Effect of *Panchtantra* Stories on Developing Prosocial Behavior among Individuals with Intellectual Disability

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ABSTRACT

Background: Prosocial behavior is the behavior of living in harmony with others. Individuals with intellectual disability have poor interpersonal skills and immature behavior; these problems affect the ability of the children to cope up with special education needs and other self-help skills.

Objective: The main objective of the present study was to find out the effect of Panchtantra stories on developing prosocial behavior among individuals with mild intellectual disability through video and storytelling.

Participants: Individuals with intellectual disability (N=30) IQ ranging from 50-69 with age group between 10-16 years studying at GRIID, Chandigarh were selected. Samples were divided into three groups (10 each) one control group and two experimental groups. Individuals are selected randomly for the samples, studying at GRIID Chandigarh. IQ of one with intellectual disability is between 50 to 69 (age group between 10 to 16).

Design: Pre-post equivalent group design of true experiment method was used.

Tool: Altruism scale (Hindi Version) developed by Rai and Singh (1988) published by National Psychological Corporation, Agra, India was used to measure Prosocial behavior of individual with intellectual disability.

Results: The study showed that storytelling method is more effective than the video showing method in developing pro social behavior among individuals with intellectual disability. It

also showed significant difference in prosocial behavior of male and female.

Conclusion: The findings indicated that prosocial behavior can be developed among individuals with intellectual disability through listening and watching Panchtantra stories.

Keywords: Prosocial behavior, Panchtantra stories, Intellectual disability

INTRODUCTION

The term "Intellectual Disability" can be defined as disability that limits mental ability. This affects the ability to make decisions, planning, thinking and reasoning as a result of which one loses ability to learn new things. Person who is or was qualified for an analysis of mental retardation is qualified for a finding of intellectual disability. When this ability to learn is lacking; it causes many problems in everyday life (Joseph, 2011). Knowledge is the general intellectual ability that includes thinking, arranging, taking care of issues, dynamically, understanding thinking complex thoughts, adapting effectively, and gaining for a fact. DSM-5 characterizes intellectual disabilities as neurodevelopment diseases that start in adolescence and are portrayed by intellectual troubles just as challenges in theoretical, social, reasonable zones of living (AAIDD, 2010).

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Intellectual disability encompasses a heterogeneous group of people with varying needs. It is changeable, as individuals may be asymptomatic at various times of their lives. The severity of the condition ranges from mild difficulties to such profound limitations that the person involved is nearly totally dependent upon others for basic needs. Individuals with intellectual disabilities can and do learn new aptitudes; however, they learn them all the more gradually (Beirne-Smith et al., 1994). Prosocial behavior demonstrates a sense of gentle behaviour, virtues, cooperation, praise generous behaviour, have love and care, affection and supporting others etc. Knickerbocker). (Roberta Many interconnected studies have found that those kids who are dismissed by their companion act less pro socially than do others (Asher and Coie, 1990). Numerous studies have discovered that prosocial activities are profoundly correlated with social acknowledgment. (Parkhurst and Asher, 1992). The Panchtantra is collection of moral stories for Indians kids. It is written in Sanskrit language by Vishnu Sharma and according to his records, dates to about 300 BCE. The tales are old and orally passed to ages. The word 'Panchatantra' is a made up of two words 'Pancha' meaning five in Sanskrit and 'Tantra' which means weave. The Panchatantra is a Niti-Shastra or course reading of Niti. The word 'Niti' implies generally 'The savvy direct of life'. Panchatantra is full of wisdom, wit, creativity, enthusiasm, entertainment and logical thinking (https://www.tell-atale.com/panchatantra-stories-origin/)

It gives a vision to teachers how to engage students in teaching learning process and making it more innovative and interesting. People with intellectual disability frequently have poor relational abilities and juvenile conduct; with the goal that they don't have social competency which is important to set up and keep up proper relational relations (Porkodi and Vasimalairaja, 2018). Individuals, who are intellectually disabled often have poor

interpersonal skills and immature behavior; So that they don't have social competency which is necessary to establish and maintain appropriate interpersonal relations. These issues influence the youngsters' capacity to adapt up to exceptional instructive guidelines and others as everyday living aptitudes. Thus, to improve master social conduct among intellectual impaired people, there is a critical need of study (Kulkarni, 2013).

