FINDINGS & SUGGESTIONS
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This chapter presents a brief summary of the study and the details obtained based on the socio-demographic variables. The major findings based on the hypotheses and the selected subject variables relating to parents of children with mental retardation are also part of this chapter. On the basis of these findings the researcher has presented suitable social work interventions and suggestions for future studies.

The institution of family is considered essential for the existence of society. Family serves as a shock absorber in times of crisis and stress. Having a child with disability in a family is not the same as having a child without a disability. Presence of a mentally retarded person in a family is known to impact families in varied ways generating special needs not only for the mentally retarded person but also for the different members of the special family including mother, father, brother, sister and grandparents. Families of children have mental retardation often face challenges because of the special demands placed upon them.

The present study was undertaken to understand the influence of children with mental retardation on the general functioning of the family. The study was conducted to assess the stress experienced by families of children with mental retardation, the extent of burden, their marital adjustment, the interaction pattern in families, the social support system and their coping behavior. Based on the objectives several hypotheses were formulated and tested and the results have been presented in this chapter.

FINDINGS BASED ON THE CONCEPTUAL MODEL FRAMED:

Data indicate that parents reported wide ranging experiences because of having a child with mental retardation. Parent’s whole life style gets affected, influencing every aspect of their life including their personal and psychological well-being, their family life and routines, their relationships with friends, relatives and also amongst themselves.

The inter correlation matrix revealed that greater the stress experienced by the mother more was the family burden. There was also a negative correlation between the mediators and family burden. It was also evident that when there was better family
interaction, mothers felt that it was because of better social support. It is also evident that when the family burden was more, mothers felt that there was a significant reduction in social support. It was evident that mothers experienced more dysfunction than fathers.

It is also found that, when the stress experienced by fathers was high, there was more family dysfunction. Similarly, when the family dysfunction was more there was decrease in marital adjustment amongst fathers. When the mediating effect of stress was more for fathers there was considerable reduction in family burden. There was a significant positive correlation between the various parameters of marital adjustment between fathers and mothers.

The stress experienced by the parents of children with mental retardation acts on the various dynamics within the family. The conceptual model clearly points out to the greater impact of stress on the family as a whole in various areas namely, daily care, family emotion, social life and in the area of finance. The impinging effect of stress is felt in the areas of family dynamics. Stress increases family burden and contributes to family dysfunction. Marital adjustment and family interaction in terms of satisfaction, cohesion, and affectational expression also get affected due to stress. But the mediators of coping which include awareness on disability, attitudes and expectations, rearing practices and adaptations serve as a buffer contributing to minimizing the impact of stress. Families which experienced better social support from family, friends and others were able to cope better with stress as is evident from the findings.
Conceptual Frame Work of the Impact of Stress on Families with Mentally Retarded Children

STRESS

FAMILY
- Father
- Mother
- Index Child/ren (M.R)

- Daily Care
- Family Emotional stress
- Social life
- Financial implications

IMPACT OF STRESS

Coping - mediators
- Awareness
- Attitudes & Expectations
- Rearing Practices
- Social Support
  - Family
  - Friends
  - Others
- Global Adaptation

FAMILY BURDEN
- Financial
- Distribution of daily routines
- Disruption of interaction
- Disruption of family members
- Effect on Physical Health of others
- Effect on Mental Health of others
- Overall subjective well being

FAMILY DYSFUNCTION
- Family arrangement
- Employment
- Personal
- Family involvement
- Inquiry

MARITAL ADJUSTMENT
- Family Concern
- Family satisfaction
- Family cohesion
- Affectional Expression

FAMILY INTERACTION
- Reinforcement
- SSS
- Role
- Communication
- Cohesion
- Relationship
Thus these findings based on the conceptual model framed to study the implications in the family which has a child with mental retardation highlight the applicability of this model with regard to the impact of stress on the general family dynamics and the influence of coping and social support which act as buffer in such circumstances.

Evident from the findings is a crystal clear picture of the enormous amount of stress and family disorganization experienced by parents due to the presence of a child with mental retardation. This therefore calls for systematically planned intervention at all levels.

