This research work tries to understand the behavior pattern of mothers of mentally retarded children and their problems. Three dependent variables have been studied namely, Stress (Physical Stress, Social stress, Role stress, Family stress, Financial stress, Superstition stress), Marital adjustment and Self perception. The interpretation of finding would be empirical and theoretical. This would be achieved by dividing this chapter into the following sub sections of (a) Stress, (b) Marital adjustment, (c) Self perception, (d) Mothers of mentally retarded children, (e) Conclusion (f) Utility, (g) Limitation and(h) suggestion.

An attempt would be made by discussing the findings under the aforesaid sections to evaluate the hypothesis stipulated in this study. On the basis of Means and standard deviations, and A NOVA results, there is a clear picture of mothers of normal and mentally retarded children.

a) STRESS: - Stress is a common part of life as we begin the new millennium, something few of us can avoid all together. Partly for this reason and partly because it seems to exert negative effects on both physical health and psychological well being. Stress has become an important topic of research in Psychology (Robert A. Baron: 1992). Stress refers to nonspecific response of the body to any demand made upon it (Hens Selye 1974) Special child care demands faced by parents of children with disabilities cause significant stress for parents and disruption in family relationships. (Hedov G, Anneren G. Wikblad, K. 2002). There is
substantial evidence that the challenges faced by parents and the ways in which they deal with them vary with the nature of child disability. Walker L.S., Van Slyke. D.A., Newbrough J. R. (1992) told that higher rates of depressive symptoms and feeling of increased psychological distress have been reported by mothers of children with mental retardation.

In first hypothesis a (1). It was hypothesized that stress of mothers of mentally retarded children would be more than mothers of normal children. Backman (1980), Burden (1980), Bradshaw and Lawton (1978) and Majumdar, Dasilva, PereiaY. Fernandies (2005) also found that mothers of mentally retarded children had a high level of stress. The hypothesis is strongly supported by our data. Mothers of mentally retarded children on the whole have more stress. Stress is a much faceted process that occurs in reaction on to events or situations in our environment termed stressors. An interesting feature of stress is the wide range of physical and psychological reactions that different people have to the same events, some may interpret an events as stressful where as other simply take it in stride different points in the time (Lazarus R.S. & Folkman, S., 1984). People, who are pessimistic, tend to appraise events as more stressful. In turn this greater sense to stress may contribute to poor
health by causing the chronic arousal of the body’s flight or flight response resulting in the type of physiological damage discussed earlier. Several studies have found evidence for this. In one the blood pressure of pessimists and optimists had chronically higher blood pressure level than the optimists across the 3 days (Raeikkonen. K.Mathews K.A., Flory, J.D., 1989). Dyson (1993) Confirmed significantly higher parental stress in parents of children with disabilities, who were also found to have pessimism regarding the future. In addition, the parent’s perception on of how difficult it was to care for the child was related to feeling of depression (Gowen J.W Johnson-Martin N. Goldman.B.D. ppelbaum M: 1989). Accumulating evidence suggests that parents of children with developmental disabilities often stress (Brodley. Rock, whiteside. caldwell & Brisby, 1991). Dumas. Wolf. Fisman & Culligan, 1991, Hendriks, A.H.C. De Moon oud & J.H.L. & sauoslberg, 2000, Mc KinneyB Peterson 1987, Rodrigue, J.R., Morgam & Geffken 1990, Smith T. B., Oliver, & Innocenti 2001). Mothers of children with developmental disabilities have been reported to show significantly higher stress levels and reports more negative child characteristics than mothers of children without disabilities (MckinneyB, Peterson R.A. 1987).
It was also hypothesized that stress amongst the mothers of female would be more than males. Tangari and Verma (1992) reported the higher stress in parents of female mentally retarded children. The result indicates that there is no significant difference in four areas of stress [Physical stress (SPS), Family stress (SFS), Financial Stress (FSS), and Superstition Stress (SSUS)]. But in Social Stress and Role stress mothers of male and female children differ significantly. Here our hypothesis is correct. ANOVA results show that mothers of mentally retarded female children in comparison of mothers of mentally retarded male children and mothers of normal male children in comparison of mothers of normal female children have lower stress. These findings may have greater significance in our culture, as parents of girl child are more worried about their future with the increasing age of the girls it becomes difficult to manage them, their sex and menarche issues are stressful for parents as they have spend more time with their daughters and have to provide more care to them. Hypothesis (3.a) which has been derived in the study is high socio-economic status mothers of normal children have less stress than high socio-economic status of mothers of mentally retarded children. The result shows that mothers of mentally retarded children with high socio-economic status have more stress score in five areas- Physical stress (SPS), Social stress (SSS), Role stress
(SRS), Family stress (SFS), Financial stress (FSS), Superstition stress (SS US). It is clear that this difference can be due to mental retardation of children. Cadman, Rasenbaum Boyle and Offered (1991) found parents of children with disability were more likely to experience depression and distress than parents of children without disability. As normal children progress from one developmental stage to the next their parents observe them with pride, anxiety and alarm. Parents have expectation of them based on social standard, when the children's behavior deviates from the established standards, mothers' crisis may develop. Mental retardation was naturally viewed by primitive nomadic tribes with fear and disgrace, largely because of the stigma attached to such conditions by superstition and myths. The mother's social life may become fearful or rejection by their friends and relatives. Bryant and Herchberg (1961) suggest that if neighbors and relative do reject child they become isolated and family may blame the mother. But data of our study does not support this finding in Role stress area. Although it is based on a basic assumption that mothers fulfill many different role sometime, mother, daughter, sister, wife, daughter in law, employee or employer, citizen friends. Sometimes these roles interfere with each other. Child disability is also one reason for interfere with other roles for mother. Due to child disability it often requires a reorientation and revaluation
mothers goals responsibilities and relationships. In India the majority of children have traditionally been cared for by their mothers. In today's modern society this home based care has resulted in many adverse consequences (Majumdar M, DaSilva Pereia Y, Fernandes 2005).

