CHAPTER-IV

ANALYSIS OF DATA

1.0 INTRODUCTION:

Researcher used different modes of analysis as per the requirement of the objective. For the fourth objective the researcher used descriptive analysis for qualitative information. The intent here was to identify the certain commonalities that strikingly bold up and provide as significant factors contributing to the status of the cases.

For the first to third second objective, the research used survey method. The data collected is processed through SPSS software. Percentage analysis is done and classified. Table for the each of the independent variables are worked out, to test the hypothesis. Non-parametric test is used. The analysis details are presented in objective wise in the proceeding pages.

2.0 ANALYSIS FOR OBJECTIVE – 1:

Objective-1:

To study the impact of scientific attitude of family decision maker on the child IQ and Behaviour modification during planned clinical treatment.

2.1 Data Collected and its Nature:

The data collected its nature as detailed below;

1. Scientific attitude scores with standardized scale as detailed in methodology of the family decision maker parent.

2. The IQ score through a standard test of the MR Child in the beginning of the clinical treatment and at the end of 6 months period.

3. The child behaviour scores on a scale of the MR Child, indicating the Childs behaviour towards normal expectations. This is a scale that is used in the clinical centre to estimate the level of MR level by the medical practitioners and clinical psychologist.
The size of the sample is 20 cases. The study is basically an in-depth qualitative analysis study. However, some of the quantitative data is available for quantitative analysis. The quantitative data variables are detailed below:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Variable</th>
<th>Scale</th>
<th>Distribution</th>
<th>Scale Gradation</th>
<th>Status of Variable in the study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scientific Attitude Scale for parents</td>
<td>Numerical</td>
<td>Normal</td>
<td>Interval</td>
<td>Independent</td>
</tr>
<tr>
<td>2</td>
<td>IQ test</td>
<td>Numerical</td>
<td>Normal</td>
<td>Interval</td>
<td>Dependent</td>
</tr>
<tr>
<td>3</td>
<td>M.R Behaviour</td>
<td>Numerical</td>
<td>Normal</td>
<td>Interval</td>
<td>Dependent</td>
</tr>
</tbody>
</table>

2.2 Research Hypothesis:
For the objective specified following hypotheses is framed and tested.

There will be significant improvement in terms of IQ gain scores of the MR children having care taking parents with high scores on scientific attitude.

This research hypothesis has two operational hypotheses that are detailed and tested.

2.3 Testing Operational Hypothesis-1:
There will be significant improvement in terms of IQ gain scores of the MR children having care taking parents with high scores on scientific attitude.
The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>Scientific Attitude</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application:
Non-parametric Kruskal Wallis two tailed test

**Operational Hypothesis:**

There will be significant improvement in terms of IQ gain scores of the MR children having care taking parents with high scores on scientific attitude.

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kruskal Wallis test</td>
<td>Scientific attitude score distribution I.Q. gain score distribution</td>
<td>20</td>
<td>7.12</td>
<td>6.044</td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distribution is rejected in favors of research hypothesis. The observation of distribution indicates that the MR child with care taker with high scientific attitude scores are benefitted significantly in terms improving IQ scores compared to the care takers having less score on scientific attitude scale.

**Findings and interpretations:**
Mentally retarded child family member having high scores on scientific attitude scale will provide better care taking of the child, resulting in to significant improvement of the IQ scores.

**Implications:**

The scientific attitude of care taker significantly influences the MR Child behaviour improvement. Care takers having high score on scientific attitude are better equipped to take care and significantly contribute in behaviour modification of the child.

**2.4 Testing Operational Hypothesis 2:**

Mentally retarded child’s family member having high scores on scientific attitude scale will provide better care taking of the child, resulting in to significant improvement of the child behaviour modification scores.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>Scientific Attitude</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application: Non-parametric Kruskal Wallis two tailed test

**Operational Hypothesis:**

There will be significant improvement in terms of Behaviour modification gain scores of the MR children having care taking parents with high scores on scientific attitude.

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Computed</th>
<th>Tabled for 0.05 level of significance</th>
<th>Interpretations</th>
</tr>
</thead>
</table>
The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distribution is rejected in favors of research hypothesis. The observation of distribution indicates that the MR child with care taker with high scientific scores are benefited significantly high to improve required behaviours compared to the care takers having less score on scientific attitude scale.

**Findings and interpretations:**

The scientific attitude of care taker significantly influences the MR child behaviour improvement. Care talks having high score on scientific attitude are better equipped to take care and significantly contribute in behaviour modification of the child.

**Implications:**

There is need to change the attitude of parents of child from traditional orthodox tendency to rationalist and scientific attitude while interacting with the M.R child and setting his surroundings.

### 3.0 ANALYSIS FOR OBJECTIVE-2:

**Objective-2:**

To study the impact of Educational level of family decision maker on the child IQ and Behaviour modification during planned clinical treatment.

**3.1 Data collected and its nature:**

The size of the sample is 20 cases. The study is basically an in depth qualitative analysis study. However, some of the quantitative data is amicable for quantitative analysis. The quantitative data variables are detailed below:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Variable</th>
<th>Scale</th>
<th>Distribution</th>
<th>Scale Gradation</th>
<th>Status of Variable in</th>
</tr>
</thead>
</table>

| **Kruskal Wallis test** | **Scientific attitude score.** Child behaviour modification score | 20 | 7.56 | 6.044 | Significant at 0.05 l.o.s |
3.2 Research Hypothesis:

For the objective specified following hypotheses is framed and tested.

There will be significant improvement in terms of IQ gain scores of the MR children having care taking parents with high educational qualification.

This research hypothesis has operational hypotheses that are detailed and tested.

3.3 Testing of Operational Hypothesis-1:

There will be significant improvement in terms of Child IQ gain scores of the MR children having care taking parents with better mother’s educational Qualification.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>Mother education</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application:

Non-parametric Kruskal Wallis two tailed test

Operational Hypothesis:
There will be significant improvement in terms of Child IQ gain scores of the MR children having care taking parents with better mother’s educational Qualification.

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Computed</td>
<td>Tabled for 0.05 level of significance</td>
</tr>
<tr>
<td>Kruskal Wallis test</td>
<td>I.Q. gain score</td>
<td>20</td>
<td>5.28</td>
<td>6.044</td>
</tr>
<tr>
<td></td>
<td>Mother education score</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is lesser than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distribution is accepted against research hypothesis. The observation of distribution indicates that the MR child with care taker with high better mother’s education level do not are benefitted significantly affect in terms improving IQ scores. Mentally retarded child family member having differentially mother qualification will not affect in better care taking of the child, resulting in to significant variation of the IQ score.

**Findings and interpretations:**

The scientific attitude of care taker significantly influences the MR Child behaviour improvement. Care takers having mother differential qualification significantly contribute in improving the indigence of the child.

**Implications:**

Majority of mothers belongs to lower education levels with hardly much variation. The results are not inconclusive. There is need to change the attitude of parents of child from traditional orthodox tendency to rationalist and scientific attitude while interacting with the M.R child and setting his surroundings.

**3.4 Testing of Operational Hypothesis-2:**
Mentally retarded child’s family member having high scores on mother education will provide better care taking of the child, resulting in to significant improvement of the child behaviour modification scores.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>Mother education</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application:
Non-parametric Kruskal Wallis two tailed test

**Operational Hypothesis:**

There will be significant improvement in terms of Behaviour modification gain scores of the MR children having care taking parents with high scores mother education.

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kruskal Wallis test</td>
<td>Mother education score. Child behaviour modification score</td>
<td>20</td>
<td>4.85</td>
<td>6.044</td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is lesser than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distribution is accepted against research hypothesis. The observation of distribution indicates that the MR child with care taker with mother education scores do not significantly contribute to improve required behaviours.
Findings and interpretations:

The mother education does not significantly influence the MR child behaviour improvement. Care talkers having high score on education do not significantly contribute in behaviour modification of the child.

Implications:

The mother qualification does not have high variation in present sample and the result are inconclusive. There is need to change the attitude of parents of child from traditional orthodox tendency to rationalist and scientific attitude while interacting with the M.R child and setting his surroundings.

3.5 Testing of Operational Hypothesis-3:

There will be significant improvement in terms of Child IQ gain scores of the MR children having care taking parents with better father educational Qualification.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Distribution</th>
<th>Nature of Data</th>
<th>Dependent variable</th>
<th>Variable Name</th>
<th>Distribution</th>
<th>Nature of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20</td>
<td>Father education</td>
<td>Normal</td>
<td>Continuous</td>
<td>IQ gain scores</td>
<td>Normal</td>
<td>Continuous</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application: Non-parametric Kruskal Wallis two tailed test

Operational Hypothesis:

There will be significant improvement in terms of Child IQ gain scores of the MR children having care taking parents with better father educational Qualification.

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretaions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Computed</td>
<td>Tabled for 0.05 level of significance</td>
</tr>
</tbody>
</table>
The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distribution is rejected in favour of research hypothesis. The observation of distribution indicates that the MR child with care taker with high better father education are benefitted significantly in terms improving IQ scores compared to the care takers having lower father education. Mentally retarded child family member having differentially father qualification will provide better care taking of the child, resulting in to significant improvement of the IQ score.

Findings and interpretations:

The scientific attitude of care taker significantly influences the IQ score improvement. Care takers having father differential qualification significantly contribute in improving the indigence of the child.

Implications:

Father contribute immensely in setting climate at home and decision making for improvements of M.R. child IQ.

3.6 Testing of Operational Hypothesis-4:

Mentally retarded child’s family member having high scores on father education will provide better care taking of the child, resulting in to significant improvement of the child behaviour modification scores.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>Father</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Kruskal Wallis test

| I.Q. gain score | 20 | 6.24 | 6.044 | Significant at 0.05 l.o.s |
Operational Hypothesis:

There will be significant improvement in terms of Behaviour modification gain scores of the MR children having care taking parents with high scores father education.

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kruskal Wallis test</td>
<td>Father education score. Child behaviour modification score</td>
<td>20</td>
<td>Computed 7.01 Tabled for 0.05 level of significance 6.044</td>
<td>Significant at 0.05 l.o.s</td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distribution is rejected in favour of research hypothesis. The observation of distribution indicates that the MR child with care taker with high father education scores are benefited significantly high to improve required behaviours compared to the care takers having less score on mother education.

Findings and interpretations:

The father education is significantly influences the MR Child behaviour improvement. Care talks having high score on education are better equipped to take care and significantly contribute in behaviour modification of the child.
Implications:

Father educational level significantly contribute in setting family conditions such that it contributes in changing self-reliant behaviour in positive direction.

3.7 Testing Operational Hypothesis -5:

Mentally retarded child’s family member having high scores on scientific attitude scale will provide better care taking of the child, resulting in to significant improvement of the child behaviour modification scores.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>20</td>
<td>Scientific Attitude</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application:
Non-parametric Kruskal Wallis two tailed test

Operational Hypothesis:

There will be significant improvement in terms of Behaviour modification gain scores of the MR children having care taking parents with high scores on scientific attitude.

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Computed</td>
<td>Tabled for 0.05 level of significance</td>
</tr>
<tr>
<td>Kruskal Wallis test</td>
<td>Scientific attitude score. Child behaviour modification score</td>
<td>20</td>
<td>7.21</td>
<td>6.044</td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no
difference between the two distribution is rejected in favour of research hypothesis. The observation of distribution indicates that the MR child with care taker with high scientific scores are benefited significantly high to improve required behaviours compared to the care takers having less score on scientific attitude scale.

**Findings and interpretations:**

The scientific attitude of care taker significantly influences the MR child behaviour improvement. Care talks having high score on scientific attitude are better equipped to take care and significantly contribute in behaviour modification of the chid.

**Implications:**

There is need to change the attitude of parents of child from traditional orthodox tendency to rationalist and scientific attitude while interacting with the M.R child and setting his surroundings for improvement of child Behaviour.

**3.8 Testing Operational Hypothesis-6:**

There will be significant improvement in terms of IQ gain scores of the MR children having care taking parents with high scores on scientific attitude.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>Scientific Attitude</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application: Non-parametric Kruskal Wallis two tailed test

**Operational Hypothesis:**

There will be significant improvement in terms of IQ gain scores of the MR children having care taking parents with high scores on scientific attitude.
<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kruskal Wallis test</td>
<td>Scientific attitude score distribution I.Q. gain score distribution</td>
<td>20</td>
<td>Computed 6.98 Tabled for 0.05 level of significance 6.044</td>
<td>Significant at 0.05 l.o.s</td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distribution is rejected in favour of research hypothesis. The observation of distribution indicates that the MR child with care taker with high scientific scores are benefitted significantly in terms improving IQ scores compared to the care takers having less score on scientific attitude scale.

**Findings and interpretations:**

Mentally retarded child family member having high scores on scientific attitude scale will provide better care taking of the child, resulting in to significant improvement of the IQ scores.

**Implications:**

The scientific attitude of care taker significantly influences the MR Child behaviour improvement. Care talks having high score on scientific attitude are better equipped to take care and significantly contribute in IQ score improvement.

**4.0 ANALYSIS FOR OBJECTIVE-3:**

**Objective-3:**

To study the impact of Co variables namely job status of family, family income per month, and the cast of the family, on the child IQ and Behavior modification.

The detail of the analysis is presented here with.
4.1 Data Collected and its nature:

The size of the sample is 20 cases. The study is basically an in depth qualitative analysis study. However, some of the quantitative data is amicable for quantitative analysis. The quantitative data variables that are collected and used are detailed below:

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Variable</th>
<th>Scale</th>
<th>Distribution</th>
<th>Scale Gradation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Income of parents</td>
<td>Numerical</td>
<td>Normal</td>
<td>Interval</td>
</tr>
<tr>
<td>2</td>
<td>Job of Parents</td>
<td>Category</td>
<td>Normal</td>
<td>Ordinal</td>
</tr>
<tr>
<td>3</td>
<td>Caste</td>
<td>Category</td>
<td>------</td>
<td>Nominal</td>
</tr>
<tr>
<td>4</td>
<td>IQ test</td>
<td>Numerical</td>
<td>Normal</td>
<td>Interval</td>
</tr>
<tr>
<td>5</td>
<td>M.R. Behaviour</td>
<td>Numerical</td>
<td>Normal</td>
<td>Interval</td>
</tr>
</tbody>
</table>

4.2 Research Hypothesis:

The set of co-variables that have been under study are three and the dependent variables are two. This provide six research hypotheses. The researcher has framed following six research hypotheses for testing.

1. The quantum of income per month, do not contribute towards improving the intelligence quotient of the M.R. child during the clinical intervention period.
2. The quantum of income of per month, do not contribute towards improving the self-reliance behaviour of the M.R. child during the clinical intervention period.
3. The type of the job parents doeswell, do not contribute towards improving the intelligence quotient of the M.R. child during the clinical intervention period.
4. The type of the job parents doeswell, do not contribute towards improving the self-reliance behaviour of the M.R. child during the clinical intervention period.
5. The caste of the family, do not contribute towards improving the intelligence quotient of the M.R. child during the clinical intervention period.
6. The caste of the family, do not contribute towards improving the self-reliance behaviour of the M.R. child during the clinical intervention period.

4.3 Testing of operational Hypothesis-1:

One of the research hypothesis related to the variables income and IQ improvement of the M.R. child is operation aliased as below:

Operational Hypothesis:

There will be significant improvement in terms of IQ gain scores of the MR children having caring parents with better income.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>Parents income</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application: Non-parametric Kruskal Wallis two tailed test

Null Hypothesis:

There will be no significant improvement in terms IQ scores the MR children having parents with income variation.

The details of testing the null hypothesis are presented in the following table:

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Computed</td>
<td>Tabled for 0.05 level of significance</td>
</tr>
<tr>
<td>Kruskal Wallis test</td>
<td>Parents income score distribution</td>
<td>20</td>
<td>6.25</td>
<td>6.044</td>
</tr>
</tbody>
</table>
The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distributions is rejected in favour of research hypothesis. The observation of distribution indicates that the MR child with care taker with high Income of the family are benefitted significantly in terms improving IQ scores compared to the care takers having less income of the family.

Mentally retarded child family member having higher income will provide better care taking of the child, resulting in to significant improvement of the IQ scores.

There will be no significant improvement in terms behaviour of the MR children having care taking parents with better income conditions on MR child income score.

Findings and interpretation:

The Income of the family of care taker significantly influence the MR child IQ improvement. Care talks having high score on Income of the family are better equipped to take care and significantly contribute in improving the intelligence.

Implications:

Parents with low income group suffer in providing requirement, there by affect the IQ development of M.R. child

4.4 Testing of operational Hypothesis-2:

One of the research hypothesis related to the variables family in come and behavior 112 behavior 112on of the M.R. child is operation aliased as below:

Operational Hypothesis:

Mentally retarded child’s family member having high on income of the family scale will provide better care taking of the child, resulting in to significant improvement of the child behaviour modification scores.
The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>Parents income</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application:
Non-parametric Kruskal Wallis two tailed test

**Null Hypothesis:**

There will be no significant improvement in terms of child behaviour of the MR children having care taking parents with high scores on secure and income.

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kruskal Wallis test</td>
<td>Parents income score distribution</td>
<td>20</td>
<td>6.33 values</td>
<td>Significant at 0.05 l.o.s</td>
</tr>
<tr>
<td></td>
<td>Child behaviour score distribution</td>
<td></td>
<td>6.044</td>
<td></td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distributions is rejected in favor of research hypothesis. The observation of distribution indicates that the MR Child with care taker with high income are benefitted significantly in terms improving behaviour modification compared to the care takers having less score on income holders.

Mentally retarded child family member having high income will provide better care taking of the child, resulting in to significant improvement of the child behaviour.
Findings and interpretations:

The income of the family significantly influences the MR child behaviour improvement. Families with low income need to be oriented with positive attitude for care taking M.R. child.

Implications:

There is need to provide focus on low income family to develop positive attitude to wads concerns of M.R child.

4.5 Testing of operational Hypothesis-3:

One of the research hypothesis related to the variables job and IQ improvement of the M.R. child is operation aliased as below:

Mentally retarded child’s family member having better job provide better care taking of the child, resulting in to significant improvement of the child IQ.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1</td>
<td>Parents job</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application:
Non-parametric Kruskal Wallis two tailed test

Null Hypothesis:

There will be no significant improvement of MR children IQ scores, having family with better job.

The details of testing the null hypothesis are presented in the following table:

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
</table>
The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distributions is rejected in favor of research hypothesis. The observation of distribution indicates that the MR child with care taker with better job of the family are benefitted significantly in terms improving IQ scores compared to the care takers having not better job of the family.

Findings and interpretations:

The job held by the family of care taker significantly influence the MR child IQ improvement during clinical intervention period. Care takers having better job are better equipped to take care and significantly contribute in improving the IQ of the child.

Implications:

There is need to equip better conditions for different low job profiles so that the family while interacting with the M.R child and setting and his surrounding, provide better fostering conditions.

4.6 Testing of operational Hypothesis-4:

One of the research hypothesis related to the variables job and behaviour improvement of the M.R. child behaviour is operation aliased as below:

Operational Hypothesis:

Mentally retarded child’s family member having better job provide better care taking of the child, resulting in to significant improvement of the M.R. child self-reliant behaviour through clinical treatment.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Test</th>
<th>Distribution</th>
<th>Computed</th>
<th>Tabled for 0.05 level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kruskal Wallis test</td>
<td>Parents income score distribution I.Q. gain score distribution</td>
<td>20</td>
<td>7.28</td>
</tr>
</tbody>
</table>
### Null Hypothesis:

There will be no significant improvement in terms of behaviour of the MR children having care-taking parents with better job conditions on MR Child behaviour modification score.

The details of testing the null hypothesis are presented in the following table:

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kruskal Wallis test</td>
<td>Parents job score distribution</td>
<td>20</td>
<td>Computed: 6.85</td>
<td>Tabled for 0.05 level of significance: 6.044</td>
</tr>
<tr>
<td></td>
<td>Child 116 Behaviour score distribution</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is higher than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distributions is rejected in favour of research hypothesis. The observation of distribution indicates that the MR child with better job are benefitted significantly in terms improving behaviour compared to the care-takers having poor job conditions of the family.
Mentally retarded child family member having better organised job conditions will provide better care taking of the child, resulting in to significant improvement of the behaviour.

**Findings and interpretations:**

The job the family of care taker significantly influences the MR child behaviour improvement. Care takers having better job are better equipped to take care and significantly contribute in improving the behaviour of the child.

**Implications:**

There is need to equip better conditions for different low job profiles so that the family while interacting with the M.R child and setting his surroundings provide better fostering conditions.