A). BACKGROUND INFORMATION RELATED TO PARENTS:

65.4 percent of the families are urban dwellers and 53.4 percent are joint families. A considerable percentage of the families are Hindus (69.8%) while 15.8 percent are Muslims and only 14.4 percent are Christians. With regard to family size, a majority of the families (61.8%) have between 4 and 6 members, whereas 29.6 percent have up to 3 members and only 8.6 percent have more than 6 members. (Table No.1)

33.2 percent of the fathers are in the age group of 36 and 40 years of age while 34.4 percent of mothers are between 31 and 35 years of age. Only 2.8 percent of mothers belonged to the above 45 years category while 6.6 percent of fathers belonged to the below 30 years age group. With regard to the educational qualifications 39.8 percent of the fathers had an under graduate degree, whereas 30.6 percent had studied only up to school level education. Whereas 50.4 percent of the mothers were undergraduates and only 14 percent were postgraduates unlike the fathers, where 29.6 percent had a post graduate degree. (Table No.2)

Regarding the occupation of the parents a majority (55.65%) of the fathers were agriculturists. 16.4 percent of fathers were professionals unlike mothers, where only 3.8 percent were professionals. 40.8 percent of the mothers were housewives. 41 percent of the fathers earned a monthly income of above Rs.5000/- while 15.4 percent obtained a monthly income of only up to Rs.1000/-. 40.8 percent of the mothers did not have any income because they were housewives and 33.4 percent of mothers did earn a monthly income of Rs.1000/-. (Table No.2).
B). BACKGROUND INFORMATION RELATING TO CHILDREN:

50.2 percent of children had mild mental retardation whereas 24 percent had moderate mental retardation and 25.8 percent had severe retardation. Among the children with mental retardation a majority of them (67.6%) had no associated conditions of disability, but 22.4 percent had behavior problems and 10 percent were multi handicapped with either visual or hearing defects. With regard to age 39.2 percent of children were below 5 years, 41 percent were between 6 and 10 years, whereas 19.8 percent were between 11 and 15 years. A majority of the children were first born (63.4%), 12.6 percent were second born and 14.2 percent were third born. 69.4 percent of the children were boys compared to only 30.6 percent who were girls. (Table No.3)

FINDINGS RELATED TO THE SUBJECT DIMENSIONS:

I. STRESS:

➢ Mothers experience more

• stress in family care than fathers. (55.8%).(Table No.4)

• family emotional stress than fathers. (62.6%). (%) (Table No.4)

• family stress than fathers. (79.2%).(Table No.4)

➢ Fathers experience more

• social stress than mothers. (60.2%).(Table No.4)

• overall stress than mothers. (50.6%). (Table No.4)

➢ There is a significant difference between

• nuclear and joint families with regard to the various dimensions of stress. (Table 11)

• urban and rural families with regard to the various dimensions of stress. (Table 18)

• religion of the parents and stress experienced by them. (Table No.32)
There is a **significant relation** between

- family care and associated conditions of the child. (Table No.46)
- education of the fathers and social and financial stress. (Table No.53)

There is a **significant association** between

- father’s occupation and the overall stress experienced by them. (Table No.60)
- education of mothers and the overall stress experienced by them. (Table No.53)
- occupation of mothers and family stress. (Table No.60)

There is **no significant association** between

- educational level of the fathers and overall stress. (Table No.53)
- stress experienced by parents based on the level of retardation of the child. (Table No.39)

A significant **negative correlation** is seen between

- the income of the father and social stress. (Table No.67)
- the family size and social stress of the father. (Table No.67)
- the stress and coping experienced by fathers and family dysfunction. (Table No.79)
- the age of the mother and social and financial stress. (Table No.67)
- the income of the mother and family care. (Table No.67)
- the family size and family care, family emotional stress, social stress, financial stress and overall stress of the mother. (Table No.67)
• the age of the child and social and financial stress of the mother. (Table No.67)

• the family care of mothers and family emotional stress and financial stress. (Table No.73)

➢ A significant **positive correlation** is seen between

• the family care of fathers and family emotional stress and overall stress. (Table No.73)

