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The Parental Attitude of Mentally Retarded Children

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Abstract- Mental retardation is a worldwide problem and in India it is a shocking and alarming fact that approximately 2.5 to 3% of the total populations are mentally retarded. Mental retardation is not only a biological, educational or psychological problem but it is a multi-dimensional problem of a mixture of psycho-social, biological and educational factor. But the public and professional interest in the etiology of mental retardation and their in the problems faced by retarded children and their families has been at best meager and sporadic. This apathy has persisted despite the high incidence of mental subnormal threats the world, a problem which no society can avoid. This study aims to find out the Parental Attitude of Mentally Retarded children in Kolkata. The study reveals that 27 out of 30 parents have shown their favorable parental attitude which is above 50 % of the total. Rest 3 have shown unfavorable parental attitude, which is below 50 % of the total. But those who are even above 50% do not have 100% positive attitude. As the problem is not a biological, social worker should play a significant role in solving this social problem. Therefore this research study is taken.

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The Parental Attitude of Mentally Retarded Children

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Abstract- Mental retardation is a worldwide problem and in India it is a shocking and alarming fact that approximately 2.5 to 3% of the total populations are mentally retarded. Mental retardation is not only a biological, educational or psychological problem but it is a multi-dimensional problem of a mixture of psycho-social, biological and educational factor. But the public and professional interest in the etiology of mental retardation and their in the problems faced by retarded children and their families has been at best meager and sporadic. This apathy has persisted despite the high incidence of mental subnormal threats the world, a problem which no society can avoid. This study aims to find out the Parental Attitude of Mentally Retarded children in Kolkata. The study reveals that 27 out of 30 parents have shown their favorable parental attitude which is above 50 % of the total. Rest 3 have shown unfavorable parental attitude, which is below 50 % of the total. But those who are even above 50% do not have 100% positive attitude. As the problem is not a biological, social worker should play a significant role in solving this social problem. Therefore this research study is taken.

I. Introduction

Human Being is endowed with numerous abilities, mental, intellectual, social temperamental, motivational, attitudinal. But still some person is found deficient in some of the abilities. Sociological, biological and various environmental factors are responsible for the deficiency of the children. They suffer even from prenatal stage as a result of which they are born with several disabilities in mental and even in physical aspects. Though these deficiencies are not expected in the society, but it is the reality that these deficient children exist and they cannot be thrown out of the society. The society has the responsibility to take care of the specific deficiencies from which they suffer, and should render maximum effort to consider them sympathetically and provide them the service so that they can utilize their capacity is the maximum and be a part of the mainstream society.

Attitude towards disabled as well as origin and development of welfare and rehabilitation services for these special groups of people are not so clear. Familial structure and family conditions of the disabled, particularly of mentally retarded people are not so clear as research activities in this area have not undertaken sufficiently so far in India and particularly in Kolkata.

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II. Discourse on Mentally Retarded

There are several definitions about mentally retarded. Luria (1963) defined mental retardation on the basis of essential cause of mental retardation. According to him "Mental Retarded Children… suffer from a severe brain disease while in the uterus of early childhood, and this has disturbed the normal development of the brain and produced serious anomalies in the mental development …. The mentally retarded children are sharply distinguished from the normal by the range of ideas he can comprehend and by the character of his perception of reality." Therefore According to Luria any type of brain damage is essential for being mentally retarded. But there are several cases where mentally retarded individual have no damage in the central nervous system. Therefore the definition of Luria is not accepted by all.

According to Mental Health Act 1983, " Severe mental impairment means a state arrested or incomplete development of mind which include severe impairment of intelligence and social functioning and is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concern."

This legal definition also is accepted neither by the educationist nor by sociologist.

In 1983, the latest and the most accepted definition mentally retarded was published by American Association of Mental Deficiency (AAMD). According to this definition, "Mentally retarded refers to significantly sub average general intellectual functioning result in, or associated with concurrent impairment in adoptive behavior and manifested during development period."

Sociologist defines mentally retarded based on failure in social adjustment. According to Tregold (1937), "Mental deficiency is a state of complete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of fellows in such a way as to maintain existence independently of supervisor, control or external support."

III. Classification of Mentally Retarded

According to Grossman (1983), Hobb (1975), Warren (1984), "Classification (of mentally retarded) is

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necessary to the provision of quality service delivery as well as to direct prescription as research efforts."