### 4.7 Testing of operational Hypothesis-5:

One of the research hypothesis related to the variables caste and IQ improvement of the M.R. child is operation aliased as below:

**Operational Hypothesis:**

Caste of the family of mentally retarded child’s family do not contribute to the child IQ score improvement.

There will be significant difference in terms of IQ gain scores of the MR children belonged to families of different caste.

The details of the test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1 20</td>
<td>Caste</td>
<td>Normal</td>
</tr>
</tbody>
</table>

**Statistical Test Selected for application:**
Non-parametric Kruskal Wallis two tailed test
**Null Hypothesis:**

There will be no significant difference in terms of IQ gain scores of the MR children belonged to families of different caste.

The details of testing the null hypothesis are presented in the following table:

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value) value</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Computed</td>
<td>Tabled for 0.05 level of significance</td>
</tr>
<tr>
<td>Kruskal Wallis test</td>
<td>Caste score distribution</td>
<td>20</td>
<td>5.25</td>
<td>6.044</td>
</tr>
<tr>
<td></td>
<td>I.Q. gain score distribution</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is lesser than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distributions is accepted in favour of research hypothesis. The observation of distribution indicates that the MR Child with caste difference do not significantly contributes in terms influence IQ scores.

The cast as variable do not influence the IQ score improvement of M.R. child.

**Findings and interpretation:**

The caste as variable do not significantly influence the MR child IQ improvement. Caste do not contribute in improving the IQ of the child.

**Implications:**

Caste does not influence in any way and is not a variable while interacting with the M.R child and setting his surroundings.

**4.7 Testing of operational Hypothesis-5:**

One of the research hypothesis related to the variables caste and behaviour modification of the M.R. child is operation aliased as below:

**Operational Hypothesis:**

Mentally retarded child’s family belonging to different caste will influence significantly not of the child behaviour modification scores
The details for test selection for the study in brief are presented in the table:

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>Independent variable</th>
<th>Dependent variable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variable Name</td>
<td>Distribution</td>
</tr>
<tr>
<td>1 20</td>
<td>Caste</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Statistical Test Selected for application:
Non-parametric Kruskal Wallis two tailed test

**Null Hypothesis:**

There will be no significant change in terms of self-reliant behaviour modification of the MR children belonging to any caste.

The details of testing the null hypothesis are presented in the following table:

<table>
<thead>
<tr>
<th>Test</th>
<th>Variables under study</th>
<th>Sample Size</th>
<th>Kruskal Wallis test chi square (H value)</th>
<th>Tabled for 0.05 level of significance</th>
<th>Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Computed 5.85</td>
<td>6.044</td>
<td>Not significant</td>
</tr>
<tr>
<td></td>
<td>Parents job score distribution Child 119behaviour score distribution</td>
<td>20</td>
<td></td>
<td>At 0.05 los.</td>
<td></td>
</tr>
</tbody>
</table>

The table provides the test results indicating that the chi square (H value) is lesser than the table value for 0.05 level of significance. The null hypothesis of no difference between the two distributions is accepted in favour of research hypothesis. The observation of distribution indicates that the MR Child belonging to families with different caste do not significantly contribute to bring change in the child behaviour.

Mentally retarded child family member having high different caste do not influence significantly towards the improvement of the child behaviour.

**Findings and interpretations:**
The caste of the care taker does not significantly influence the MR Child behaviour improvement

**Implications:**
Caste should not be focussed as factor while treating the M.R child, as it does not come in the way of improving the child behaviour.

### 7.0 ANALYSIS FOR OBJECTIVE-4:

**Objective:** The objective is specified as below: To study the Mentally Retarded cases in detail to identify the pre-birth and post birth conditions that are related to the status of the child and role of the care-takers.

This is the major objective of the study. The researcher himself being a well trained clinical psychologist form NIMHANS, Bangalore decided to take in-depth study of MR Child drop outs. The investigator planned to have case study method as an ideal methodology where a holistic and in-depth investigation is needed. Robert K.Yin (1984) defines the case study research method as an empirical inquiry that investigates a Phenomenon and context are not clearly evident, and in which multiple sources of evidence are used.

The methodological comprises details in respect to identification of sample cases, tools procedure of conducting case study, construction of case history, triangulation of data and infering the result case wise.

There is no quantitative analysis for this objective. The qualitative data analysis with triangulation of data and development rubrics was used for the inference. The details of reports are presented in proceeding pages.
CASE -1: SHREYAS REDDY

Shreyas Reddy is a 16 year boy presently placed in a special education school. The case is identified for the study through a known neighbor is taken for study.

DATA COLLECTION:

1. School:

The researcher identified the location of the child in the school and visited. The headmaster is kind hearted and greeted with warm handshake. He was open to discuss and provide information. He moves because of the researchers’ introduction. He realized the researcher being from district health center and clinical psychologist will help understanding the child. The headmaster after providing information, of what he knows best, took to the staff room where in two lady teacher and a gents teacher were present. The lady-teachers were infect caretakers of the child during the class for all his biological needs and training. The teacher’s provided detailed observation for about one and half hours. The researcher also took a round across the school and facilities available. He introduced to know various activities extended to the M.R child. He also collected the data regarding the teachers’ quantification and competency.

2. Home:

The second visit of the researcher is to the Sheryas home. His home is placed at the outskirts of the Bidar city, on Hamilapur Road. The visit was cordially. The visiting researcher had no difficulty in introducing himself and getting the information. The researcher sat in the visitor’s room, the first room of the home having sofa, TV and Tea-poy, with sufficient space. During visit two younger sisters and mother were at house. The mother bring a graduate, was good enough in providing the information liberally, without any hesitation. The two younger sisters participated actively and provided information regarding their contribution in helping Shreyas.

The researcher was provided with opportunity to visit the house to all rooms and to get the judgment about the facilities available and wellbeing of home. The researcher requested the mother of child Shreyas to introduce the neighbors. The neighbors were cordially and provided the information sought without any hesitation.
There was discussion felt by researcher and the data collection was the smooth without any difficulty.

**CASE OBSERVATION:**

Shreyas was asked to visit The District Health Centre at researcher clinic on a specified date and time. The researcher was administrated with I.Q test and on M.R behavior scale. His reasons were noted to various simulative providing with. Mother also added in getting the information. The required information was noted in the case file.

**Data collection:**

1 **House:**

The child has sound family background; the facilities available to the child are good. He stays in a RCC building 2 story building with drawing room 2BHK with one common wash room, kitchen and all essential requirements. The house is provided with required furniture TV and gadget of average life style house. The house has dining hall, drawing room and separate, pooja room. The house has neighborhood with similar house with government job holders the researcher grade the life style of upper middle class.

2 **Family background and history:**

Father is awell-educated engineer by profession and is busy with his work spend most of his time outside house. He is usually at home up to 9:30 AM and is available late evening. He is government job holder and has many political and social friends. Mother is an arts graduate and is house wife. She is at home, and take care of house and children. The family has three children Shreyas is the eldest boy. The other two are girls are younger to him. Kartibai is a younger sister and studying in seventh standard. She is thirteen years old is normal child, good at study. The youngest of them is Sahana the 2nd Daughter of parents. She is normal child and studies in fifth standard she is 11 year old. Both the Sisters are studying in unaided reputed English medium school.

3 **Birth of Shreyas:**

Shreyas a boy presently of 16-year-old was born by normal delivery he is the first child for the couple and sufficient care was taken with cultural custom, love and
affection. The husband and wife are 2nd degree and blood relatives belong to consanguineously. During pregnancy the fetal growth the parent were informed about the condition of the baby. The growth was not satisfactory and were advised not to proceed. As a consignable at birth the baby had micro-lephely and his milestones were delayed from birth. It is also noted that one of the parental relatives has a son with similar mental retarders who had married consanguineously.

4. Early childhood:

    The growth was not satisfactory as normal children walk at around 12 to 15 months. Shreyas took about 30 months to walk. The cognitive development was extremely poor. The low learning and social adjust was observed distinctly child failed to meet age appropriate expectations and resulted in speech and language disability the motor development was delayed parents were in annuity and were depressed due to poor results of development for prolonged time, parents felt themselves helpless lost interest and hope of success.

5. Social and religious efforts:

    Parents are religious and God believers. They believed that by prayer to God and with pooja the child can be delivered normally at birth. They did religions pooja expecting normal child and ignored medical advice. They also visited several temples at different cities and prayed hoping for change. The effect did not provide expected any results.

1.3 Family Tree:

1.4 About the school Background:
Since childhood as he was known to be leaner, was not sent to any school and was taken care at home. Efforts were made by identifying a school that take for M.R child and was sent for 10-12 years. The school did not contribute to bring any change. A significant amount of time is spent without any importance. At last the child is admitted to Navjeenvan M.R school, at Chidri road, Bidar. There Shreyas has spent almost a year in the school and after watching the negligence of staff at that school he was never sent back again to that school. From 3 to 4 months, he was sent to present school at Hamilapura, the present school is about a kilometer from his house. The school is run by Maha Prajapathi educational society at Hamilpur.

The school has Government appointed teachers and care takers, physical training and psych education are provided to all MR children from the very first day of their joining. The school is well maintained with extreme professional care. All children with high disable are taken with cleaning and maintaining without any ambiguity. The school has earned respect for its good effort. Teachers teaches with love and affection, Teachers have the same food which is made for children and they take along with the children.

The school also contains playground indoor and outdoor facility as well and care taken with good escort and monitoring while children are taken out for playground. The number of student attending daily are around 35 to 40 students. The school and about 60-70 student are admitted as a whole. All the teacher, here are well educated and have passed B.Ed. degree and are paid good salaries and teachers give their 100 percent concentration to children. The school has good electricity supply and 24 hours water supply. Students here belonged to rural and poor parents mainly children in this school are taught to help each other first, later they are taught for basic habits.

1.5 Description about child by Head master & Teachers:

Maha Prajapathi Educational society Hamilapur described Shreyas as a clam and quiet person by nature. He even has a best friend in the school after joining to this school; he had learnt to eat with spoon. Play with friendly and share his toys with them. A lot of improvement is noticed in Shreyas after joining this school. He manages himself activities been noticed in Shreyas after joining here like going to
toilet wishing elders and playing with friends. Teachers here teach them English Alphabets, Numbers and Kannada alphabets.

Head master plays a major role in Shreyas development. Shreyas maintain a good relation with Headmaster and wishes him morning and evening. Even if Head master goes on leave, he enquires other teachers about headmaster with his sign movements.

1.6 Description about child by care taking teacher:

There are other two researchers out of them Researcher could not track any one of them for personal discussion. He got to know about other care taker and that her child was also M.R She understand the pain and take care of all the children with tender love and affection. Shreyas did not even know to tell regarding natural call when he joined the school few months back.

He used to litter in cloth and care taker without hesitation used to clean the clothes by training he has learnt quickly about, and used to tell care taker to take him to washroom. He learnt to pass urine and stools at toilet though he doesn’t know how to clean yet. She is of opinion that if properly trained Shreyas gets much more development and can perform his daily routine on his own.

1.7 Description by parents:

Researcher found that his parents could not recall the infancy. They never tried to join him to any school, initially as they found it humiliating. Later parental education made them to change their decisions. Shreyas was taken care by his mother mainly since father is busy with his world Shreyas obeys his mother’S commands instantly and mother has main trained.

Relation with the father and his entry to home after him comes his sound at door are identified by him and he runs to the door as soon as he hears it. But his parents do not have much hope on his development. They are educated but do not work hard to make him get development. in terms of teaching him daily necessary things like wearing clothes, cleaning after passing stools, etc.

1.8 Description by sister:

Sister have maintained good relationship with Shreyas though they are younger than him. They never complained their parents about Shreyas. In fact they
include Shreyas while playing. Elder sister expressed researcher that she had taught him to shake hands and salute to elders. Youngest sister tries to teach Shreyas with alphabets Shreyas can’t write but can pronounce what sister teaches. According to them Shreyas is like a small daddy, and they never felt scared by him sister take good care of him.

1.9 Description by Neighbors:

Though Shreyas rarely goes to neighbor houses, he never tries to be violent. He is very clean according to them. Neighbor allow Shreyas in to their houses, and never complained regarding him to their parent. Neighbors know the reality of him and adjust with him. Neighbours say Shreyas takes food given to him by known people only. He never eats food given by strangers Shreyas goes back to home correctly after playing in their house even after prolonged hours. Neighbours even try to teach him certain activities like eating banana, using spoon, playing with ball etc.

1.10 Researchers observation:

As people say blind faith no matter how passionately expressed will not suffice science, for its part will test relentless by every assumption about the human condition. Educated people believe in science and illiterate people believe in blind belief. Here though parents are educated, they are with blind beliefs. They thought that God has cursed them for their acts of previous birth. Parents were properly informed about the baby during pregnancy but they neglected it. They continued with pregnancy they gave importance to performing prayers at temple they also went on pilgrimage presuming all will be well.

Researcher found that parents used to believe in super natural power and superstitions blindly even their families backed them in doing so after delivery in doing so. After delivery baby was taken to temples and religions heads but in vain. Later some of their colleges advised father to visit Hyderabad for health care. Later they got to know about the conditions and came to reality.

1.11 Scientific Research Work Regarding M.R.

MR is prevalence in nearly general pregnancy. MR is characterized by limitation in performance that follows considerable impairment and measured through intelligence and adaptive behavior. Usually children with IQ below 83 fall under the MR group. Ideal conditions, the best place for arriving the exact diagnosis & treating
such problems is child guidance clinic. But such facilities may not be available to most of the emotionally disturbed children in developing countries like India. Best way to treat child with psychosomatic problem is to have an understanding of his family and interaction between him and the significant persons connected with him though child is treated through psychotherapy and play therapy His parents must actively participate in management. It is parental end that is in real need of counseling.

1.12 About the case:

Mainly the parents of child are consanguineously married and father of the child is chromic smoker and social drinker, there is high risk of child being born with chromosomal and genetic abnormalities.

1.13 Management of the case:

Researcher feels that both parents should be counseled together. Parental guilt and home situation should be discussed. Blind belief and superstitions should be removed. Minimal criticism & high appreciation, short term goals, and structured learning results positively. Associated diseases & dysfunctions should be treated Anticonvulsants & drugs for hyperactivity should be given whenever necessary.

1.14 Conclusive Remark:

Shreyas Reddy is born to consanguineously married couple and who had blind belief in superstitions so, consanguineous marriages should be avoided and people should be educated about the consequences of blind belief when doctors informed about baby when it was in woks, they showed have terminated it instead they continued and followed blind beliefs and later felt guilt for Shreyas. Further instead of providing psychotherapists treatment and proper adoptive social behavior, the child is neglected.
CASE-2: RAGHAVENDRA

2.1 Introduction:

The researcher collected information about Raghavendra from the school principal located in Bidar district. Raghavendra had his schooling from anganwadi to 2nd standard in Hallikhed. The details of the case about this child presently studying in school. Principal was very calm and compared person who gave all of the child in their school. There researcher went to a school, where in principal greeted the researcher with lot of respect and his staff accompanied him. Principal was very kind person and the school was good for primary education. Ashayais a group D worker in school who also assisted in gathering necessary information. Later the researcher visited Raghavendra’s house and met his father to gather information. Father and mother were kind hearted and didn’t mind in providing the necessary information. The house was located 2 km away from the school.

2.2 Family background:

Raghavendra is born to a very poor family. The father Siddappa is 55 year old man unnourished, uneducated. The mother Shakuntala is also uneducated poorly nourished lady. The family has 5 children. And the present case is the fourth boy. Father worked on daily wages. Mother is a house wife and manages house. Both the parents appear very weak and unhealthy.

Position of the M.R. Child in the Family

The first child is Mala who is 20-year-old and is not that good in academics, poor grasping power and believed to be affected from childbirth itself due to
difficulties during labour. The second child is 16-year age studying in 10th std in the Govt. school Hallikhed, Bidar. She was good at academics and need good rapport with the other family members. The third child was a male of 14 age polio affected child unable to walk and daily routine was taken care of his mother.

Raghvendra was 12-year-old studied till 2nd standard later dropped out of school. He dropped-out because of his poor learning abilities. Raghvendra lives in a joint family. Their house has one room where in all the members live. The house is congested and standard of living is poor. Father is poverty ridden former. Five children with wife are solely dependent on father for their daily living.

2.3 School Background:

Raghavendra is a student of Govt. school at Hallikhed of Bidar District. The school has all basic requirements. School has good infrastructure. It is a single stored building. The school has students from Anganawadi to 5th standard. The school has one teacher and Head Master. The teaching staff is inadequate and poor in teaching learning process. The school has good spacious open ground for physical activities. There are three non-teaching staff to maintain school. Raghavendra studied up to 2nd standard and is a dropout. Raghavendra was a slow learner, and did not progress well in class. He lost total interest in learning and withdraw. Parents did not take interest. They also thought that, there child is affected by same evil and neglected.

2.4 Description of child and his background:

Raghavendra is the fourth child to their parent’s family being from as economically weaker section. Family did not have money to spend for the nutrition needs of the mother during pregnancy. The mother suffered from deficiency disorders. The care was not given as expected for the child. During previous child birth blood loss was significant which added to anemic during the subsequent infection, poor drinking water facilities and open field defecation all added to the poor outcome of the mother during and after birth of child.

2.5 Childhood:

Raghavendra is dearest to all sibling. The parents considered him to be fortune. But in reality the mother suffered a lot during 4th child pregnancy. The mother suffered with health status and repeated infection and fever during the antenatal period and poor dietary intake due to failure of crops and significant
poverty. The labour was prolonged and also preterm which adds to fetaldietic and repeated infections of the perinatal asphyxia is most inevitable during preterm labour. Resulted constitutes to poor mental development repeated. Seizures during the early childhood stage and the birth weight of child was 1kg which was very low for age.

Mother also mentions the difficulties during childbirth and delayed cry at birth. Associated co morbidity like jaundice, Poor activity of neonate was also present. The development pattern of the child compared to his sibling as per the mother gives history of delayed development with reference to age of child activities like sitting blabbering, social smile, play activities were all delayed which states that the child development was elongated and different from normal child. Raghavendra used to spell syllable, world labels meaningful by about 2 year which was significantly late compared to his elder siblings.

2.6 Description of child by parents:

Raghavendra was the dearest child for the parents even though he had shortcomings in his daily life as per the statement of the mother Raghavendra was active enough to interact and play with other children of his age but as he grown up things didn’t go well he used to get separated from the playgroup because of his inability to cope up with other children and with stand on his own for longer duration. This feeding habit was almost similar to his sibling. At drunks as other children do. But the time passed when he lost interest in outer world activities and got separated. He had withdrawn on his own and performing daily routine.

2.7 Description of child by siblings:

Raghavendra was dearest his elder brother they used to always stay together. Brother took complete responsibility of Raghavendra. He was very affection and caring even though the other relation made him speak. Elder brother has supported him during difficult times.

Raghavendra during his initial days of schooling scored well could interact well and participated in playful activities. His brother was always by his side during his school days. A kind hearted, emotional of person was his elder brother.
2.8 Description of child by school staff:

The school principal was very much caring and lovable teacher of all school students. He considers students as his own children. Raghavendra during his initial days found difficulties in initialing talk and learning actives. The teacher helped in all story of school works guided him throughout and tried to bring the best of him. But the growth both mental and physical was not as expected by the child of his age the well prevalent disbeliefs in the community made Raghavendra work and prevented him from attending class participating in extracurricular activities.

By 2nd std the child stopped attending the school and down stricken this social interaction were restricted. Later hyperactivity temper tantrums were obscured he found difficult coping with community and was isolated and reprinted to house.

2.9 Researcher’s Observation:

Raghavendra a 12-year-old boy who was initially normal during his early childhood days with active involvement, showed deviation in his mental and social behaviour in later part. The most essential factor behind his work was the efforts and anticipation of parents and siblings surrounding the child was peaceful. Raghavendra had capability of comprehending He was cooperating and adjustable child by nature. Raghavendra concentrated well on his studies and would put all his efforts to do. But in the later part of life his development was not up to the mark and leaving behind the other children of his age.

2.10 Conclusive Remark:

A male child named Raghavendra of age 12 year chronological age with social age of 3 year 8 months IQ of 22 (severe MR) found to be severely mental retarded due to the priding antenatal natal and affected his mental and physical development. Due to His family poverty increased number of children lack of food severity. Disbelief in the community lack of health care facility all this have significantly contributed to the poor growth of child leading sever affected M.R.
CASE-3: SUNITHA

3.1 Introduction:

The researcher collected information about Sunitha a 16 year girl resident of Bhalki Shindhe from village head (sarpanch) and also administrator. The school principal who know well the information of the children of the village.

The village sarpanch: Ramappa was approached by the researcher to gather information about the dropouts in the village and was thus elaborated about girl Sunitha. Village sarpanch was very kind person dignified and with all due respect greeted the researcher. The researcher had a cup of tea as a good will gesture and later provided the details of the girl in his own version.

