CHAPTER – 1

INTRODUCTION

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1.1 INTRODUCTION

Human society is the manner or condition in which the members of a community live together for their mutual benefit. It allows its members to achieve their needs or wishes which can not be fulfilled by themselves all alone.

Family in society is the smallest social unit which consists of components, which are interdependent. Components in a family are the members of the family, who have obligations and expectations towards each other, which are framed according to their socio-cultural background.

The family structure is grounded by the biological constants in the relationship of parent and children. Children are God’s gift and they form an integral part of harmonious co-existence of the family. The family plays a vital role in guiding the child to be a member of the society. In order to meet the expectations, every parent wants fit, beautiful, handsome, intelligent children who will do well in the competitive society we live in.

Therefore the parents worry during the end of pregnancy about what sort of a baby they are going to have and become mentally distressed if they give birth to a damaged or imperfect child, especially Mentally Retarded Child. At first the feelings of the parent are guilt, shame, despair and self-pity which may be overwhelming, so that only agony for a way out may be experienced.

1.2 STATEMENT OF THE PROBLEM

Parents having children with Mental Retardation get disturbed with added responsibilities associated with care of their children in the normal day to day functions. This may exert pressure on the parents psychologically, physically and in their social functioning. It is necessary to look at the issues related to how parents of Mentally Retarded children suffer from social problems and the ways of preventing
and overcoming their problems in the society they live in. Therefore the purpose of this research is to understand the nature and extent of social problems experienced by the parents of Mentally Retarded Children.

1.3 MENTAL RETARDATION

Mental Retardation is a disability characterized by significant limitations both in Intellectual functioning and in Adaptive behaviour as expressed in conceptual social and practical adaptive skills. This disability originates before the age of 18 (AAMR 2002)

CHARACTERISTICS OF MENTAL RETARDATION

1. Delay in development
2. Slow reaction
3. Absence of clarity
4. Inability to learn fast
5. Inability to understand quickly
6. Inability to decide
7. Inability to remember
8. Lack of concentration
9. Lack of motor coordination
10. Age inappropriate behaviour

CLASSIFICATION OF MENTAL RETARDATION

The different methods of classification of Mental Retardation are:

- MEDICAL CLASSIFICATION
- EDUCATIONAL CLASSIFICATION
- PSYCHOLOGICAL CLASSIFICATION
A. MEDICAL CLASSIFICATION

Medical Classification is based on etiology

- Infections and Intoxications
- Trauma (or) physical Agent
- Metabolism (or) Nutrition
- Gross brain disease
- Unknown pre-natal influence
- Chromosonal abnormality
- Gestational disorder
- Psychiatric Disorder
- Environmental influence
- Other influences.

B. EDUCATIONAL CLASSIFICATION

Educational classification based on current level of functioning of the Mentally Retarded children. Educational classification includes terms such as.

<table>
<thead>
<tr>
<th>CLASS</th>
<th>IQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLOW LEARNER</td>
<td>75 OR 80 TO 90</td>
</tr>
<tr>
<td>EDUCABLE</td>
<td>50 TO 75 OR 80</td>
</tr>
<tr>
<td>TRAINABLE</td>
<td>20 TO 49</td>
</tr>
<tr>
<td>CUSTODIAL</td>
<td>BELOW 20</td>
</tr>
</tbody>
</table>
C. PSYCHOLOGICAL CLASSIFICATION

The psychological classification is based on the level of intelligence (IQ) and it is currently used classification.

<table>
<thead>
<tr>
<th>IQ</th>
<th>CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 - 110</td>
<td>AVERAGE INTELIGENCE</td>
</tr>
<tr>
<td>70 - 90</td>
<td>BORDERLINE INTELLIGENCE</td>
</tr>
<tr>
<td>50 - 69</td>
<td>MILD MENTAL RETARDATION</td>
</tr>
<tr>
<td>35 - 49</td>
<td>MODERATE MENTAL RETARDATION</td>
</tr>
<tr>
<td>20 - 34</td>
<td>SEVERE MENTAL RETARDATION</td>
</tr>
<tr>
<td>BELOW 20</td>
<td>PROFOUND MENTAL RETARDATION</td>
</tr>
</tbody>
</table>

CAUSES OF MENTAL RETARDATION

The causative factors of Mental Retardation are varied and widespread. The causes may be broadly classified under;

- Biological risk factors and
- Environmental risk factors.
A) Genetic causes are purely biological
B) There are some biological causes which are enforced with environmental influences.
C) There are some environmental causes which are purely psycho social in nature.