The primary aims are directed towards –

1. Assisting in the use of an acceptable, uniform system throughout the world.
2. Helping in diagnostic, therapeutic and research purpose.
3. Facilitating efforts at prevention.

According to Grossman, Terjan (1987) the functions of classification of mentally retarded are as follows-

1. It is used in various policy making activities.
2. It is clinically useful for communication and research.

Psychologist classified mentally retarded on the basis of I.Q.

They are as follows –

- Profound mentally retarded (I.Q – 20 and below)
- Severe mentally retarded (I.Q – 20-35)
- Moderate mentally retarded (I.Q – 35-50)
- Mild mentally retarded (I.Q – 50-70).

They are again classified into following sub groups –

a. Educable mentally retarded
b. Learning disabled
c. Behaviourely disabled

Educationist/ special educators classified mentally retarded into three groups (Macmillan 1982):

a. Educable mentally retarded – They can be educated with help of special education, special designed curriculum and teaching methods.
b. Trainable mentally retarded – They can be trained on some vocation with the help of special educators.
c. Severely and profoundly retarded – They are also known as custodial mentally retarded.

American Association of Mental Deficiency Manual List (1983), classified mentally retarded on the basis of etiology of retardation.

Mental retardation is considered under the following criteria:

A. Clinical Criteria – Pathological type along with social and intellectual handicap such as Downs Syndrome' and other rare conditions.
B. Legal Criteria – According to English Mental Health Act (1959), "A patient is subnormal by reason of arrested or incomplete development of mind which includes sub normality of intelligence. He requires or is susceptible to medical treatment or other kind of special care or training.
C. Psychometric Criteria – Intelligence score is the measure of general ability if the intelligent is lower than two standard deviation below the normal person is said to have retarded intelligence. People scoring less than 70 points are retarded (According to a standardized IQ Test).
D. Educational and Social Criteria – Mentally sub normal people are socially inadequate. They cannot adopt themselves to the social order prevailing in the country. They are educationally sub normal or retarded. They are enabling to derive any benefit from education in the ordinary school.

IV. Etiology of Mental retardation

1. The causes of mental retardation may be due to chromosomal abnormality or genetic problem.
2. Any kind of medical error either in the--- prenatal, perinatal or postnatal period.
3. Socio - cultural factors – Although the tiny foetus seems to have been protected and remote from the society in which he will be born, his mother is by no means impervious to her social surroundings and therefore her baby cannot be impervious either. Social factors can influence development of the foetus in many indirect ways. They can affect the nutrition of the mother, medical supervision she received during pregnancy amount of rest she obtains and the degree to which family planning is achieved. All these factors are related to the incidence of complication during pregnancy or prematurity and of brain damage both before and during birth.

The overwhelming majority of mentally retarded children come from low socio economic group (Passamanick 1959). The estimate of frequency of mentally retarded in this segment of population range between 10% and 30% in contrast with about 3% in the total population (Biswas 1980). Many factors contribute to the said picture.

1. Role of the family – Delay in the early closeness between mother and mentally retarded child often induces parental inner turmoil, grief, a sense of disappointment and a feelings of guilt and failure, these feelings of guilt and failure these feelings of parents make a child mentally retarded.
2. Influence of community – Because of inability the retarded child is frequently excluded from his neighbourhood and peers leading to further frustration and feeling of inadequacy.
3. Maternal deprivation – The mentally retarded child needs some more amounts of motherly affection and stimulation. Denial of this leads to loss of resources read inner capability of the child whatever he possess. This matter is of particular importance in the problem of early institutionalization.
4. In – different maternal care – Rejection from parents and institutionalization makes a border line case to mild mentally retarded.
5. Increased family size is also a factor for retardation, as each child receives a smaller amount of attention from their parents.

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6. Socio economic statuses of the parents are also related with the retardation of the parents are also related with the retardation of the child. It was found that parents from lower socio economic class usually give birth of mildly retarded child (Passmanick 1959).
7. Emotional and Social problem – Environmental deprivation and cultural deprivation are closely related with the birth of a retarded child.

V. Parental Attitudes

Parental attitudes influence the way parents treat their children and their treatment of the children, in turn, influences their children's attitudes toward them and the way they behave. Fundamentally therefore, the parent-child relationship is dependent on the parents' attitudes.

