Problems Faced by Parents of Mentally Retarded Children
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Introduction
Mental retardation is one of the most widely recognized and most easily misunderstood areas of special education. It is widely recognized in that most people think of a visible form of retardation such as Down syndrome. It is often misunderstood, due in part to changing definitions and trends in educating these students, understanding the definitions, trends and programs related to clarify who these young people are and the approaches taken to help them develop to their fullest potential.

Mental retardation is a developmental disability defined as well below average intellectual functioning level (as measured by standard tests for Intelligence Quotient) and significant limitations in adaptive skills. Adaptive skills are the skills needed for daily life. Such skills include the ability to produce and understand language (communication); home living skills; use of community resources; health, safety, leisure, self-care, and social skills; self direction; functional academic skills (reading, writing, and arithmetic); and work skills.

Problems faced by parents of mentally challenged children raising a child who is mentally challenged require emotional strength and flexibility. The child has special needs in addition to the regular needs of all children, and parents can find themselves overwhelmed by various medical,
care giving and educational responsibilities. Whether the special needs of the child are minimal or complex, the parents are inevitably affected. Support from family, friends, the community or paid caregivers is critical to maintaining balance in the home.

Objectives

» To study various problems faced by parents of mentally Retarded Children

Review of Literature

Ali, et al (1994) conduced study to assess the personality characteristics and psychological problems of parents of mentally retarded children. 76 parents, whose mean age were 42.12 years with SD 10.15, 38 of mentally retarded and 38 of normal children were investigated. A Bengali version of the Eysenck Personality Questionnaire was used to measure the psychotics, neuroticism and extraversion introversion responses of the parents. Results showed that parents of mentally retarded children had significantly higher scores only on the neuroticism scale, indicating that they were more emotionally unstable than the parents of normal children. Majumdar et.al. (2005) compared the stress perceived by parents of mentally retarded and normal children in a Guidance Clinic of a tertiary care psychiatry hospital. The study sample, comprising 180 subjects, was categorized as: group A (60 parents of profound to moderately mentally retarded children), group B (60 parents of mild to borderline mentally retarded children) and group C (60 parents of children with normal intelligence), which served as the control group. The result showed that the parents in group A had a significantly higher frequency of stressors and level of anxiety as compared to those in groups B and C. A positive correlation was found between the level of anxiety and stressors. Raju et. al (2007) studied adjustment and attitude of Parents (50) (either mother or father) of Mental Retarded in the age group 2550 years. Subjects were grouped on the basis of religion, education, locality, and Income. The data were analyzed using Analysis of Variance (ANOVA) and test. The results indicated that parental religion, income, and education do not have any significant influence on adjustment variables, but there is change in parental attitude among different religious groups. Upadhyay and Havalappanavar (2007) compared stress among 77 single parents (58 widows and 19 widowers) with that of 77 families matched group where both the father and mother were alive. The results showed that single parents differed significantly regarding total stress and in all four areas of stress care, emotional, social and financial stress. Stress was high in emotional and social areas compared to care and financial stress. Widows and widowers showed similar care stress. Aslam and Batool (2011) conducted study to identity the sociopsychological problems and needs of children. Teachers at center and parents of 120 children were interviewed through a well structured questionnaire consisting of open ended and close ended questions in Faisalabad and Islamabad districts by using convenient sampling technique. The results indicated that majority (79%) of the children belonged to low income families. The symptom of mental retardation was mostly by birth. It has been also observed that disability is a great problem not only for child but also for the family.

Methodology

Locale of The Study The study was conducted in at Asha Deep Child Training Institute, Vishnu Vihar, Jansath Road, Muzaffernager (U.P).
Sample Purposive samplings technique was used for sample selection. Twenty five mentally retarded children, and their parents were selected for the study.

Selection of sample At the time of data collection in the Asha Deep child training institute Only 25 students (mentally retarded) were so all were present selected for carrying out the research. Other students were absent due to one or other reason or their parents were also not available for data collection so they were excluded from the study.