Later the information was continued by the school principal who knew the child for almost 9-10 years. Sunitha studied from anganvadi to 10th in the Govt School: Bhalki. As the school was located in taluk place it had adequate staff and support people.

The major chunk of information about the girl was later given by mother who gave a very reliable information, and didn’t hesitate even a bit to tell about the things that her girl child. Father Yadurao joined the theme and contributed. Both parents greeted the researcher with humility and kindness without any dilemma of mind gave all the necessary information about the girl. The researcher saw the sorrow of the parents, the short comings of the child, but there was a ray of hope that their child would be better soon.

Sunitha had her schooling completed in Govt School Bhalki which was about 5 km from home and was convenient enough for the transportation too.

3.2 Family background:

Sunitha was the First child of the couple, Yadurao and Vidyawathi. She was the dearest of the 3 children of which 2nd was Rekha, a 13year old girl, and 3rd child Nikhil 9 year old boy. Being a middle class family, poverty was not that away and frequently world hit the family in a year depending on the seasonal wane. Yadurao52-year-old male owns a textile shop, worked form morning 8 am tonight 9 pm. He couldn’t give much of time to his family, as he was the sole caretaker and earning person in the family. Yadurao had habit of smoking and alcohol which was
limited to early years of marriage. But as the years passed by the habit also took over and contributed to poor health and poverty in family. He was uneducated person as he had not seen schooling in his childhood days and couldn’t help much in his children’s education.

3.3 Family Tree:

**Position of the M.R. Child in the Family**

Mother Vidyawathi too was deprived of schooling and worked as housewife. She looked after household chores and would involve herself in small labour activities so that she could also contribute a little to family and children’s wellbeing. The second child Rekha 13 year old female active, intellect would show her full information. She was argued the was the dearest sister of Sunitha and was studying in 7th std. Academically she was bright and had good information from the teachers and principal.

The third child Nikhil is 9 year male studying in class 3rd in the same school of Sunitha. Nikhil was not active and intellectual compared to his elder sister, He was more interested, in playing, watching TV and would go around his father. Over all a 5-member family with happy go lucky type would somehow manages with the earnings and was struggling to provide necessary education for them.

**School Background:**

Sunitha, was student of government school, Bhaliki. The school was about 3 km from and since are the children’s were studying in the same school. The mother would accompany them to school each day. Sunitha was bit slow in learning
compared to other children’s in family her involvement was very poor, right from the beginning and was rarely seen along with other children in playground or other activities.

As a Government institution it was not that interactive to the children and could only provide basic needs of the rural people. The teaching staff comprised of 6 people including the principal and the existing staff of 3 members. Teacher student ration was very large and classes were combined due to insufficient staff and devoted, care was thus question able. However the teachers were modern and humble and could do their best for the children and their overall development.

School was one-storied building and has 7 classrooms, which would accommodate most of classes often combined. School had a small playground and a garden which was maintained well by the staff. Toilet facility is lacking due to poor water supply. Hygiene was compromised but the principal tried his best tomake available all the necessary facilities. Adulate Lighting and desk are present in the rooms the writing board and benches were bit-old. By the side of the school was a wood cutting depot which constantly made sound and wood dust often contaminate the school atmosphere.

Water supply was not proper but the principal arranged for adequate drinking water from a nearby house-barrel. False beliefs and bad spirits were very much prevalent in the minds of the villagers. They weren’t ready to accept any explanation regarding the need of good education child rearing practices and Modern therapy etc.

3.4 Description of child and his background:

Sunitha a 16-year-old, has the first child of the family. As a under privileged family, the parents were happy somewhat but this affected the proper care and rearing of child and also the necessary needed nourishment for the pregnant mother was not given properly.

Care could have been taken by the grandmother; but her absence made a big difference in the home. Sunitha was the dearest child of the family as the eldest one; love and care was more. As per the information provided by the mother, during her pregnancy enough care wasn’t provided due to poverty and poor health services.

Food security poor drinking water facility frequent infections during pregnancy were added risk factor for the wellbeing of the child. Mother couldn’t have
rustler antenatal check-ups and had been only once to hospital in her entire 9 months pregnancy period. The labour was delayed and delivery was conducted by the Dai in home itself.

The outcome was not good; baby didn’t cry immediately, after birth and was later taken to taluk hospital for further treatment. As per the health specialist in taluk hospital the general condition of baby wasn’t good and cure, birth weight was 1.8 kg which was significantly low compared to normal babies. Prematurity low birth weight poor cry at birth added risk factors which were identified by the researcher.

3.5 Childhood:

Sunitha grew with almost love and care soon after discharge from hospital. As the first child, care was optimum and basic need were sufficient. The general health of mother wasn’t good and nutritionally weary, the mother could not breast feed her child for more than one month later the child was put on top feeds prevent infection were common during the first two year of life. Parents couldn’t afford very good care; hence the child was shown to local doctor (village pandit) and medical were used. It was religions customs and beliefs that further put the child to pain and added infections.

Daily oiling branding pricking were all done to the small child. As the history narrated by the mother: the child even had epileptic seize followed, with high grade fever at the age of 11 Sunitha grew up among all this but her mental and physical development was not up to the mark expected compared to other children in the community.

The growth pattern was completely digressed and everything was delayed right from childhood. As a baby blabbering play with other children social interaction was etc. Poor but the mother didn’t give much concentration neither bothered to show the child to a good physician. As the growth pattern was not satisfactory. Villagers too said that it was better to act on spirit and subsequently their own beliefs and cautions were practiced to correct the sum. Sunitha wasn’t that active and interactions with other children was very low. She loves her mother very much and couldn’t leave her any time. School joining was also delayed.
3.6 **Description of the child by parents:**

Sunitha as was delivered by as mother her first child. Nutritional deficiency was very much prevalent during her time and mother expressed that gross delay from birth was noticed as compared her other children. As the parents had consanguineous marriage, it added to the risk.

As per the mother need control of child was attained at 3rd month. The child crawl without support by 9th months, independent walking was achieved by 2 years. Cognitive functions were delayed. Reaching for objects, pincer grasp, scribing, driving cycle. The child had much difficulty in ability, speech was also delayed significantly. Sunitha had many setbacks in day to day activities but was taken care of by the mother.

3.7 **Description of the child by the siblings:**

Sunitha was favorite to elder sister Rekha. She could help her in all daily activities. Rekha could help even in the academic activities of her sister. Rekha is brilliant in her studies often she could teach elder sister without any hesitation.

Sunitha accompanied to other children was slow learner but this was trained case by the Rekha both when emotionally attached and she always accompanied her, Rekha even described one of the incidences. During her 5th standard both sister went for village fair, they were lost, and to contort with parents. Both emotionally joined, and sorrows were managed. With the help of village sarpanch both of them were rejoined and made arrangements for reaching the children to home safely.

During that night both have wept; remembering the incidence emotional bonding was very high among the 2 sisters. Nikhal brother of Sunitha used to regularly play with her and since he was more inclined towards outside world couldn’t concentrate much on the sisters. But was a loving brother who always made his presence in their good times and best times. The two sisters were very much attached too much caring and lovable ones.

3.8 **Description of the child by school staff:**

Sunitha had her complete schooling in Govt School and since the principal was good teacher he closely observed the child. Sunitha was initially active and would not notice much difference in her in compared to other children. She use to play,
read, write, involves different activities gardening and all other work. She was good in her studies. The principal observed she was bit nervous and had complex attitude towards others.

As a result, she was coped up with other group of children. Principal noticed this and even informed the parents about the positive growth pattern seen in Sunitha. She was significantly learning things and could clearly see when observed with other children. But the parents and community did not bother about the better condition, instead of depending on hospital care they went through religious customs and beliefs.

Sunitha attended school regularly and was taking in extra co-curricular activities. In the coming days the performance of the child dropped significantly. She found difficult in catching up the things and even avoided learning when difficult for her. The teachers and younger sister all tried to help her out in her studies but she was unable to cope up for her age. Subsequently, parents decided to stop her studies and sending her to school. She was soon separated out into lonely world. Food pattern reversed, infection, repeated seizes all added to her poor health and outcome was not satisfactory.

3.9 Researchers observation:

Sunitha a 16 years old girl had potential risk factors right from her mother antenatal period to her schooling time. All the risk factors; combined made bad impact as her mental development initial childhood days was pleasant but not the later ones. Parental risk factors live congruity poverty and alcohol of father, poor education all these added to poor outwear on the child.

The school environment was satisfactory for the child: but provided added care and nutrition would have provided better inputs.

In the later part of her life externalizing behaviour like hyena activity extensive doyens dipnoan compactions: sleep appetite Cheryl’s were all observed, Her short coming in day to day activities further added to poor mental growth and physical growth.
3.10 Conceive remark:

Sunitha 16 year girl chronological age but with mental age of 8 year, IQ 48 on VSMS scale with delayed developmentally milestones was studied with predisposing factors of poor conditional care, nutritional deficiency, poor health care, smoking and alcohol in family poverty were identified.

The existent of false beliefs wisdoms poor health facility: mental education proper guidance to child and identification of the problem at initial stage was lacking. Parents were advised about the personal hygiene motivated for the need of the health care and proper education of the child which would improve the overall outcome in the future.

CASE-4: ANITA

4.1 Introduction:

Researcher travelled from Bidar city to Noubad. There he found the house of a MR child Anita, a 20 year female who is daughter of a lecture. After reaching the house researcher introduced himself to the family members and mother asked the reason for his visit to their house researcher explained her mother very enthusiastically and provided introduction for the research. Later gathered data from BRIMS hospital, researcher went to house of Anita along with a doctor except father of Anita all other family members were present. Researcher and doctor were made to sit in a hall of their independent house and all the family members made to sit respective seats, were made site on the sofa set and were provided water and tea. They were in Kannada language.

All the members of their family started to describes Anita according to their own perception Researcher asked with Anita with certain questions. Which she answered with irrelevant word. After their session neighbours house ladies came to Anita’s house and they were into the conversation of researcher and Anita. Later the two ladies started to tell about Anita according to their understandings. Researcher patiently noted down all there information given by the two ladies.

Anita is M.R at adolescent at her twenties, she talked irrelevently to the ladies who were in front of her abused. Researcher thanked family members, mother, brother, sister and their neighbouring house ladies.
4.2 Family background:

Anita reside at her Noubad residence Bidar, it is at periphery of Bidar city the location it was about one km away and mainly Govt officials and their own houses. Family belongs to middle class economically not poor. Her father had settled here. After getting job of lecture in a Govt college for degree student.

Anita’s family has good relation with their neighbouring house her father is a 56 year old with M.SC degree qualification. Her mother is 48 years old and a house wife. Anita’s mother had studied up to 7th standard and had a decent knowledge about the society and its impact on life of a family with mentally retarded child. The income of the family was yearly Rs 2, 80,000 / arum. They remained satisfied in the earring and were leading a decent middle class life. Her father has learnt to help to Anita’s brother for doing business. He was establishing his business very fairly. Anita’s sister was studying her M.Sc. in mathematicsthey were 6 members in their family. Researcher started to take questions towards the history of illness. Anita’s brother said that there was no history of M.R epilepsy neurological illness in either of their family.

4.3 Pedigree chats of Anita’s family:

Position of the M.R. Child in the Family

- Father
- Mother
- Brother
- Sister
- M.R.Child
Anita’s mother was a 3rd degree relative to her father they had married consanguineously 25 years ago. They had two male and two female children. Anita was 3rd child of the couple.

4.4 Childhood:

Anita was born in the year 1996. She was born on normal delivery mother did not suffer any infection, deficiencies, hypertension. Since they were from affordable class they had an ultrasound scanning done before the delivery of Anita. Doctor had already informed them about the congenital anomalies of the baby in wombs nearly 2-3 weeks before her birth. Since, it was 9th month of pregnancy they did not go for abortion. So, they continued the pregnancy & waited for the delivery. Anita was born with no cry, after a delayed labour. The doctors made the baby to cry only after neonatal resuscitation was done. Anita was later admitted to NIW after the resuscitation and was discharged after a year or so from the hospital. She was breast feed for about a year.

Anita’s mother told the researcher that her daughter’s developments history had a gross delay from her birth itself. She started to sit at the age of 1 year and stand without support at the age of 2 years. Anita didn’t walk till the age of 3 to 4 years. She used to crawl on the floor till she was 3-4 years old Anita rigidly used to identify her mother and falter only. She spoke only mono syllable words up to the age of 5-6 years. As years passed, she started to identify other family members.

Anita still does not know how to wear clothes and she started to menstruate since 4 years. Parents feel problematic during her menses.

4.5 School History:

Since Anita’s father was a lecturer and was busy with his job, he didn’t try to admit Anita to any school. Family knew that she was MR from her childhood. Some other family members told but they didn’t search for special school for her. Later, when she was 14 or 15 years old, she was sent to govt. school of Halakha she used to go to school in the morning 10.00 AM and came back at 4 pm. This she was not get acquainted to the school environment.
4.6 Description by family: Parents

According to Anita’s mother, she was the 3rd child and was delivered normally she had delayed mile stones since birth and had started to menstruate few years back. Anita’s mother also gives history of feeding problems which Anita. Anita used to eat minimum food and was eating started in her childhood. Presently she takes only little amount of food. On certain days, she refuses to eat even once a day on other days her appetite is normal and takes appropriate food for her age.

Anita even have sleep disturbances. She was having insomnia Anita used to sleep up to 3-4 days normally and the next 3 days she didn’t sleep normally. Anita used to walk at nights in their hall lonely.

Family members relate her behavior being inconsistent. Some days she had hyperactivity, she used to clean floor, wash dishes on these days, one of these days, and she was in attentiveness. On these days she even asks for help, used to refuse to help in house-hold chores. Anita had impulsivity and occasionally tantrums.

Anita goes to nearby houses alone she used to speak to familiar people only. She used to eat food given by familiar people only Anita avoided strangers as much as possible. Anita like small babies and children. She likes to carry small babies and likes to play with them. She gives eatables to small children.

4.7 Description by Sister:

Anita’s sister is did her masters in mathematics, she is elder than Anita. She has seen Anita from her birth, from her childhood through her adolescence till now. Anita’s sister recalls that, Anita after birth did not cry starting from that day. Anita was abnormal according to her. She noted that she had a delay in her development. Anita used to crawl for 4-5 years. She only started to walk after that. Anita could not differentiate men and women. But as time passed, she got older; her sister too started train and care of her. Her sister now knows about Anita’s conditions, without guilt she loves her sister much. Anita’s sister take care about her with much care during menses of Anita.

4.8 Description by Brother:

Anita’s brother tells about Anita with much maturity. He tells that, he will take care of Anita, even in future, after his marriage. Anita’s brother tells that even though
Anita is M.R. She loves children. She would keep chocolates with her and whenever she meets small kinds, she would give them. Anita talks irrelevant, she is aggressive at certain days. She has sleeping disturbances and eating problems. Mother and Anita’s sister take care of Anita every day since he was busy with his business. His father feels guilt even now and all their family members console him. Anita sometimes goes away from house to nearly main roads at that time family members feel nervous and scold Anita other than, this. They never scold her for any of her misbehaviors.

4.9 Description by Neighbours:

The two ladies who were present at the home told their view of Anita. One lady tells that, Anita, never takes food given by strangers. She refuses and scolds them for doing so. The other woman says, Anita goes to only a few neighbours houses, who are much familiar to her. Both ladies give history of Anita with no incidences of arrogance, impulsive activates at their houses. According to neighbours, Anita helps them at their house hold chores world. Anita, often live on her own, with support from the family members. Anita can be taught to earn her lively by training her to do some petty of job.

4.10 Researcher’s observation:

According to researcher, though Anita’s family is for middle class, and have knowledge about Anita. They initially neglected her, they never believed in black magic or superstition. But when they were told that the baby was abnormal, they did not take it serious, they thought that in due course of time, Anita will become normal. This type of attitude made Anita to remain herself at home. She was not sent to school, thinking that she will get well her own. This type of attitude made them totally neglect Anita. If Anita was sent to school at an early age from 6 to 8 years she would have learnt a lot and would do all her work on her own., she would have not been burden on the shoulders of family members. Now, Anita has to take care of all the family members suffer a not because of their bad attitude of giving time to get normal.

4.11 Researcher’s view of Anita:

Researcher talks to Anita with his introduction saying he is her brother. Anita replied saying he was not her brother and Anita tells that researcher was completely
strange to her. He told her to write on a paper she refused as she did not like writing on a paper. Researcher asked genesis and she replied irrelevantly.

**Inference:**

Anita was 3rd child of the couple. They neglected doctor’s advice. They started to give time to Anita to let her become normal but, neglected her totally. She was not sent to school.

**4.12 Conclusion:**

Since she was not sent to school and remained at home she was never taught physical and psycho education. Her mental age is very much low than chronological age. Instead of following their blind belief of the couple should have sent her to some school. Anita by now would have learnt to eat, clean and helping family members in home.

**CASE – 5: ADIL PASHA**

**5.1. Introduction:**

Researcher found Hamilapur at 4km away from Bidar city there he went to Maha prajapathi education society for especially abled children. He went to meet Headmaster at his office room after introducing himself to headmaster and his purpose of visiting the school headmaster enthusiastically welcomed the researcher. Headmaster was pleased to have researcher at his school after presenting his views, headmaster introduced researcher to the teachers present in the staff room. They provided required information about the child in a congenial and co-operative manner, at certain juncture, researcher needed to evoke to specific information.

One of the school teachers showed the school to the researcher. Later headmaster accompanied with researcher to show him the house of Adil Pasha. Researcher collected avail information of Adil Pasha from the school files. Having gathered data from the school, researcher went to home of Adil Pasha along with the head Master after reaching old Mailoor, Bidar, Researcher and the headmaster, searched for his home. After 10 min, they could go to his home. They came to know that elders were not present at home. So, researcher told his sister requesting Adil Pasha’s mother to stay at home for next day. Next day we met his mother.
Headmaster was familiar with the family so, he introduced the researcher to Adil Pasha’s family members. He was warmly welcomed by the family. Researcher was made to sit on the mat over floor. Mother of Adil Pasha also sat on floor opposite to us.

The family spoke Urdu language. His mother described Adil Pasha according to her own perception. Meanwhile, researcher used to talk with Adil Pasha, after a long session, researcher used for survey of their house as well as of neighbouring houses. Along with Adil Pashaand his younger brother, researcher went too few nearby houses, Researcher again needed Adil Pasha’s assistance while communicating with his Neighbours. They remained obliged and eagerly presented their views. Researcher requirement being partial while conversing with them as they repeatedly deviated from the main theme.

5.2 Family background:

Adil Pasha was residing in old Mailoor, Bidar, from his birth. the place towards the periphery of the Bidar city. People in that area were mainly Muslims and partly by Hindus. Adil Pasha’s family was from lower class and were very poor. Their ancestry were settled here since long. His father Ahmed pasha is an electrician by profession and had education till 10th standard. His mother an illiterate works as house maid. Father is a chromic alcoholic and did not look after the family, mother used to run the family.

Monthly income of this family was around Rs. 4000/- only. It was absolutely impossible to run the family. The family was traditional and religions. Including Adil Pasha, there were about 8 members in the house. He had the 3 elder sisters and a younger brother and a youngest sister. All the elder sisters were above 18 years of age.

They resided in a small home. The area in which they resided was over crowded & unhygienic. They had a very few furniture, house has one kitchen, one hall and toilet. People in their colony were very helpful and co-operative.  

Adil Pasha was a 14 year old boy. He was from normal delivery. He was the with bashing, so no much care was taken during the pregnancy. Mother was experienced and didn’t bother much. From initially, he had delay in development of mile stones.
He started to walk with support at the age of 2 years and without support at 3 years. Till 2 years, he used to crawl on the floor. All his physical and mental development were delayed from his birth. This made his mother to suffer a lot emotionally she felt gilt all the time.

5.3. Family tree:

![Family tree diagram]

**Family history:** there was no history of MR. other handicap, epilepsy, mental illness, neurological illness on either side of the families paternal & maternal.

5.4 State of Mother during pregnancy:

Mother remembers that she was healthy during her 4th pregnancy. She was not admitted to hospital. She didn’t have either eclampsia, HTN, DM, Hypothyroidism. Since Adil Pasha’s father was a chromic alcoholic, a smoker, she was continually refused to smoke. Moreover, they used to cook food by burning fire wood so she was exposed to more of smoke.

