1.1. Introduction:

At the outset, the present lifestyle and competitive unending race in the society, the physical, mental and economical stress is at its peak. The life is becoming string and burdensome. We often observe in society that people are anxious to run away instead of facing the facts and enjoying the most precious gift of that almighty the God that is life.

Health is wealth. It is state of complete physical, mental or emotional and social well being of a person and not mere absence of disease. Health is the prime concern of an individual. A sound health is of utmost important to any human being. Health is the valuable resource of whole human life. A normally healthy child can develop in all aspects of human society. But some children who differ from the average or normal child in physical, mental, social, educational, emotional and behavioural characteristics to such as extent that they require special educational services in order to develop their maximum capacity. These children are recognized as exceptional children. Thus, the term ‘Exceptional children’ refers to children whose needs and behaviour are very different from those of majority of children in society. Such Exceptional children are: Mentally exceptional, Physically exceptional, Educationally exceptional, Socially exceptional.

Mentally exceptional children are those children who are able to show remarkable progress when compared with the normal children and those who are unable to keep pace with the normal children. These children are classified on the basis of I.Q. (Intelligent Quotient). Mentally exceptional children may be divided in to the categories as Mentally Retarded Children, Gifted Children, and Creative Children.

The present study is chiefly concerned with the study of mentally retarded children. These are deviate from the normal children for their negative side in mental dimensions. By definition, a child who is mentally retarded must have a below- average IQ and difficulty with functioning.
They have difficulty in changing their way of functioning appropriate to the various situations in every day life. The developmental milestones of mentally retarded children are delayed and their adoptive behaviour is impaired due to sub-average general intellectual function. Mental subnormality and social incompatibilities affects the normal development of their personality and give them minimum opportunity to serve the society. Therefore, they need proper care, attention and protection from the community.

1.2. Nature of Mental Retardation and Mentally Retarded Children:

Mental retardation or Intellectual disability (ID) is an area posing serious problem to the mankind everywhere in the world. It is a complex and multidimensional issue affecting children and their families. Mental retardation is a significant health, social and educational problem. Mental retardation is a developmental disability that can appear from the very birth of a child. It is incomplete or insufficient general development of mental capacities. Individuals with Disabilities Education Act (IDEA, 2001) define that mental retardation means significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child’s educational performance. Here “General intellectual functioning” is typically measured by an intelligence test. Persons with mental retardation usually score 70 or below on such tests. “Adaptive behavior” refers to a person’s adjustment to everyday life. Difficulties may occur in learning, communication, social, academic, vocational, and independent living skills.

According to American Association of Mental Retardation (AAMR, 2002) mental retardation is a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18.

People have their different mental abilities which may be average, more than average and less than average. People with less than average mental ability are called mentally retarded. Generally, children with less than average mental ability are called mentally retarded children.
Children with mental retardation may take longer time to learn, speak, walk, and to take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer time. There may be something that they cannot learn. They may have trouble in understanding social rules also.

Mental retardation (MR) occurs due to genetic and environmental factors which come in to play at pre-natal, natal & neonatal and postnatal stages of development. Doctors have found many causes of mental retardation. The most common are Genetic conditions as Down syndrome, Fragile X syndrome, and Phenylketonuria (PKU); problems during pregnancy; problems at birth; health problems, and iodine deficiency.

Whether a child has a developmental delay, early identification and invention are essential for achieving the best possible outcome. Mental retardation is generally assessed by a combination of testing on formal tests of intelligence and by observation of the child’s adoptive functioning. A preventive approach to mental retardation of children is public education has to be taught, it will have some distinct positive affect.

The levels and IQ scores of mental retardation are Mild mental retardation (IQ. scores ranging from 50-70), Moderate mental retardation (IQ. scores ranging from 35-55), Severe mental retardation (IQ. scores of 20-40), and Profound mental retardation (IQ. scores under 20-25).

A mentally retarded child has certain limitations in mental functioning and in adaptive skills that will cause a child to develop more slowly than a typical child. They can do well in school but is likely to need individualized help. Some mentally retarded children need help with adaptive skills which are needed to live, work, and play in the community. Teachers and parents can help these types of children to work on adaptive skills at both school and home. Right education and training it is possible to overcome many of these challenges and allow a child to make the transition in to adulthood. So, we should give them proper care, attention and protection from the community.
As many as 3 out of every 100 people in the country have intellectual disabilities (The Arc.2001). Nearly 613,000 children ages 6 to 21 have some level of mental retardation and need special education in school (Twenty-fourth Annual Report to Congress, U.S. Department of Education, 2002). In fact, 1 out of every 10 children who need special education has some form of mental retardation.