Next hypothesis (3b) is based on the study of Patel V, Kleinman (2003) and Patel V, Kirkwood, B.R. Pendekar, S, Weiss H, Mabey D. (2006) told that being female is reported to be a risk factor for common mental disorder. Among women in poverty, there is support for a significant association between economic hardship and reports of psychological distress due to such issues as being the sole child, rearing adult in a household multiple roles unequal power relations with men and sense of powerlessness. In this hypothesis we assumed that high socio-economic status of mothers of mentally retarded children would have less stress than low socio-economic status of mothers of mentally retarded children. In this study this hypothesis is approved. Mothers of mentally retarded children with high socio-economic status have more score in all six areas of stress, Physical stress (SPS), Social Stress (SSS), Role Stress (SRS), Family Stress (SFS), Financial Stress (FSS), and Superstition Stress (SSUS) than mothers of mentally retarded children with low socio-economic status. The literature support a link between context especially socio-
economic status (SES) and health (Kitagowa, Hauser, 1973, Haan; 1984, Freman; 1972, Rogot E., Sorlie PE, Johnson N. J., Glover L.S., Treasure D.W.A., 1981) but result have been mixed concerning the physical and psychological health of the caregivers. In the literature, concerning caregivers of the elderly lower socio-economic status has been associated with fewer psychological life stressors (Wallender J. L.; Varni J. W., Babani L., 1989) and emotional well being (Sloper P. Turner S 1993) in caregivers of children. It is of course recognized that the SES is but one of several important indicators of the context. Majumdar M, DaSilva Pereia Y Fernandies (2005) told that their study revealed the level of parental education and anxiety manifested by parents of mentally retarded children.