BIOLICAL RISK FACTORS

Biological risk factors are those that develop within the body as part of one’s basic biology and organic make up. They include genetic and other inborn features (characteristics) metabolic aspects and interaction of varied complex systems of the body. Many biological risk factors are genetic.

ENVIRONMENTAL RISK FACTORS

Environmental risk factors are health related risks that exist outside the person and over which the individual has little or no control. This includes social and physical factors.
- **Social environmental risk** for disability is a function of the expectations and opportunities that accompany specific socio cultural environment. Attitudes, assumptions, preferences or prejudices are encountered throughout society to help to create social environmental disability risks. For instance occupational settings, certain physical skills, abilities and characteristics. Because of the physical demands and socio cultural expectations of that environment, the likelihood or risk of functional limitations becoming a disability is greater than in cultural setting that assigns less value to these characteristics.

- **Physical environmental risk** – Injury or disease can trigger a process that leads to disability. They place individuals in circumstances leading to impairment and functional limitations.

**CAUSES OF MENTAL RETARDATION CAN BE BEFORE, DURING OR AFTER BIRTH**

* **Before Conception** - The age of the mother plays an important role in the delivery of a healthy, normal baby. There are high risk group for abortions, premature deliveries, babies with chromosomal abnormalities etc. Large families, Addictions, Nutrition and health status of the mother are very important for conception and development of the fetus.

* **During delivery** – Some of the high risk factors are Premature, Post mature baby, Multiple Pregnancies, Abnormal Presentations, Convulsions, Prolapsed cord, delivery place etc.

* **From birth up to 18 years of Age** – Delayed birth cry, obvious congenital anomalies, Infections, convulsions, Nutritional deficiencies, developmental, delays etc.
PSYCHOSOCIAL CAUSES - Refer to the environmental influences.
These also can lead to Mental Retardation.

1.4 LEGISLATION:

India, being a democratic country, the Constitution and legislation play an important role in the life of every citizen, irrespective of his being abled or disabled. The preamble of the Constitution of India states, “We, the people of India, having solemnly resolved to constitute India into a Sovereign Democratic Republic and to serve all its citizens.

Until recently, there was no exclusive law for protection of rights of persons with mental retardation. They were governed by the “Indian Lunacy Act of 1912”. In the year 1987, this act was replaced by “Mental Health Act 1987”. This act did not include any provision to safeguard the rights and interests of persons with mental retardation rather it totally excluded mental retardation from its purview.

As a result a vacuum was created which has been filled by the enactment of comprehensive legislation, i.e., “The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995”. The provisions of the act range from prevention, early detection to education, vocational training and employment, preferential treatment and protection from negative discrimination. The Act ensures equality of human rights and dignity of life to people with disability. It will also strengthen the hands of the government to formulate appropriate programme for education and employment of people with disabilities including those with mental retardation. “The National Trust Act, 1999” was created for Welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 No 44 of 1999 (30th December 1999) is an act to provide for the constitution of a body at the national level for the Welfare of Persons with Autism, Cerebral Palsy, Mental
Retardation and Multiple Disabilities and for matters connected therewith or incidental there to.

**National Policy for Persons with Disability**

- The National Policy recognizes that Persons with Disabilities as a valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society.

- The focus of the policy is on (a) Prevention of Disabilities and (b) Rehabilitation Measures.

- The salient features of the National Policy are:
  1. Physical Rehabilitation, which includes early detection and intervention, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances.
  2. Education Rehabilitation including vocational training and
  3. Economic Rehabilitation for a dignified life in society.

**1.5 PREVALENCE OF MENTAL RETARDATION**

Around **10% of the world’s population**, or 650 million people, live with disabilities. The first ever *World report on disability*, produced jointly by **WHO** (World Health Organizations) and the **World Bank**, suggests that more than a billion people in the world today experience disability.