If parental attitudes are favorable, the relationship of parents and children will be far better than when parental attitudes are unfavorable.

VI. Sources of Parental Attitudes

Like all attitudes, the attitudes of parents toward their children are a product of learning. Many factors help to determine what attitudes will be learned, the most common of these are as follows—

1. Dream child
2. Early experience with children color parental attitudes toward their own children.
3. Cultural values about the best way to treat children.
4. Parents who enjoy the parental role and are happy and well adjusted to marriage, reflect their favourable attitudes towards their children.
5. When they feel inadequate and unsure of how to bring up their children that reflects towards the unfavourable behavior.
6. Satisfaction of the parents about their child.
7. Broken relationship also makes unfavourable attitudes towards children.
8. React of a child also differ.

VII. Some Typical Parental Attitudes

These are –

- Over protectiveness
- Permissiveness
- Indulgence
- Rejection
- Acceptance
- Domination
- Submission to child
- Favoritism
- Parental ambitions.

VIII. From Alliance With Devil to Welfare

Historical Survey: It is hard to structure the history of special education and welfare for the mentally retarded in the West are obtained either in form of pictorial or as social attitude towards them, because it might be that the subject was not of much interest either to the writers or to those concerned with societal health. Perhaps the earliest written documents about mentally retarded were that of Papyrus of Thebes (552 B.C) which discussed the treatment of intellectually deficient people. Kolstoe and Frey (1965) characterized the period of treatment of (Retarded Person) in ancient Greek and Roman civilization "as the era of extermination" a reaction they attribute to society's quest for survival. Both Greek (452 B.C.), Roman (439 B.C.), recorded official references to the condition of mentally retarded.

According to L'Abate and Cartis (1975), early Greece used to term 'idiot' to all type of deviancy to the norms. In Greeks deform children were removed from the society and left to die, although some less retarded person survived as slaves of physicians or as prostitute of Sentinel(Keramidas 1976). "The legal system of Athenian and Spartan city state dealt seriously with mental defectives because societal interest was in developing nations free of defectives. The mentally retarded were thought of as an essentially non human and treated accordingly. The laws of Lycurgus called for deliberate abandonment of 'idiots and fools' (mentally retarded) and as a result such persons were thrown off mountains, drowned in the river or simply left to elements to die. They were considered incapable of human compassion. Extermination was generally accepted practice." (Gearheart 1980)

"Rome continued Greece's programme of genocide and the practice of leaving children in open sewers were common." (Kaufman, Payne 1975).

The only concerned for treatment of mentally retarded appears to have been suggested in the East by Confusius (500 B.C) and Zoroaster (400 B.C), who advocated tender care for retarded person. Justianian who's often ignored code suggest some care and treatment (Repp 1983). The movement of protection for mentally retarded started in this period. Until 1500 A.D. there were little change occurred in the attitude towards the mentally retarded. Christianity provided the first real hope for the mentally retarded members of the society. The teaching of Christ, with the Catholic Church developing sympathy and compassion for the mentally retarded resulted in isolated instances where society recognized its responsibility.

First educational as well as social acceptance in real sense was first started by Dr. Jean Mare Gaspard Itard, Chief Medical Officer at National Institute of Deaf & Dumb in Paris through working for Victor (a wild boy of

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Aveyron, France in 1798). The 1835 Edward Seguin, Itard's pupil developed. "Physiological Method "as a new teaching approach for the retarded. He succeeds in sense training for the retarded. His success led to the formation of first experimental class for retarded in an asylum in Paris. By 1846 Institution for Retarded had been founded in France, Germany and England and in U.S.A, by 1848. After a century in 1950 the residential status of retarded persons changed today school status and now to integrated education.

In British India first description of mentally retarded child was found in the writings of Green (1856-57), who was a jungle boy found in a jungle near Nogaon in Assam &was admitted to Dacca Lunatic Asylum on26th Feb,1842 at an age of 14 years.

In India first Asylum for mentally retarded was first established in Madras in 1841(Crowford 1914).

The first school in West Bengal was established for mentally retarded at Jhargram (1933-34) in Midnapur district. This institute, Bodha Naniketan was later shifted to Belghoria near Kolkata (1936-37).