1.3. Plans and Programmes for Disabled Persons:

Disabled persons are the integral part of the world community. Enhancement of the potentialities of disabled persons and empowerment of the community to take charge of their needs to be assimilated into the mainstream, were recognized as a major developmental programme for all member nations of the United Nations following the declaration of the year of the Disabled 1981 and decade of the disabled from 1982-1991. At this juncture the NGOs and National Govt. are working for the welfare of the mentally retarded persons. Article 46 of Indian Constitution emphasized the educational economic interest of the weaker section people (including physically and mentally handicapped) to give special care and protection from social justice and all forms of exploitation. The persons with disabilities (Equal Opportunities Protection of Rights and full participation) Act, 1995 is the testimony of article 46 of the Indian Constitution. A global meeting of experts was held at Stockholm in 1987 to review the program of action and to develop a guiding philosophy to recognize the rights of the disabled. Another significant step in this direction was taken by the United Nations General Assembly (18th session, 1993) setting the standard rules for all member Nation, International league of societies for persons with mental handicap adopted Delhi declaration in 1994, consisting a list of rights for the mentally handicap and their families.

Interest in the education of the handicapped had a programmatic development in our country. In 1964-66 the education commission made a analysis of the state of art in special education in the areas of deaf, blind, mentally retarded and orthopedic ally handicapped and
observed inadequacy in the quantity and quality institutions compared to magnitude of the problems. It was quite emphatic of the expansion of the movement which become consistent with national policy in children 1974.

The IYDP (International year for disable persons), 1981 recommended education of the disabled, prevention, rehabilitation and full participation with equality. India was one of the signatories which made series of attempts to evolve a national policy on the handicapped and a strong national disability prevention programme. Currently, some prevention programme on physically handicapped is on its march. Specific planned network was established to provide education, legal protection, and employment.

The working groups, and various sub-committees set up by the ministry of Welfare prioritized the categories of disability to be taken care of initially, the blind, the deaf, the mentally retarded and the orthopedics were enrolled in different special schools. Long-term and short-term teacher training courses were also conceptualized along with emphasis on awareness generation and dissemination of information, voluntary organization also group in pace.

The National Policy on Education, 1986; 1992, made recommendations on education mild disabled children on regular schools, special residential schools, in District Head Quarters (HQ), vocational training, teacher training and initiating voluntary effort which was corroborated further by ramamurty and Janardan Reddy Committee Reports leading to a Programme of Action (POA) 1992. The POA made plans for implementation in the area of Integrated Education of the disabled, support to families of disabled, development of educational packages, vocational schools, pre-service teacher training programmes, in service programmes early identification, use of technology in education of the handicapped, setting up VRCs, reorientation of the general education to take care of disability, Field publicity programmes, convergence of ECCE, ICDS with PIED programmes etc. The PIED Scheme is centrally sponsored scheme. Besides these programmes, community based rehabilitations and District Rehabilitation Centres (DRC) have been set-up for this purpose.
The United Nation Standard Rules 1994 operationalised and made mandatory recommendation to various States and Nations for protecting Rights of the Disabled in terms of equal educational opportunities for the disabled and the responsibility of the state for complete care of disabled children and population. The National Disability Bill, 1995, in India is a step in this direction in our country.

1.4. Affect of Mental Retardation on Human Life:

The effects of cognitive and intellectual disabilities vary considerably among people who have them, just as the range of abilities varies considerably among all people. Children may take longer to learn to speak, walk and take care of their personal needs, such as dressing or eating. People may take longer learning in school. As adults, many people will be able to lead independent lives in the community without paid supports. A small percentage will have serious, lifelong limitations in functioning. However, with early intervention, an appropriate education and supports as an adult, all can lead satisfying lives in the community.

1.5. Importance of Need and Support on Mentally Retarded Children:

Disabled persons need supports in every moment. Supports include the resources and individual strategies necessary to promote the development, education, interests, and well-being of a person. Supports enhance individual functioning. Supports can come family, friends and community or from a service system. Job coaching is an example of a support provided by a service system. Supports can also be provided by a parent, sibling, friend, teacher or any other person, such as a co-worker who provides a little extra support to someone on the job. Supports can be provided in many settings, and a “setting” or location by itself is not a support.

Every child with intellectual disabilities is able to learn, develop, and grow. With help, all children with intellectual disabilities can live a satisfying life.

1.6. Educational Implications for the Mentally Retarded Children:
A child with intellectual disabilities can do well in school but is likely to need individualized help. Fortunately, states are responsible for meeting the educational needs of children with disabilities.

For children up to age three, services are provided through an early intervention system. Staff work with the child’s family to develop what is known as an individualized Family Services Plan, or IFSP. The IFSP will describe the child’s unique needs. It also describes the services the child will receive to address those needs. The IFSP will know-how to help their young child with intellectual disabilities. Early intervention services may be provided on a sliding-fee basis, meaning that the costs to the family will depend upon their income. In some states, early intervention services may be at no cost to parents.