5.5 Birth history:

Mother remembers that Adil Pasha’s delivery was delayed. Doctors had told her that, baby was distressed, after hours of delay, baby was delivered, initially baby did not cry but after neonatal resuscitation, baby cried. There were as congenital anomalies and jaundice.
5.6 School background:

At first, Adil Pasha was sent to Anganwadi there he started to improve in his development. Later he was sent to school for especially abled children at Chidri. There he was admitted for about a year. Since the school had a paid travel expenses Mother found it difficult and made Adil to stay back at home later stage.

Later, she found that, a Sicilian school at Hamilapur had free travel services, so she admitted to this school. The school has 50-60 admissions and 35-40 attendance on daily basis.

Present school Maha Prajapathi educational society for specially asked children Hamilapur. The school has 3 male teachers, and a two-female teacher caretaker for the children the school has good electric and water supply there were many toys present at the classroom. They provided good drinking water and hot mid-day meals to the MR Children. The staff used to take food along with the children. Teachers used to teach psycho & physical education. There was indoor & outdoor ground for the children. Adil Pasha loved to go to the school daily he had built a good relation with the headmaster. Adil Pasha’s present school is about 2-3 km away from his home, school van used to take him from his home to school and take to frame. The school was frequent touch with parents. Students come here belonged to rural and poor parents. Adil Pasha has his best friend in the school both used to stay together all the times, Adil Pasha used to give eatables to him.

5.7 Description by principal (Head Maser):

Headmaster know Adil Pasha very well. He had developed strong attachment to headmaster. Adil Pasha wishes head master. After wishing he used to go to the class room even while eating lunch in the afternoon. Adil Pasha used to sit beside to have lunch with Head master. Adil Pasha was very close to another M.R. Child, Shreyas. Both friends used to play together, eat together and shared their food and snacks. School has taught him to perform daily routines own. Initially, Adil Pasha used to do toilet in his clothes, he was unable to write, was always alone all the times, after coming to school, within few days, he was taught all the necessary habits and Adil Pasha now does not skips school. He maintains his attendance 100% He now knows how to clean hands, go to toilet and eat food with spoon etc.
5.8 Description of the child by teachers:

Teacher tells that Adil Pasha is very active in the present school. He takes care of all his Friends. Whenever any child goes to the main road, he and another M.R. Child Josva go out and bring back them to the class. Adil Pasha knows to write English Alphabets. He likes to eat Kurkure snacks. He brings it daily and shares with the friends. Adil Pasha is active even in sports. He likes to play with the football. Adil Pasha daily throws himself in the class. He has never skipped any day at school after his admission. Adil Pasha maintains cleanliness now. He asks to go to toilet, whenever he felt like urinates though he passes slowly, he is unable to clean. The female care taker teacher’s hold him in this case. Except that, he is good in all other matters. Adil Pasha can improve more, if he is trained continually.

5.9 Description by caretaker:

Adil Pasha initially was unable to go to wash room to pass urine & stool. He was taught the habit to go for wash room. He even today doesn’t know to clean after passing stools. But had learnt to pass urine, to pass stool, he will able for help. He can now wash his hands, face. He is taught to take bath on his own. Care takers tell that Adil pasha is intelligent and he learns gradually. Adil Pasha is good by heart. He shares his snacks with friends, teachers and care takers.

5.10 Description by family members:

His mother is not able to recall much about his childhood i.e. His infancy and toddler period. All she told that Adil was very irritant & impulsive. Since birth, no extra care was taken. For him food provided was normal and very limited. Only to toddler period & later years, he used to crawl in the house. Used to liter in his clothes only. Was spoon fed all the times. He had good attachment for his grandfather used to by him sweat and cared him a lot. After his demise, Adil was not taken much care as before. Mother told that he was admitted at the Chidri School for M.R children at the age of 10 years. Adil Pasha had feeding problems initially. He now eats according to his age after he trained in the school. He repeatedly falls ill. Usually he suffers from fever and loose motion. Adil is hyperactive, impulsive and will have tantrum. He never eats food until he demands. Adil is loved by everyone in the neighbours. Adil now has changed. He had learnt it eat on his own after coming from school. If he gets trained, he will not depend on other. He can live on his own.
5.11 Description by Sister:

Adil was never horned. He is not normal trained. He used to cry a lot he was crawling on times still he was 3-4 years. He only learnt walking at the age of 5 years. He was hyperactive some times. Used to destroy all the glass items. He was impulsive too, after joining the school, he has improved. He is clam and silent know a days. He daily gets up at 7am and gets ready to go to the school he never misses to go to school. He likes to go school than staying at home.

5.12 Description by neighbours:

Neighbours tell the Adil is an active boy in the colony. He plays with everyone in the colony. He never maintains groups or he is not a reserved. He will mingle with all in the colony. Later, after joining to the present school, he had developed a lot. They knew about his condition and during early days behaved rashly. His father is an alcoholic, mother works as a house maid. They never seen him getting angry or irritated after joining Prajapati school. He likes to watch television and likes Bollywood movies. Very often, they save him playing with the puppies of the colony.

5.13 Researcher’s Observation:

According to their family, researcher came to know that initially Adil had irritating behaviour problems. He was 4\textsuperscript{th} child for the mother. Father was a chronic alcohol and was married consanguineous. Adil was not natural behaviour. As a result he was far behind in his mental age. Researcher came to know that the family was highly religions, they felt guilt all the times. They thought that God had cursed them for their sin done in previous life. So Adil was made M.R. They never admitted this. But in due course of interview, researcher came to know this. It was consanguineous marriage, family was poor and highly religions and mother was above 30 years old when Adil was born.

5.14 Conclusion:

Their blind beliefs had made Adil to suffer profusely. After his admission to school, he had gradually developed. If properly trained, he would not depend on others, in future as well.
CASE – 6: JASWAN

6.1 Introduction:

Researcher visited Maha parjapathi Education Society school to pick up MR case children which is located at Hamilapur, Bidar city. It is located about 5 km away from city. Researcher introduced himself to the Head of the Education society at his office. He expressed his purpose of visit. The Head Master accepted the work and introduced to M.R child by name Jaswan. Jaswan is MR and physically handicapped child of 12 years and is attached study in school. Head master introduced to the researcher working a lady teacher and other two male Teachers. After seeing the children, researcher asked Headmaster to show the care taken and maintained cleanliness of the children.

Head master introduced two female attendants to researcher. Out of them first care taker was Rajamma collected available information of Jaswan, a M.R child. Researcher later wrote to the head master to see the school. Researcher was find that in class room boys status, he also saw washroom with 24 hours water supply. Rajamma, the care taker of the school, met researcher and told that it was her pleasure to meet the researcher in carrying a research work on MR children. She also felt that all the children present in the school are of her own. The researcher along with head master, went to Rajamma’s house which was half a mile away from the school, which was proper ventilation and lighting. Researcher and the head master seated on the plastic mat given to them on the floor. Rajamma started to give information about the child Jaswan.

6.2 Family background:

Jaswan was residing near Hamilapur, half a mile away from the school, away from village limits. The population mainly speaks Kannada language. Jaswan’s family are from lower economic state. Their ancestors had settled here since long. Jaswan’s grandparent werelaboures. They were illiterate maintained a decent relation with villagers. Jaswan father is Ejra, a 60-year-old labourer who is 10th pass and Mother is 50-year-old had passed 5th standard. Father is a chromic alcoholic. Much of the responsibility was with Mother. She gives importance to education and did make differences at development.
The monthly income of the family is about Rs. 5000. It is enough for Rajamma to run the family. Jaswan belongs to schedule cast category. Family converted to Christianity some year back including Jaswan. Family has 6 people with pakka house. Jaswan has a brother 3-year-old married and a tailor by occupation. The brother is affected by polio, Jaswan’s two sister got married and stay with their husband. Jaswan brother has completed 10th standard, and helps to run the family by tailoring work. The residence house is small about 20 meters away from the main road. The place is crowded area where daily wage labours reside together. The habitat like basic amenities like roads, water, and toilet. Till a year back they used to find difficult openly.

Government provided mandatory found to build toilets to stop defecations in open spaces. The married brother has a separate room. Their neighbours too have the same condition. People in the colony are very poor. The neighbours treat Jaswan with kind heart and co-operative. Jaswan is a 15 year old boy. He is a normal child and has completed 6th no much care was taken during pregnancy. 1st child of Rajamma was female and died at the age of 12 yrs. Second child has boy. Her 3rd child is female and died at age of 3 years. Jaswan ’s elder sisters are now 25 years and 21 years of age and are married. Jaswa is the last child for Rajamma

Family Tree:
6.3 Family history of Jaswan:

Jaswan mother gives similar history of MR in Jaswan's paternal family has no history of anybody having epilepsy, mental illness or new collegial illness.

6.4 Birth History of Jaswan:

Spastic child with mild mental retardation and is a pre matured baby. He weighed only 1.7 kgs and was kept in incubator for 45 days at birth and also showed a slight damage to the right side of his brain. He also had very poor balance and lacked neck control. Doctors and therapists almost gave up hope for any improvement and suggested to the parents to reconcile to the fact that their child would never be able to walk. He was brought to Satya, at the time of admission, he was unable to sit, stand, and walk.

After the initial assessment he was put through a schedule for 45 minutes training, 5 days a week. His sessions included Mat Exercise & Stretching, CP Ball and Bolster Exercise. Gradually walking with Walker and Roster, Gestures and Posture with parallel bar, with a below keen splint. Today he is able to sit, stand, kneel and walks around the center with a walker. The efforts of the therapy team and co-operation from the mother are the main factors aiding in such remarkable improvement in child. Jaswan was delivered by normal process. But after birth, he fall from height it was due to negligence of nursing staff of the hospital. After birth, his cry and activity were normal. Jaswan started to sit with support at the age of 6 months and started to stand without support at 12 months and walking at the age of 15 months. He had used to smile around 8 weeks of age. His language milestones were delayed.

6.5 School Background:

Initially Rajamma did not know about the condition of Jaswan. He was initially sent to Anganwadi at Hamilapur. After the age of 6 Years, he was sent to Govt. School, Hamilapur, There he was noticed by teacher. He was teaching normal learning skills. He was later taken to religious places and Hospitals around Bidar districts. Rajamma joined to the present school as a care teacher for specially disabled children.

After many days Rajamma approached teachers and told her story. Teachers encouraged her to admit her child i.e.: Jaswan to the school. On getting her mind
strong, she admitted him to school for specially disabled children at Mailoor, but later
changed the school where she is presently working. A year later from the date on
which researcher met Jaswan, Rajamma admitted to present school.

6.6 Description by Headmaster:

According to Headmaster Jaswan is sincere boy. He come to school daily on
time. He never skips the school. Jaswan is friendly with all other friends of the school.
He plays with them and shares his toys, snacks and food. Jaswan wish the head master
daily. Jaswan keeps close watch on other children who tries to go away from the main
gate and brings them back. He wishes daily to head master. After that he starts
learning and writing English alphabets.

6.7 Description by other teachers:

According to them Jaswan is a calm and silent boy. He tries to teach other
children, how to eat with spoon, how to wash Hands after food, how to catch a ball
etc. Teachers feel that sometimes he plays a role of a teacher and children give respect
to him.

6.8 Description of Jaswan by mother:

Rajamma said to researcher that Jaswan, though he appears calm & silent,
initially he had feeding problems. He used to refuse all the food. When he was young
he used to fall down frequently had pneumonia in his childhood had disturbed sleep.
He used to sleep only for few hours at night. But after going to School things have
changed. Jaswan according to Rajamma, cries all alone, is highly irritable.

Some times out of anxiety, he even beats Rajamma. Researcher also comes to
know that, Jaswan is witty what were he wants given immediately. He used to beat
parents and makes his bothers cry now and then.Jaswan is fond of Mother and
identifies by her voice. But he used to scare about his father (drunker) because he
used to beat him.

6.9 Description by brother:

He described Jaswan as an irritable child with irritating character. For many
years he had this features. But, when his mood is quite well, he used to help him in his
work. Jaswan enjoys getting praised for his work. His brother also said that he takes
money from him and purchase Kur-Kure, chips which he will carried to the school
along with him and share it with his friends in school regularly. But his brother never felt bad about Jaswan. Instead of that he feels it is a challenge and informs researcher that he would help his brother for his future betterment.

### 6.10 Description by Neighbors:

Neighbours described Jaswan as a boy with M.R and never felt guilty for him. They allowed him into their home and respects and love him as their own child. Jaswan used to eat food only in known neighbours house. He never ate any food given by the strangers. Rajamma cares her child very much. Even when Jaswan beats her, she never takes it seriously. In the evening he plays with neighbor children. He returns to his home before late in the evening regularly.

### 6.11 Researchers observation:

Researcher came to know that Rajamma, had beliefs in God and Black powers. Jaswan according to her started to behave oddly during certain days. She also told the researcher that, Jaswan used to behave very arrogantly during no moon days. In Indian tradition, people believe that on no moon day, spirits get more power and affect the vulnerable individuals. Jaswan was taken to a church by his father. He used to say prayers for Jaswan and was curing his spirit influence Rajamma also told the researcher that the church father told her not give food for Jaswan on no moon days she strictly adhered. Followed the church father’s commands Jaswan’s father once assaulted Jaswan thinking that by is doing so as the evil spirit is insisting.

Rajamma also tells that in order to get cured, she maintained fasting for a week. Rajamma also tells that maybe Jaswan’s sister are deceased and killed by the same evil spirits. She believes that her relatives are the main reason behind this act and they took the help of some priest to perform black magic. This went on for few weeks. Later, she felt it was waste. Rajamma slowly stopped to think about evil spirits as time passed by as she got this job.

### 6.12 Actual Reasons for Jaswans:

According to researcher, there is nothing as black magic and there does not exist any evil spirits. It is all about blind beliefs. Jaswans mother and father were 2nd degree relatives and had consanguineous marriage, adding to this Jaswan’s father is a chronic beedi smoker and eidetic alcohol. Rajamma used to cook food using fire wood. All the above reasons add to adverse effects. The smoke burning beedi contains
tar and other cancer-causing chemicals, when inhaled by the non-smoker, can lead to the damage of the lungs. Adding to this, Jaswan had trauma and leads to his head affect cist due to negligence of nursing staff of hospital. This may be one of the main causes for Jaswan’s M.R.

6.13 Inferences from Jaswn case:

Jaswan’s parents were illiterate and married consanguineous. Jaswan’s mother was above 35 years when she was delivered. Because of her elder age have high incidence of getting a MR child due the genetic abnormalities. After Jaswan started to behave abnormal, they thought it was black magic and they went to churches and holy places. Upon admitting Jaswan to school, he learnt to eat, play with children and found calm and silent than before.

6.14 Conclusion:

Physical and psycho education had made the child to learn and to get calm and silent. Blind beliefs by parents made the child more aggressive illiterate, Poverty, bad habits of parents fueled the situation resulting to seriousness of the M.R of Jaswan.

CASE-7: ARJUN

7.1 Introduction:

The Arjun is 16 year-old MR with attention deficit hyperactivity disorder (ADHD). He was also diagnosed with delayed speech. He is from Maycoman in city of, Bidar. Researcher found Arjun’s home. Researcher himself introduced to family members and told that he wants to know all the details regarding mental retardation case of Arjun. Family members answered positively with a slight high, in their mother tongue Kannada.

Researcher went to father’s home after collecting the data from BRIMS Psychiatry deportment. Arjun’s father is not living along with Arjun and his mother. All the members of the family started to describe. Arjun in their way of perception. Researcher spoke with Arjun and asked certain question’s which he answered with inerrant words at that, some of Arjun relations had come and they also started to describing about Arjun. Arjun is a five-year-old child with attention deficit hyperactivity disorder (ADHD). He was also diagnosed with delayed speech and
language development and had poor pre-linguistic skills, linguistic skills, and pragmatic skills. Paralinguistic skills: Lack of eye contact, attention and concentration, receptive skills and expressive skills, poor vocabulary levels and did not mingle with any of the peer groups. When Arjun first came to us, he was always uncomfortable and wanted to leave the classroom.

He used one word sentences that were not clear and expressed his needs through gestures and finger pointing. After he attended the speech therapy session, we adopted a play method of teaching due to which Arjun started enjoying his sessions. Arjun’s mother also co-operated very well. After six months of training, Arjun could speak two-three word sentences that fulfilled his needs. From one word, his vocabulary has increased to more than 50 words. He is now able to express the names of some animals and vehicles, etc. His pragmatic skills have also improved and he has now been integrated into a play school. The feedback from the play school teachers is very encouraging, they say that Arjun is communicating with others and doing a good skill at school. Arjun’s mother is very pleased with his progress and is optimistic about the future of her child. Arjun is a MR adolescent in his home he is the last child Researcher had formal talks with Arjun relatives.

7.2 Family background:

Arjun’s home is in Labra colony MayKana near the Basaveswarcircle Bidar. Arjun family belong to mediocre Economically and settled Arjun family consists of his mother and three elder brothers. Rest all 3 sons are good his mother is a house wife and works as a labour. His father studied up to 5th standard. The income of the family is around Rs 18000 per annum. Other family members provide money his weed and cooperates the family with him.

7.3 Family Tree: Position of the M.R. Child in the Family
Affected female Arjun mother was a relative to her father. They had married communion 25 year back they had 4 children 3 male and 1 female. Ajun was born his the year 2001 through welcome vaginal declining mother during her pregnancy was under psychological stress as her husband left his.

She did not suffer from any infections teratogen expose mentally deficiencies. Tracelampr is there was no prior deformities regarding baby convulsions. There was delayed any after few mime of birth ARJUN mother gives a h/o poor developmental mile stones head controls at 7th month sitting at 11 months, walking around 3 years started to expected around 3.5 year.

7.4 School history:

Arjun studied up to 2nd standard He used to go to nearby Govt school He was not admitted to school environment Arjun class teacher told that he used to play well with his classmates but the was irregular, AS mother is the any parent she faced is mammy difficulties him bringing him up and could it concentrate on his studies so he left the school.

7.5 Description by mother:

During his pregnancy she sufficed from psychological stress due to her single parentship. Arjun during delivery did not cried immediately; she observed that development of the baby was delayed. But she and relatives thought that he mammy become good at his development later. We was not properly talking his faced during her childhood and upper insisting he used to eat the food He used to roam vaguely during days and used to talk with strangers. He occasionally had tandems.

7.6 Description by elder brother:

As Arjun was younger child in the family. He was loved by all the family members. His brother was very happy to look aver Arjun where about walking he needs they used to provide all the things and loved. No discrimination by neighbours. Arjun is well taken by surrounding neighbours. Every neighbour is cooperative with his family. If neighbours goes to his home he is very happy and starts to play with them happily.
7.7 Researcher Observation:

According to researcher Arjun resident home with a friendly clam family even (though they stay near Bidar (district place) they were unaware about imperative of hospitalized deliveries and about regular ANC visits, during later it was prolonged move. Baby did not cry immediately; developmental stages are also delayed. Mother neglected a lot. Lack of cooperation, landed up with mental retardation.

7.8 Conclusion:

As lack of physical growth reduced his mental compared to age chronological age and behavioral problem ADHD and advised to psychiatrist, Some behavioral problem persist to be looked in to.

CASE-8: NIKHIL

8.1 Introduction:

Hallikhedis a village in the district of Bidar, 78 Km away from the Bidar city. The researcher visited to Nikhil’s house in Hallikhed village to study in detail. As he knocked the door, a 45 year old man opened the door and greeted. The researcher expressed his purpose of visit. The family members welcomed the researcher without any hesitation. Nikhil the M.R child of 15 years was not at home during his visit. Researcher decided to visit the home, sometime after Nikhil returns from school.

Researcher also decided to visit the Govt. School where in the Nikhil is studying. The Head Master greeted and cooperated in the school to provide the information. The headmaster showed the relevant records wherever required. Head master escorted the researcher to staff room so on to meet the teaching staff. The staff also shared their information. One of the staff took around school and provided the facilities available in the school.

After completing the work with school, the researcher decided to go the Nikhil’s house to meet his parents along with Nikhil’s and head master visited the house and were made to sit in front room. They talk in Kannada and Marati being at border of state. Nikhil’s parents described him according to their own perception. Meanwhile, researcher used to interact with Nikhil. His mother prepared tea and
served to all the members who were present there along with family members. Researcher, also talked with their neighbours, regarding Nikhil.

### 8.2 Family Background:

They belonged to Brahmin community Nikhil was residing in Harkud, village of Basavakalyan taluka, Bidar. It is the most Backward taluk of Bidar dist. People of Harkud (V) talk mainly Marathi language but can speak Kannada language too. Dadarao, a 40 year male and mother Sita is 36 years old. Lady teacher at a local kinder garden. Both have passed 12\textsuperscript{th} standard.