According to Daniel Mont, HDNSP-Disability and Development Team - World Bank 2007 Census, the prevalence rate varies dramatically across the World. (United States 19.4%, United Kingdom 12.2%, Mexico 2.3%, Egypt 4.4%, **India 2.1%**, China 5%, Kenya 0.7% Spain 15 % of total population.)
1.5.A PERSONS WITH DISABILITY IN INDIA
– BY TYPE OF DISABILITY

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Census, 2001</th>
<th>NSSO*, 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population (in Crore)</td>
<td>%</td>
</tr>
<tr>
<td>Locomotor</td>
<td>0.61</td>
<td>28</td>
</tr>
<tr>
<td>Visual</td>
<td>1.06</td>
<td>49</td>
</tr>
<tr>
<td>Hearing</td>
<td>0.13</td>
<td>6</td>
</tr>
<tr>
<td>Speech</td>
<td>0.16</td>
<td>7</td>
</tr>
<tr>
<td>Mental</td>
<td>0.22</td>
<td>10</td>
</tr>
<tr>
<td>Multiple</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>2.18</td>
<td>100</td>
</tr>
</tbody>
</table>

*Census 2001* has revealed that over 21 million people in India are suffering from one or the other kind of disability. This is equivalent to 2.1% of the total population. This includes persons with visual, hearing, speech, loco-motor and Mental Disabilities. Among the total disabled in the country, 12.6 million are males and 9.3 million are females.
Data collected in 2002 by the National sample survey organization, indicated that the number of persons with disabilities was **1.85 crores**. In every one lakh persons in our population, **94** are persons with **Mental Retardation**. This translates to around **11.3** Lakhs of Mentally Retarded Persons in our Country.
## 1.5. B. STATE-WISE DATA OF DISABLED POPULATION, AS PER CENSUS 2001

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>State/ UT</th>
<th>Disabled population</th>
<th>Sl. No.</th>
<th>State/ UT</th>
<th>Disabled population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Andaman &amp; Nicobar Islands</td>
<td>7,057</td>
<td>19.</td>
<td>Kerala</td>
<td>8,60,794</td>
</tr>
<tr>
<td>2.</td>
<td>Andhra Pradesh</td>
<td>13,64,981</td>
<td>20.</td>
<td>Madhya Pradesh</td>
<td>14,08,528</td>
</tr>
<tr>
<td>3.</td>
<td>Arunachal Pradesh</td>
<td>33,315</td>
<td>21.</td>
<td>Maharashtra</td>
<td>15,69,582</td>
</tr>
<tr>
<td>4.</td>
<td>Assam</td>
<td>5,30,300</td>
<td>22.</td>
<td>Manipur</td>
<td>28,376</td>
</tr>
<tr>
<td>5.</td>
<td>Bihar</td>
<td>18,87,611</td>
<td>23.</td>
<td>Meghalaya</td>
<td>28,803</td>
</tr>
<tr>
<td>7.</td>
<td>Chhattisgarh</td>
<td>4,19,887</td>
<td>25.</td>
<td>Nagaland</td>
<td>26,499</td>
</tr>
<tr>
<td>8.</td>
<td>Dadra &amp; Nagar Haveli</td>
<td>4,048</td>
<td>26.</td>
<td>Orissa</td>
<td>10,21,335</td>
</tr>
<tr>
<td>13.</td>
<td>Haryana</td>
<td>4,55,040</td>
<td>31.</td>
<td>Tamil Nadu</td>
<td>16,42,497</td>
</tr>
<tr>
<td>14.</td>
<td>Himachal Pradesh</td>
<td>1,55,950</td>
<td>32.</td>
<td>Tripura</td>
<td>58,940</td>
</tr>
<tr>
<td>16.</td>
<td>Jharkhand</td>
<td>4,48,377</td>
<td>34.</td>
<td>Uttarakhand</td>
<td>1,94,769</td>
</tr>
<tr>
<td>17.</td>
<td>Karnataka</td>
<td>9,40,643</td>
<td>35.</td>
<td>West Bengal</td>
<td>18,47,174</td>
</tr>
<tr>
<td>18.</td>
<td>Lakshadweep</td>
<td>1,678</td>
<td></td>
<td>TOTAL</td>
<td>2,19,06,769</td>
</tr>
</tbody>
</table>
Across the country, the highest number of disabled has been reported from the state of Uttar Pradesh (3.6 million). Significant numbers of disabled have also been reported from the State like Bihar (1.9 million), West Bengal (1.8 million), Tamil Nadu and Maharashtra (1.6 million each). Tamil Nadu is the only state, which has a higher number of disabled females than males.