Attitudes towards mentally retarded in India was not negative like that of Rome and Greece. In ancient India the intellectually weak persons are identified by various terms and was first reported in 'Rig Veda'. According to the laws of Manu disability was the result of misfortune sent by deity, fate, 'Karma', often associated with parental or personal sin.

But Manu, specified that the head of the family will be bound to look after the retarded member.

In the Pauranic age about 1600 years ago, first scientific thinking developed to train the mentally retarded children in India. As a result World's first special education text named ' Panchatantra' was deviced by an eighty years old scholar, Bishnu Sharma (Bassom 1954).

In the modern era some researchers tried to seek the parental attitude of traditional Hindu family towards their mentally retarded child and found that – that most parents accepted their retarded child with philosophical attitude (Kamath 1951).

IX. Objectives of the Study

1. To review the parental attitude towards their Mentally Retarded Child
2. To give valid suggestion as to how such differently able children can rehabilitate themselves from their marginalized position by winning that their sincere, love, affection and confidence of their parents.

X. Methods and Procedure of the Study

a) Nature of the Study

It is a survey study of involvement of family of Mentally Retarded Children.

b) Population & Sample Size

In the present study all the parents of MR Child of Kolkata to special schools and psychiatric clinics are taken as population.

The sample consisted of 30 parents (father, mother or other) of Mentally Retarded Children. Subjects were randomly selected from 2 Special Schools situated in Kolkata and Dr. Soumitra Basu's clinics. The specials schools are – (i) Kishalay, Sachin Mitra Lane, Baghbazar, (ii) Alokendu Bodh Niketan, Kankurgachi. Parental age group was 30-60 years and their MR Children were from both genders. Further they were selected from Urban and belonged to different religions and had different income levels.

c) Rationale

The main aim of the present work is to find out the parental attitude of Mentally Retarded going Children in a metropolis like Kolkata. It has been observed by many doctors practicing in the field of psychiatry and many NGOs and GOs working in field of Mental Retardation, in the major cities of India like Kolkata that most of the parents have an altogether hostile attitude towards a Mentally Retarded child. Those parents consider them as a perpetual burden, whom they will have to carry throughout their life. They are very much pessimistic about the future of these children. When they think about the future of these Mentally Retarded children they become more anxious and nervous. They always have the habit to discriminate, not positive discrimination, those children with respect to their normal siblings.

This type of attitude and behaviour that they exhibit towards their own flesh and blood not only is bizarre in nature but also very very pathetic in approach. It is the parents who should be the main support of these differently able children and if they totally shun and reject them. Then where would they go? Who will act as a prop to them?

Well, in order to find answers to these significant questions this particular study has been conducted. It is hoped that this study will definitely give valid reason as to why, do they behave in such a manner with their Mentally Retarded Children. Those reasons might be taken into consideration by the therapist, and programme developers, while rectifying this type of negative attitude of the parents with respect to their Mentally Retarded offsprings and developing programmes for the sound rehabilitation of the children.

XI. Scales For Parental Attitude Towards Mental Retardates

This scale is used to measure the attitude of parents towards Mentally Retarded Children. The scale consists of 36 questions which were suitable to elicit responses of the parent's attitude towards their Mentally Retarded Child.

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a) Procedure

i. *Construction of the Scale*

The 36 items scale interview schedule was prepared from 53 items expressing parental attitude towards Mentally Retarded Children.

While constructing the items care was taken on the following points:

1. The items covered the important structural and functional features of parental attitude towards MR Children.
2. They expressed an opinion rather than a matter of fact.
3. They referred directly to the attitude object in question.
4. They were simple and unambiguous.
5. They covered the entire continuum of attitude towards religion from extreme favorableness to extreme unfavourableness.

Each statement was written down on a paper. The judges were asked to give their judgments on 5 point scale. The 1st point was defined as the place for items expressing extreme unfavorable parental attitudes towards MR Children. The 5th point was defined as the place for extremely favorable attitude. The other points expressed equal interval varying degrees of parental attitudes towards MR Children. The judges were informed that those points were equally placed.

When the classifications of items were completed the median of the scale values given by the judges were determined. The median position was taken for the score value for an item. Finally from 53 statements, 36 were retained which have the median value more than or equal 3. In the process of final selection of statements care was taken such that all the 5 scale points were covered by the final items. Cut off point of selection is determined of 3.