**Tool** - Self Structured close ended Questionnaire, was developed for data collection which included following aspects

- Background information Name, age, class, type of family, father's education and occupation, mother's education and occupation
- Personal problems related to feeding, bathing, movement, eating, diapering etc.
- Physical problems related to health, care, self care, safety Problem,
- Social Problems related to social skills , communication, responsibility,
- Educational Problems related to adjustment, asthmatic, readied, writing problem.
- Emotional Problems related to attachment, behavior, feeling problems.

**Statistical analysis**

Keeping in mind the objectives of the study the data obtained were edited, coded, tabulated and analyzed on the basis of frequencies and percentages to draw meaningful inferences. t ratio was calculated to test significance of different between percentages of fathers and mothers.

**Major findings were**

- Age of the mentally retarded children taken for the study varied from 5-27 years. Most of the children in the institution selected were between 10-20 years of age, out of which only 24% were girls.
- Majority of the parents were educated up to secondary level (52% fathers and 56% mothers) whereas the education level of 44% fathers and 28% mothers was higher i.e. up to college education.
- 44% fathers were into own business, 2% fathers were in Government jobs and only 24% fathers were farmers. Most of the mothers were home makers. Only 16% mothers were working.
- 52% children were found to be severely retarded, 32% mildly retarded and 16% with moderate retardation.
- Parents realized about retardation of child from 6 month to 2years of age depending upon the severity of retardation, visible signs and symptoms. 40% of parents claimed that retardation was by birth and due to some prenatal difficulties. There were some parents who believed that their child's retardation was attributed to reaction of some medicine (12%).
- Retardation was consequence of some accident, 28% due to some disease. Twenty per cent fathers and 28% mothers reported that their child was able to perform all the personal
routine activities. 40% parents claimed that child can eat food without help (40%). One third of children can take their bath and dress up themselves (22%) with a little help from others.

» Most of the fathers (72%) reported that they used to spend 23 hours every day with their mentally retarded child, 52% mothers reported that they spent 4 to 8 hours per day whereas 48% reported that much of their time is spend in taking care of the child.

» Mothers were more familiar with all rules related to looking after their child. Mothers are found to be better care takers for mentally retarded children and work very hard in looking after their child as compared to fathers.

» Mothers accepted that their burden of work increased due to illness of their mentally retarded children and they faced difficulties in taking care of their children during illness as compared to fathers.

» Large group of parents reported physical health problems (52%yes), walking problem (36%yes), vision defects (76 %yes) and hearing problems (12%yes) along with mental retardation.

» Small percentage of children are good in social aspect, can meet to people , like to play with other children, feel uneasy when there are guest in the home and people often make fun of these children.

» There is dissatisfaction for educational pattern of these children as well around half of these children cannot write and read as well as follow instruction and learn activities taught in the school.

» Parents of mentally retarded children are under stress, anxious for future of their children, have many fears. Sometimes they feel angry when child is not able to follow their instructions and their lives are affected due to disability of children. Very few family members understand feeling of children and support them.

Suggestions for parents

» Parents should provide motivating atmosphere and all the possible facilities to their children at home for better living and development of their disabled children.

» Parents should not compare the mentally retarded children with their normal siblings, should treat them fairly and provide opportunities to realize their potentials.

» Parent should not feel ashamed of their disabled child and create atmosphere of understanding, sharing, cooperation and motivated family member to share responsibilities.

» They should identify special abilities of MR children and facilitate.

» Parents should motivate and encourage their children for learning and independence rather than dependence through over protection. They should teach their MR children to behave properly and gradually introduce them with other as and when possible

» Other normal children should not be deprived of parental love, care and fare share of affection.
Suggestions for teachers

» The curriculums and syllabus should be properly graded to suit the interest and need of the mentally disabled children.
» Teachers should have helping and democratic attitudes towards the students.
» Teachers should encourage interaction and bidirectional communication in order to make mentally retarded disabled comfortable and confident.
» Teacher should provide variety of experiences in the school such as craft, music, athletics etc, to cover wide range of interests.

Suggestions for policy maker

» Intensive training programmers should be planned and implemented for parents and other family members of M R children.
» Community Awareness programs should also be planned and implemented to develop positive attitude towards disabled.
» Provision of guidance and counseling centers for family of disabled children should be made
» Financial assistance to the family and parents of disabled children should be provided.

References