• the family emotional stress of fathers and social, financial and overall stress. (Table No.73)

• the social stress of fathers and financial and overall stress. (Table No.73)

• the financial stress of fathers and overall stress of mothers. (Table No.73)

• the financial stress of fathers and their overall stress. (Table No.73)

• the stress of the fathers and family burden. (Table No.79)

• the stress of the fathers and family dysfunction. (Table No.79)

• the stress and mediators of stress experienced by fathers and family burden. (Table No.79)

• the age of the child and overall stress of the mother. (Table No.67)

• the family care of mothers and social and overall stress. (Table No.73)

• the family emotional stress, social stress, financial stress of mothers and overall stress. (Table No.73)

• the stress of the mothers and family dysfunction. (Table No.73)
• the stress of the mothers and marital adjustment of fathers. (Table No.79)

• the stress and mediators of stress experienced by mothers and family dysfunction. (Table No.79)

**Hypothesis : 1**

There is no significant difference between the stress experienced by fathers and mothers.

The ‘Z’ test was applied and no significant difference was found between the stress experienced by fathers and mothers.

Hence the null hypothesis framed above is accepted. (Table 4)

**Hypothesis : 2**

There is no significant relationship between stress experienced by the parents based on the sex of the child.

The ‘Z’ test was applied and no significant difference was found between the stress experienced by parents based on the sex of the child.

Hence the null hypothesis stated above is accepted. (Table 25)

II. **MEDIATORS AND COPING:**

➢ **Fathers experience more**

• awareness on the mediating effect of stress than mothers (77.4%). (Table No.5)

• mediating effect of stress with regard to attitudes (71.2%), and rearing practices, (80.8%) and social support (80.8%). (Table No.5)

➢ **Mothers experience more**

• mediating effect of stress with regard to global adaptation, a sub-dimension in coping. (75.2%) (Table No.5)
There is no significant difference between

- nuclear and joint families with regard to coping with stress. (Table 12)
- urban and rural families with regard to the various sub-dimensions of mediators. (Table 19)
- the coping ability of parents based on the sex of the child. (Table 26)

There is no significant association between

- the coping abilities of parents based on religion (Table No.33), the level of retardation of the child (Table No.40), and the associated conditions of the children. (Table No.47)

There is a significant association between

- the father’s education and awareness on coping. (Table No.54)
- the rearing practices and the level of retardation of the child with regard to the mediators of stress.
- the father’s educational background and the overall mediating effect of stress. (Table No.54)
- the father’s occupation and awareness with regard to mediators of stress. (Table No.61)
- the education of mothers and the mediating effect of stress. (Table No.54)
- the mediating effect of stress and occupation of the mothers. (Table No.60)

A significant negative correlation is seen between

- the income of the father and the overall mediating effect of stress. (Table No.68)
• the family size and attitude in terms of the mediating effect of stress for fathers. (Table No.68)

• father’s awareness on coping and their attitudes. (Table No.74)

• the age of the mother and global adaptation which is a mediator of stress. (Table No.68)

• the income of the mother and global adaptation which is a mediator of stress. (Table No.68)

• the family size and rearing practices, social support, and global adaptation of the mothers. (Table No.68)

• the age of the child and global adaptation which is a mediator of stress for mothers. (Table No.68)

• the awareness on coping of mothers and rearing practices. (Table No.74)

• the awareness on coping of mothers and the global adaptations which is a mediator of stress of fathers. (Table No.74)

➢ A significant positive correlation is seen between

• the age of the child and attitudes towards disability which is a mediator of stress for fathers. (Table No.68)

• fathers awareness and the overall mediating effect of stress. (Table No. 74)

• rearing practices of fathers and global adaptations which is a mediator of stress and overall effect of coping. (Table No. 74)

• the mediating effect of stress of fathers and family burden. (Table No.79)
• the awareness on coping of mothers and the overall mediating effect of stress. (Table No. 74)

• rearing practices of mothers and social support, global adaptations which is a mediator of stress and overall effect of the mediating effect of stress. (Table No. 74)

• the social support of mothers and the overall mediating effect of stress. (Table No. 74)

• the global adaptations of mothers and the overall mediating effect of stress of both mothers and fathers. (Table No. 74)

• the mediating effect of stress of mothers and family burden. (Table No. 79)

**Hypothesis : 3**

There is no significant association between the level of retardation of the child and the mediators of stress.