The estimated population of persons with disabilities in 2008, projected on the basis of figures of the last census, is 2.44 crores. Experts opined that at least one person out of ten of the population of any country is affected by some kind of physical or mental handicap. According to census data released by the Registrar – General of India, there is about 0.22 percent of Mentally Disabled population in our country. In Tamil Nadu it is reported that 1.6 million persons are Mentally Retarded.

Even though the Census data for the year 2011 has been collected, the population of persons with disabilities in our Country has not yet been published.

1.6 NEED FOR THE STUDY

The world program of action states that the problem of disability in developing countries especially needs to be highlighted. As many as 80% of all disabled people are living in isolated rural areas in developing countries. In India the percentage of disabled population is estimated to be as high as 20 and thus if families and relatives are included, 50 percent of the population could be adversely affected by disability.

But it is noted that rehabilitation services have barely touched even the fringe of the problem in the rural areas. People with disabilities have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles they face in their everyday lives. In case of Mental Retardation, it is further stressed that family should be empowered. As
structured services have not yet reached all corners of the country, supporting and empowering the families of disabled persons is one way of reaching out to assist them.

Among the parents of disabled, the parents of Mentally Retarded children are worst affected. Moreover the hardships faced by them in the family and society are to be analyzed and the way outs to lessen their social problems to be discussed. For this purpose a sample survey was conducted among the parents of Mentally Retarded children, who live in different conditions. i.e., place of living, financial status, etc. and provides the best available evidence about what steps to be taken to overcome the barriers to health care, rehabilitation, education, employment, and analyze the way out to lessen their social problems and to create the environments which will enable people with Mental Retardation to flourish. The study ends with a concrete set of recommended actions for Governmental and Non- Governmental Organizations.

1.7 HANDICAPPED CHILD IN A FAMILY

The birth of a baby is usually anticipated with great excitement and expectations of a future filled with happiness and success. This exuberance may become muted with the birth of a disabled infant. Having a handicapped child born in a family and grow into adulthood is one of the most stressful experiences a family can endure.

Parents perceive the handicapped child as an extension of themselves and may feel shame, social rejection, ridicule and embarrassment. Parental reactions may be affected by economic status, personality traits and marital stability. In short, an initial parental response may be a form of emotional disintegration. This may evolve into a period of adjustment and later into reorganization of the family’s daily life. But learning about and adjusting to a child’s disability impacts the entire family system.
Parent’s expectations relating to their child may be influenced by different types and degrees of disablimg conditions. Mental Retardation may be one of the most difficult conditions for parents to accept.

Mental Retardation is a fairly disabling and chronic, life long condition with no real cure possible. Retarded children will most likely not be able to grow up to realize their parent’s dreams and expectations. Although significant progress has been made, there is still a profound social stigma attached to Mental Retardation.

Parents may be ‘devastated’ when they realize that their child is going to carry a stigma that has been highly related to isolation, dependency and institutionalization in our society (Fewell, 1986)

When parents gain information about the disorder, they become more able and understanding of how to deal with their stress. The professional can help the parents to cope with the crisis by examining the resources of the family, including role structure, emotional and financial stability and can help them to deal effectively with the situation.

**ACCEPTANCE OF THE FACT THAT THE CHILD IS RETARDED**

The total problem will center relentlessly about this foremost and basic problem of accepting the reality. The parents might show complete denial of existence of problem in their child who will color all aspects of care, management of the retarded child and their socialization. It also depends upon their educational, cultural, economical and social background of the parents.

