I

INTRODUCTION
The beginning of a traditional family is marriage between two persons who come from a family; the family background of each partner will be a significant factor in determining the structure, values and roles the couple will develop for their own family (Chinn, Winn and Walters, 1978). Parenthood is valued for five reasons:

- It satisfies a need for attaining adult status and social identity.
- It establishes a continuity between the past and future.
- It helps expand the parent's self-concept by evoking new, previously untapped dimensions of personality.
- It satisfies a need for affection & belonging.
- It provides an opportunity for stimulation of fun. (Eshleman, 1981).

Obviously, the decision to have a child is multidetermined and multidimensional and no easy formula can be used to predict a couple's choice. Bell (1978) provided the following example of the reason parents give for wanting a child. "I don't think I would want to live my life without ever having that experience of being able to give a child. I would feel like I am missing out on something really important - if I did not have a child."

The period of pregnancy can be one of joy or apprehension. For many couples pregnancy is a time of satisfaction and strengthens the marriage bond. Suran and Rizzo (1983) states that prospective parents experience a wide range of emotions while awaiting the birth of a child.
They also have many expectations about the newborn baby and his/her future.

Motherhood and fatherhood may be viewed as a biological achievement, but parenthood is a learning process of experimentation enacted daily in the laboratory of the home, the neighbourhood and the community.

Parents in general desire to have a normal child but still some young mothers are found often to worry that they may give birth to a handicapped child. In such cases if the fear comes true, the parents may reveal negative reactions.

The psychological effect of having a handicapped child is dramatic, regardless of the nature or cause of the condition. It is inevitable that the family of a seriously defective child will experience shock, disappointment, depression and a feeling that somehow fate has been unfair to them. The parents may blame one another, neglect each other or their other children or try to deny that their child is disabled.

The diagnosis of a handicapped child, either at the time of birth or later at any age as the result of accident or illness brings a crisis in the family and affects the family members, especially the parents on many levels. On a behavioural level, the parents may need to provide immediate care for the handicapped child. On the affective level the parents begin working through feelings of grief, anger, guilt,
helplessness and isolation. On a physical or sensory level, somatic symptoms may arise as a result of stress of the crisis experience. On an interpersonal level the parents may deal with the labeling and stereotyping isolation from the others. On a cognitive level, the parents are called upon to give more information about the disability and to deal with the child.

When the parents realise that their child is handicapped, they may acknowledge the condition or they may resort to a variety of defense mechanism in order to help their egos cope with the problem. This sort of initial impact may result in a stress disorder, or it may have a permanent debilitating effect not only on the parents but on the entire family.

Each family's situation is unique and each parents reaction will be different. Some parents have expressed their reactions in the following ways:

"I was shocked to hear about my child's handicap. I did not overcome the shock".

"Initially, I was not for accepting the child. But later I considered it as my karma."

Parents react differently to their handicapped child in ways that may be related to the cause of handicapped conditions. With the increasing awareness, many parents realise the importance of an early
and accurate diagnosis of the child. Parents who are knowledgeable about the probable reason for a handicap seen to be more capable of coping with the guilt, shame, and sorrow that accompany the diagnosis. (Davis 1961 & 1963, Meadow 1968).

When parents learn that their daughter or son is handicapped, they immediately face extra responsibilities, because the recent emphasis on early child development and its importance has led to a concern for stimulating home environments and capable parents. In the words of Bessant and Webb (1976)..... It seems essential to the healthy psychological development of children that their first few years of life be rich in opportunity for consistent and progressively complex interaction with the family members with whom they have formed deep emotional bonds. If such interaction is interrupted or otherwise interfered with, the child's chances for healthy growth are hindered. Also, there is little hope that the absence of such interaction at early stages of a child's development can be made up by remedial work in an institutional setting.

For a proper optimal development, the handicapped children need the entire support from the parents and stimulating experience and environments which facilitate the early acquisition of the developmental milestones. The parents, particularly the mother is the pivotal force in urging the child from stage to stage in his growth and development. In this context, the parents need to clarify the feelings of attitudes toward their handicapped children and react accordingly, because the children have the ability to perceive their parents.
An attitude is not just a 'good feeling' or a bad feeling but a feeling that something really is good or bad. Attitude is regarded as 'the truth' until someone introduces new facts or arguments to change one's mind.

Attitude is defined by many on the basis of theoretical and empirical concepts. It is a tendency of person to preserve feelings, ideas and instinctive behaviour while interacting with others. Furthermore, he expresses his attitudes in accordance with social norms as far as possible.

Attitude is analysed into its component which are emotional, cognitive and behavioural and also attitudes enter into customs and beliefs which are passed on from generation to generation. The concept of attitude includes a broad area, with connection to the past and to the future.

Thurstone (1947) defines an attitude as "the degrees of positive or negative affect associated with some psychological objects."

An individual who has associated positive affect or feeling with some psychological object is said to like that object. An individual who has associated negative affect with the same psychological object would be said to dislike that object or to have unfavourable attitude towards the object (Edwards, 1957).
Coleman (1975) describes attitude as a constant learned emotional predisposition to respond in a particular way to a given object, person or situation.