This study is being conducted to help the teacher to understand how to engage students in the learning process. Teacher can help special children and general children learn the appropriate skills and behavior needed to work in a pro social manner. This study needed to help that 'story' is the most imperative piece of narration to stimulate moral values in the children at an early age. Through the stories the individual and social duty can be conferred into the students. They can comprehend the society and their role in the society (Porkodi and Vasimalairaja, 2018).

OBJECTIVE

To find out the effect of Panchtantra stories through storytelling and video showing method on pro social behavior among individuals with intellectual disability with regard to gender and age.

METHOD

Sample:

A sampling frame was prepared as per inclusion criteria then further subjects have been selected randomly. Individuals with intellectual disability (N=30) IQ ranging from 50-69 with age group between 10-16 years studying at GRIID, Chandigarh were selected. In the present study children with intellectual disability having functional skills (receptive communication expressive) of age range (10 to 16) years of both gender (male and female) were per their willingness included as participate. Children with speech and language disorder, visual impairment and hearing impairment were excluded under this study.

Design:

The study Pre-Post Equivalent Group design of true experiment method was used. There were three groups one control and two experimental groups.

Tool:

Altruism scale (Hindi Version) to measure prosocial behaviour developed by Rai and Singh (1988) published by National Psychological Corporation, Agra, India was used. The scale has three domains namely, egoistic altruistic, neutral and 30statements. Every statement has three alternative responses: Agree, Not Saying and Disagree score ranging from 2, 1 and 0 respectively. The reactions got as tick marks $(\sqrt{})$ on 30 statements of altruistic scale are evaluated. Every statement of the scale has three alternative reactions; altruistic, neutral and egoistic. The maximum score is 60 the minimum is zero. This Altruism scale (Hindi Version) is reliable and valid tool being used in India.

Procedure:

This study was approved by the ethics committee research and Government Rehabilitation Institute for Intellectual Disabilities (GRIID), Chandigarh, India. With the prior permission of the authorities followed by a written informed consent, subjects were selected based on the inclusion criteria. The selected subjects were divided in to three group's one control (CG) and two experimental groups (EG1 and EG2). Pre testing was done by using Altruism scale for groups. EG1 three was intervention of selected Panchatantra storytelling and EG2 was given intervention by showing videos of selected Panchtantra's stories. No intervention was given to the subjects of CG during the experimentation and they were engaged in their routine activities. However, after completion of the experiment the intervention of the (EG1 and EG2) to the control group was also offered as part of ethical consideration. Intervention was given to the experimental groups (EG1 and EG2) for 40 sessions (20 working days), thrice a week. In each session one story was shown/ preached twice, by the investigators.

RESULTS

Table1: Comparison of pre and post tests Mean of CG, EG1 and EG2

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|---|---------|----|-------|------|---------|---------|
| Tests | Groups | N | Mean | SD | t value | p value |
| Pre | Control | 10 | 35.40 | 7.16 | | |
| | EG1 | 10 | 34.30 | 6.71 | 0.89 | 0.92 |
| | EG2 | 10 | 34.60 | 3.47 | | |
| Post | Control | 10 | 36.00 | 6.84 | | |
| | EG1 | 10 | 45.10 | 5.97 | 5.48 | 0.01 |
| | EG2 | 10 | 43.50 | 6.83 | | |

Table 1 shows pre test mean score and post test mean score 35, 34 and 34 are 36, 45 and 43 respectively. The obtained t-

value of pre test is 0.92 and post test are 0.01. Students score more on post test.