For eligible school-aged children (including preschoolers), special education and related services are made available through the school system. School staff will work with the child’s parents to develop an Individualized Education Program. The IEP is similar to an IFSP. It describes the child’s unique needs and related services are provided at no cost to parents.

Many children with intellectual disabilities need help with adaptive skills, which are skills needed to live, work, and play in the community. Teachers and parents can help a child work on these skills at both school and home. Some of these skills include:

- communicating with others;
- taking care of personal needs (dressing, bathing, going to the bathroom);
- health and safety;
- home living (helping to set the table, cleaning the house, or cooking dinner);
- social skills (manners, knowing the rules of conversation, getting along in a group, playing a game);
- reading, writing and basic math; and
- as they get older, skills that will help them in the workplace

Supports or changes in the classroom help most students with intellectual disabilities.
1.7. **Selection of the Topic and the Field:**

The selection of the topic is the first and prime step of any type of research. For selecting the topic the researcher should have vast knowledge and more interest about the subject. Here, for the study researcher has selected this topic on mentally retarded children. The main purpose of the present study for the selection of the field is to know better about the mentally retarded children of our society. The main vision of the study is to know about the mentally retarded children and their causes, problems, prevention of mental retardation of children, and their education and training and full participation to ensure equal right to live for differently able children.

After selecting the topic the researcher had selected four institutions of mentally retarded children of Guwahati city of Assam, which related to this topic for the study. Selection of the field is one of the important things of educational research study. So, the investigator must have clear idea and vast knowledge about the field from where data has been collected.

1.8. **Simple Description of Assam and Guwahati City:**

Assam, the land of hills and valleys, the land of the mighty river Brahmaputra, the land of Mother Goddess Kamakhya, lies in the northeastern corner of India. The name "Assam" is derived from the term "Asom" which, in Sanskrit, refers to unequal or unrivalled. This state is bordering Arunachal Pradesh in the east, West Bengal, Meghalaya, Bangladesh in the west, Arunachal Pradesh, Bhutan in the north and Nagaland, Manipur, Mizoram, Meghalaya, Tripura in the south. Assam produces a significant part of the total tea production of the World and more than half of India's petroleum production. Mighty Brahmaputra River passes through 800 kms from Sadia in the North East to Dhubri in the western extremity. The current state capital of Assam, Guwahati, known in ancient time as Praghyotishpura or The Eastern City of Light, was the capital of Kamrup which finds frequent mention in the Great Hindu Epic Mahabharata and other Sanskrit volumes and historical lores. Its major towns are Guwahati, Dhubri, Barpeta, Dibrugarh, Tinsukia, Jorhat, Nagaon, Sivasagar, Silchar, Tezpur.
The population of Assam is 26,655,528 according to the census of 2001. The total Disabled Population of Assam is 530300. Out of total Disabled population, Mental Disabled population is 47475 (8.95%). Among them, 19818 (41.74%) is female Mental Disabled in Assam. The majority of Mental Disabled population (4632) is in Nagaon District of Assam (Census 2001).

Total population of Assam as per 2011 population census is 31,169,272 of which male and female are 15,954,927 and 15,214,345 respectively. The literacy rate of Assam is 73.18%, where as male and female literacy are 78.81% and 67.27% respectively. The total literate of Assam is 19,507,017 of which male and female literates are 10,756,937 and 8,750,080 (Assam Population Census 2011).
Guwahati is the largest city of Assam. It is said to be the “Gateway” of the North East Region and the major commercial, educational, cultural and sports centre of the North Eastern region of India. The city is an important hub for transportation in the Northeast Region. It is home to world class institutions such as the Indian Institute of Technology. Dispur is the capital of the Indian state of Assam is located within the city and is the seat of the Government of Assam. The city is situated between the southern bank of Brahmaputra river and the foothills of the Shillong plateau, with LGB International Airport to the west, and the town of Narengi to the
east. Guwahati is one of the most rapidly growing cities in India. Guwahati city is governed by Municipal Corporation which comes under Guwahati Urban Agglomeration. The major religion followed is Hinduism.

The population of Guwahati city in 2011 is 963,429; of which male and female are 502,255 and 461,174 according to Guwahati City Census 2011. Total literates in Guwahati city are 798,726 of which 426,401 are males while 372,325 are females. Average literacy rate of Guwahati city is 91.11 percent of which male and female literacy was 92.89 and 89.16 percent (Population Census 2011).
Figure-2 Map of Guwahati City (the places of four institutions of mentally retarded children)
1.9. Description of the Field:

The description of the field of the present study consisted of four institutions of mentally retarded children of Guwahati city of Assam. The selected four institutions were:

- ASHA DEEP (Day rehabilitation centre for mentally challenged)
- MON VIKASH KENDRA (An institute for mentally retarded children)
- DESTINATION (A real home for children with special need)
- SHED (Society for health & educational development)

At first researcher had gone to four institutes one by one for collecting accurate data. First of all the researcher approached the principal/coordinator and explains about the purpose of the study. They easily allowed me to do the field work in their institutions. All the teachers of these institutions encouraged to do this study and cooperate with the investigator at the time of field work.

