellectual disabilities in Abuja School for the Handicapped, Abuja, Nigeria . Specifically, this study intends to:

1. ascertain the nature of self-help skills of children with intellectual disabilities in the School for the Handicapped, Abuja.
2. determine the efficacy of instructional materials employed to teach self-help skills to children with intellectual disabilities.
3. find out the difference in performance of the use of a tooth brush to improve skills of brushing of teeth in children with intellectual disabilities before and after interventions.

4. find out the difference in performance of the use of a handkerchief to improve skills of cleaning drooling in children with intellectual disabilities before and after interventions.

5. find out the difference in performance of the use of detergent to improve skills of washing of clothes in children with intellectual disabilities before and after interventions.

Research question

The following research questions will be answered:

1. What is the nature of self-help skills of children with intellectual disabilities in the school?
2. To what extent are the teachers provided with instructional materials in teaching self-help skills to children with intellectual disabilities?
3. What is the difference in performance of using a toothbrush in the brushing of teeth of children with intellectual disabilities before and after interventions?
4. What is the difference in performance of using a handkerchief to clean drooling of children with intellectual disabilities before and after interventions?
5. What is the difference in performance of using detergent in the washing of clothes of children with intellectual disabilities before and after interventions?

Methodology

Research Design

The study adopted the quasi experimental research. Specifically, the study adopted the pre-test-post-test non-equivalent two group design. In this type of quasi-experimental design, the pre-test is used to determine whether the groups are similar or not on the variables under study prior to exposing them to intervention. A pre-test score is often used to determine if the groups are initially equivalent on the outcome (dependent) variable of interest.

Population and Sample

The study was limited to the population of all children identified with intellectual disabilities in a single school of Abuja School for the Handicapped, Abuja, Nigeria. The population for the study in this single school was 28 children with intellectual disabilities. However, eight (8) children were identified to have deficits in either personal

care and hygiene like teeth brushing, dressing, and cleaning of drooling, as identified by the teachers.

They were in the lower classes of 1 and 2. The children in these classes are in the chronological age range of 6–12 years. The characteristics of the children for the study include age of the samples, the diagnosis, the nature of the condition, the onset of the samples' condition, the history of medical condition, the self-help deficit, the existing management of the samples' problems.

The children were those who exhibit deficits in self-help skills of either personal care and hygiene like teeth brushing, laundry processes and cleaning of drooling. Eight (8) teachers of the children answered questionnaires about each child, the teaching methods and the instructional materials in teaching self-help skills.

The technique used in this study was purposive sampling. This sampling technique was relevant to the study as the samples possess the specific characteristics to be studied, and they appear to be representative of the population defined by the research problem. The samples were selected based on the record of their case histories and the subsequent diagnosis that identified them as having intellectual disabilities with deficits in self-help skills.

Description of Instruments

Two sets of instruments were used by the researcher for the collection of data in this study. They were Ihenacho Cognitive Domain Measurement Profile (ICDMP)(Ihenacho, 1986) and Collection of Materials for Self-Help Skills (CMSKS).

a. Ihenacho Cognitive Domain Measurement Profile (ICDMP)

Ihenacho Cognitive Domain Measurement Profile (CDMP) is a cognition measuring instrument that helps to measure the various cognitive traits in children with learning disabilities (LD) and other children with cognitive function problems. It is a validated scale developed by Professor John Izuka Ihenacho for the Department of Special Education and Rehabilitation Sciences, University of Jos.

The CDMP measures the following cognitive traits: (1) ability to recall facts (remembering source of information, draw conclusion, transfer and grouping objective); (2) Ability to Analyse (with

characteristic traits of classify things, recall facts, connect or link facts, to deduce, formulate problem, to recognise, and to understand); (3) Ability to Synthesize (with traits of integrate, coordinate, connect or link facts, deduce and produce uniqueness); (4) To apply facts appropriately (with characteristic traits of concentrate facts, diligence, persistence, generalization); (5) Ability to appraise and evaluate things (with characteristic traits of open-mindedness, recognise bias in a topic and raise objectivity).

The observation technique of the CDMP is used for frequency counting of the cognitive traits of the participants. The observer observes and records the number of times the child responds in every 1 minute for a period of 5 minutes in a day, in the classroom. This frequency counting or data collection happens 5 times a week throughout the pre-test and post-test phase. The results of the data collection are totalled each day or week to form the number of responses of the children.

b. Collection of Materials for Self-Help Skills (CMSKS)

Collection of Materials for Self-help skills (CMSKS) are the skills a child needs in order to be independent in daily activities. Self-help skills include things like dressing, toileting, washing, eating, and personal responsibility. These skills have an impact on children's overall development. For example, children develop a sense of independence as they learn to do things for themselves and these experiences can help promote positive social emotional development, in areas like attachment, self-regulation, positive self-esteem and autonomy.