XII. Administration of the Scale to Measure the Parental Attitude Toward MR Children of the Subject

After the scale was prepared it was administered to the subjects whose attitudes to be measured. They were asked to say 'Yes' those items in the scale with which they agreed and say 'No' those items to which they disagreed.

a) Scoring

The subjects' attitudes score is the sum of the positive responses which they answered. After percentage (%) of the responses are taken out.

Information received from the parents (target group) were critically examined, cleaned, quantified as far as possible and tabulated systematically.

XIII. Findings from the Study

Table 1 : Judgment of the Judges

Statement	Judge 1	Judge 2	Judge 3	Median
1	4	5	4	4
2	3	4	5	4
3	3	5	5	5
4	2	6	4	3
5	1	4	3	3
6	1	5	4	4
7	1	2	4	2
8	5	5	4	5
9	5	5	5	5
10	5	5	5	5
11	3	4	2	3
12	2	4	2	2
13	5	3	1	3
14	5	2	1	2
15	5	2	1	2
16	1	4	5	4
Statement	Judge 1	Judge 2	Judge 3	Median
17	2	5	4	4
18	3	1	4	3
19	5	3	4	4
20	4	2	4	4
21	3	5	3	3

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22	4	5	4	4
23	4	5	4	4
24	1	1	1	1
25	1	1	2	1
26	5	5	5	5
27	2	3	3	3
28	1	2	2	2
29	3	4	2	3
30	1	1	3	1
31	1	4	4	4
32	4	3	3	3
33	5	2	3	3
34	5	2	2	2
35	5	1	1	1
36	5	5	1	5
37	1	5	2	2
38	3	1	3	3
39	1	3	3	3
40	5	5	5	5
Statement	Judge 1	Judge 2	Judge 3	Median
41	1	3	2	2
42	2	3	2	2
43	1	1	2	1
44	5	5	3	5
45	1	3	2	2
46	5	5	4	5
47	5	2	2	2
48	1	4	3	3
49	5	5	5	5
50	4	5	3	4
51	5	5	3	5
52	1	5	4	4
53	5	2	2	2

Source personal survey- 2012

Table 2 : Percentage of Positive Response

Data No.	No of Positive Response	Percentage
1	26	72.2
2	24	66.6
3	29	80.5
4	25	69.4
5	25	69.4
6	23	63.8
7	22	61.1
8	25	69.4
9	23	63.8
10	17	47.2
11	23	63.8
12	27	75
13	26	72.2
14	22	61.1
15	23	63.8
16	25	69.4
17	19	52.7
18	14	38.8
19	24	66.4
20	20	55.5
21	23	63.8
22	21	58.3