Acceptance - When a doctor gives the parents the news that their child is Mentally Retarded and will never be completely normal, it is too painful for most parents to face. Many parents spend years in denial, trying to find some solution or
cure to this problem. They might go from one hospital to another, try alternative forms of medicine or look to religion for a miracle.

*Self-blame* – The parents wonder if they did something wrong, during the course of the pregnancy or after birth, while taking care of the child. They wonder if God is punishing them for their sins.

*Stigma* – Many parents might feel that a Mentally Retarded child is something to be ashamed of and cannot be allowed out of the house. Neighbours, relatives or others might make cruel remarks about the child and parents might feel isolated and without support.

*Helplessness* - Many parents don’t know how to get help for their child once he/she has been diagnosed with Mental Retardation. The sense of helplessness comes both from a lack of understanding about Mental Retardation and a lack of information about the resources available for Mentally Retarded individuals. It might also arise from insensitive handling of the case by the mental health professional, who might not have enough time to talk to each family at length about their experience.

*Behavior problems* - Many parents find it difficult to handle behavior problems like screaming, crying, inability to concentrate, aggressiveness, stubbornness etc that a child with Mental Retardation might have. For parents, especially mothers, who have to take care of household tasks and work apart from taking care of the child, patience can wear thin. Getting angry with the child or hitting him/her also does not help very much. Often, the child might not understand how disruptive his/her behavior is to others and why they get angry.

*Unrealistic expectations* - Many times, parents of Mentally Retarded children are dissatisfied with the slow progress their child is making in learning new things. They push harder to force the child to learn quicker and try to be on par with other
children. However, the child can only learn to the best of his/her ability and no more. When parents have unrealistic expectations of what their child can achieve, it leads to disappointment not only for them but also in the child who does not understand what he/she is doing wrong.

**Worry about the future**- One of the main concerns of parents with mentally retarded children is about how their children will be taken care of when they die. They feel that no one else can take care of their child with same love and care that they have and they are scared about how their child will manage to survive in the world.

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

**DAILY CARE NEEDS**

Basic functions of parents are to meet the physical and health needs of their members. Daily care giving for persons with disability can be a burden for family members. The extent and nature of responsibilities for daily care vary depending on a variety of factors such as the age of the child or youth and the type, degree and severity of the disability. Seligman and Meyerson (1982) noted that the responsibilities associated with the care of disabled children may throw an impact on parent’s psychological, physical, financial and social well-being over time.
SELF-IDENTITY

Parents of children with retardation often experience difficulty with their feeling of worth and self-esteem. Parents have difficulty in developing Self-Identity as a competent parent. Possibly because of their disabled child who is less responsive to soothing or stimulation, their cues are often difficult to be understood.

PARENTAL ATTITUDES

Parent’s Attitudes are to some extent reflection of the society they live in. Parental attitudes mainly arise out of the sense of frustration in carrying out the parental role of nurturing. Neglect or over protection are seen among the parents of Mentally Retarded Children. Both Father & Mother do not have the same attitudes towards their retarded children. Unrealistic and self-defeating attitudes lead on to distort family interactions and interaction with the society.

STRESS AND FAMILY BURDEN

Parents of children with Mental Retardation experience deleteriously high levels of stress. It varies accordingly to different stages of the family life cycle. Stress may be categorized depending upon the Financial, Intra-familial, Extra-familial and emotional aspects.

The stress may lead to family dysfunction requiring societal intervention. Research on families of Mentally Retarded Children has repeatedly indicated three stressful affects of the Mental Retardation – a) Social isolation b) increased indicators of stress in the parents and c) a greater incidence of problems in school and in the society.

The Burden associated with rearing a Mentally Retarded Child has multifold problems like disturbance of – routine, family leisure, family health, drain on time, physical and emotional energy as well as financial resources of the parents.
FAMILY FUNCTIONING

The handicapped child in a family produces tremendous changes and challenge to the marriage relationship. The arrival of a child introduces additional factors, such as coping with the unexpected and different situations. The degree of challenge may increase dramatically. The birth of handicapped child deeply challenges the parents and their resources. Role differences can be further exacerbated; care giving routines are often more complicated, time-consuming and stressful as they are to exert tremendous pressure on the parents.