This collection of materials requires children to use self-help skills that are often referred to as activities of daily living (ADLs) or as self-care tasks. Teachers or parents who work with young children are used to supporting children during the activities of daily living, but we often tend to take for granted that children will be able to carry out these tasks more and more independently as they mature. Many children do master self-care tasks as they develop, but children with intellectual disabilities sometimes need more support in order to do things independently, and some children with profound intellectual disabilities may never be able to carry out all their self-care routines without assistance.

The goal as caregivers should be to enable each child to perform the activities of daily living as independently as possible, based on his or her individual needs and abilities.

The instruments were examined on content values. Experts in the field of special needs education and Tests and Measurement ascertained the validity of the whole instruments. The adopted ICDMP and CMSKS were subjected to a test – re- test analysis with a three week interval with a reliability index of 0.84 and 0.94 ascertained using Pearson Correlation coefficient to determine the measure of internal consistency.

Procedure for Data Collection

Before the data were collected, consent letters were received from the parents of the sample children and the head of the special school and teachers where the samples were used and instruments were administered. The baseline of the self-help skills of the children was determined by the use of Collection of Materials for Self-help skills (CMSKS) to determine the independent levels of the children with intellectual disabilities. The instrument analysed the levels of independence of carrying out the self-help skills of using a handkerchief to clean drooling and using toothpaste to brush teeth. Afterwards, the use of data collection sheets were used by the researchers and the assistants, to collect information about how the children carried them out according to task analysis, and the success they made in carrying out the skills. This data was collected for a period of 20 minutes a day, for a week until baseline data were determined.

After the baseline data had been collected by the observers, the treatment began on the children by the researchers and the research assistants. The researchers followed the guidelines of the task analysis for each skill as contained in the self-help skill manuals. It also followed the techniques to promote self-care skill acquisition.

Treatment Administration Procedure

The researcher followed the guidelines of the task analysis for each skills as contained in the self-help skill manuals. It also followed the techniques to promote self-care skill acquisition.

Task Analysis for Washing Clothes

- i. Provide bucket that contains the clothes
- ii. Pour water into the bucket from the tap
- iii. Take off cap or cover of detergent
- iv. Pour detergent into measuring cover
- v. Pour detergent into the water
- vi. Return the cover of the detergent
- vii. Put clothes into the bucket
- viii. Scrub the clothes
- ix. Wash the dirty parts
- x. Squeeze the water away
- xi. Rinse the clothes with water
- xii. Dry the clothes on the line

Task Analysis for Cleaning Drooling

- i. Provide the child with clean handkerchief
- ii. Place the handkerchief in the child's hand
- iii. Instruct the child to wipe the saliva with the handkerchief
- iv. Repeatedly instruct the child to wipe the drooling
- v. Keep the handkerchief on the table or in child's pocket

Task Analysis for Brushing Teeth

- i. Provide toothbrush and toothpaste
- ii. Provide water and a cup
- iii. Direct to the wash basin
- iv. Put a small quantity of toothpaste on the brush
- v. Brush the teeth using an up and down movement
- vi. Continuously brush the teeth for a few minutes
- vii. Spit the toothpaste out

The post-test of the self-help skills of the children was determined by the use of Collection of Materials for Self-help skills (CMSKS) to determine the independence levels of the children with intellectual disabilities after the intervention. The instrument analysed the levels of independence of carrying out the self-help skills of using the handkerchief to clean drooling and using toothpaste to brush teeth. Afterward, the use of data collection sheets were used by the researchers and the assistants, to collect information about how the children carried out the tasks according to task analysis, and the success they made in carrying out the skills. This was also collected, same as the pre-

test, for a period of 20 minutes each day for a week until post- test data were determined.

Results

Research Question One: What is the nature of self-help skills of children with intellectual disabilities in the school?

Table 1 indicated that 8, 100% of the teachers mentioned brushing of teeth, 6, 75% mentioned

washing of clothes, 3, 37.5% of them mentioned shoe lacing, while cleaning of drooling was mentioned by 7, 87.5% as the nature of self-help skills of children with intellectual disabilities. That meant the teachers considered the brushing of teeth, washing of clothes and cleaning of drooling as the most important self-help skills among children with ID, while shoe lacing was least important.