The one way analysis of variance (‘F’ test) was applied and no significant association was found between the level of retardation of the child and the mediators of stress.

Hence the null hypothesis is accepted. (Table 40)

**Hypothesis : 4**

There is no significant difference between the coping abilities of fathers and mothers.

The ‘Z’ test was applied and a significant difference was found between the coping ability of fathers and mothers. Fathers cope better than mothers.

Hence the null hypothesis is rejected. (Table No. 4)
Hypothesis : 5

There is no significant relationship between coping and family burden in mothers.

Karl Pearson’s co-efficient of correlation was applied and a significant negative correlation was found between the mediating effect of stress and family burden in mothers. Wherein, higher the coping ability lower was the family burden in mothers.

Hence the null hypothesis is rejected (Table No. 79)

III. FAMILY BURDEN:

➢ Fathers experience more

- overall family burden than mothers. (Table No.6)
- financial burden than mothers (73.4%). (Table No.6)
- emotional burden (76%) and burden relating to physical health (61.8%).(Table No.6)

➢ Mothers experience more

- burden in family routine (71.8%) and mental health (88%). (Table No.6)

➢ There is a significant difference between

- physical and mental health and family burden experienced by mothers and fathers. (Table No.6)
- nuclear and joint families with regard to family burden experienced. (Table No.13)
- urban and rural families with regard to family burden experienced. (Table No.20)
• family burden experienced by parents based on the sex of the child (Table No.27)

➢ There is no significant association between

• the religion of the respondents and family burden experienced by them.(Table No.34)

• the level of retardation of the child and family burden experienced by parents. (Table No.41)

• the associated conditions of disability of the child and family burden experienced by parents. (Table No.48)

• the father’s educational background and the overall family burden. (Table No.55)

• father’s occupation and overall family burden. (Table No.62)

• mother’s education and family burden. (Table No.55)

➢ There is a significant association between

• associated conditions of disability of the child and emotional burden. (Table No.48)

• financial burden and father’s occupation. (Table No.62)

• family routine, physical health and mental health in terms of family burden and the occupation of mothers. (Table No.62)

➢ A significant positive correlation is seen between

• the income of the father and burden in family routine and overall burden of the father. (Table No.69)

• the family size and overall burden in fathers. (Table No.69)

• family routine and overall family burden in fathers. (Table No.75)
• family leisure, family emotion and overall family burden in fathers. (Table No.75)

• family emotion and overall family burden in fathers. (Table No.75)

• mental health and overall family burden in fathers. (Table No.89)

• the family size and burden in family leisure experienced by the mothers. (Table No.69)

• financial burden and burden in family leisure in mothers. (Table No.75)

• financial burden and overall effect of family burden in mothers and fathers. (Table No.75)

• family routine and family leisure, physical health and overall family burden in mothers. (Table No.75)

• family leisure and overall family burden in mothers. (Table No.75)

• family emotion and physical health, mental health and overall family burden in mothers. (Table No.75)

• physical health and overall family burden in mothers. (Table No.75)

• physical health and mental health and overall family burden in mothers. (Table No.89)

➢ There is a significant negative correlation between

• the age of the father and family emotional burden. (Table No.69)

• financial burden and family leisure, family emotional burden and mental health in fathers. (Table No.75)

• family burden and family interaction in fathers. (Table No.79)

• the income of the mother and burden due to physical health. (Table No.69)
• the family size and burden in family routine, emotional burden and overall burden in mothers. (Table No.69)

• the age of the child and emotional burden in mothers. (Table No.69)

• financial burden and family emotional burden in mothers. (Table No.75)

• burden in family routine, family emotional burden and mental health in mothers. (Table No.75)

• burden in family leisure, family emotion and burden in mental health in mothers. (Table No.75)

• family leisure and mental health in fathers and family leisure of fathers and mental health of mothers. (Table No.75)

• mental health of mothers and overall family burden of fathers. (Table No.75)

**Hypothesis : 6**

There is no significant relationship between family burden and social support in fathers.