Table 2: Comparison of Mean among males and females of CG, EG1and EG2

| Groups | Tests | Gender | N | Mean | SD | t-value |
|----------------|-------|--------|---|-------|-------|---------|
| Control | Pre | Male | 8 | 33.42 | 6.43 | .507 |
| | | Female | 2 | 33.00 | 14.14 | .294 |
| | Post | Male | 8 | 14.00 | 2.16 | .507 |
| | | Female | 2 | 33.7 | 14.14 | .294 |
| Experimental-1 | Pre | Male | 7 | 6.42 | .604 | .562 |
| | | Female | 3 | 8.39 | .536 | .628 |
| | Post | Male | 7 | 2.16 | 1.23 | .252 |
| | | Female | 3 | 1.15 | 1.58 | 1.57 |
| Experimental-2 | Pre | Male | 7 | 34.00 | 3.78 | .820 |
| | | Female | 3 | 36.00 | 2.64 | .533 |
| Experimental-2 | Post | Male | 7 | 42.71 | 7.58 | .956 |
| | | Female | 3 | 45.33 | 5.50 | .612 |

Table 2 shows that in control group male scores decreases in post test where as in experimental 2 group both male and female scores increase after intervention and shows that male and female mean scores decrease from 33.43 to 14.00 and from 36.33 to 12.33 respectively. t-value 1.23 and 1.58 are significant at 0.20 levels which shows that in control group male scores decreases in post test whereas in experimental 2 group both male and female scores increases after intervention.

Table 3: Comparison of Mean among different age groups of CG, EG1and EG2

| Groups | Tests | Age | N | Mean | SD | t-value | p-value |
|---------|-------|-------|---|-------|------|---------|---------|
| Control | Pre | 10-13 | 3 | 32.00 | 8.18 | 0.98 | 0.36 |
| | | 14-16 | 7 | 36.85 | 6.84 | | |
| | Post | 10-13 | 3 | 32.00 | 8.81 | 0.98 | 0.36 |
| | | 14-16 | 7 | 36.85 | 6.81 | | |
| EG1 | Pre | 10-13 | 5 | 31.40 | 5.50 | 1.45 | 0.19 |
| | | 14-16 | 5 | 37.20 | 7.08 | | |
| | Post | 10-13 | 5 | 12.8 | 1.79 | 1.11 | 0.29 |
| | | 14-16 | 5 | 14.20 | 2.17 | | |
| EG2 | Pre | 10-13 | 5 | 35.80 | 1.92 | 1.107 | .300 |
| | Post | 14-16 | 5 | 33.40 | 4.44 | 1.107 | |
| | Pre | 10-13 | 5 | 46.40 | 3.78 | 1.414 | .315 |
| | Post | 14-16 | 5 | 40.60 | 8.35 | | |

From table 3 it is clear that in control group there is no difference in pre and post scores of individuals. Experimental group 1, both age groups score decreases in post test i.e. from 31.40 to 12.8 in 10-13 years age group and from 37.20 to 14.20 in 14-16 years age group. In experimental group 2, both 10-13 years age group and 14-16 years age group score increases in post test after intervention. Compare the scores different age groups. Scores of control group is same in pre and post test in both age groups but in experimental group 2, both age groups score increases in post test i.e. from 35.80 to 46.40 in 10-13 year's age group and from 46.40 to 14.60 in14-16 years age group.

Table-4: shows Post mean difference in CG, EG1 and EG 2

| | (A) Group | (B) Group | Mean Difference (A-B) |
|-----------|-----------|-----------|-----------------------|
| Post Test | Control | EG1 | -9.100* |
| | | EG2 | -7.500 [*] |
| | EG1 | Control | 9.100* |
| | | EG2 | 1.600 |
| | EG2 | Control | 7.500 [*] |
| | | EG1 | -1.600 |

^{*}The mean difference is significant at the 0.05 level.