Father had desire to study but lack of resources made him unable to study. His father is chromic alcoholic and does not care much for Nikhil. The monthly income of the family was Rs10,000/. They remained satisfied in their earning but were incapable to provide required facilities to enhance potentialities to their youngest child. The family was traditional and religions. Including Nikhil they were 3 members totally. All the people of the village of Harkud were attached interacted lovingly with each other.

Nikhil is a 15 years old. He was born as a normal child, he was the 1\textsuperscript{st} child to the couple. He grew as a healthy and usual child, but with delayed milestones. He learnt walking at 2 years and talking at 3 years age. He was a very calm and silent child physically he was fit and beside a few regular diseases of children. Parents were happy and easy going type people, busy in their work and learning.

### 8.3 Family Tree:

![Position of the M.R. Child in the Family](image)
Family history of illness:

There was no family history of severe illnesses on both paternal and maternal sides. There was no bastion of MR. Epilepsy, neurological illness or any other type of handicap, either in their relatives.

8.4 State of Mother during pregnancy:

Mother used to have regular ANC checkups in the hospital, she was immunized according to immunization schedule she had a decreased blood in her body, decreased weight gain in her pregnancy nutritional amentia way diagnosed and she was treated accordingly.

8.5 Birth History:

Nikhil was born fully matured at 9 months by normal delivery following his birth, his cry was normal and there were no other complications. He did not have any other congenital anomalies. There was no history of anodic supplely, cyanosis, jaundice or any resuscitation. He was timely immunized and was breast feed till 8 months and wearing was started at 6 months of age.

Parents give history of convulsions, when Nikhil was about 3 years of age. Convulsions followed after he had fever for 2-3days. He was admitted in pediatric ICU for about a week and was discharged after treatment.

8.6 Developments history:

Though Nikhil was healthy his developmental milestones were delayed. He had started to walk by 2 years. And run around by 3 years. He started to talk by normal age. Speech also was delayed.

8.7 School History:

Nikhil started to go to school by the age of 6 year. He was admitted to Govt. School of Harkud Village, Basavakalyan. Since his mother was a teacher, she sent Nikhil to school daily. He had 100% attendance at school, but his performance was poor. School was recognized by Govt. of Karnataka. About 50-60 students studied there. Headmaster remembers Nikhil from his admission day till present date. He says that Nikhil regularly attended the school, but was poor in his studies. He is a very
quiet and descent boy. He never quarreled with other children, nor did complain about anyone.

Nikhil was good natured and had always given extra time for studies. He had special interest in sports. Medium of instruction at the school is Kannada. It is a co-education school; school campus was not so large. But school building was good and Class rooms were spacious. School has electricity supply and a computer was installed in the school. Many literary activities were organized timely and again by teachers. The school kept frequently in touch with parents of the students. But Nikhil was poor in studies. He used to get below average marks. Extra care way given for Nikhil’s study by his teachers, but Nikhil frequently failed to reach the average limits.

8.8 Description of child by parents:

Parents of the child were not able to give history of his childhood perfectly. All they told was he had a good health, delayed progression in milestones, history of convulsions, following fever. Other children used to isolate Nikhil, so most of the times Nikhil used to play alone. He used to go to school alone. Nikhil did not have any friends. Though parents were educated, much care was not taken by them. They had thought in due course of time, Nikhil would become normal. Parents were busy in their work and least concentration was given to him. Mother tells that, Nikhil is shabby he does not know how to maintain hygiene plays in dirt, do not was hands and he eats food with unwashed hands.

Sometimes he won’t listen to anything even though he will be close by. There will be a continuous inattentiveness. He has also episodes of annuity.Mother talk that, usually he gets gastro enteritis i.e. loose motions. He also had that initially he had feeding problems. That was cured in due course of time.

8.9 Description by neighbours:

Neighbours described Nikhil as calm and silent boy. They say that he will be silent in their home. He will eat the food provided by the neighbours. He will watch television along with them. Nikhil at certain times will not go to his home, even though he will be reminded to go.

According to them, he is poor in his studies Parents of Nikhil are busy always and take less care of Nikhil. Because of this, he had not learnt good habits. He even
doesn’t know to wash hands before acting any food. According to them, he should be taught separately and extra care should be taken.

8.10 Description of Nikhil by his friends:

Nikhil’s friends at school, told the researcher that Nikhil was entirely different for others. He does not know how to behave with others. He takes things of others and do not give them back, instead, he misplaces them. He doesn’t remember anything.

Sometimes he does not listed to teachers. His eats food without washing his hands after playing in ground. He plays all day in ground goes around the village and fields all alone. Sometimes, his school bag and books will be seen nearby lakes. He always played with street dogs. He used to give all his food to street dogs. He always failed to submit his homework and other project works in time in the school. Another friend told that he was poor in his studies. He does not know what a 12 year Child knows. He will not understand anything told by teachers. He does not write notes given by teacher. Whenever, teacher asked questions, he used to stand still. More than inside the class, he was seen outside the classroom. Many times, he got less than 10 marks in his 50 mark examiners.

8.11 Researcher’s observation:

Nikhil born to the Brahmin family, who had consanguineous marriage. Nikhil’s father is a chronic alcoholic who spends most of his time in alcohol. The money which he earns will be mainly spent on alcohol and party on gambling. Family is taken care by mother of Nikhil; Nikhil’s father shows absolutely no care for Nikhil. They believe spirituality more than science. They strictly adhere to important life cycle rituals based on sacred texts though variations are seen. They were orthodox and believed God will do good.

Whenever, he was asked about the child he used to tell that God was angry because, being a Brahmin, he was an alcoholic. So, God has cursed him with a child who can’t learn easily telling that, he said he had followed fasting on every Saturday for 21 weeks. His mother being a teacher is religious. She believed walking around tulsi plant daily in the morning gives boon to the family.

Instead of following blindly following religion, they should have given time to Nikhil by making him to read, write notes and ask questions.
8.12 Researcher’s inference:

- Nikhil’s father is an alcoholic
- His parents were relatives and married consanguinely.
- His parents were busy with their life, and neglected child growth.

8.13 Conclusion:

Blind beliefs followed by Nikhil’s parents made them to stay away from Nikhil. They were never scared about Nikhil’s delayed milestones. Instead of this, they should have taken Nikhil to psychologist for psycho education & Psychotherapy.

CASE-9: SHABANA BEGUM

9.1 Introduction:

The researcher located her at home near Baba function Hall. Maniyartaleem, Bidar. Arriving at home, researcher directly approached mother. She stated purpose of her visit to the mother. The mother very enthusiastically described Shabana Begum and after presenting her view he introduced researcher to the family member. They provided required information about Shabana begum in a congenial and co-operative manner. In sitting room where researcher was made to sit, had two small wooden benches. Except Shabana Begum all other placed themselves on floor. The family was able to speak and understand localized Urdu and Hindi language. At the beginning they mistook researcher a press reporter. After knowing they remain generous and accommodating. All the members described Shabana Begum, according to their own perception. Her brother was shy in nature and not able to communicate well.

Researcher showed her interest to converse with Shabana Begum, all member immediately departed from the room. Researcher initiated the interaction with few simple questions as Shabana begum gesture revealed her apprehension, subsequently Shabana begum got engrossed and provided desirable information. Whole family joined them over a cup of tea, all together had a long chat.

After long session, researcher asked for a visit to their house as well as of the neighboring houses. Along with Shabana begum and her elder brother researcher went to few nearby houses. Researcher again needed Shabana begum’s assistance while
communicating with her neighbours. They remained obliging and eagerly presented their views.

Researcher being patient while conversing with them recurrently deviated from the main theme. Later in the evening father of Shabana Begum returned from work and was interviewed by the researcher. It needed effort to involve him in the conversation, a he remained constraint to be free for that day researcher left the place.

Next morning again researcher went to the village to meet Shabana Begum. There was an elongated talk held between the two. By the request of researcher two of her friends arrived described by Shabana begum. On the request of the researcher Shabana begum friends interacted with researcher, she went field once again researcher held a small conversation with all the family’s member.

9.2 Family background:

Shabana begum was residing in ManiyarTaleem, Bidar since her birth. It is the most backward area in Bidar. The population over here was mainly Hindi and Kannada, but people belonging to different culture were also found here.

Shabana Begums family was from lower class and was very poor. Their ancestors were settled here since long. The Grandfather and grandmother was workers. They were illiterate, but had good relation with the neighbours. If all were asking him is there any information about agriculture. Her father was 50 years old and mother of child studied till 5th Std, aged about 45 years was a house wife. Father had desire to study but lack of resources made him unable to study.

The monthly income of this families is about Rs. 5000/-. They remained satisfied in their earning but were incapable to provide an extra facility to enhance potentialities of their youngest child. The family was traditional and religious including Shabana Begum. There were 5 members in house. She had two younger brothers. All the two brothers went to the college as they were interested in higher education but average in studies. Rest of their relatives resided near the same area.

Shabana Begum family was resided in a small house. Their house was situated near Baba function hall, ManiyarTaleem. Bidar. The area was more crowded area. There were very few furniture and no other facilities present in their home. There was no bed or cupboard. Surroundings houses was similar in state. People in the colony
were very helpful and co-operative. Shabana Begum is a girl of 12 yrs old. She is born as a normal child she is first child in her family.

9.3 Family Tree:

**Position of the M.R. Child in the Family**

![Family Tree Diagram](image)

Though no much care was taken during pregnancy. They expected a male child, Parents noticed gross delay from birth, she hardens head controlling at 5 months, she learned walking at 5 years. She learned skipping around 10 years. She was hyperactive, irritable child, physically she was not fit, social milestones such as social smile, recognition of mother were developed in later months. She learned pointing to the objects on request at 4 years. She started playing (Co-operative play) at the age of 6 years. Mother told that Shabana Begum achieved cognitive functions later time compared to other children. Because of her delayed milestone achievement and low in level and also due to low socio economic states didn’t get child admitted to school.

9.4 Description about the child by parents:

Parents of child were not able to recall much about her infancy period. All they told that Shabana begum was little bit irritating, hyperactive. She was slow learner. Extra care was taken due to delayed achieving of motor and social milestones. Food provided was normal during child hood she quarreled with her siblings. Mother told that she did not got admitted in the school because of her low IQ. Its irritable nature and also due to low socio-economic status. She used to have emotional outburst, she used to throw things from one place to other.

She told mother was very careful and more like a friend, but father was a bit strict. She also told that she has problem in sleeping at home mother conversed in
Hindi language, therefore she was able to use that language well. She wished to go to school like other children.

9.5 Researcher observation:

Shabana Begum seems to be bit shy by nature, and childish, here house was small but clean. Both Shabana begum and parent were very specific about mannerism, she had patients in listening and talked in a believed way with researcher.

9.6 Description about the child by brothers:

Her brother told that she used to get angry on him without any reason, sometimes she used to play with him, they used to sing together since she was M.R they used to take care of her with great love and affection.

Shabana Begum told that she was interested in singing, she also told that she loves her families she had interest in cooking.

9.7 Conclusion:

Shabana Begum belonged to a semi educated families with poor economic background. Surrounding of her home was surrounded by labor persons. She was mentally retarded with low I.Q. It is as low as 45.

Mother described her as non-cooperative and irritable Child. She is less talkative She didn’t like to go out and waste her time. She is very attached with family members. She has immense faith on God. She is interested in signing traditional and talk songs along with mother. All the families’ members supported and encouraged her for her performance.

CASE-10: SANTOSHI

10.1 Introduction:

The subject under discussion Santoshi, is a 16 year old female residing in Talgatti, fort Area, of old city in Bidar.

The area is located outside the city boundaries lined by the fortified walls of the fort. The area is inhabited by people who live in kaccha or semi pucca house with negligible knowledge of the science. Social norms, cultural habits, educational level and to these similar factors have not filtered in these areas.
Overall, it is obvious fact that the people in the locality all avoid of the Socio-economic stability that is found in the city of Bidar.

10.2 Family Background:

Santoshi, resides with her parents and two other siblings. One elder brother and one sister who is younger than her.

During our visit, her father who is employed in the air force was not at home. Their sister had gone to school we were greeted by her mother, brother and the subject himself.

10.3 Family Tree

Position of the M.R. Child in the Family

- Her mother is a middle aged woman, educated till 7std she is very Co-operative and is enthusiastic to give details of her daughter.
- Both her parents have discontinued their education owing to the low S-E status, Pressure from their parents to support their family. However they fully understand. The value of education and it will have future effect to their kids.
- The brother is preparing for KCET, in II PUC and plans to do higher studies. Although not a topper he is consistent in his studies and is above average student.
- The sister is in high school and is an average student in her class.
Natural History of Disease:

- Family history: Her mother doesn’t give much of children born with any a chital anomaly Physical or mental disability.

Antenatal history of the child:

- Her antenatal history is not so remarkable except for the fact that she had on and off fever and vaginal discharge during her first trimester. This suggests reproductive tract infection which was not diagnosed, treated and followed up, the TORCY in faction has been known to cause M.R and Congenital malformation of fetus however in this case we can only guess it is to be a likely factor in the causation of the disease due to lack of hospital wards.

10.4 Pregnancy history:

As was the vested in those days, the first delivery was invariably delivered at her mother’s home by an untrained lady in a place without taking any specific precautions increasing the chance of infection to the mother and the baby.

Post Parterre

It was a prolonged labour T Breech presentation and hence was referred to nearest Govt Hospital where the baby was born. She did not cry after birth’ Bag and Mask ventilation support had to be given for a period of 15-20 mm after which she used.

10.5 Neonatal period & Infancy:

Baby was adequately taken care of by her parents as she was their first girl child and no negligence from the side of parents could be elicited. They noticed some abnormality in the child only after one year when she like the children of her age group wasn’t able to stand walk without any support.

They made it a point to show her to some nearby RMP however no serious effort to diagnose the addition was made till she attained the age of 5. When still she was unable to walk, talk and perform her nature’s calls independently.

Even then they didn’t show her a certificate to the doctor and accepted their child as a show karma.  Mother recalls the behaviour of the child as precaution and
as she would sometime throw temperament and some times. Mean while she used to pass urine and stool with herself noticing it.

During the birth of younger sister birth Santhoshi was admitted to nearby Govt. School Their mother admits the fact that she couldn’t give undivided affection to her because of her younger sister who needed constant care all the time. Not much importance was given to her progress in school.

**10.6 School Back Ground:**

Even though she was not attaining the milestones of development like other kids in the surrounding, the parents of Santoshi didn’t back out from starting her education. Likewise, she was enrolled in the nearest Govt. School for her primary school. In the next following years not, much progress was shown by her in her studies, language and social skills.

In spite of 5 years of schooling she still couldn’t read and write the alphabets in Kannada, her mother tongue. Her mathematical skills like counting, simple addition had also not developed much.

Her insistent incompetency and failure to learn as expected made the parents to reconsider their decision of continuing her education. Added to this, the neighbours also started forcing the parents to discontinue her schooling.

It is worth mentioning that all those 5 years in Govt. School, she had to be carried on the back all the way to the class. The same had to be done while returning also. In school also she needed continuous monitoring, which was getting difficult all the above factors. Finally forced the parents to discontinue her education.

They were now advised that she couldn’t progress any further in studies, and they could take care of her keeping at home all day.

**10.7 Socio-Economic Factors:**

The head of the family, the father is the sole earner of the family. He works in the Air force camp. The exact naïve of which is not known to the family members.

His monthly salary is around Rs 1000 barely meeting the day today demands of the household and his children. This had no other way stopped the father from either sending her to a private school for further studies or to consult a doctor and to discuss the progress of the child’s illness.
10.8 Interview of the siblings:

Both her siblings are well cultured and Co-operative and understand her illness and help her out in her difficulties. They don’t have any embarrassment or contempt of the fact that their sister is as special child.

They help her out in her daily chores and have tried to educate her in the home activities But her poor progress, inability to concentrate what is being told, moreover her occasional aggressive behavior, temper have made them believe that their efforts are futile. As for now they don’t seem to be much bothered regarding her education.

10.9 Cultural back ground:

Santoshi’s family members have strong faith in their religion and beliefs. They do believe the existence of supernatural powers & there influence over’s the daily life of people. Although educated to a certain extent her parents were compelled to seek the advice of many astrologist, sadhus by the grandparents.

They had visited many shrines believing that the sufferings they are undergoing were an effect of evil deeds. They had done in their past life. At the end since no improvement was noticed in her condition, they finally visited a doctor on the advice of an Asha worker who was close to their family. There they were explained regarding the condition of patient and the progress this child.

10.11 Conclusion:

However, after this, no efforts were made to consult a specialist in this regard, also no father hospital visits were made fearing that this would tarnish the respect and status of the family in the surrounding. Just three years back, they became aware of the fact that monetary assistance was being given by the govt. to families having a special child. So they had visited the pediatric psychiatric in this regard. There they were prospects counseled and on the advice of Psychiatrist, they have enrolled her in school for M.R. Children.

They are happy with their decision and give a positive review regarding her performance in school. There has been improvement in the behavior of the child and she is able to follow simple instructions and do daily Chores independently.
CASE-11: SUMAIYYA

11.1 Introduction:

Researcher travelled from Bidar to Marajwadi, 40-50 km from district place in search of Sumaiyya’s home, a 16yr old female, Researchers successfully found Sumaiyya’s home and introduced himself with the Sumaiyya’s grandmother. She listened him with a big dentinal on her face. Researcher himself introduced himself and explained about why he had been there. By that time, all members were at the door steps. After knowing about the researcher all welcomed him, and were made him to sit in a hall and served with tea and snacks. After a break for 5-10 minutes, family members were started to explain the things about Sumaiyya and everyone described about Sumaiyya in their own way of perception. Researcher asked some simple questions to Summaiyya. All were answered irrellevantly. Even with family members, she was talking irrelevantly.

11.2 Family back Ground:

Sumayya’s home is in Maharajwadi, Aurad Tq. Sumaiyya’s family belongs to middle class low economic status with 6 members in the family. Her father is a farmer with land of 1 or 2 acre. Her mother is house wife. They have a good relationship with neighbours and society. Any other phenomena are not affected with mental retardation. Family income per annum is Rs. 25, 000. Sumaiyya’s is the first daughter for the parents among 5 daughters.

11.3 Family history:

Researcher started to take his details towards the family history of illness. Sumaiyya’s mother said that there was no epilepsy or any neurological illnesses in either of their families.

11.4 Pedigree chats of Sumaiyya’s family:
Sumaiyya’s mother was a 2 degree relative to her father. They had married consanguineous 20 years back. They had all 5 daughters among them Sumaiyya is their first daughter.

Sumaiyya was born in the year 2000 (she extracted through emergency case for recovery) from Nilofer hospital, Hyderabad. Mother during her pregnancy didn’t suffer any inflations teratogen expanse, nutritional deficiency, hyperemia, pre-eclipses etc. There was no prior information about the bad condition. As there were no symptoms of baby was extracted.

- Baby was admitted in NICO for 4 days in Nilofer hospital
- Breast feeding started after 2 days for about 2½ years. started sitting at the age of 9 months
- Sumaiyya’s mother give poor developmental milestones.
- Head control at 5th month
- Sits at 10th month.
- Started walking at 3 years.
- Started to speak at 2 years
- Sumaiyya’s was diagnosed with tricuspid regurgitation at 8th month.

**11.5 SCHOOL HISTORY:**

- Sumaiyya studied up to 5th standard and she is a school dropout.
- She was going to Govt school near by her home.
- She was not accustomed to school environment.
Sumaiyya’s class teachers told that she has no interest during classes and misbehaves in classes.

As she was irregular to school, her parents didn’t send her to school after her 5th standard.

11.6 Description by parents:

As Sumaiyya’s mother explained about life events from her childhood to adulthood, there were delayed milestones since birth and started to menstruate at the age of 13 and she can’t recognize that she is menstruating every month. Sumaiyya was not properly talking her food during her childhood and upon feeding she was having a very little food. She was variety mingling with children of her age. Some days, she had hyperactivity and involved in all household chores by herself. Occasionally she had tantrums.

11.6 Description by neighbours:

- Sumaiyya’s family are being nice with their neighbours
- Even neighbours are very cooperative.
- But Sumaiyya won’t mingle with neighbours that much.
- If neighbours come to the homes She starts to scold them. But with the school children. She used to play and dance.
- Neighbours told about Sumaiyya that she is still like a baby of about 6-10yrs.

11.7 Researchers’ observation:

According to researcher, Sumaiyya was born in a family from middle class joint family where superstitions are high. Even they were unaware of importance of institutional delivery and scope of regular ANC visits. At least the time of pregnancy they had been to Nilofer hospital upon USG, revealed that there was oligohydrammoo’s baby was extracted through EM. LACS baby could not cry immediately and developmental milestones were delayed

- Parents neglected all delayed development as she may develop later (blind belief) by God’s grace.
- Due to negligence, now Sumaiyya landed in moderate to severe mental retardation.
Inference:

Due to parent’s negligence, and lack of co-operation, she landed up in mental retardation.