Karl Pearson’s co-efficient of correlation was applied and a significant negative correlation was found between family burden and social support. Higher the family burden lesser was the social support in fathers.

Hence the null hypothesis is rejected (Table No.79)

**IV. FAMILY DYSFUNCTION:**

➢ **Mothers experience more**

• social dysfunction. (96.2%). (Table No.7)

• dysfunction in family with regard to employment. (95.8%). (Table No.7)
• family dysfunction than fathers. (100%). (Table No.7)

➢ Fathers experience

• low overall dysfunction (97.6%). (Table No.7)

➢ There is no significant difference between

• nuclear and joint families with regard to the dimensions of family dysfunction. (Table No.14)

• urban and rural families with regard to family dysfunction. (Table No.21)

• male and female child and family dysfunction. (Table No.28)

• Hindu, Christian and Muslim families and family dysfunction. (Table No.35)

➢ There is no significant association between

• the level of retardation of the child and family dysfunction experienced by parents. (Table No.42)

• the associated conditions of disability of the child and family dysfunction experienced by parents. (Table No.49)

• the father’s education and the various dimensions of family dysfunction. (Table No 56.)

• the overall family dysfunction and education of mothers. (Table No.56)

• family dysfunction and occupation of the mothers. (Table No.63)

➢ There is a significant association between

• social dysfunction and occupation of fathers. (Table No.63.)

➢ There is a significant positive correlation between
• the age of the father and dysfunction in family. (Table No. 70)
• the family size and dysfunction in family for fathers. (Table No. 70)
• the age of the child and dysfunction in employment and family for fathers. (Table No. 70)
• social dysfunction of fathers, dysfunction in employment, individual and overall dysfunction. (Table No. 76)
• dysfunction in employment, individual dysfunction, family and overall dysfunction in fathers. (Table No. 76)
• individual dysfunction and family and overall dysfunction in fathers. (Table No. 76)
• family dysfunction and overall dysfunction in fathers. (Table No. 76)
• dysfunction experienced by fathers and marital adjustment and family interaction of fathers. (Table No. 79)
• between social dysfunction and overall dysfunction in family for mothers. (Table No. 76)
• the income of the mother and social dysfunction, employment, and overall dysfunction. (Table No. 70)
• the family size and social dysfunction, dysfunction in employment, individual and overall dysfunction for mothers. (Table No. 70)
• dysfunction in employment, family dysfunction and overall dysfunction for mothers. (Table No. 76)
• individual dysfunction, family dysfunction and overall dysfunction in mothers. (Table No. 76)
• family dysfunction and overall dysfunction in mothers. (Table No. 76)
• dysfunction experienced by mothers and family interaction of mothers and fathers. (Table No.79)

➤ A significant negative correlation is seen between

• the age of the mother and dysfunction in employment, family, individual and overall dysfunction. (Table No.70)

• the income of the mother and family dysfunction. (Table No.70)

• the age of the child and dysfunction in family for mothers. (Table No.70)

• dysfunction experienced by mothers and their marital adjustment. (Table No.79)

Hypothesis : 7

There is no significant difference between fathers and mothers with regard to family dysfunction

The ‘Z’ test was applied and a significant difference was found between the dysfunction experienced by fathers and mothers. Mothers experience more dysfunction than fathers.