Table 1

Nature of self-help skills of children with intellectual disabilities

Skill	Frequency	Percentage
Brushing of Teeth	8	100
Washing of clothes	6	75
Shoe lacing	3	37.5
Cleaning of drooling	7	87.5

Research Question Two: To what extent are the teachers provided with instructional

materials in teaching self-help skills to children with intellectual disabilities?

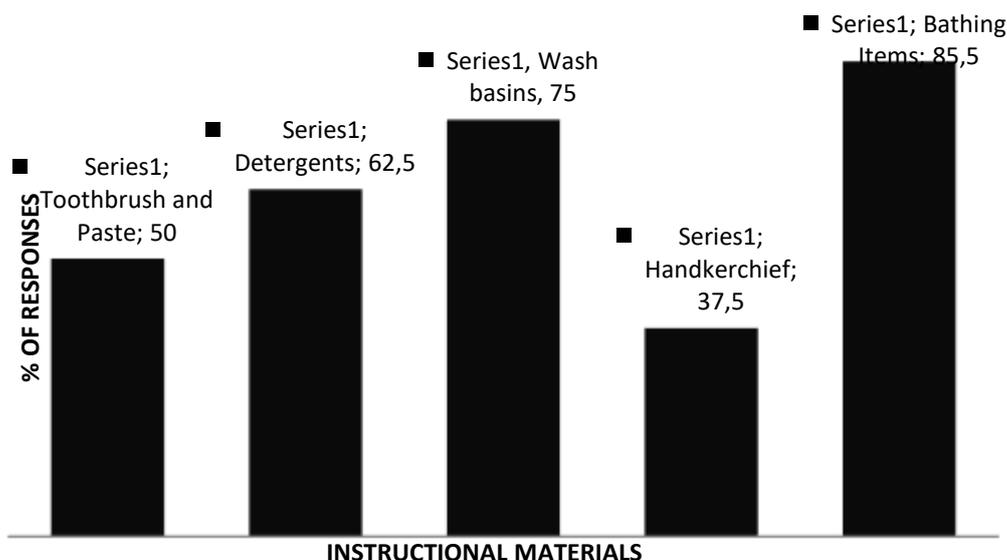


Figure 1

Extent of provision of instructional materials in teaching self-help skills

The findings in figure 1 showed that 50% of the respondents said that toothpaste and toothbrush were provided, 62.5% said detergent was provided, 75% said wash basins were provided, 37.5% said that a handkerchief was provided while 85.5% said that bathing items were provided. Most of the materials for teaching self-help skills were inadequate. Since there was a low percentage of

material provision for the training of children, it meant that children would be deficient in the self-help skills taught by these instructional materials.

Research Question Three: What is the difference in performance of using a toothbrush in brushing teeth of children with intellectual disabilities before and after interventions?

Table 2

Performance of the children with intellectual disabilities using a toothbrush

Group	Sample	Pre-test	Post-test	Difference
Experimental	1	26	37	09
Experimental	2	19	36	17
Experimental	3	22	36	13
Experimental	4	24	39	15
Control	1	18	23	02
Control	2	20	26	06
Control	3	23	25	02
Control	4	22	24	02

Table 2 shows the result of the use of a toothbrush performance scores at pre-test and post-test stages for all the children in the experimental and control groups. The table shows that at pre-test, the scores for children in both groups range from 18 to 26, compared to the post-test where the experimental group has the improved scores ranging from 36 to 39 compared to the control group's range of scores from 24 to 26. This implies that there is significant difference in performance of using a toothbrush in

brushing teeth of children with intellectual disabilities in the experimental group at the improved range of 09 to 17 as against the control group's range of 02 to 06.

Research Question Four: What is the difference in performance of using a handkerchief to clean drooling of children with intellectual disabilities before and after interventions?

Table 3

Performance of the children with intellectual disabilities using a handkerchief

Group	Sample	Pre-test	Post-test	Difference
Experimental	1	15	25	10
Experimental	2	10	26	16
Experimental	3	12	24	12
Experimental	4	14	26	12
Control	1	13	14	01
Control	2	14	15	01
Control	3	15	12	03
Control	4	11	15	04

Table 3 shows the result of the use of handkerchief performance scores at pre-test and post-test stages for all the children in in experimental and control groups. The table shows that at pre-test, children in both groups have a range of scores from 10 to 15, compared to the post-test where the experimental group has the improved scores with the range of 24 to 26 compared to the control group that retained a similar range of scores from 12 to 15. This implies that there is significant difference in performance of using a handkerchief in cleaning drooling of children with intellectual disabilities in the experimental group with the improved range of 10

to 16 compared to the control group's range of 01 to 04.