11.8 Concussion:

As there was improper physical and psycho demotion, her mental age lacks her chronological age.

➢ So parents should help their children with the proper care. Psychoeducation at least to make household chores.

CASE-12 : TUKARAM

12.1 Introduction:

The researcher located Government primary school at a distance of 30km from the Madhkatti town of BhalkiTaluk. Arriving at the school, Researcher directly approached Headmaster in his office. He stated the purpose of her visit to the headmaster. The headmaster very enthusiastically described Tukaram and provides detailed information about the school. After presenting his views he introduced researcher to the teachers present in the staff room. They provided required information about the child in a congenial and co-operative manner. Though at some of times research needed to evoke their thoughts. One of the teachers showed the school. Later headmaster instructed the clerk to show the house of Tukaram.

The clerk took researcher to the primary section. Clerk introduced researcher to the primary section head of the school. Researcher collected available information about Tukaram from school records.

Having gathered data from the school, researcher went to the house of Tukaram along with the clerk. At Home, except father of the child all other family members were present. Clerk introduced researcher to all of them. He was warmly welcomed. In the family first room where researcher was made to sit had two chairs were present and occupied by the clerk and the researcher. Researcher request all of them to be with him to discuss except Tukaram placed themselves on floor. The family members were able to speak only in Marathi language. Clerk helped researcher by asking the researcher interpret them sometimes.
At the beginning, family members mistake researcher as a press reporter, who can help Tukaram in his further education even after knowing, they remained generous.

Researcher showed his interest to converse with Tukaram in isolation. So all members immediately departed from the room researcher initiated the interview with few simple questions. But very soon, Tukaram lost his attention towards researcher and he engaged towards researcher’s bag removing all the files. In meantime, Tukaram’s mother arrived at that place and told Tukaram with great care. And concern in a way not to get frustrated to behave properly in front of researcher. Researcher get some information by seeking his attention. Tukaram’s mother invited the clerk and the researcher to have a cup of tea, all together had a long chat.

After a long session, researcher asked for survey of their house as well as neighboring houses. Along with Tukaram and his elder Sisters researcher went to some nearby houses, had conversation with the neighbours boy remaining present throughout the conversation as they recurrently diverged from the main theme. Later in the evening, father of the child returned from work and was interviewed by the researcher. needed effort to involve him in the conversation as he remained tired for that day, researcher left the place.

Next morning again researcher went to the village to meet Tukaram. Surprising, Tukaram got engrossed and provided desirable information. On the request of the researcher two of his friends arrived they were described about Tukaram. On the request of the researcher he also interacted with his friends and left the place. By once again having a small conversation with all the family members.

12.2 Family Background:

Tukaram was residing in Madkatti Village since his birth belongs to Bhalki Taluk, Bidar District. The population here was mainly speaking Kannada and Marathi. Tukaram’s family was in a backward class and was very poor, their ancestors were settled here since long.

His father was 36 years old laborer and mother of the child aged 32yrs. was a housewife. Tukaram had 2 elder sisters aged 15 years and 11 years. Both of them went to school and got blessed by their parents to get education in spite of all hardships they failed, but were sent to school. Further Sunil couldn’t continue his studies after
7th standard due to economical conditions and demise of his parents. So Tukaram lived in a Single nuclear / family yet a happy family.

The monthly income if this family was about Rs 6000. Only they remained satisfied in their earning but were incapable to provide any extra facility to enhance potentialities of their child. It was a consanguineous marriage, father had married to his mother’s-brother’s daughter and his mother’s aunt was mentally retarded. The family was traditional and religious.

The Tukaram’s family resided in a small house there were very few furniture’s and no other facilities present at their home. There were only 2 rooms in house. This family had a sound emotional atmosphere and living conditions. Primary care was given by the father. Surrounding houses were in similar state. People in the colony very helpful and co-operative.

Tukaram was a boy of 10 years old born on 3rd march 1992 he weighed only 1.5kg at birth and delayed cry was present and also developed cyanosis and apneic spells so he had to be resuscitated and admitted in NICU. He was the third sibling, so no much care was taken during pregnancy. Mother was experienced and didn’t bother much, but they expected a male child. After few days of admission. His health improved elder sisters used to have care of him. He unfortunately did not grow as normal child. He was unable to sit at 9 months of his age. This was the time that the family had noticed developmental delay. But still kept a ray of a hope and wished for his development. As the days passed, no improvement was noticed he was unable to walk and perform other motor activities.

Most of the rowel, cognitive and speech/learning milestones remained underdeveloped. He could speak but a maximum of two words phrases at age of 3 years and toilet was not self-maintained.

His family had a great courage and determination to see his youngest child sufferings and believed that every human being are God’s own creation and in karma to be a differently abled child.
12.3 Pedigree chats of Tukaram’s family

**Position of the M.R. Child in the Family**

![Pedigree Diagram]

Due to all this hardships, Tukaram had to dropout from school. Physically he faced illnesses. Had recurrent fever followed by development of recurrent conversions. Excess salivations and unable to feed himself.

12.4 The School Background:

Tukaram went to government primary school near by his house. This school was a coeducational institution with Marathi as medium of instruction. School building was normal and least facilities. School insists to completion of course. The school had in total 90 Students. Including headmaster there were only 4 teachers.

Headmaster and one of the teachers of the primary school, who were in the school from the time when Tukaram studied here told that Tukaram was inattentive in the class, and very poor in study. Start crying and screaming due to which teachers gradually lost their temper and interest that child until they know he was disabled.

Tukaram used to get irritated very offend without any external stimuli so teachers would try to their fullest to console the child.

His elder sisters also studied in the same school but were very quiet and descent and never quarreled with other children nor did complain about anyone. They were equally good both in studies as well as other extra-curricular activities.
12.5 **Description about the child by principal and teacher:**

Staff of school described Tukaram to be a very innocent child. He was unable to excel in studies like other children. He was unable to write and talk. So the school had arranged a lady attender to be with him and take care of him.

He found it very difficult to grasp even a pencil in his hand and scribble in his book. He could not play with other children’s and stay self without help. This would make him get frustrated and make him scream. Other children of his class gradually got afraid of him by seeing his behavior.

When this matter came to the notice of the principal and other teachers, they decide to have a meeting with the parents of Tukaram and discuss about the child’s problems. Next morning, Tukaram’s parents arrived at the school. Principal of this school started the conversation eventually the discussion also put their views about Tukaram to the parents. Issues pertaining to his poor learning skills, inability to pay attention in the class, aggressive behavior were all explained to his parents. Principal of the school advised Tukaram’s parents to get child admitted in specialize school where training is provided regarding speech therapy, colour identification and also regarding about hygienic practices.

Listening to the principal and teachers Tukaram’s parents decided to drop out the boy from the school they found it is very different to get child admitted in other school due to their low socioeconomic status. The child remained at home.

12.6 **Description about the child by Sisters:**

The eldest sister used to take care of Tukaram with great love and affection. She described him to be a very innocent boy. He was unable to crawl or walk. He could only imitate simple gestures like Tata, Namaste, clap he is quite calm by being with his sister.

Sometimes there were instances of his emotional outbursts banging his head on floor, used to get irritated very much throwing the toys and other articles present in the home towards his sisters. Being responsible sisters they would tackle the situation by diverting his attention and calming him down. The eldest sister never forgot to pray for the improvement of her brother’s health success. She wanted him to get well.
12.7 Description about the child by neighbours:

Tukaram’s neighbours were quite humble and co-operative. They often visited Tukaram’s house and took care of him as their own child with tender care and love. They described him to be very innocent child. Tukaram’s Neighbours supported his parents in all aspects like physically, emotionally, mentally and event financially. Tukaram’s Parents were blessed to have such Neighbours.

12.8 Description of child by friends:

Tukaram’s school friends said that he was very inattentive in class so he would often get punished by his teachers in the beginning. He ever couldn’t pretend to play. As the days passed, they told that they feared of him due to his frequent anger, emotional outbursts. But one of his friend visited Tukaram’s home and spent some time during his leisure time wish Tukaram understanding his disabilities weakness at very teenage.

12.9 Childhood Days:

Tukaram was sick since his birth. He weighed only 1.5 kg at birth and delayed cry was present and also developed chamois and apneic spells. So he admitted in neural intermit care unit.

He also developed recurrent fever and convulsions parents were very humble and soft spoken. He could not stand and sit toilet was not trained, had poor cognitive speech skills he was very ineffective in class. He was very irritable by behavior.

12.10 School Days:

He is very poor in studies. As he was unable to sit, stand, has poor learning skills. He could not excel in his studies. He was only able to imitate some gestures. He was very infective in class. Toilet was not trained.

He quite often disturbed his other classmates by suddenly screaming, crying head banging. As he was severely mentally retarded he finally dropped out from school.
12.11 Characteristics:

Though sometimes violent and aggressive by his behaviors he is very innocent child. He enjoyed the company of his sisters, neighbours. He is also co-operative and they all play with him.

12.12 Study Habit:

Tukaram was 11yars old, his chronological age with social age of 3years, IQ of 31 with severe mental retardation. He could not progress in studies like others normal children’s.

12.13 Support by the Government:

He received scholarships, tools and uniforms, Education in special schools, run by non-Government organizations.

12.14 Concussive Remark:

Tukaram belonged to a semieducated family with poor economic background. An 11yrs old child from Chronological age but Social age of 3 yrs IQ of 31 with severe mental retardation. The major reason for retardation is congeniousus marriage, poor prenatal, antennal conditions and religious blind belief.

CASE-13: ABDUL MATINFAHAD

13.1 Introduction:

Researcher travelled 5km from Bidar city which is located at Gavan Chowk Bidar. There he found the house of Abdul Matin Fahad who is 15years boy. The researcher introduced himself and the reason for his visit also explained to their family members. By knowing all their family members feel happy to discuss about the information which they know about their son.

After collecting data from BRIMS Hospital, Researcher went to Martin Fahad’s house with doctor at his home. All the family member was present. Now researches and doctor all allowed to sit in the hall, along with family members and allowing child to play. On the ground observing all his daily aliment’s and the information given by family members.AbdulMatin Fahad’s sisters offered tea and snacks to researcher and doctor. The family members spoke Hindi and Kannada both
languages one of her sister knows little English she also started giving information in English.

Abdul’s mother and his sister gave more information about his brother. Researcher asked many questions to Abdul. The accompanied doctor also asked some simple questions. Abdul responded irrelevantly some task were gives like bring the glass, close door etc. He did not do the task. Parents were requested provides information from pregnancy. Parents provided details as much as they can remember.

Abdul diagnosed as a Spastic child with mild mental retardation was a pre matured baby. He weighed only 1.7 kgs and was kept in an incubator for 45 days after birth. His scan reports at birth also showed a slight damage to the right side of his brain. He also had very poor balance and lacked neck control. Doctors and therapists almost gave up hope for any improvement and suggested to the parents to reconcile to the fact that their child would never be able to walk.

13.2 Family Background:

Abdul Matin Fahad resides at GawanChawk Bidar which is located at 2km from govt Hospital. In that area the population nearly 500 and all were engaged in some or the other petty Jobs. Abdul Family is middle class family who was economically good here. They settled 50 years back during their time of grandfather time.

13.3 Family Tree
Researcher started asking questions about their family illness any history of mental retardation. Epilepsy, neurological disorders or any other mental illness.

13.4 Family pitiful chart:

Abdul 3rd sister is teacher who is teaching in primate English medium school and his brother is B.CA. and other brother is B.Sc., and one of elder sister is studying B.Ed. and both mother and father were studied up to 7th but both are-intelligent, they can read and write their names and their children’s names and parents also explained about the child that he can do all the tasks. He does household work well, names of eating things, drinking but unable to dress and undress. And family members or helping the child at most of the time in all tasks and are co-operative.

Abdul parents are consanguinity they got married 40 years back they have three male children’s and three female children and last male child is the affect with drawn syndrome.

Birth history of all the children was normal only i.e. through normal vaginal delivery at all pregnancy. Mother had normal ANC checkup during pregnancy no any abnormalities detected during scanning. Mother has no history of diabetes, hypertension, tuberculosis or no any other infections in family.

School History:

Abdul Matin is 15 years old. Since childhood his parents were sending him to anganwadi school. He was playing with all children. He was eating, sleeping after school hours. His Parents joined him in the Govt. School at their place. The child could not adjust with those children and did not do homework because of toilet training were big problem. At his school they were also very co-operative. The child’s parents did not want child to be in school, so they took him and they started giving training at home only so the child left the school.

13.5 Description by parents:

Parents stated that, they do not remember much of his childhood. As child he underwent delayed developmental milestones. The child neck holding, crawling, walking were delayed, and was supported by props. Child has difficulty in feeding and sucking. The child needs to be trained for toilet. Presently he is well trained to toilet, eating etc., He is learning to read and talk basic commands.
They also explained that the Matin knows playing with the children. He knows also sing a song which he watches in TV mainly Hindi languages. He to speak in Kannada with Neighbours. Parents explained that their child is very active in playing, talking with others and doing the interesting things around his life.

13.6 Description by sisters:

Abdul’s sisters are three in numbers one of elder sisters is teaching in private school. She was teaching an English subject. She also explained that Abdul cried immediately after birth, which delivered through normal vaginal delivery in the Government hospital. Child cried immediately offer stimulation and she told that child has undergone proper developmental milestones.

Abdul was very much interested in playing with his sisters and they also told that Abdul is interested in prayers which his parents will do and their parents are very much interested in improving their child.

13.7 Description by neighbors:

Abdul neighbors are very humble and shows tenders love to the Abdul. They also that child has small hands and legs, associated with short neck tiny eyes. They also told that child is very much interested in playing with the pet dogs and child used to watch TV in the neighbours homes and used to play with child of their neighborhood family.

13.8 Description by trends:

Abdul has two of his friend which they are beside their home of age 10 years and 12 years. They were very close with Abdul always they together for eating. Playing one of friends also told that Abdul used to give food which their mother prepared in his home. One of his friend was studying in 10th standard he also used to teach him counting, reading and writing. Abdul was also learning from one of the sister’s friend.

13.9 Researcher’s observation:

Finally, all the opinions of family, relatives, friends, neighbours, researched came to know that the child is moderates and all are in support of teachings to Abdul. They all are very co-operative. Researcher was told that Abdul is very lucky to have relatives, friends. Also observes that are the feature of Down’s syndrome are present
in the child so he suspected that the child is suffering from the down syndrome. And he trained to family members that the disorders are genetic nothing can be done for this. Just he needs a moral support from family friends.

And he also explained that about requires a good family support to improve this, and also explain that the Abdul habits can also be changed gradually but it may take some time to change.

13.10 Blind belief:

Mother being educated, was counselled regarding the case, that is not due to any curse by God or of their sin. This is disorder, that can be treated and the child will improve. Abdul is from educated family with good economic condition.

CASE-14: NAGMA

14.1 Introduction:

Researcher travelled to Humnabad taluk of Bidar District from there went to Janata Colony, He knocked the door of small tin shed home, a lady of age 40 years opened the door. Researcher stated the purpose of visit. Researcher lady introduced to family members &neighbours and family members. Researcher came to know that Nagma 14 years old M.R child is hiding in a small room in home.

Family welcomed researcher and were made to sit on small sofa. The family was able to speak Urdu and Kannada. Both Nagma’s parents described her according to their own perception.

Meanwhile researcher used to interact withNagma. Her mother prepared tea and served to all the members, who were present, interact with family members. Researcher talked with neighbours regarding Nagma.

14.2 Family Background:

They belong to Muslim caste. Nagma was residing in Janata colony Humnabad, which is slum type with dirty environment. Her mother and father both were uneducated. Father is truck driver and mother is homemade. Her father is chronic alcoholic and doesn’t take care much about Nagma. The income of family
was Rs 10,000/- month. Remained satisfied in their earning, but incapable to provide facilities to enhance potentiality of Nagma. Nagma is eldest among their children, other two male children are 10 years old and other 5 years. Both siblings go to school at Govt. primary school Humnabad.

The Family well-being and relative interacted with in nearby colony. The relatives interacted with each other frequently.

Nagma is 14 years old, she is the first child of couple grew as hearty and usual child with delayed milestones. She started crawl at 3 years and walk at 6 years. She was very calm and silent. Physically she was fit. She didn’t face any scary parents. Happy and caring type people, busy with work and care.

14.3 Family Tree

Position of the M.R. Child in the Family

Family cleaners:

There was no family history of severe wrens. On both maternal & paternal so there was no history of MR epilepsy, neurogenesis. Eller’s or any other type of handicap, even in truer relatives.

State of mother during pregnancy:

Mother didn’t have regular ANC Checkup. She has nutritional anemic. She was diagnosed & treated accordingly. During last trimester of pregnancy in really PHC’s Nagma mother was under stress, during pregnancy due to Nagma’s father daily drinking habits.
14.4 Birth history:

Nagma was born by full turn normal vaginal delivery. It was a home delivery conducted by local dadi.

The baby cried immediately after birth. There was no history of delivery related constraints, epilepsy and jaundice

She was breast feeded till 8 months and eating started at 8 months of age. She was treated by local quacks if she gets any cleaners.

Development history:

Nagma has neck heading at 8th month, started to sit at 3 years, and started to walk at 6 years. She started to talk at the age of 4 years.

14.5 School history:

Nagma started to go to school at age of 6 years. She was admitted to Govt school of Humnabad. She was sent to school. She did not go to school regularly.

School was recognized by Govt. of Karnataka with about 50-60 students. She irregularly attended the school and she was poor in studies. She didn’t concentrate in the class and she get below average marks. She failed to reach average of marks. Due to the complaints on Nagma. Regarding her performance in studies, she was school dropout at 8th standard. Her mother ever bothered to send her to school. Now she sits at home daily.

14.6 Description of child by parents:

Parents were not able to give history of her childhood. They said that she had delayed Mile stones like other children used to humiliate Nagma. So Nagma used to play alone. Nagma don’t have any friends. Mother tells that Nagma is dirty, she plays in dust and she doesn’t know to keep hygiene.

She doesn’t eat properly at time and eats a small quality of food. She won’t help mother in daily chores.

14.7 Description of Neighbours:

Neighbours described Nagma as calm and silent girl. She will eat food provided by neighbours. She will watch TV with them.
According to them she will not keep herself clean and sometimes she will not go to her home, even she is warned to go. She is poor in studies. They say Nagma’s mother and father don’t care her properly and they have neglected Nagma and didn’t send her to school regularly. They have not taught her hygiene and day to day habits. She even don’t know how to wash hands before eating, combing hair, cutting nails, eating food, Wash the plate. She will spill food outside the plate.

14.8 Description of Nagma by her friends:

Nagma friends were of age at 9 or 10 years younger than her. They say she doesn’t listen to them, while playing. She will play in dust. She will play with the street dogs. She will roam in the colony aimlessly. She has left school one year back. In school also she was remembered as the most poor child.

14.9 Researcher observation:

According to researcher Nagma’s father is uneducated truck driver and chronic alcoholic. He spends most of time with alcohol. He will not take care of Nagma. He says Nagma is a bad luck for their family and they think that some evils have empowered Nagma’s soul. Instead of taking Nagma to Doctors they should have consulted to psychiatry. They didn’t spend proper time to train her. They removed her from school and did not motivates to learn. When she was showing poor performance, they took Nagma to some durga every Thursday.

Researchers Inference:

- Nagma parents were uneducated.
- Her father is alcoholic
- They are from poor family
- They didn’t care for Nagma
- They removed Nagma from School
- Believed that Nagma was empowered by evils so they took her durga
- They never consulted any psychologist.
14.10 Conclusion:

Blind belief followed by Nagma’s mother made her to stay away from Nagma. They never cared about Nagma, delayed milestones. Instead of these they should have taken Nagma to psychologist for psycho education & psychotherapy.

CASE-15: PRATIBHA

15.1 Introduction:

The Researcher found Navjeven education society for especially abled children at Chidri Road about 3 K.M. from Bidar city limits. On reaching the school Researcher introduced himself and his purpose of visit to the school. Headmaster enthusiastically described Pratibha and also provided required information about the school and care for especially abled children. After his short meeting with the Headmaster he headed towards staff room where he found teacher and a female teacher. Headmaster also introduced two female care takers. She looked after children at school. After meeting staff of the school, researcher was introduced to Pratibha by Headmaster. Gave performance track of Pratibha from school files. Having data from the school researcher went to Child’s home along with the headmaster. At home after brief introduction, researcher and head master of school were let in inside the home and they were made to sit in a hall. At house except father of child all other family members were present. Parents have three children. Pratibha was at washroom, did not join up to researched. At first mother provided all the information as she perceived. Later the younger sister also provided the details of her experiences. They co-operatively reacted with researcher and giving all information according to mother’s description.