Our hypothesis (3.c) states that mothers of normal children with low socio-economic status have less stress than mothers of mentally retarded children with low socio-economic status. In this study this hypothesis is also approved. Mothers of normal children with low socio-economic status have less score in each area of stress, Physical stress (SPS), Social Stress (SSS), Role Stress (SRS), Family Stress (SFS) and Superstition Stress (SSUS). Mc Andrew (1976), Seth (1979) and Veena (1985) told that mentally retarded children also have reported rising financial burden because two reasons, one is additional expenditure in caring for the Mentally...
Retarded Children and the other is reduced sources of income because the parents had to spend extra time in parenting severely retarded children. SES of the family was one factor significantly associated with burden. Earlier studies also mention the inability of low income group families to cope up with the child's illness. Financial problems might be expected to account for the majority of burden experienced by such families. However for the families belonging to low socio-economic status the indirect costs which include transpiration and time lost from work can be enormous more, so because most individuals belonging to this class are menial labor and have no regular job. Because good health care facilities are available at only regional hospitals many patients have to travel a long distance. These family stand to lose the equivalent of several days income and it leads to irregular follow up and delay in seeking medical help in case of acute attacks at borne or when she stay with the child in the hospital. Due to lack of social support in many cases other children in the family are left with neighbors or to themselves during her absence.

b) Marital Adjustment:

Although the establishment of satisfactory male female relationship has probably never been easy there have usually been rules and standards and clearly defined sex roles to guide young people. Marriage is an important goal for most people and over 90
percent of us do marry at sometimes in our lives. People marry for many reasons probably the most common and important of these relate to sexual satisfaction, to economic consideration and to the meeting of psychological needs. The adjustment of married mates is unlike any other human relationship, it may share many condition of friendship groups but the husband and wife relationship differs. Marriage involving two sexes in physical propinquity is public and binding in nature.

The desire for and acceptance of children is positively correlated with happiness in marriage. The timing of the birth of the first child also shows a relationship to later marital stability. Those whose first baby comes right away including cases in which the wife is pregnant prior to marriage tend to have more adjustment difficulties (Dame, N.G. Fink, G. Mayes, R., Reemer, B & Smith B, 1966). Interestingly enough, Feldman and Rogoff (1969) found that in some cases where husband and wife were especially close and dependent on each other, the advent of a baby led to a decrease in marital happiness, while in other cases, where a couple's interests were dissimilar before child birth the arrival of a baby strengthened their relationship. In the first situation, three appeared to be "a crowd" in the second; the sharing of parental responsibilities brought the partners closer together.
Current research has focused on parental dynamics in relation to the presence of a child with mental retardation. According to one view, the presence of a child with special needs causes a crisis in the family. Most clinical observations show that parents often are portrayed as exhibiting, guilt, ambivalence, disappointment, frustration, same and sorrow (Schild, 1971). Friedrich and Friedrich (1981) study the difference between parents of mentally handicapped and non handicapped children. The result indicated that parents of handicapped Children reported less satisfactory marriage than non handicapped children.

We have hypothesized in hypothesis (4) earlier on the basis of the studies that the marital adjustment of mothers of normal children would be better than mothers of mentality retarded children. This hypothesis proved in this study. Kumar and Akthar (2001) also found that mothers of normal children have better marital, adjustment than mother of mentality retarded children. Parenthood can in interfere with marital sexuality and also create other new problems in the relationship (Alexander & Higgins, 1993, Hackel Ruble, 1992). Nevertheless, both men and women who have children say that they enjoy being parents (Feldman & Nash) with multiple children, women reports less and men reports more marital satisfaction (Grote, Frieze & stone 1996) Mothers
inexperienced more stress as compared to fathers. Since mothers have primary responsibility for child care and are, thus more subject to the challenges associated with their disability.

As earlier in hypotheses (5) we assumed that parents of girl to reported lower marital satisfaction that mothers of male mentally retarded children would have better adjustment than mother of female mentally retarded children. The analysis of the result indicates the significant difference between male and female children’s mother in marital adjustment. The result supports Shelly Lundberg (2005) that parents of boys tend to increase marital stability and marital satisfaction relative to girl. Sara Raley and Suzanne Bianchi (2006) also support this result. They described that parents prefer a child of each gender and on many dimensions parents tend to treat sons and daughters similarly. However fathers’ investments appear to be somewhat higher in families with sons. Fathers spent more time with sons than daughters. The finding of this study also shows that mothers of high socio-economic status have better marital adjustment than low socio-economic status. According to Conger, K. J., Rueter, M. A. & Conger, R. D. (2000). The experience of poverty is one the more important factor that can put severe strain on spousal relationships brings about feeling of depression and pressure family dysfunction. Economic pressure has been linked to