Featherstone (1980) suggested that the advent of a handicapped child may attack the very foundation of a marriage by inciting powerful emotions in both parents, including feelings of shared failure. Fathers and mothers may react very differently to the handicapped child. The mother may take on the role of physical protector and guardian of the child’s needs, while the father is more reserved in his role. He may cope by withdrawing, internalizing his feelings.

ECONOMIC NEEDS

Having a child is expensive. Having a child with Mental Retardation is even more costly due to increased need for health, medical care, therapy, necessary daily care, transportation and other accommodations. Parents tend to be overwhelmed by additional financial needs. Our society has not developed a financial support system to support families and to carry out their responsibilities. The expenses related to special needs of individuals with disability create financial hardships for parents.

JOB

Responsibilities associated with the care of retarded children may impact parents’ career. They might sacrifice careers to care for the child or to relocate in a geographic area where appropriate rehabilitation services available for their child. The parents also believe that their work performance level gets affected and they lack
concentration and they need to take a lot of time off work, and need to take a less well paid job.

**RECREATION**

The family serves an important function as an outlet for members to relax and be themselves. This function is curtailed due to the presence of a family member with retardation. They have difficulty in enjoying family outings such as trips to beach, Picnics or trips to the swimming pool or cinema. They lack emotional support to each other which in turn affects the family relationships, personal growth, social and recreational activities outside the home. Often educators are so narrowly focused on school-based curriculum that we forget how important family leisure time can be as a way of building new skills, and bolstering self-esteem.

**SOCIALIZATION**

Families are the base from which children learn to interact with others and keys to the achievement of socialization. Parents with Mentally Retarded Children experience stress in attempting to meet the socialization needs. Lack of socialization may be due to specific skill deficit of the disabled child or be attributed to negative attitudes among community members, neighbors and relatives towards the persons with disability and their family. The inability to share the problems exists through no fault of the parents, or of the general public. It is simply the result of having looked upon mental abnormalities with superstition, with fear, with ignorance of true facts.

**CHALLENGES IN THE FAMILY**

Mental Handicap of the child challenges the family at three levels. First there is the cognitive challenge. The family must learn about the cause of the mental handicap its prognosis, complications, and routines and reasons for the rehabilitation. The family must revise its expectations for the daily life of the child, both for the present
and the future, and attempt to match the child’s activities with the limitations of the
disability and treatment.

The second challenge is at the emotional level. Finally mental handicap
presents a behavioural challenge. Rehabilitation regimens and hospital visits and
special educational programme must be incorporated into the family functions and
enable the family to carry out other essential tasks. The family must also recognize
changes in the child’s ability to perform some tasks and should help where necessary.

Farber (1960) suggests that the advent of the mentally handicapped child need
not create a family crisis. How the family defines the event will determine whether or
not a real crisis exists

PROFESSIONAL SUPPORT

There are professionals like psychiatrists, clinical psychologists, occupational
therapists and counsellors who can help the parents of Mentally Retarded children.
The greatest single need of parent of Mentally Retarded Children is constructive
professional counseling at various stages in the child’s life, which will enable the
parents to find the answers to their own individual and social problems to a
reasonably satisfactory degree.

SUPPORT FROM GOVERNMENTAL / PUBLIC / PRIVATE
ORGANIZATIONS

Support from the Government is also required even while parents are being
exhorted to be self-reliant. The support given by the Government or other large
public and private agencies needs to be sensitive to the needs of the retarded person
and their parents. The findings of this study will help the therapists and rehabilitation
professionals in developing and strengthening innovative psychosocial models of
treatment; like behaviour therapy counseling and rehabilitation that would benefit the parents of children with Mental Retardation.

1.8 CHAPTERISATION

The detailed report of the study is presented in five chapters. The first chapter focuses on the problem area of the study. It explains the various theories relating to the effect of having a child with Mental Retardation.

The second chapter gives an account of the available literature on the variables included in the study.

The third chapter describes the methodology adopted for the investigation and includes aspects such as the research design, universe and sampling.

The fourth chapter comprises of the analysis and discussion. It also analyses the hypotheses related to the study.

The fifth chapter contains the major findings of the study and conclusion. Suggestions for future research have also been offered.