Hence the null hypothesis is rejected. (Table 7)

V. MARITAL ADJUSTMENT:

➤ Fathers experience

• better dyadic consensus (81.6%), dyadic cohesion (71%) and better marital adjustment (60.6%). (Table No.8)

➤ Mothers experience

• better dyadic satisfaction. (79.4%) and affectional expression. (79.6%). (Table No.8)
There is a significant difference between

- nuclear and joint families with regard to dyadic cohesion. (Table No. 15)

There is no significant difference between

- nuclear and joint families and the dimensions of marital adjustment. (Table No.15)
- rural and joint families and the dimensions of marital adjustment. (Table No.22)
- marital adjustment experienced by parents based on the gender of the child. (Table No.30)

There is no significant association between

- marital adjustment of parents and respondents distributed by religion. (Table No.36)
- and marital adjustment of parents based on the level of retardation of the child. (Table No.43)
- the various dimensions of marital adjustment based on the associated conditions of disability. (Table No.50)
- marital adjustment based on the father’s educational background. (Table No.57)
- the various dimensions of marital adjustment based on the occupation of fathers. (Table No.64)
- marital adjustment based on the education of mothers. (Table No.57)
- marital adjustment based on mother’s occupations. (Table No.64)

There is a significant association between
• dyadic consensus and affectional expression based on the occupation of mothers. (Table No.64)

➢ There is a significant negative correlation between

• dyadic cohesion and the age of the father. (Table No.71)

• the age of the mother and dyadic satisfaction and overall marital adjustment. (Table No.71)

• the size of the family and dyadic satisfaction, and overall marital adjustment for the mother. (Table No.71)

• the age of the child and dyadic satisfaction, and overall marital adjustment for the mother. (Table No.71)

• mothers dyadic consensus and fathers dyadic consensus. (Table No.77)

• mothers dyadic consensus and dyadic satisfaction. (Table No.77)

➢ There is a significant positive correlation between

• the income of the father and affectional expression. (Table No.71)

• the income of the mother and affectional expression. (Table No.71)

• the size of the family and affectional expression in mothers. (Table No.71)

• the age of the child and affectional expression. (Table No.71)

• mothers dyadic consensus and overall marital adjustment. (Table No.77)

• fathers dyadic consensus and overall marital adjustment. (Table No.77)

• the dyadic satisfactions of mothers and overall marital adjustment. (Table No.77)
- the dyadic satisfactions of fathers and dyadic cohesion and overall marital adjustment. (Table No.77)

- the dyadic cohesion of mothers and overall marital adjustment. (Table No.77)

- the dyadic cohesion of fathers and affectional expression of mothers and fathers and overall marital adjustment. (Table No.77)

- mother’s affectional expression and overall marital adjustment of fathers and mothers. (Table No.77)

- father’s affectional expression and overall marital adjustment. (Table No.77)

**Hypothesis : 8**

There is no significant relationship between marital adjustment of fathers and family interaction.

Karl Pearson’s co-efficient of correlation was applied and a significant positive correlation was found between marital adjustment and family interaction in fathers. It was found that when marital adjustments increased, family interaction also increased in fathers.

Hence the null hypothesis is rejected (Table No. 79 )

**Hypothesis : 9**

There is no significant relationship between marital adjustment and coping in mothers.

Karl Pearson’s co-efficient of correlation was applied and no significant correlation was found between marital adjustment and coping in mothers.

Hence the null hypothesis is accepted. (Table No.79)
VI. FAMILY INTERACTION:

➢ Mothers experience better

- Reinforcement (91%), communication (97.4%) and overall better family interaction (88.8%) than fathers. (Table No.9)

➢ Fathers experience better

- social support (96.4%) and leadership (57.6%) in terms of family interaction than mothers. (Table No.9)

➢ There is significant difference between

- nuclear and joint families on the various dimensions of family interaction. (Table No.16)

- urban and rural families and the dimension of reinforcement and leadership with regard to family interaction. (Table No.23)

- family interaction based on the sex of the child. (Table No.29)

➢ There is no significant association between

- the dimensions of family interaction and religion of the respondents. (Table No.37)

- the level of retardation of the child and family interaction. (Table No.44)

- the associated conditions of disability and the various dimensions of family interaction. (Table No.51)

- the father’s educational background and overall family interaction. (Table No.58)

- occupation of fathers and the various dimensions of family interaction. (Table No.65)
There is a significant association between

- the father's education and communication with regard to family interaction. (Table No.58)

- mother's occupation and communication and cohesion with regard to family interaction. (Table No.65)