Hypothesis (6) has been derived in the study, mothers of mentally retarded children with high socio-economic status would have better marital adjustment than mothers of low socio-economic status. This hypothesis does not prove. The results show that mothers of mentally retarded children with low-socio-economic status have more score than high socio-economic status.

c) Self Perception:

In recent years, there has been growing realization of the importance of self perception for understanding and predicting human behavior. The self theory was put in systematic form by Rogers, (1951). This theory relies heavily upon the concept of
“self” as an explanatory concept. The influence of self perception on behavior was well brought out by even earlier. Bordin (1943) had suggested, self description reflects which has directive effect on behavior. In western cultures however, individual’s self-esteem and self acceptance are such prominent parts of our nature, that western writers have declared that unabashed egoism is man’s supreme trait. Whole philosophies have been built on this assumption (Hobbes, Nietzsche, Striner Le-Dantee and many others 1950) some modern psychologists have likewise claimed that in all our actions our principal aim is to keep the ‘ego-level” i.e. our self-esteem) as high as possible. Sherry. Verma and Goswami, P.K.I., (1979) defined self concept in general sense those perception beliefs attitudes and feelings which the individual view as parts of characteristics of himself. The self concept is a product of social learning of the individual, that once self concept varies directly with one social background. The poor are probably frequently exposed situations in which the relative inferiority and worthless. It was hypothesized in hypothesis (7) that the self perception of mother of mentally retarded children would be poor in comparison of mothers of normal children. The result supports this hypothesis and confirmed the finding Effi Argyrakouli Maria Zofiropoulou (2003). They assessed the impact that children with intellectual disabilities have their mothers’ self-esteem. It is also
examined the difference in self-esteem between mothers of non-disabled children. Result indicated significantly lower self-esteem between mothers of children with intellectual disabilities and mothers of non-disabled children. Hypothesis (8) states that mothers of male children would have better self-perception score than female children's mothers. This is well supported by our data. The significant F ratio conform the result explaining that both the groups (mothers of female and male children) differ in their self perception. Although it is supported by our data but it lacks any direct support through research findings. So when this hypothesis is constructed it was based on a general observation of Indian society. In Indian society males are dominant and most of the time they get preference over females.

In addition, societies generally value "Masculine" characteristics more highly than "Feminine". The preference for male children is deeply rooted in Indian Society: such gender bias and the limited control a woman has over her reproductive health may make pregnancy a stressful experience for some woman. Thus, women who already have a female child face greater stress because of their wish that their new infant be boy. In the event that the child is a girl, the risk of depression is greater. Mother may be blamed for the birth of female child. Results show that there is a strong interaction among many risk factor such as economic
deprivations, marital violence and the infant genders. According to religious beliefs, a man has to be reborn as a man to attain "moksha". A man cannot attain 'moksha' unless he has a son to light his funeral pyre. Also it says a woman who gives birth to only daughters may be left in the eleventh year of marriage. It seems the appalling desperation and the irrational desire for a son in India is reaching new heights. In rural India where the birth of sons is announced by conch shells the girl child invites sympathetic and sarcastic comments.

The age old preference for sons is motivated by economic, religious, social and emotional, desire and norms that favor males and make females less desirable. Parents expect sons-but not daughter- to provide financial and emotional care, especially in their old age. Sons add to family wealth and property while daughters dream it through dowries, Sons continue the family lineage while daughter are married away to another household, Sons perform important religious roles and sons defend or exercise the family's power while daughters have to be defended and protect creating a perceived burden on the household.

Hypothesis 9 states that mother of male normal children would have positive self perception than mothers of mentally retarded children. This is also well supported by our data. In our findings means score have difference. It also lacks any direct
support through research finding. It was also based on a general observation. As earlier we have discussed that parents prefer for male child is motivated by economic, religious, social and emotional desire and norms male children are the sources of family income and have to provide for parents in their old age and the workforce as they bring in a bride seen as "an extra pair of hands". But when mothers find that their male children are mentally retarded they are inevitably shocked (Love, 1970) and painfully surprised (Barsch; 1968) because this situation breaks their dreams fantasies, illusion and projection into the future. Mothers being react dramatically to crises whether it is the death of loved one, a serious traffic accident, a lost job, or child's failure in school. Mac Dowell, (1976) suggested that parents progress through six emotional stages upon discovering their child's exceptionality; disbelief, guilt, rejection, shame, denial and feeling of helplessness. These are factors reduced clean self perception of mothers.