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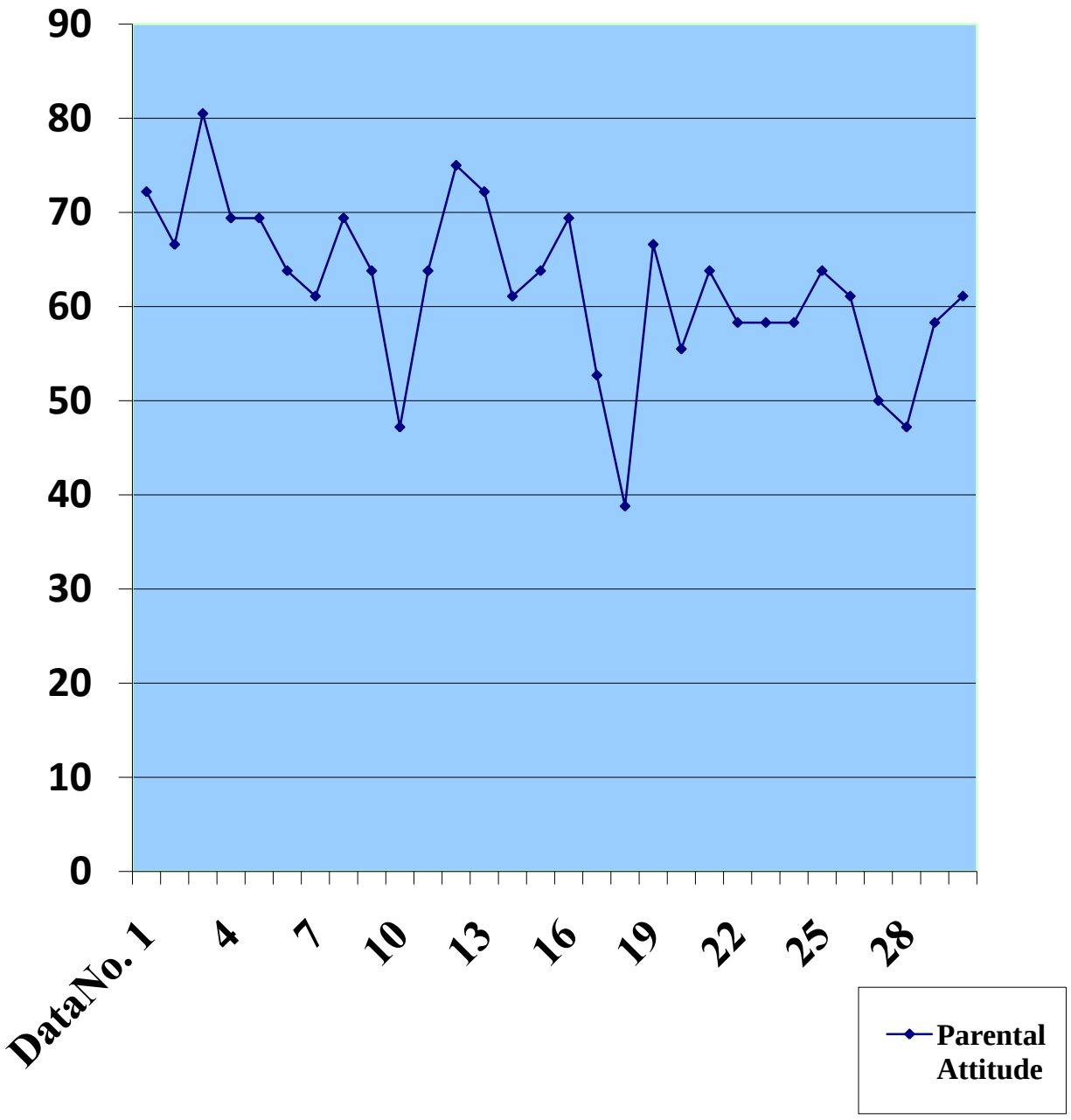
23	21	58.3
Data No.	No of Positive Response	Percentage
24	21	58.3
25	23	63.8
26	22	61.1
27	18	50
29	21	58.3
30	22	61.1

Source personal survey-2012



Graph 1: Graphical Representation of Parental Attitude of Mentally Retarded Children

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XIV. Interpretation & Analysis of the Data

While doing this study the researcher has taken into consideration the urban population, of a metropolis like Kolkata, belonging to middle income group and has interpreted the significant aspects related to the study which were observed during tabulation and analysis of the data.

During the last 40 years, our society has shown an increasing concern with respect to mental – illness as major social problem. But still today most of the people of this country cannot make out the differences between mentally retarded and mental – illness. Medical, social sciences have made a substantial beginning in the form of researches towards this direction. It has been observed that interest is growing rapidly with respect to the problem of mental retardation. Such rapid growth in interest is involving more and more researchers doing studies on mental retardation which is in terms producing a large accumulation of data on the general condition with which mentally retarded individuals are associated.

In this study it is observed that 27 out of 30 parents have shown their favourable parental attitude which is above 50 % of the total score set for this study. Rest of the 3 have shown unfavourable parental attitude, which is below 50 % of the total score set for the study. Those parents who have scored above 50% do not have 100% positive parental attitude. And one of the reasons of such unfavourable parental attitude is that they are always malcontent about their economic condition. They are of the opinion that if they had more money they could have spend more on their mentally retarded children.

As far as treatment of a mentally retarded child is concerned, either they are receiving special treatment in comparison to their siblings. Apart from this the parents are also seen to be over protective in nature with respect to them. In that case it is considered as a negative parental attitude expressed towards them, in the field of psychiatry.

In a study by Reference V. Ravindranadan and Raju, S. University of Kerala, Thiruvananthapuram, Adjustment and Attitude of Parents of Children with Mental Retardation mentioned that some parents may still feel ashamed of their wards with retardation and consider them as a burden. Others may consider it as their duty to take care of such children. In this particular study it is also observed that the parents of MR Children in an around of the city of Kolkata also consider their children to be burden. In normal scenario we find the vice versa taking place.