There is a significant negative correlation between

- reinforcement and social support system and communication with regard to family interaction in fathers. (Table No.78)

- age of the mother and communication, cohesion, and overall family interaction. (Table No.72)

- reinforcement, role, social support system and leadership with regard to family interaction in mothers. (Table No.78)

- communication in mothers and cohesion and leadership in fathers with regard to family interaction. (Table No.78)

There is a significant positive correlation between

- the income of the mother and cohesion. (Table No.72)

- the size of the family and cohesion experienced by mothers. (Table No.72)

- reinforcement, cohesion and overall family interaction in mothers. (Table No.78)

- reinforcement, cohesion, leadership and overall family interaction in fathers. (Table No.78)
• social support systems, role, communication and overall family interaction in fathers. (Table No.78)

• communication in fathers and cohesion and overall family interaction. (Table No.78)

• role, communication, cohesion, leadership and overall family interaction in fathers. (Table No.78)

• cohesion in fathers, leadership and overall family interaction. (Table No.78)

• fathers family interaction and social support. (Table No.79)

• social support systems, cohesion and overall family interaction in mothers. (Table No.78)

• role, cohesion and overall family interaction in mothers. (Table No.78)

• communication in mothers, cohesion and overall family interaction. (Table No.78)

• cohesion in mothers and overall family interaction. (Table No.78)

• mothers family interaction and fathers social support. (Table No.79)

• leadership in fathers and mothers and overall family interaction. (Table No.78)

VII. SOCIAL SUPPORT:

➢ Fathers experience more

• social support than mothers. (73.8%). (Table 10)

➢ There is a significant difference between

• the social support experienced by mothers and fathers. (Table 10)
• nuclear and joint families and social support. (Table No.17)

• urban and nuclear families and social support. (Table No.24)

➢ There is no significant difference between

• social support experienced by parents based on the sex of the child. (Table No.30)

➢ There is no significant association between

• social support and respondents distributed by religion of the respondents. (Table No.38)

• social support based on the level of retardation of the child. (Table No.45)

• social support based on the associated conditions of the child. (Table No.52)

• father’s education and social support. (Table No.59)

• father’s occupation and social support. (Table No.66)

• social support and education of mothers. (Table No.59)

• the occupation of mothers and social support. (Table No.66)

_Hypothesis : 10_

There is no significant difference between the social support experienced by fathers and mothers.

The ‘Z’ test was applied and a significant difference was found between the social support experienced by fathers and mothers.

Fathers experience better social support than mothers.

Hence the null hypothesis is rejected. (Table 10)
SOCIAL WORK INTERVENTIONS:

This study has projected various needs of parents which are generated because of having a child with mental retardation in the family. It has been found that parents with children with mental retardation do experience stress, thus ushering in a disorganized family system and functioning at home. Assessing these parental needs from parents’ perspective is crucial in order to provide individualized family intervention programmes. Meeting both parent and child specific needs enhances parent cooperation and involvement. Need based interventions with parents i.e. both mothers and fathers, should start as early as the child is diagnosed having problems of developmental delay or mental retardation.

Counseling services in myriad forms can be provided to these parents. This would help professionals to shape right thinking, attitudes, beliefs and behaviors in the parents rather than spend greater time in undoing the wrong earlier done. It is much more important to empower parents with the necessary skills to overcome and wade through this situation themselves. Man is a gregarious animal, and community living has come to stay. Therefore it is imperative that community involvement is tapped in many ways. Thus the implications for social work interventions have been categorized and presented below.

Need Based Intervention:

- An invaluable resource in evaluating and treating children with mental retardation is the child's family. Consequently, including the families of children with or at-risk for disabilities in every phase of intervention, from identification to planning to implementation through monitoring should be considered.

- An objective and systematic assessment of the parental needs from parent’s perspectives must precede any individualized intervention programme.

- Such family focused early intervention programmes can be initiated by rehabilitation and social work professionals.
Case Work and Counseling:

➢ To strengthen the family unit and facilitate healthy interactions and relationships among family members, family counseling should be provided.