Later when Pratibha came from washroom, researcher showed interest to converse with Pratibha. So, all other paused for a while, researcher initiated the interaction with few simple question. Pratibha gesture with few signs, as Pratibha’s gesture revealed his apprehension subsequent she was encouraged and gave desired information. After a long discussion researcher asked for survey of their house as well as their neighbouring houses along with Pratibha and her two sisters. Researcher Headed towards around the house. Researcher again took Pratibha’s assistance while communications with his neighbours. The researcher also interacted
with neighbours and collected required information. Later on researcher came back to Pratibha’s house, and took brief history of the child’s family background and left the place.

15.2 Family Background:

She belongs to Hindu religion general categories. Pratibha reside at Chidri road Bidar, since her birth the child house is located near periphery of the Bidar city. The area has been developed with all facilities in a rented house. Her father is a teacher, B.Ed. graduate. Mother of Pratibha is house wife and studied till 7th Std. Father earns decent money. They have non-consanguine marriages; their socioeconomic status is grade III according to Kupaswamy classification.

Pooja is Pratibha’s elder sister of 12-year-old studying in 6th std in a local Govt school and Priyanka her younger sister of 5-year-old, who studied in 3rd standard. Their house is one storied building is placed near to their school building. Their house is concrete roofed and well ventilated. Their house consists of 3 room, one hall, one bed room and one kitchen room. Surrounding her house other house are also of similar type. All houses in colony belongs to middle class people and Govt official resides. The people in that colony are helpful and also co-operative.

Pratibha a girl of 10 years age was born by normal vaginal delivery, she is second child for the couple, much care was taken for the 1st pregnant and doctors had already informed them about the condition of the baby in uterus.

But Pratibha’s parents neglected and continued the pregnancy. At Birth she was delivered at home assister by untrained dadi then she developed natural Jaundices after a day and on day 7 she developed convulsions. All her mile stones were delayed from Birth. All normal children usually start to walk at around 12 to 15 months after the Birth. But Pratibha took 3 to 4 years to do So Pratibha is a poorly nourished child, with low learning capacity and inadequate social adjustment. Child failed to meet age appropriable expectation such as delayed speech, Language disabilities and delayed motor milestones, parents care in anxiety, and were depressed because of the child. Later researcher found that child’s parent did not try to put her to any school and was taken care home itself.
Other family history:

Research also found that one of parents related to Pratibha had also history of convulsion i.e. epilepsy.

15.3 Family Tree:

![Position of the M.R. Child in the Family](image)

15.4 About the school background:

Since children parents got to know about the development of the child from birth they did not join to any kinder garden schools. Later after 10-12 years he was joined to a school for especially abled children, Navjeen school, at Chidri Road, Bidar. There Pratibha was sent to the school for almost a year, and after watching the negligence of staff at that school, she never was sent back again to that school.

Later, from 3 to 4 months he was sent to present school at Hamalapur. The present school is about a kilometer from her house. Here the school had good teachers and care takers. Physical trainer and psycho education were taught to all M.R children from the very first day of their joining.

So much care is taken here, that care taken to clean the children who toilets in their clothes, specially trainees is given to the children regarding Nature call. Teacher taught with much love, affection and took care of their eating habit, teachers has the same food, which is given to the children along with the children. The school also consists of playground, indoor and outdoor.

A close keen observation provided information there the children are taken out for playground. Daily around 40-50 students attend the school, and about 60-70 students are admitted as a whole.
All the teacher here is well trained and have passed T.C.H. B.Ed. degree and also paid good amount of salaries. Teacher give their 100% effort to children. In research the school has educated earned good amount of reputation in the society. The school has good electricity supply and 24 hours water supply, student ones belonged to rural and poor family children in their school all to help each other and are trained first basic habits.

15.5 Description about child by Headmasters and teacher:

Navajeevan education society near Chidri road describes, Pratibha as a calm and quiet person by nature she even has a best train in the school after joining to their school she had learnt how to eat with spoon, plays with friends, and share her toys with them, lot of improvement has been noticed in Pratibha.

After join’s here she developed some good activity which she can do by herself after getting trained now she do not require any one consistence to play with elders, going to toilet and doing daily bath, teachers teach her English alphabets and Kannada alphabets.

Head master played a major role in Pratibha’s development. Pratibha likes Head master very much and wish him every morning. She enquiry other teacher about headmaster when she misses in his absence.

15.6 Description about child by care takers:

Here they have two children both are female. Researcher could not tracer care taker. He got to know about other care taker and facilitate as her child was above M.R. She knows the pain and care of all the children with tender love. To start with Pratibha did not even know to tell about the natures call. She used to do toilet in class and care taker without any hesitation used to clean the cloths. By training she learnt quickly about it and used to tell care taker to take her to washroom. She learnt to pass the urine & stool in the toilet thorough she does not know to clean.

Care taker provided information as regarding the training given to child. She said that if properly trained Pratibha can take care on her for all her toilet and cleanliness. Presently she is trained to inform elders regarding has first call and take to toilet.
15.7 Description by parents:

Researcher found that her parents couldn’t recalls much about the infancy of Pratibha. They never tied her or as they found it immediately impossible. Later parental educated made them to change their decision. Pratibha was taken care by her mother since father is in his work.

Pratibha obey her mother’s command instant and mother has maintained strict relation with child. By seeing father and when he comes to home after his duty hours makes her very happy. The sound of his father vehicle is easily identified by her and she run towards door whenever she hears it.

But their parents do not have much hope on her development. They are educated but do not work hard to make her development like other and make her successful, in doing her daily activates like wearing clothes, washing after passing stools etc.

15.8 Description by sisters:

Sisters have maintained good relationship with Pratibha, though she is younger. Some of them complained to the parents about Pratibha, that she insults, while playing. Elder sister told researcher that she had taught her to give shake hand and salute to elder.

Her younger sister tried to teach her alphabets. Pratibha can write properly and pronouns proper but can understand what they say.

Pratibha joins with sister according to them Pratibha is like a small baby and they never felt scared by her both sisters take good care of her.

15.9 Description by Neighbours:

Though Pratibha rarely goes to neighbours houses she never tried to be violent. She is very clean according to them. Neighbours allow Pratibha in to their house and never complained regarding her to their parents. Neighbours knows the reality of her and adjust with her Pratibha take food given by known people only she never eats food given by stronger Pratibha goes back to home correctly after playing in their house for an hour. Even neighbours try to teach her certain activities like using spoon, playing with ball eating banana etc.
15.10 **Researcher observations:**

Through parent all educated, initially had blind beliefs they thought that God cursed them for their acts of previous birth. Parents were properly informed about the baby, when she was in born, they neglected. They continued with pregnancy and gave importance to performance Pooja at temples. They also went on pilgrimage in this regard.

Researcher found that parents used to believe in supernatural power and superstition. Blind beliefs made them to take child to temples during infancy. They also visited mosques, churches, during pregnancy. Later some of them advised child’s father to visit Hyderabad for health Checkup later then got to know about the child colleagues and came to reality.

**About the case:**

As the child she had jaundice after a day of the delivery and suffered convulsions after 7 days of delivery most like there is a food neurological damage, in Bidar. Which lead followed to the follower state of the child.

15.12 **Management of the case:**

Researcher feels that both parent should be counseled together about the condition of child and homely condition should be counselor in dental blind beliefs and superstition should be avoided. Minimum criticism and high appreciate short term going and researcher having results in less with drawl and the action Associated with diagnostic functions should be treated. Anticondensation and age for hyperactive should be given whenever it is necessary.

15.13 **Conclusion:**

Pratibha is born to non-consign marriage and suffered with neonatejaundice which later translated into the sizeum i.e. epilepsy. If at early stages, jaundice was noticed and treated would not have led to services complication like seizure which caused due to folic lesion in the branch which could have been avoided and Pratibha would not suffered.

In the present context she should be counselled and made taken into confidence and asked to motivate by family member, handle this behavior and avoid the blind belief and improves her health conditions by regular trains.
CASE-16: NAVINA

16.1 Introduction:

Researcher found Gosapur Village about 4 km away from Bidar city. There he went to Navajeevan Education Society for especially cared children. He went to meet Head master at his office room. After introducing himself to readmitted & child purpose of visiting the school, headmaster enthusiastically welcomed the researcher. Headmaster was pleased to have researcher at his school, after pleasantly introduced himself. Researcher wan taken to the teacher present in the staff room. They provided required information about the child and cooperated. One of the school teacher showed the school to the researcher later. Head master accompanied researches to show him the house of Navina. Researchers collected available performance from of Navina from school file. Having gathered data from the school, researcher went to home of Navina along with the headmaster.

After reaching Gosapur village, researcher & the headmaster searched for his home. After 10min they could go to his home. They came to know that elders were not present at home. So researchers told his sister to make Navina mother to stay at home for tomorrow. The next day we met his mother.

Headmaster was familiar with the family so, he introducer the researches to Navina family member. They warmly welcomed him. Researcher was image to sit on the mat over floor. Mother of Navina also sat on the floor opposite to us.

The family speak in Kannada language. His mother described Navina according to her own perception. Meanwhile researcher used to talk with Navina. After a long discussion, researcher asked for show their house as well as of neighbours house.

Along researcher went to nearby house. Researcher again needed Navina assistance while communication with Navinaneighbours they remain. Researcher requested them to concentrate on the issue of discussion whenever they sidelined the maintenance.

16.2 Family background:

Navina was residing in Gosper Village from his birth. People the at area were Hindu, Navina Family is poor, resides in this area since very, long time. His father is a
farmer by profession & had education. Till 5\textsuperscript{th} std., His mother worked as homemaker. Father is an alcoholic & didn’t look care of the family.

Monthly income of the family was of Rs. 4000 amount, was absolutely not sufficient to run them. Navina family has five members.

They resided in a small home. The area in which they reside was poor & unhygienic they had very few furniture. Family had 1 kitchen 1 have & 1 toilet. Navina was a 14yrs old boy, he was born by. Normal delivery. From martially, he had. he started to walk. Support. At the age of 7years without support at 3yeras.

Till 2yrs. he used to crawl. Her physical & mentally development was delayed during the child.

16.3 Pedigree chats of Navin’s family

![Pedigree Chat]

There was no other extra randikpeplilepsey mental illness. Neurological illness. On either side of family (Paten & Maternal).

16.4 State of Mother during pregnancy:

Mother remembers. That she was healthy during her pregnancy up she was not admitted to hospital she didn’t have either eclampsia. Father was a chronic alcoholic & smokes. He also addicted to tobacco. Moreover they used to cook food, by burning firewood so she was exposed to heavy the fuel smoke.
16.5 Birth History:

Mother remembers. Navina delivery was delayed doctor’s told her that baby was distressed after hours of delay baby was delivered. Somatically baby didn’t cry but after resuscitation baby cried. There was no other issue like jaundice.

16.6 School Background:-

At first Navina was sent to Anganwadi, there he started to improve in his development. Later he was joined to school for specially, disable children, at children at Chidri there he was admitted for about a year. The School being very far from house the travel expenses, couldn’t be borne by family hence Navina was made stay back at home as a dropout.

Later, he funds that a IIIrd School at had free formal services. So he admitted to this school has 50-60 admission & 35-40 attendance on daily basis.

Present school, MahaPrajapathi. Educational Society for specially disable children had 3 male teacher & a female teacher with 2 female care takers for the attended present school had. Good. Electric & H₂O supply. They provided good drinks H₂O & hot mid-day meal to the MR children. The staff used to have food along it children teacher used to teach psycho & physical educating at a time.

Description by principal

Headmaster know Navina very well. He had developed good attachment to headmaster after wishing used to go to the clearings.

Navina used to sit beside to have lunch School had taught him to perform daily habits, He is learning to write no other wise stays alone all the time. Navina attended school he maintains his attendance 100% .

16.7 Description of chilled by teacher:

Teachers tell that Navina is active after joining the present school. He takes care of all his friends. Navina learns to write English alphabets. He likes to eat kurkure snacks. he brings it daily & Share with his friends. Navina is active in sports.
He likes to play football. He ask to go to toilet wherever he feel urinates, Navina can comfort more. If he is trained continuously.

16.8 Description by family Members:

   His mother was not able to recall much about Navina childhood is infancy & toddler period. Navina was very irretentive and indifferent since birth. Food provided was normal & very limited. Only toddler primed & later year, she used to crawl in the home. Used to litter his clothes. he was spoon fed all the time.

16.9 Description by neighbors:

   Neighbors tell that Navina is an active boy, in the colony. he plays with all the children in the colony.

   He ravel maintain proper or he is not a revered boy. He will mingle with all the children in the colony. The neighbors, knew about his condition. & never bother to them at home though. Father is an alcoholic mother works as a home Maker & runs the family.

16.10 Researcher observation:

   According to their family, researcher comes to know that initially Navina had behavior problems. Father is a chronic alcoholic & was married consanguineous. He was neglected as a cares baby. He was behind in due mental age.

   Researcher comes to know that the family is other orthodox. They felt guilty the times. They thought that god him cursed them for their evil done in previous life so Navina was made to tele birth.

16.11 Inference:

   It was consanguineous marriage family was poor, highly religious & mothers is above 30yrs, during Navina births.

16.12 Conclusion:

   - There blind beliefs have made Navina to suffer.
   - After his actmani on he had quickly developed mental retardation.
   - If psychological trained, he would not depend on other even in future.
CASE-17: FARAZ FATIMA

17.1 Introduction:

The researcher was traveled about 2 km toward Hyderabad road from Bidar to search the house of Fatima. Arriving at the Mangalpet, researcher took direction for Noorehetalim from a pass by help got the house of the Faraz Fatima. There he was greeted by lady at front door. The lady is HumeraTabassum mother of M.R child Faraz Fatima initially she was not ready to give researcher information for the purpose they were convinced. Later at home Faraz Fatima and all other family members were present. Researcher was made to sit on wooden bench. All other family members placed themselves on floor. The family speak Urdu language and were hardly understanding Kannada language.

At the beginning they mistook researcher for a press reporter, so they avoided. After convincing, categorically all members of the family started to described Fariz Fatima according to their knowledge where Family joined researcher a cup of tea all together they had a long chat. After a long session researcher asked for a survey of their house as well as of neighbouring house. Later in the evening, Faraz Fatima’s father met the researcher and provided information over a prolonged discussion.

17.2 Family background:

Faraz Fatima is a resident of Mangelpet. They are from NayaTalim people from Islam religion resided in that area and it was over crowded place. People over there generally spend Urdu language. Her family was from lower class, and was very poor. Their ancestor was settled here since long. Her grandfather and grandmother were daily laborers. They were illiterate. Bur had a good relationship with the neighbours house.

Her Father, Md. Mohinuddin is 45 year old, who studied till 9th standard and later become a driver. Her mother house wife is 39 years and has education till 10th standard. Although they had studied till high school they could not study further.

Their monthly income of the family is around Rs 10,000. They were unable to meet Expenditures by the income. Faraz Fatima was 2nd daughter of MdMohinuddin. They had a total of 4 daughters. The Family was traditional and relation totally there were 7 members, Family rest of their relative resided near them in the same town.
Faraz Fatima’s elder sister is a 12th standard student and her younger sister studying in 8th std. There was no history of M.R or mental illness of any other neurological illness in both of her paternal or maternal Family.

The patient is the second child is of Mr. Md. Moinuddin and Mushumera. She has one elder sister and one younger sister. Her father’s is a 9th std and mother a 10th std school dropout. The parents belong to low socio economics status and was considered to be the main factor for the dropout. The parents feel they have no financial; support that is required for the child’s education. The parent’s fore-fathers & other ancestors were all un educated and were unskilled workers. The family accepted the fate theory and didn’t stress too much in education

17.3 Family Tree

17.4 State of mother during pregnancy:

Though her mother could not recollect about the past. She was able to tell researcher about some of the pre-natal conditions. She told that wasanemic and was prescribed with tablets during the pregnancy. She tells that she never had fever or hypertension pregnancy. There was no history of hypothyroidism, depression or pre-eclampsia during her pregnancy.
17.5 Environmental Background:

Mangalapet is situated in the outskirts of the perimeter of Bidar city inhabited by lower middle class and lower-class people of all caste. The overall educational status of the area is also below at par. Although a free educational institution has come up in the past few years. The area is even today still devoid of quality education owing to the fact that the geographical location outside the walls of the fort is out of the CMC administration. One can also notice the lack of awareness regarding hygiene among the people here by observing the methods of day today activities of the people.

Status: Low socio economic states forced the parents to discontents the studies. Even presently they are unable to give quality education to the same although both of them desire to provide minimum basic education to their children

17.6 Birth history of Faraz Fatima:

Baby was delivered by normal labor it weighed 3 kg and cried immediately after birth there was on tribology of neonatal resuscitation, following the birth Baby was breast feed for 6 month exclusively and later rearing was started Everything was fine until Faraz Fatima was one year. At one year ago, she had Fever history and following that, she had convulsion and loss of consciousness. She was admitted and treatment was given for a week. And treatment was given for 5 years for convulsion later; there was a delay in developmental milestone. At 2 years baby was unable to walk. She learnt to walk independently at the age of 4 years.

17.7 Child’s schooling history:

She was admitted to a Government school of Urdu Medium. She is now in 7th standard. On enquiring in school about Faraz Fatima, the teacher in charge says that Faraz Fatima is poor in her studies. According to her Faraz is unable to understand the lessons in the school. Instead of sending to present school, Faraz should be sent to a school for especially abled children.

17.8 Description of child by parents:

Parents of child were not able to tell about her childhood. All they told is that she was breast feed for 6 months. There was history of recurrent fits. Excepts this, there was no history of recurrent infection. After growing for some years, she was
taught to feed on herself. But she was unable to feed for herself. Regarding her behavior, they said that she was hyperactive was inattentive during the childhood. She had no history of sleep deprivation. Her appetite is normal and demands for food, when she is hungry. They feel guilty for Faraz Fatima and tells that she is M.R because of sins made by them in previous life. Her father tell that she was immunized some vaccine, that would have made her M.R. They told researcher that even though they have visited many Durgas and other holy places. In a mindless way, she was forced to learn the Quran by heart without critical thought, by the religion heads. Parents are orthodox and religious. They belied in blind belief and follow.

17.9 Description by elder sister:

Faraz was a year younger themNaaz. studied in 12th standard. Naaz have good knowledge about science. But she can’t go against their parents. Naaz training that faraz. is in learning She had given treatment for fits for some years.

Naaz was the care taker of Faraz. inform of cleanliness. She took care of Faraz during her monthly menstruation. Naaz have a strong mind and is good enough to take care of Faraz.

She knows about the condition of Faraz and understand well about her behavior. Naaz is a meritorious student and want to become a doctor and take care of faraz in more systematic manner.

17.10 Socio economic status:

- Low socio economic status forced the parents to distance for education
- Even presently they are unable to give quality education due to the same, although both of then desire minimum basic education to their children

17.11 Social belief:

- Parents overall supportive of education
- However poor performance in case of the patient has forced the parents to discourage her for perusing education. They seem to have accepted the fact that daughter is mentally challenged and not her to be at home helping them in daily chores.
17.12 Researcher’s observation:

People consider going to psychologist treatment will be helpful and is against religions disobedience.

17.13 Conclusion:

People follow blind beliefs more than science. Faraz needs psycho education & physical training, but her parents have admitted her to Madrasa and other schools. Even knowing about her mental status, she was forced to learn religions studies then scientific ideas. This increases only mental stress and leads to delay in the developmental stress. So Faraz should be given psych education at first and later other education.

CASE-18: SAMIYA

18.1 Introduction:

Researcher went to old city of Bidar to find the house of Samiya, a 12-year child who is mentally challenged. Researcher found her house after an hour of instance searching. Researcher met Samiya’s mother meanwhile, Samiya’s sister also joined her mother.

Researcher introduced himself and his purpose of visit to them. Initially, they seem like not interested. But Samiya’s sister was been in helping researcher. She convinced her mother and the latter accepted to give history to the researcher.

Researcher was made to sit in the drawing room. The house was well built pacca house, with good furniture. The house seems to like middle class house. Samiya who had slept got up and came to hall. It was 2 pm and they had lunch few minutes back before researcher’s entry. They offered researcher will some energy drink. Samiya’s mother sat exactly opposite to researcher, on a sofa set. Researcher started to take the history. Initially Samaya’s mother and later her sister gave history.