With respect to hopelessness exhibited by the parents it is to be taken into consideration that hopelessness of the parents is dangerous for the parents as well as for the children. Due to hopelessness they have a tendency to exhibit negative feeling or indifferent attitude.

It is also found that parents withdraw from the society due to insulting and unpleasant comments made by the so called well-wishers regarding their differently able child & which are not like the comments made to their normal counterparts.

Again it is seen that, at the back of the mind, of those parents of the mentally retarder children, that their expectations regarding their children would never be fulfilled. The frustrations resulting in the un-fulfillment of their expectations is due to the "demolition of expectancies" rather than being disabled. It is not difficult to imagine the extreme shock and disappointment that almost all the parents experienced when they are informed that their child is disabled. As this throw a cold blanket over the hopes and dreams of the parents and the parents have to rebuild their world in the light of this tragic situation.

From this study it is observed that many of them do not have any care save their own mothers. So it is quite comprehensive that, it is not possible for mothers to take care of their children in the way an expert caregiver does. That is why when there is a caregiver the child is reared up properly and scientifically.

One of the significant findings is that the parents are usually worried about their child's future. No change is noticed with this respect if we compare their attitude with respect to their normal child. Again the researcher found that the parents are not in a usual habit to save money for their MR Child, which makes their future much more insecure.

One of the significant facts of this study is that a disciplined life should be led by the mentally retarded children by following a specific routine ,but unfortunately it is noticed to be absent in the life of a MR Child. At the present moment it is observed that most of the parents have a positive view towards their MR Child. Though some of them harbour negative feeling with respect to their flesh and blood, they say that they will even not be able to do the last rituals of their parents. In Indian social system from the very ancient times we expect for a son because he will fulfill all the rituals in last days and will help us to attain the peace of eternal life after death.

Since, these data are collected from special schools, and psychiatric chambers, the parents are mostly aware of the facts related to mental retardation. Expect for few of them who incorporate certain negative attitudes with respect to their MR Child.

It is to be noted that this interpretations does not correspond to the commonly held view. Due to limitation of samples, methods used and also short span of time within which the study is conducted. If it would have been possible then the schedules for the study could have been administered to the parents of the normal children who would have enabled the

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researcher to come to a convincing conclusion by means of doing a comparative study. Such comparative study would have helped in the mainstreaming of the MR Children much more scientifically. And their mainstreaming would be more comprehensive and sustainable.

The stigma, stereotype concepts which are in the human beings with respect to disabled children can be wiped out. Disabled children are curse or burden, they cannot do any kind of work, which in terms disappoints their parents and the parents incorporate no hope about their safe and secured feature.

This is totally a negative and biased attitude which is shown on behalf of the parents. It is high time that these types of negative feelings should be wiped out from the parents by showing them the light of hope for their bright and secure future.

XV. Concluding Remarks

This particular study which is dealing with the parental attitude towards the MR Children brought out several significant aspects. Indeed, the parental attitudes with respect to a MR Child are not fully perfect or typical in nature as identified by the researcher. It has to be mended. Here in lies the significance of individual counseling, awareness generating programmes, group counseling, supportive therapy, psycho guidance etc. Through means of the above mentioned activities parents can develop more favorable attitudes towards their wards.

Furthermore, it is to be taken into consideration that this research study is not a complete one in any respects and there are ample opportunities for doing further studies in this particular sphere. So the steps to be taken for mending or rectifying the attitude of those parents of MR Children as proposed by the researcher in the concluding part, are nothing but certain valid suggestions. They are not concrete steps or strategies which should definitely be followed by the parents and stakeholders or other institution. But if they are followed then they will at least yield to a positive result if not mend the negative attitudes of the parents of MR Children fully and completely.

XVI. Recommendation /Suggestion

Those who are not fully sensitized about the phenomenon called Mental Retardation and cannot accept to be the parents of a Mentally Retarded Child, for them counseling is mandatory.

Sensitized and well aware parents of the MR Children should from groups and will have to work with respect to sensitizing the community people who are naïve and prejudiced about this particular type of mental disability. Even the social workers should have a profound role to play in such types of sensitization: they should act ancillary to such groups and aid them to find out the community resources which could be used for (i) sensitizing the stakeholders and the community people with respect to mental retardation. (ii) for the sound rehabilitation of the MR Children.