Research Question Five: What is the difference in performance of using detergent in the washing of clothes for children with intellectual disabilities before and after interventions?

Table 4 shows the result of the use of detergent performance scores at pre-test and post-test stages for all the children in the experimental and control groups.

Table 4

Performance of the children with intellectual disabilities using detergent

Group	Sample	Pre-test	Post-test	Difference
Experimental	1	42	64	22
Experimental	2	40	62	22
Experimental	3	39	59	20
Experimental	4	44	58	14
Control	1	39	42	03
Control	2	41	39	02
Control	3	39	44	05
Control	4	43	39	04

The table shows that at pre-test, children in both groups have a range of scores from 39 to 44, compared to the post-test where the experimental group has the improved scores within the range of 58 to 64 compared to the control group that remained with a range of scores between 39 to 44. This implies that there is a significant difference in performance of using detergent with laundry tasks of children with intellectual disabilities in the experimental group with the improved range of 58 to 64 compared to the control group's range of 39 to 44.

Discussion

The study was on effects of the use of instructional materials on self-help skills of children with intellectual disabilities in Abuja School for the Handicapped, Abuja. The present study attempted to present and discuss the findings on effects of the use of instructional materials on self-help skills of children with intellectual disabilities.

The study revealed that the teachers of children with intellectual disabilities (ID) considered brushing of teeth, washing of clothes and cleaning of drooling as the most important self-help skills amongst children with ID, while shoe lacing was least needed. The result showed that 8, 100% of the teachers mentioned brushing of teeth. This implies that all the children in the school learn to brush teeth as a self-help skill and they required support from the teachers to teach how to brush teeth in their dormitories. Also, 6, 75% mentioned the washing of clothes. This also implies that a considerable number of children with intellectual disabilities are taught how to wash clothes in the dormitories. The finding also revealed that 3, 37.5% of teachers mentioned shoe lacing, implying that a fewer

number of children learn how to tie shoe laces as self-help skill, whilst cleaning of drooling was mentioned by 7, 87.5% as important self-help skills for children with intellectual disabilities. The study also revealed that most of the materials for teaching self-help skills were inadequate. Since there were low percentages of material provision for the training of children, it meant that children would be deficient in the self-help skills taught by these instructional materials. The result of the present study was in agreement with the studies by Pierce and Schreibman (1994) which demonstrated the use of pictorial self-management to teach self-help skills as effective. Pierce and Schreibman (1994) also argued that it is common among parents to train self-help skills to their children with intellectual disabilities using Behaviour Modification. Twenty one (21) of the children acquired self-help skills as a result of being taught by their parents. The study also showed that the skills remained even after the tangible reinforces were removed. Swain, Lane and Gast (2015) supports several procedural applications used to teach daily living skills to the ID.

Okoko (1998) observes that every good curriculum for children with intellectual disabilities should contain self-help skills. The writer asserts that trained teachers are able to identify and use correct instructional materials and teaching methods to teach physical education. Children with intellectual disabilities often demonstrate delays in many areas of development. Because of these delays, they may need additional help. In order for children to receive acceptance and acquire as much independence as possible, it is important that self-care skills be a focus during the pre-school years. Moreover, children with intellectual disabilities are more likely to need extra support in everyday activities. The support needs of

a child will vary depending on the nature of the task, the child's disability and environment. While some children will need no help, others may need a little and others will always need support with certain activities. The study revealed that there was significant improvement in the ability to use a toothbrush in brushing teeth of the children in the experimental group. This implies that the use of effective instructional materials and methods enabled the improvement in the ability to use a toothbrush in brushing teeth of children with intellectual disabilities. This study agreed with the evidence of Klein and Cook (2001) who found that to make methods of teaching effective, teachers need to use various strategies such as IEP, task analysis, visual approaches, modelling, and reinforcement amongst others. Evidence suggests that learners with disabilities and learning problems most frequently do best in structured programmes where effective direct teaching methods are employed. In particular, Kamuri (2015) asserts that learners with intellectual disabilities require an environment which is well organised and a programme which is presented clearly and with abundant opportunities for success. Brennan (1987) adds that structured teaching strategy also involves helping learners with intellectual disabilities understand what is expected of them. Additionally, washing dishes, cleaning, and folding laundry are all examples of essential functional daily living skills (Gardner & Wolfe, 2015).