Birch and Gussow (1970) found the individuals' self concept is significantly related to his socio-economic status. The highest socio-economic status has the more favorable the self perception. Dixit and Moorgani (1981) found that high socio-economic status subjects are more realistic that the low socio-economic status group subject in their evaluation of themselves. In this study as
hypothesized in 10 that high socio-economic status mothers would have more positive self perception than mothers of low socio-economic status. Result shows that mothers of high socio-economic status significantly have more score than low socio-economic status in self-perception.

d) Mothers of Mentally Retarded Children:

A mentally retarded child in a family is usually a serious stress factors for the parents. It often requires a reorientation and revaluation of family goals, responsibilities and relationships. Majumdar M, DaSilva Pereia Y, Fernandies (2005) stress among parents is not a consequence of having mentally retarded children. A combination of multiple stressors appears to predict the likelihood of the parents experiencing stress and anxiety. Stressors can be defined as those life events that will bring about a change in the family system (Cubbing, Joy, Couble; 1980) Providing a high level of long term care for a child with severe functional limitation and mental retardation can be burden some and may result in high level of stress. Although every one experience some degree of stress in their lives. A number of studies have found that physical and mental health are significantly worse among mother caring for a disabled child compared with mothers of non disabled children (Breslou N., Staruch KS, Mortimer, E A J R 1982, Cadman Rosenbaum; Boyle M, Offord D R, 1991, Dyson; L.L. 1993,
However, studies comparing the stress perceived by parents of mentally retarded and normal children are limited. Having a disabled child may also affect parents' allocation of time and financial resources to their healthy and unhealthy children, their parenting practices, their expectation of healthy sibling in terms of achievement, responsibility, and short and long-term contributions to the household and the siblings, health, and development. Finally, having a disabled child in the family may affect the contributions of time and financial resources on the part of the child's family members.

The reports of the parents' research results show that mothers of mentally retarded have more stress in each area in comparison of normal children. It is also clear from ANOVA results which are also presented in Figure 1 that mothers of female mentally retarded children in comparison of male mentally retarded children have more stress in each area of stress and mothers of low socioeconomic status of mentally retarded children have more score in five areas of stress (Physical Stress CSPS), social stress (SSS), Role stress (SRS), Family Stress (SFS), Financial stress (FSS) than mothers of high socioeconomic status of mentally retarded children.
It can be concluded from these results that to improve the condition of mothers of mentally retarded children, it is necessary to remove the stress from their minds. So they can psychologically and mentally think themselves equal to mothers of normal children when stress removes from them automatically their condition will improve and it will be better.

In another finding of this study it was found that mother of normal children have better marital adjustment in comparison of mentally retarded children. According to P. V. Vizesh, P. S. Sukumaran, (2007), the stress factors accompanying the birth of normal child are intensified when the child is disabled. The marital relationship may suffer unduly from the added stresses of blame, guilt and anxiety. A child's disability attacks the fabric of marriage in different ways. It excites powerful emotions in both parents. It reshapes the organization of the family. It creates a fertile ground for conflict. It is also clear from ANOVA results which are also presented in figure 34 And 35 that mothers of male mentally retarded children in comparison of mother of female mentally retarded and mothers of high socio-economic status of mentally retarded children in comparison of mothers of low socio-economic status of mentally retarded children have better marital adjustment.
Another analysis tells us that mothers of mentally retarded children have poor self perception than normal children. ANOVA results clarified it, which are presented in figure 38, figures tells us that mothers of males mentally retarded children have more score of self perception than mothers of female mentally retarded children with high socio-economic status have more stress than mothers of low socio-economic status.

In conclusion it can be said that to improve the positive self perception of mothers of mentally retarded children it is necessary to give them proper environment for their healthy personality development. Through which they can raise their standard of living in equal to mothers of normal children.
Conclusion:

The main conclusions of the above analysis may be stated as follows:-

1. Mothers of mentally retarded children have been found to be more stressed in comparison to mothers of normal children in six areas of stress [(Physical stress (SPS), Social stress (SSS), Role stress (SRS), Family stress (SFS), Financial stress (FSS), Superstition stress (SSUS)].