The parents can take different attitudes toward their handicapped children. How they feel their children, what they think about him, how they behave towards them and in general how they rear the children reflect the parent's attitude. Some of the attitudes may help the children grow well, while some others might be harmful. Most parents love and take care of their children in a right way and hence do not create any serious problems. There are a few who reject the children and some parents are not quite sure whether they love or hate their children, hence show indifferent behaviour. So broadly speaking these are the three types of attitudes.

The psychoanalytic theory movement as is well known, did much to emphasize the importance of the early childhood years for personality development. It is recognized that parents or their surrogates are the pivotal figures who determine in large measures the psychological fate of their children. Research is being accumulated to show that, although love is not enough, genuine love, warmth and acceptance by the parent for his child will carry the child far toward developing a healthy personality.

The attitude of the parents toward their children is a very important consideration. The three patterns of adaptation evoked are: rejection, acceptance and inconsistent parental attitudes. Parental
rejection can be expressed subtly and indirectly due to parental fears of social disapproval or can be more overtly manifested through general negligence or even by direct punishment and attack on the child (Hurley, 1965). Whereas accepting the handicapped child requires acknowledging the strength and abilities of that child; it also implies accepting the child's limitations. In addition to accepting their child, parents need to accept themselves as good parents and to gain confidence in their own abilities. And because of the demands of intensive child care and adjustments to societal prejudices, the parents reveal feelings of uncertainty, fear, avoidance and frustration in the form of inconsistent or ambivalent behaviour.

In any study of the attitudes and behaviours of parents toward their children who have some disability, over protectiveness is likely to appear as one of the main categories. The judgement as to whether the child is being overprotected, depends upon who is doing the evaluation. The other fact is that the overprotective parent is continuously helping the child, even when he is fully capable.

It is important to understand about the attitudes of the parents toward their handicapped children but it is also unrealistic to expect parents to be happy about having a handicapped child and it is hopefully assumed that the parents can emotionally respond to the handicapped child in the same manner they respond to a normal child.

Is a physically handicapped child unable to do any thing?
It is noted that the children's reactions to their own physical disabilities are largely a reflection of the way they have been treated by others. Such children will have negative feelings such as shame and guilt, only if others respond to them by shaming or blaming them. A handicapped child not only evokes reaction in the family but he has to also cope with emotional and social problems in addition to physical problems. His adjustment involves modifications in the perceptions toward disability and perception of the parents toward them.

Interactions with family members provide children with a source of self-perception. Encouragement or positive reinforcement given by the parents and other important members of the family can make the child to gain a feeling of self-worth over a time. Handicapped children also react to the realizations that parents are capable of making a progressive positive approach. Thus the children view and take their parental behaviour as a good model for their future.

For the handicapped child, physical limitations induce him to be dependent on the members of the family. With proper management and help, training the child can be encouraged to accept the disability and to be independent and self-sufficient (within the limits of their physical disability) rather than depending for simple daily activities. Most parents are interested in having their handicapped child to perform their activities independently and to develop a healthy emotional development.
The attitudes of the parents and the role performance of the family will definitely have a greater impact on the handicapped child's independent/dependent living and the self-perception, which may reflect the child's personality. To facilitate these, the parents in turn need support in dealing with their own feelings as well as in handling and managing their handicapped children. Both parents should be encouraged to involve in the training programmes and other programmes. Above all, to help parents and their handicapped children the special teacher or the counsellor must understand the reactions of the parents and its effects on the child's psycho-social development.

As our country is developing very fast to witness positive changes in the coming decades, the society must acquire a healthy awareness about the native, problems and capabilities of the young handicapped children. Instantly, the parents not only should pay more attention in the area of training and management of the handicapped children, but also they are to understand their own problems in dealing with their children. This change may bring in a positive approach in their attitudes. Here comes the role of the voluntary organisations and other governmental rehabilitation centers. These centres not only serve the handicapped children in the field of special education, but also they work tremendously with the parents who are considered as the change agents in the upliftment of the handicapped children.
Perhaps, such a planned research to measure the attitudes in relation to other factors may hopefully help the parents in revealing their ideas about their children and to modify their attitudes positively is considered very essential in this present day living.

Similar studies would help the parents to involve themselves in the parent education programmes implemented by the various concerns to receive more information regarding the nature, prevention, treatment and management of the handicapped children. Through mass media approach, if not all the parents, atleast a small number of parents have acquired some knowledge about the existing measures of rehabilitation. But still they are unable to reach and utilize these services. The results of this study would help the personnel interested, and who are working closely with the parents, can help such parents in minimising their problems. As a result of this, one day or the other, an attitudinal change will certainly take place, and the parents who are the important people in the life of a handicapped child would neither show an ambivalency nor a negative attitude, but only a positive attitude.

With this background, the present study was undertaken and the purpose of the study was to:

- study the attitudes of fathers and mothers of visually handicapped, hearing handicapped and orthopaedically handicapped children and identify the factors influencing the attitudes.
. compare the attitudes of parents of handicapped and parents of normal children toward the handicapped children.

. examine how effectively a handicapped child performs its daily living activities in relation to the attitudes of their parents.

. examine how a handicapped child perceives itself, and how the child perceives the parents' view, and also to identify how this perception vary in relation to the nature of the handicap.