Then only we can find a society in which the birth of an MR Child would not be considered as a curse. He / She then would be accepted in the family very much like a normal child.

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Appendix -1

Interview Schedule

The Parental Attitude of Mentally Retarded Children

I) General Information

A) Name of the Respondent –

B) Address –

C) Sex - M ☐ F ☐

D) Age-

E) Religion - Hindu ☐ Muslim ☐ Christian ☐ Others ☐

F) Mother Tongue - Bengali ☐ Hindi ☐ Urdu ☐ Others ☐

G) Caste - General ☐ SC ☐ ST ☐ OBC ☐ Others ☐

H) Type of Family - Joint ☐ Nuclear ☐ Extended ☐

I) Educational Qualification of Respondent –

Secondary ☐ H.S. ☐ Graduate ☐ Post Graduate ☐ Others ☐

J) (i) Occupation of the Father of the MR Child –

Service Man ☐ Businessman ☐ Others ☐

(ii) Family Income (in Rs.)- Below 5000 ☐ Below 10000 ☐ Above 10000 ☐

K) Relationship with the MR Child of the Respondent –

Mother ☐ Father ☐ Others ☐

L) Name of the Child -

M) Age of the Child - 3 – 5 years ☐ 5 – 8 years ☐ 9 – 12 years ☐ Above 13 years ☐

N) Sex - M ☐ F ☐

O) Level of Retardation - Mild ☐ Moderate ☐ Severe ☐

P) Whether other types of disability exists -

Blind ☐ Low Vision ☐ Deaf ☐ Dumb ☐ C.P. ☐ Autism ☐ Hyperactivity ☐

Others ☐

Q) Cause of Disability - Genetic ☐ Other (mention) ☐

R) Age in which disability was first recognized –

S) Community from which the MR Child is coming - Rural ☐ Urban ☐

T) Position of the Mentally Retarded Child within the family –

Elder Child ☐ Middle Child ☐ Younger Child ☐

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II. History of the Child (Prenatal & Postnatal)

a) There is any history of mental disorder in your child's family –
b) You got injured during your pregnancy –
c) Type of delivery- Pre mature Normal
d) Type of Baby—Normal Caesarean Forceps Other
e) Your Child got injured in his head during infancy –
f) You did not get proper nutrition during your pregnancy –
g) Your Child get proper nutritious food –
h) Your Child can maintain basic Hygiene –

III. Parental Attitude Towards the Mentally Retarded Children

Yes (Y) No (N)

1. Upbringing of MR Child is affected by family's economical condition.
2. MR Child should be send to special school.
3. Learning from special school is helpful for MR Child to lead his/her daily life activities.
4. MR Child should be treated specially rather than his/her siblings.
5. MR Child is discriminated rather than other siblings.
6. MR Child's birth is considered as a curse for his/her parents.
7. MR Children should not be confined at home.
8. MR Children should get similar benefits as other children.
9. MR Child should get proper entertainment as others.
10. MR Child's parents become overprotective about their child.
11. MR Child's mother gets support from her husband.
12. MR Child's is considered as a burden for his/her mother.
13. MR Child's mother often feels hopeless.
14. MR Child's mother sometime wishes to die.
15. Parents often experience unpleasant comments about their children from outsider.
16. MR Child can function independently sometime.
17. MR Child always needs mother's support.

Yes(Y) No (N)

18. MR Child's mother often worried future of their children.
19. MR Child's parents should plan some special savings for their child's future.
20. MR Child should attend festivals or social occasion.
21. MR Child can have other caregivers.
22. MR Child is often dominated by his/her parents.
23. MR Child's parents' ambitions are not fulfilled about their Child.
24. MR Child's parents wish their child will get economic independency in future.
25. MR Child's parents hope their child will get proper establishment in his/her life.
26. MR Child shares a healthy bonding with his/her mother.
27. Parents of these children are happy with their parenthood.
28. MR Child's mother has differences with her husband regarding her child.
29. MR Child should get proper medical facilities.
30. MR Child's parents express their love properly.
31. If informed about retardation the prenatal should be aborted in pregnancy.
32. It is irritating for parents when all other mothers can talk about their 'normal' children.
33. MR Child's parents should be consistent in their treatment with the children.
34. A noisy home is bad for a MR Child.
35. MR parents want their children to socialize with peers.
36. It is important for a MR Child to have a fixed routine.

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