2. Mothers of mentally retarded children have been found to be lower in marital adjustment in comparison to mothers of normal children.

3. Mothers of mentally retarded children have been found to be lower in score in self-perception in comparison with normal children.

4. Mothers of female children have been found to be more stressed in five areas of stress Physical stress (SPS), Social stress (SSS), Role stress (SRS), Family stress (SFS), Superstition stress (SSUS) than mothers of male children.

5. Mothers of male children have been found to be better in marital adjustment than mothers of female children's mother.
6. Self perception of males has been found better than mothers of female children.

7. Mothers of low socio-economic status have been found to be more stressed each area of stress, Physical stress (SPS), Social stress (SSS), Role stress (SRS), Family stress (SFS), Financial stress (FSS), Superstition stress (SSUS).

8. Mothers of high socio-economic status have been found to be better marital adjustment than mothers of low socio-economic status.

9. Mothers of high socio-economic status have been found to be better self perception than mothers of low socio-economic status.
Utility:

Mental retardation makes a person incapable of living an independent life. In India, family bears the main burden of caring for such persons unlike in the developed countries. Family members particularly mothers in more affected by the condition. Normally the people in the society and professional works do not feel the actual stress and burdens to the extent it is the experienced by the mothers of mentally retarded children. There is need to find out how disability due to mental retardation is affecting mothers of such persons in order to help those who are having negative impact and to find out how they are positively affected so that others can be helped in the same manner. Aim of this study was to know the type of impact of having mentally retarded children on the mothers.

A number of steps have been taken by the Government and Voluntary agencies to promote social equality. Enormous amount of money have been spent on the spread of education and for the economic upliftment of the disadvantaged group of the population. However, these efforts cannot achieve social
change to the desired extent. Unless there is a change in the attitude of the other sections of the population and unless the disadvantaged pupil themselves are strong enough to defined themselves from the depravations of others social and economic equality cannot be established. This study is more useful for Government and Voluntary agencies to set up the work of creating a climate to up bring the disadvantaged group.

On the basis of results of this study the Government and Voluntary agencies can understand the feeling and aspiration of mothers of mentally retarded children by which of they can improve their condition in a more psychological way. This study shows the clear picture of mothers of mentally retarded children in terms of stress, marital adjustment and self perception. This is first attempt in which mothers of mentally retarded children of Lucknow (U.P.) have studied.
g) Limitation:

Study oriented to the identification of variables affecting social change among mothers of mentally retarded children groups certainly have to borrow heavily from almost all the social science not only in terms of methodology but also in identifying and conceptualizing the variables which are considered important.

There are some limitations of this research. One limitation of this research is that this study has conducted on a small sample of only Lucknow. Therefore this study does not give clear picture of mothers of mentally retarded children. It should be studied on a large sample of Uttar Pradesh. The external validity of this study is very less. We cannot generalize the finding or result of this study to all mothers of mentally retarded children of state and nation.

Some other variables of mothers of mentally retarded children and related to mentally retarded children as intelligence, age, severity of retardation, types of mentally retardation, family background, learning and perception should also be studied.
h) Suggestion:

The present study shows the extent of stress experienced by mothers of children with mental retardation attending special schools. The following suggestions are made.

► A concerted effort must be made to prepare and train mothers of children with mental retardation in handling the needs of their children. These efforts should start from the stage of identification of the disability of the children.

► Formulation of small mothers group in the special school will provide the mothers a needed platform for expressing their difficulties, sharing their experiences solving their problems and more importantly to develop a mutual help system.

► The Parent Teacher Association (PTA) should be strengthened and function as a link between special school and the community aware about various aspects of mental retardation and should take necessary steps to promote proper education vocational training and placement.

► Organization of parents should be formal to flight for rights of person with mental retardation and their families and to persuade the government to take action for the implementation of various rehabilitative measures.
Special teachers and school authorities should recognize the important role of mothers in whole process of special education and should keep on motivating parents.