18.2 Family Background:

Saniya’s father was around 50 years, who had education till 10th standard. He has business in the old city, Bidar. Samiya’s mother has education till 7th standard and is a house maker. The annual income of the family is rupees 70,000/- They have 6
children, 28-year-old Ashnithbanu, sister of Samiya is teacher by profession. 26-year Razia begum has masters in science is trying to get job, Samiya’s brother, Altaf, is studying B.E. Summy sister of Samiya, has passed bachelors in education. Samiya’s brother, Jakir is studying in 12th standard.

Total of 18 members, lived in the house with good ventilation and well-built rooms. It was a joint family, Aniya’s parents were 2nd degree relatives and had a consanguineous marriage. Their relatives had their houses around Samaya’s house.

The area in which they live is not so much hygienic. The area is overcrowded. People in that area were of Islamic religion and mainly speak Urdu language. People here belonged to middle class and lower class looked harsh but have with good understanding with each other.

Samiya’s family is quiet famous in the surrounding neighbourhood. They used to involve in social works frequently. Samiya’s family has good name and fame. They have good supply of daily commodities and have good water supply. The transportation facilities are good enough and they have medical clinic about 200 mts away from their house.

18.3 Family tree

Position of the M.R. Child in the Family
Samiya’s mother gave the history of similar case in their relatives. Samiya’s aunt is also mentally retarded and is in Gulbarga city of north Karnataka, apart from this, there is no history of epilepsy, neurological or mental illnesses. The affected 12yrs old Samiya, is the last child of the consanguineously married couple.

**18.4 State of mother during pregnancy:**

The previous history of pregnancy, when Samiya was in womb was not available. Her mother could not recall exactly, only less history was available regarding her state during pregnancy. There was no history of nutritional deficiencies, exposure or infection. There is no history of pregnancy related diseases like hypertension, diabetes, pre-eclampsia, toxemia, hypothyroidism, depression. She was only given tablets to increase blood levels in her mother’s body.

**18.5 Child at birth:**

Baby was delivered normally. But, she did not cry after birth only after resuscitation, Samiya cried and was pale. She was admitted in IW and was taken only aster. A month or so baby used to fall sick frequently. Much care was taken during this period.

**Development history:**

Parents were worried about Samiya’s health starting from her birth. Usually baby starts to sit without support on reaching 7-8 months of age. Walk independently by 15-18 months. But, Samiya was unable to walk till 2 years of age. Every other child would be talking 2-3 word sentences by 3 years age. But Samiya was unable to speak till 4 years. By this, it was almost confirmed in the family that something was unusual. There was no improvement in her developmental milestones. The family was heartbroken when they got confirmed about the illness.

**18.6 Schooling History:**

Samiya spent much of her early child life in hospital. After getting the diagnosis, her life was restricted only to her house. She was not sent to any schools. But Samiya’s 2nd sister and 3rd sister used to take her care. Got education and were at a stage who can understand the situation and react to it instantly. Psycho education and physical training were given to Samiya by both her sisters. Samiya is a well-trained M.R child. She knows to brush her teeth, to clean herself and take bath on her
own. Infact, she is trained to level where she is able to help in house hold chores. The only problem is there was no formal school education.

18.7 Description by parents:

Samiya looks like a Chinese. She is fond of music and smiley at people who talk to her. Samiya is their last child and think that they should have aborted her, when she was in wonk. But in the past, they thought that aborting a female child from wombs is un islamic, so they had continued the pregnancy and are suffering till present day due to their blind faith. They tell to researcher that, Samiya is highly susceptible to dust. She often falls sick. She has running nose, all the constipation but she is alright now. They feel guiltsometimes but have deposited money on her name in the bank. Her health insurance policy had been done and are ready to go any level to keep her happy.

18.8 Description by 2nd sister:

Soniyas second sister, Raziya begum is 26-year-old and has master’s degree in science. She loves Samiya a lot she is the main care taker of Samiya. She has studied regarding Samiya’s disease from textbooks. She has given psycho education. She feels Samiya has improved a lot after psycho education that was given to her. Razia try her level best in providing more care.

18.9 Description by 3rd sister:

Samiya’s 3rd sister has bachelor’s degree in education. She tells that Samiya was unable to stand or walk. She had made Samiya to walk with support. She had taught her to brush teeth on her own. Saniya feels happy if she is given with chocolates. Sister used to bring her chocolates every day and make her to learn regarding daily habits.

18.10 Description by neighbors:

Samiya according to neighbours is near normal. She has no much negative history. Samiya, at least once in a day visits their neighborhood. She likes to play with small kids. She too plays like a 4 year or 5 year old kid. Samiya likes watching T.V. she switches on T.V. as soon as she comes to their house she also like to see cricket. Samiya is eager to learn from school going kids. She knows to write English
alphabets. She loves to play with birds, which are kept in the cage. She feeds them daily. Somiya is a lovable girl in the neighbours.

18.11 Researcher’s observation:

Through Samiya’s parents are not so educated. Her siblings are well educated, they have good knowledge about Samiya’s condition. She was diagnosed down syndrome. Following this, her sisters studied a lot about the syndrome and started to teach Samiya. Good psycho education and physical training was given to Samiya can do her works on her own. She can brush her teeth, wash her face, eat on her own now. The only mistake done by samiya’s parents was continuing the pregnancy, even after knowing the status of baby in the womb. They should have not followed blind belief of religion. But they feel guilty now.

18.12 Researchers conclusion:

When Samiya was in womb, her mother’s age was above 30 years. The couple were 2nd degree relatives. They had continued pregnancy even after knowing about fetus.

Inference: consanguineous marriage elderly mother with blind belief in Islam had made them to suffer due to drown syndrome.

CASE-19-GEETA:

19.1 Introduction:

About 4 miles away from Bidar city, Malgonda colony exist. Researcher travelled to Malgond colony, which comes on the way to Chidri. opposite to, VRL Logistics Godown. In one of the houses lives a 21 year female, who is mentally challenged. It was about 4pm, when researcher meet both the parents of Geeta. Geeta was able to identify the researcher on very first view. Researcher is a frequent visitor of school for mentally challenged children, which is in Hamilapur. Geeta study in the same school and identified the researcher. Researcher introduced himself to her parents and his purpose of visit was told to then. The parents were introduced and accepted to help researcher and gave the required history systematically. Meanwhile, Geeta stood silent beside her parents, Geeta’s mother went inside the kitchen and brought drinking water and gave to researcher. Researcher was made to sit in the
verandah over a stool and her father sat on wooden bench apposite to researcher. Geeta’s house was in the outskirts of Bidar and is in the process. Transportation facilities are minimal. Her mother brought tea and snacks and started to give the history to researcher. Geeta in-between interrupted the conversation by some inappropriate replies.

19.2 **Family background:**

Geeta’s father is around 45-50-year age, with education up to PUC and works as a security guard in Air force officers’ quarters, Bidar. Her mother is about 40-45yrs age and is a house maker with minimum education. The entire family comprise of 4 people. They reside in a semi-pucca house with minimum furniture. People from lower middle class and lower class resided in that area. No much health awareness has been noted as the residents still practice open field defecation. The cleanliness of the area has also been neglected by municipal corporation. Geeta’s parents are 2nd degree relatives and are married consanguineously, they had 3 children out of which elder daughter have expired two years ago elder daughter was 23 years old and had degree in arts. She had worked as teacher for one year or two and was married recently. Geeta was 3 years younger than her sister. Geeta has a 20 years old brother.

19.3 **Family history of illness:**

Geeta’s father gives history of another MR child in his family, who was the son of consanguineous married couple. There is no history of other handicap, epilepsy, mental or neurological illnesses.

19.3 **Family Tree**

Position of the M.R. Child in the Family

![Family Tree Diagram]
19.4 Prenatal factory:

Mother during her 2nd pregnancy could not be gathered precisely. But Geeta’s mother could remember that, she was deficient nutritionally. Her weight to month of pregnancy was not appropriate and she was anemic. Iron and folic acid tablets which are usually given, were consumed by her mother.

There was no history of teralgenic entreasure history, infections, hyper tension, diabetic, depression or other pregnancy related diseases.

19.5 Geeta’s birth history:

In a normal delivery, Geeta is born and was healthy baby. She had cried after birth and there was a history of jaundice or need for resuscitation.

Geeta’s neonatal history up to 3 years. Geeta’s parents were not able to recognize her developmental mile stone. Initially Geeta was healthy, but her mother tells that Geeta was unable to sit up to one year. She used to crawl even after a year, a year which is unusual up to 3 she was crawling only after her 5th year, she started to walk. Geeta only spoke after 5 years of age. Her parents thought that she will be fine in due course of time, and neglected her progress.

Schooling:

Geeta was made to go to local anganwadi schools till her 10 year. Parents thought she will be abnormal only after her 8 years of age. Later, she was admitted to a school for especially abled children. By seeing the hospitality of that school she was stopped to go to that school. Later, she was admitted to school for especially abled children which is in Hamilapura, Bidar. She is presently going to the school. Researcher is a frequent visitor to that school and have good knowledge about that school.

19.6 Description of child by parents:

Since she is the only daughter, she is being greatly loved and care is taken. Geeta according to them was difficult child to handle initially. However, psychoeducation and physical training at Hamilapura school has made her quiet and calm. She now helps her parents in daily chores like cleaning the house, washing dishes. She sometimes shows an aggressive behavior and tries to physically assault
her brother, mother. She generally obeys her parents. Her mother takes extra care during her monthly menstrual cycles.

19.7 Description of Geeta by her brother:

Her brother is the victim for every time she becomes aggressive. She will beat him. Initially her brother too assaulted her, but later on knowing her condition, he used to control his anger for her during her aggressiveness. He helps her in her education. He will teach her English and Kannada alphabets. He has seen Geeta getting up in the night at around 2-3 AM and roaming all the home till morning. He used to get scared by her acts initially. Now, since it has been regular, he did not mind that act. Geeta is like a small child for him and gifts her chocolates and other things regularly and maintained good relationship with her.

19.8 Description by neighbors

Geeta is an especially abled child acceding to neighbours. On the insisting of their neighbors, she was admitted to school at Hamilapura. Neighbours tell that Geeta only visits to house of known people. She will not go to strangers, who are new in the neighborhood. Geeta would play with small kids and eats food only at her familiar neighbor houses. She will be calm and good at neighbours houses. According to her neighbours, she has changed after joining to school for specially challenged children at Hamilapura. She would be taught and can be made self-dependent with intense psycho education and physical training. Neighbours are ready to help Geeta’s parents in this regard.

19.9 Medical history of Geeta:

Geeta has feeding problems. Her appetite is less for her age. She frequently suffers from loose motions. It may be due to her. Unhygienic habits. There is a history of fits. She is taken treatment from Govt. Hospital Bidar. there is no major medical history than the above.

19.10 Behavioural history:

There are episode of Hyperactivity, tantrums, irritability & compulsion. There is also 1000 appetite and sleep changes. She will be aggressive, until she is provided with what she wanted. She will be calmed down only on getting whatever she wanted.
19.11 Researcher’s observation:

Geeta’s parents are not highly educated. They believe in God and civil spirits. Her father told researcher that, his first daughter was killed by slack magic, since she was educated and earned money they have strong beliefs on God. They told they fast on every Saturday in order to bless Geetha with normal life. They had sacrificed many animals to God in the past. This practice of sacrificing the animals is followed in religion from many centuries. Geeta’s parents also had neglecting behavior. They thought time can heal anything. So, they didn’t try to teach her basic habits like cleaning hands, washing face, brushing teeth because of which, she feel sick continuously.

19.12 Conclusion:

Geetha’s parents are consanguineously married. They are unaware of psycho education and physical training. They blindly believed superstitions. If they had sent Geeta to school for especially abled children, she would have been near normal till now. Presently she is improving due to care in education school.

CASE-20: RAJARATAN

20.1 Introduction:

The researcher collected information about Rajaratan a 16year old boy resident of Bidar taluka. Shindhe from village head and also visited by the school principal, who very well knew the details of the children of the village.

The village of Kamathan Ramappa was approached the researcher to gather information about the dropouts in the village and was thus elaborated about boy Rajaratan. village sarpanch was very kind person dignified and with all do regards greeted the researcher. The researcher was given hand shake as a good will gesture and later on the described the history of girl in his own version. Later the information was continued by the school principal who knew the child for almost 6-8years

20.2 Family background:

Rajaratan was the first child of the couple. He was the dearest among three children of which 2nd was Ramya 13year old girl and 3rd child 10-year-old boy, bring a middle-class family. Father Venkappa 50-year-old working in a shop. From morning
till at night 8pm. So, he couldn’t give much time to family as he was the sole caretaker and earning person in the family. Venkappa had habit of smoking and drinking alcohol which was limited in early years of marriage but as the years passed contributed to poor health and poverty in family. He was uneducated person, not seen schooling in his childhood days and couldn’t help much in his children education.

20.3 Family Tree:

Mother Madhumati of 45 years old, uneducated was deprived of schooling and worked as housewife carrying out household chores and would involve herself in small labour activities so that she could also contribute to family and children wellbeing. The second child Ramya 13-year-old female was active and intelligent studying in 7th std. academically she was bright and good impression from the teachers and principal. The third child Raju 10-year-old studying in 5 standard in the same school was not active compared to his elder sister. Over all 5 members of the family are happy, somehow mangers with the earnings and struggling to provide good education to their children.

20.4 School Background:

Rajaratan, was student of government school, Bhalki. The school was about 3km from home and all children were studying in the same school. The mother would accompany then to school each day. Rajaratan was bit slow in learning compared to other children in the family. Hence involvement was very slow right from the beginning and was rarely seen along with other children in playground or other activities.
As a government institution it was not that interactive to the children and has only basic need of the rural people. The teaching staff complained with other people including the principal and the existing staff members. Teacher- student ratio was very large and classes were congested due to insufficient staff. However the teachers were modern and humble and could do their best for the children and their overall development. School was one-storied building and has seven classrooms which would accommodate most of classes often combined. School has a small playground and a garden which was maintained well by the staff. Toilet facility was lacking due to poor water supply and hygiene was compromised but the principal tried his best to make available all the necessary facilities. Adequate lighting, d benches were bit-old not so comfortably arranged for children.

By the side of the school was a saw mill which constantly made sound and saw dust contaminate the school atmosphere. Water supply was not proper but the principal arranged for adequate drinking water from a nearby house-barrel. False beliefs and bad spirits were very much preventing in the minds of the villagers and explained the need of good education to the children.

20.5 Description of child and his background:

Rajaratnam a16-year-old family was the first child of the family. The parents were unhappy, this affected the proper care of the child and also the necessary information for the pregnant mother wasn’t given properly.

As this could have been taken care by the grandmother but her absence made a big difference in the home. Rajaram was the dearest child of the family as the eldest one, love and care was more. As per the information provided by the mother during her pregnancy enough case wasn’t provided due to poverty and poor health services.

20.6 Food security, poor drinking water facility:

Frequent infections during pregnancy were added risk factor for the wellbeing of the child. Mother couldn’t have routine check-ups and had been only one hospital in her entire nine months pregnancy period. The labour was delayed and delivery was conducted by the Dai in home itself. The outcome was not good, baby didn’t cry immediately after birth and was later taken to taluk hospital for further treatment. As per the health facilities in taluk hospital. The general condition of baby wasn’t good and birthweight was 2kg which was significantly low compared to normal babies.
Prematurity, low birth weight, poor cry at birth were added the child improper development of mind etc. Were identified by researcher.

20.7 Childhood:

Rajaratnam was reside with almost love and care soon after discharge from hospital. As the first child, care was optimum and basic need were sufficient. The general health of mother wasn’t good and nutritionally week. The mother could not breast feed the child for more than month. Later the child was put on top feeds. Frequent infection were common during the first 2 year of life. Parents couldn’t afford very good care.

Hence the child was shown to local doctor (village pandit) and medical were used according to customs and beliefs. Farther put the child to pain and added infections. Daily oiling branding, pricking was all done to the small child. As the history narrated by the mother, the child even had episode of seizures followers high grade fever at age of 11 months. Rajaratnam grow up among all the faced but her mental and physical development was not up to the mark expected compared to other children in the community.

The growth pattern was completely different and everything was delayed right from the child hood. Blabbering play with other children, social interaction etc. the mother didn’t give much importance to the child.

As the growth pattern was not satisfactory villagers too said that it was due to act of bad spirit and subsequently their own beliefs and cautions were practiced to able the child. Rajaratnam wasn’t that active and interactive with other children was very less. He loved her mother very much and couldn’t leave her any time. School joining was also delayed. The people said that the child was more attached to the mother and not interested to go to school.

20.8 Description of the child by parents:

Rajaratnam’s mother was grieved and leave to her first child. Nutritional deficiency was very much during her pregnancy time and mother expressed that gross delay from birth was noticed as compared her other children. As the parents had consanguineous marriage, it added to the risk.
As per the mother need control of child was attained, the child without support by 9th months. Independent walking was achieved by 1 year 10 months. Cognitive functions were also delayed. When all delayed in comparison to younger children. The child had much difficulty in ability to write things, speech was also delayed significantly. Rajaratnam now showings interest in day to day activities. But was taken care of by the mother.

20.9 Description of the child by the siblings:

Rajaratnam was favourite elder sister of Ramya, she could help her in all daily activities. Ramya could help even in the academic activities. Rajaratnam compared to other children was slow learner but this was train and care was taken by the Ramya. Both when emotionally attached and she always accompanied her.

He used to play with her sister. But was a loving brother who always made his presence with good and bad times. The one sisters and one brother were very much attached too much caring and lovable ones.

20.10 Description of the child by school staff:

Rajaratnam had his complete schooling in Govt School and since the principal was research person to the parents had closely observed the child. Rajaratnam was initially active and would not notice much difference when compared to other children.

He used to play, read, write, involves is the various activities like gardening. He is well on her studies. principal observed he was bit nervous and had complex attitude towards others. Principal noticed his activities in the school and informed the parents about the deviated growth pattern seen in Rajarantan.

20.11 Blind beliefs:

He was significantly learning things and could clearly see when observed with other children. But the parents and community leant both condition instead of hospital care theory went through religious cautions blind belief.

Rajaratan would attend school and was taking part in extra activities. In the coming days the performance of the child dropped significantly he found difficult in catching up the things. The teachers encourage sister all tried to help him out in his studies and he was unable to cope up for his age. Subsequently parents decided to stop
sending him to school and he was soon separated out into lonely world. Food patter reverent infection repeated all added to his poor health

20.12 Researcher’s observation:

Rajaratan a 16years old boy had potential risk factors right from his mother antenatal period to his schooling time. All the risk factors, combined made bad impact as his mental development. Initial childhood days was pleasant. Parental risk factors like consanguineous poverty and alcohol of father made poor education of the child. The school environment was satisfactory for the child provided with additional care and nutrition.

In the later part of his life, behaviour like hyena activity, extensive doyen’s dipnoan compactions, sleep, appetite, were all observed, his short coning in day to day activities. Further added to poor mental growth and physical growth.

20.13 Conclusive remark:

Rajaratan16-year boy chronological age but with mental age of 8 year, IQ 60 by VSMS test scale with delayed developmental milestones was studied with predisposing factors of poor care nutritional deficiency, poor health care, smoking and alcohol in family care poverty were identified.

The existent of false beliefs: wisdoms poor health facility: mental education proper guidance to child and identification of the problem at initial stage was lacking. Parents were advised about the personal hygiene motivated for the need of the health care and proper education of the child which would improve the overall outcome in the future.

Consolidation of cases for findings:

All the cases are comparatively studied with an aim to find out certain generalization. For this purpose certain basic characters of all the cases are tabulated in the form of rubric. The rubric and the case details provided normative revelations. Based on the normative commonalities and conclusions arrived at each case the findings are evolved. In the following pages the details are provided.
Major findings for objective 4:

1. In Indian conditions the consanguineous marriage is one of the major contributor towards the delivery of M.R. Child. The families specially having already such cases in their family are higher risk of having M.R. child.

2. The poor nutrition and heavy homework have contributed in delivery of the M.R. Child.

3. The illiteracy and negligence towards medical check-up is another important factor that has contributed immensely toward this problem.

4. Parent with orthodox out look and religious faith that its God that decides the fate of the child is a major issue that is man created factor compounding the issue.

5. The advice given by the doctor based on the condition of bay during child birth, if followed with rigour, the M.R child can not only be made self-reliant but also to live with dignity.

6. Negligence of the parents not to take care and send the M.R. child to especially abled school has magnified the issue.

7. Children attending the especially abled school have improved significantly towards becoming self-reliant.

8. Generally, the neighbours and community people are generous for inclusive society with M.R child.

9. Delay in care taking during early child hood will enhance the issue and progressive betterment of the M.R. child is difficult.

10. Parents with bad habits like being chronic alcoholic, smoking are likely to neglect the M.R. child care compared to others.