Table 4 shows mean differences in post test scores of children. Difference in means indicate that EG1 and EG2 groups shows increase in pro social behavior of children after intervention. The mean difference is significant at the 0.05 level.

DISCUSSION

This study found that there is a positive effect of Panchtantra stories on developing of prosocial behavior among children with mild intellectual disability. Parents and teachers of children with intellectual disability can develop and encourage behavior like sharing, helping, cooperating etc. and also try to eliminate challenging behavior among children with special need. Results of the study indicated that storytelling and video showing both developing methods were effective in prosocial behavior among individuals with intellectual disability. No significant difference was found with regard to gender in developing prosocial behavior among individuals with intellectual disability. However, through mean it can be seen that female participants scored better than the male in the post test of EG-1 and EG-2. Similarly, no significant difference was found with regard to age in developing prosocial behavior. However, the age group 14-16 scored greater than the age group of 10-13. Findings of the present study indicates that no significant difference with regard to gender and age was found which means prosocial behaviour was learned equally by all irrespective of gender and age. Similar findings were reported by Crozier and Tincani (2007) which says that social stories increased prosocial behavior in individuals with autism spectrum disorder. Wright and McCathren (2012) reported that the social story was humbly effective in expanding prosocial behavior in young children with autism. Another study suggests that social stories increase prosocial behaviors and decrease non-compliant behaviors preschool students (Baker, 2013). Mcnelly and Smith (2013) suggest that the social stories can be viable mediation for regularly creating preschoolers who exhibit testing practices. Findings of the study carried out by Karayazi et al. (2014) indicated that the social stories were effective in improving the prosocial behaviors in two areas, greeting behavior and nose-wiping behavior. Suric (2014) found that standard social stories were effective in lessening problem conduct and expanding prosocial conduct. Leaf et al. (2008) found that teaching package was effective in the targeted social skills and in increasing the social abilities and in expanding prosocial behaviors of three kids with autism.

Gul (2016) suggested combining use of video modeling and social stories in effective teaching social skills. Webb et al. (2012) proposes that social stories have been used to improve numerous kinds of practices prosocial conduct, including correspondence, conversational abilities, onconduct, out-of-seat conduct, complementary associations, diminishing socially unseemly and unwanted practices, satisfactory verbal welcome inceptions, selfguideline, and in general social attitudes among kids and young people with autism spectrum disorder. Porkodi and Vasimalairaja (2018) emphasized parents and teacher have played by an important role for the enhancement of prosocial behaviour among primary school student inculcate the basic human values compassion, tolerance like love, honesty-that would help them to express those pro-social behavior acts that demonstrate sense of empathy, a cooperating and helping others. Gallego et al. (2018) reported that understudies associated with dialogic scholarly social affairs expanded essentially their degree of prosocial conduct more than those in the benchmark groups. Dunst et al. (2012) found that interest-based intervention rehearses were viable as far as expanding prosocial and diminishing deviant youngster behavior. Nickel (2014) found that expansion of social collaborations and inception of play just as prosocial practices in light of individual space toward their peers with autism.

POLICY IMPLICATIONS

This study can help in understanding how individuals with intellectual disability can learn prosocial behavior. Schools and policy makers can design curriculum/programs in such a way that it helps in developing prosocial behaviour among individuals with intellectual disability. Indian literature can be of a great to improve pro-social behavior. Teaching children with intellectual disability in the classroom involves more focus on using different teaching material and concrete representation but in order to make the curricula accessible to all the learners it is important to perform such skills academically in such case storytelling can be effectively used for the training of different skills. The strategy chosen in the present study should be brought in regular classroom teaching with conducting more research on it.

CONCLUSION

Individuals with intellectual disability often have poor interpersonal skills and immature behavior. The result indicates positive effect of Panchtantra stories through storytelling and video showing methods on developing prosocial behavior among individuals with intellectual disability. However, storytelling method has been found more effective than the videos method. It is concluded that prosocial behavior can be enhanced among students through listening and watching Panchtantra stories.