➢ There is therefore a need to make available the counseling services as soon as the child is identified to having mental retardation. The services can be provided on an individual or through group counseling depending upon the individual needs of parents to various members of the family, neighbors, friends and close relatives to gain their continued and long-term support for the family.

➢ While working with parents having children with mental retardation, professionals need to be sensitive to identify concerns of parents which are inhibiting them to cope as also assess the individualized coping styles of parents in order to facilitate better coping amongst parents.

➢ True and honest information should be given to the parents while answering their queries. Professionals should not hesitate in using referral service and follow interdisciplinary approach to meet the diverse needs of parents.

➢ Parent support groups wherein participation of both mothers and fathers need to be encouraged so that parents can share common concerns learn from each other’s experiences and support each other in time of need.

➢ Parent to Parent counseling clubs can be established where mentor parents aid in counseling fellow parents with similar stressful situations at home due to a special child.

➢ Through case work, social services and assistance should be provided to improve the social and psychological functioning of children and their families thus maximizing the family well-being as a whole.

➢ Social workers should counsel family members about coping with stress, rehabilitation, social adjustment, financial assistance, vocational training, child care, and medical care.
Social workers can refer parents to community resources for assistance and arrange for day care, prenatal care, and child-planning programs for parents in need of such services.

Social workers can lead group-counseling sessions to provide support in such areas as grief, stress, burden, marital problems or in times when parents indicate need for assistance.

Social workers can involve in therapeutic interventions through group work with the children and families. This may include family therapy, behavior therapy, parent training, and group therapy with children with mental retardation focusing on developing appropriate social skills.

Sessions on stress management techniques can be conducted to enable parents handle stress situations better.

Marital counseling can be conducted for parents to enable them minimize marital discord that arises due to the presence of a child with mental retardation.

Significant people in the lives of these special parents need to be oriented and counseled by social workers, because it has been found that friends and relatives provide the much needed social support.

Empowerment and Creating Awareness on Disability:

Need based training workshops should be conducted for parents to empower them with the necessary knowledge and skills related to child management needs.

Intervention programmes should aim at empowering parents with problem solving skills to enable them to cope effectively to the various challenges faced by them because of having a child with mental retardation.

Parents also may benefit from prevention activities. Respite care provided by trained social workers can afford parents the opportunity to address their own needs (e.g., personal time, medical appointments, socializing with peers, etc.).
They can be much more effective in parenting when their own needs have been met.

- Conduct of community awareness programmes and involving community into the rehabilitation programmes targeting children, adults and aged population would help immensely in shaping and correcting attitudes of the community towards individuals with mental handicap.

- Service providers need to have updated information on State and Central Government benefits, legislation and the availability of services to meet this pressing need of many a parent.

SUGGESTIONS FOR FURTHER RESEARCH

- It will be useful to identify parents/families who have coped well with the situation of having a mentally retarded child and those who have not coped so well and study the various factors associated with parental coping.

- Availability of quality and quantity of support have been reported and seen to be important indices of impact and coping for parents. Supportive factors within joint and extended families which help reduce the impact on the parents can be studied to guide intervention programmes to strengthen and sustain families in India.

- A comparative study on the family dynamics of families with older children and younger children can be studied.

- It would be useful to understand the nature of needs of parents versus quality and quantity of supports available to parents.

- Specific needs of older parents caring for their mentally retarded children need to be studied to provide direction to services.

- Efficacy of the intervention programmes to meet various needs of the parents and families need to be evaluated.
There are many times when the raising of children is absolutely exasperating particularly with a special child. This research clearly points to the importance of the family system in promoting positive development of children with developmental disabilities, their mothers and fathers. The delicate balance of family relationships can be strengthened or broken by the impact of stress felt by the parents of these special children. This ultimately leads to burden within the family, problems in marital adjustment and family interaction and finally dysfunction within the family. But social support provided through friends, relatives and professionals does aid in alleviating stress and its repercussions on the family. It is therefore essential that such investigations be undertaken because families of children with developmental disabilities, like all families, deserve to be nurtured in ways that will optimize their functioning and ultimately help special children lead meaningful lives.

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