The study also revealed that there was significant improvement in the ability to use a handkerchief in cleaning drooling of children in the experimental group. This also implies that the use of effective instructional materials and methods enabled the improvement in the ability to use handkerchief in cleaning drooling of children with intellectual disabilities. The researchers inferred that the proper instructional methods and materials enabled the improvement of the children. This finding was in agreement with Arends (1994) who submitted that teaching methods and concrete learning materials, trained teachers particularly in intellectual disabilities, approach the art of teaching self-help skills critically and reflectively make improvement in the teaching of children with disabilities. The author added that if teachers are innovative, open minded and altruistic, willing to take risks with themselves and their learners, they are also capable of making critical

judgments about skills for individual learners (Arends, 1994). As experts, they use relevant and best methodologies to impart skills for independent living to their learners. In addition to using research based practices, these teachers are guided by their professionalism to use other methods not guided by scientific knowledge but which depend on individual judgments based on personal experiences, as Gage (1984). Kaur (2015) corroborated that teachers without proper knowledge of teaching methods underestimate the power of intervention strategies. Kaur compares this characteristic of an untrained teacher to watering down antibiotics and then try to evaluate their effects on children's illnesses. Teaching strategies are therefore important in teaching SHS to learners with intellectual disabilities.

The study also revealed that there was significant improvement in the ability to use detergent in the washing of clothes of children in the experimental group. This also implies that the using instructional materials and methods enabled the improvement in the ability to use detergent in the washing of clothes of children with intellectual disabilities. The finding agreed with Wambui's (2013) opinion that instructional materials may be expensive, shop-bought equipment or can be made from locally available materials. Moreover, it is important to note that all children especially those with intellectual disabilities need materials which they can touch, feel, see and even play with. They need concrete materials for concept formation. The writer added that materials should reflect their functional curriculum and therefore, such themes as personal care, feeding, care of the home, food selection and preparation, safety and security, recreation and leisure, money and health require concrete and situational materials (Wambui, 2013). The question of adequacy and appropriateness in teaching daily living skills to children with intellectual disabilities is not supposed to arise. Mechling, Ayers, Bryant and Foster (2014) posits that washing dishes, cleaning, and folding laundry are all examples of essential functional daily living skills, and that many children with mild intellectual disabilities make tremendous advancements in adaptive skills, some to the point of functioning independently if exposed early to early intervention (Cannella-Malone, Fleming, Yi-Chung, Geoffrey, Abby & Angela, 2011).

Conclusion

Self- help skills are home and community living techniques that allow individuals to deal with current and future day to day demands and responsibilities. These skills enable the individual to learn to be independent and responsible. The skills are; personal care and hygiene, dressing, laundry processes, shoe care, food preparation and eating, money, transportation, job skills, home and kitchen management, time management, leisure and recreation (Friend, 2008).

As primary caregivers, families are faced with formidable demands for coping and adaptation. One of the pre-requisites for effective coping is the development of the necessary skills. These skills are needed for coping with the intellectual disabilities, with the system and with the personal and familial consequences of intellectual disabilities. There are two kinds of skills that are needed by families; para-professional skills that will enable them to meet the specialised needs of their child and general skills that enhance coping effectiveness.

Teaching of self-help skills to children with intellectual disabilities was aimed at making them acquire personal and independent skills. To achieve this, teachers identified and used instructional materials which they felt were effective for training self-help skills. No single teaching method for SHS of learners with intellectual disabilities can work alone, without teaching strategies. Teaching strategies enhance and enrich teaching methods for learners with intellectual disabilities.

Recommendations

Based on the findings of this study, the following recommendations are offered:

1. Parents should be advised to develop self-help skills in their children especially children with intellectual disabilities for the purpose of self-independence.
2. Parents should be aware of their children's intellectual, social, emotional and self-help abilities in order to assist in developing them.
3. Teachers and caregivers of children with intellectual disabilities should help in the acquisition of hygiene protection skills and behaviour through training.
4. There should be provision and use of appropriate teaching materials of self-help skills to maintain children's attention and retention of skills.

Future research should adopt single subject experimental research design as an evidence based method for children with intellectual disabilities.

5. Further research is clearly warranted to provide further validity to the practice of instructional materials for self-help skills for children with intellectual disabilities. Most importantly research is needed that can provide more generalised results and rigorous experimental designs.

Conflict of Interests

The authors declare no conflict of interests.

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