REFERENCES

- The AAIDD Ad Hoc Committee on Terminology and Classification. (2010). Intellectual disability: Definition, classification and systems of supports (11th ed. of AAIDD definition manual). American Association on Intellectual and Developmental Disabilities.
- 2. Asher SR, Coie JD. Cambridge studies in social and emotional development. Peer rejection in childhood. Cambridge University Press. 2019.
- 3. Baker S. Effects of social stories on noncompliant behavior in preschool general education setting. State University of New York, Fredonia, New York. 2013
- 4. Beirne-Smith M, Patton J, Ittenbach R. Mental Retardation (4th edition). Columbus, OH: Macmillan. 1994.
- 5. Crozier S, Tincani MJ. Effects of social stories on prosocial behavior of preschool children with autism spectrum disorder. Journal of Autism and Developmental Disorders, 2007, 37(1), 1803–14.
- 6. Dunst C J, Trivette C M, Hamby DW. Meta-analysis of studies incorporating the interests of young children with autism spectrum disorders into early intervention practices. Autism Research and Treatment, 2012, 1-10. doi:10.1155/2012/462531
- Villardón-Gallego L, García-Carrión R, Yáñez-Marquina L, Estévez A. Impact of interactive learning environment in children's prosocial behavior. Sustainability, 2018, 10(7), 1-12.
- 8. Gul S O. The combined use of video modeling and social stories in teaching social skills for individuals with intellectual disability. Educational Sciences: Theory and Practice, 2016, 16(1), 83-105.
- 9. Joseph R A. Aspects of Rehabilitation. Samakalan Publishers: Varanasi, India. 2011.
- 10. Karayazi S, Evans P K, Filer J. The effects of a social story[™] intervention on the prosocial behaviors of a young adult with autism spectrum disorder. International Journal of Special Education, 2014, 29(3), 126-133.
- 11. Kulkarni, S. (2013). Panchatantra an example of using narrative in teaching in ancient Indian education. Tampere University Press, 199-216. 2013.

- 12. Leaf J B, Taubman M, Bloomfield S, Rafuse L, McEachin J, Oppenheim M L. Increasing social skills and pro-social behavior for three children diagnosed with autism through the use of a teaching package. Research in Autism Spectrum Disorders, 2008, 3(1), 275-89.
- 13. Mcnelly M E, Smith J. Effects of social stories on the behaviors of typically developing preschoolers. National Head Start Association Dialog, 2013, 16(4), 48-63
- 14. Nickel D M. Use of peer-training and social storiesTM to increase interactions and prosocial behaviours of general education students toward their peers with autism (unpublished thesis). Texas State University, San Marcos, Texas. 2014.
- 15. Parkhurst J T, Asher S R. Peer rejection in middle school: Subgroup differences in behavior, loneliness and interpersonal concerns. Developmental Psychology, 1992, 28(2), 231-41.
- 16. Suric, D. (2014). Using multimedia social stories TM to enhance prosocial behavior of at-risk preschoolers. Graduate Theses and Dissertations.
- 17. Webb S H, Hubbell S P, Bedesem P. Increasing prosocial behaviors of young children with disabilities in inclusive classrooms using a combination of peermediated instruction and social narratives. Beyond Behavior, 2012, 21(2), 29-36.
- 18. Wright LA, McCathren RB. Utilizing social stories to increase prosocial behavior and problem behavior in young children with autism. Child Development Research, 2012, 1-13. doi:10.1155/2012/357291
- 19. https://www.learningtogive.org/resources/prosocial-behavior
- 20. https://www.tell-a-tale.com/panchatantra-stories-origin/
- 21. https://penguin.co.in/thepenguindigest/deco ding-the-panchatantra-6-little-known-facts-about-the-evergreen-animal-fables/

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