The investigator collected the list of mentally retarded children and other important information for the study which had already recorded from the institutions.

**Table- 1 shows the general information about four selected institutions of Guwahati city.**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of Institution</th>
<th>Year of establishment</th>
<th>Types of institution</th>
<th>No. of teacher</th>
<th>No. of student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ASHA DEEP</td>
<td>1996</td>
<td>Non-Govt.</td>
<td>14</td>
<td>150</td>
</tr>
</tbody>
</table>
A Brief history about the Institutions

ASHA DEEP (Day rehabilitation centre for the mentally challenged) is a Non Govt. institution for children with mental retardation was established in 1995 at Jotia, Kahilipara road of Guwahati city. It is registered under Societies Registration Act No. RS/KAM/240/C/385 of 1995-1997; under Foreign Contribution Regulation Act No. 020780056; and registered under National Trust No. 0306/MR-MD/2003 dated 11/3/2003.

The main vision of this institution is to achieve a life of better quality for persons with mental disorders and their families. Therefore, the main aims and objectives of this institution are:

- To impart the training in adaptive skills with the help of play way method.
- To provide academic readiness of mentally retarded children.
- To provide vocational training that will help the child to live a productive life in future.
- To inculcate personal and social readiness
- To advise and help parents through counseling and training and to foster mutual help between them.
- To develop public awareness and encourage to community participant.

The following services are provided at this centre for mentally retarded children:

![Table](image-url)
• Special education for children with mental retardation and associated disabilities, imparting living skills, social skills and pre-vocational training.
• Special care and training for children below 10 years with autism and developmental disorders in self help skills (SHS), behavioural skills, speech therapy and communication skills.
• Pre-vocational training, a major thrust area for all the groups.
• Vocational training, imparted through the following disciplines: block painting, pillow making, decorative candle work, jute work, computer data entry, seminar file cover making, masala grinding/ packaging, embroidery, wool/needle work, fabric painting, envelop making, work with waste reusable’s, among other activities.
• Apart from skill development, pre-vocational and vocational training, emphasis given to sports activities for all round development of the children.
• At the day rehabilitation centre, a sheltered workshop has been set up as a necessary follow-up to vocational training. This workshop has become the workplace of individuals recovered from mental illness, where they earn a livelihood by producing various goods and services, marked by the organization.

A view of Yogasana by the MRC
MON-VIKASH KENDRA is an institute for mentally retarded children, run by Guwahati Mental Welfare Society, Regd. No. 133 of 1978-79. It is a Non Govt. Institution for the children with mental retardation was established in 1980 located at Dakhinggaon Vikashpur, Kahilipara, Guwahati-19 Assam. It is situated at a very suitable place surrounded by green open field with huge compound. This school provides for mentally challenged children with facilities for special education, child guidance, parent counseling, physiotherapy, yoga therapy, speech therapy, shelter workshop, recreational activities, vocational training such as envelop making, masala grinding, candle making and also residential facilities for students. There have well equipped infrastructure with well decorated classroom and separate training hall.

The main vision of this institution is “Please help us to help the helpless.”

There fore, the main objectives of Mon-Vikash Kendra are:

- To promote positive mental health by educating public matters of mental health and mental hygiene.
- To promote prevention, control, treatment and relief of all psychiatric disabilities.
- To plan for charitable institute for educating and rehabilitation to meet the crying need of a section of our society.
- To uplift the mental and physical development of mentally retarded children.
- To self dependent of children with mental retardation.

DESTINATION is a non profit voluntary organization namely working for the benefit of persons with special need. It was established on 1st June 2005 at Bhagaduttapur, Kahilipara, Guwahati-19. It is registered under the Society Registration Act XXI of 1860 and under Section 12 aa of the Income Tax Act 1961.

The main vision of the society is to devote services for the protection of the rights and interests of the helpless, oppressed and needy masses and for their wellbeing.

The motto of Destination aims at providing an ultimate destination for the persons with special need where for the sake of human equality they may have enough opportunity to be
educated, an opportunity to get medical services, an opportunity to enjoy a family life, an 
opportunity to participate in the community activities and an opportunity to enjoy all the human 
rights.

The main aims & objectives of Destination are to create awareness amongst the general 
people, and to make them vocationally efficient & socialized.

Destination (A real home for children with special need) efficiently provides life long 
care to the needy special persons by giving them a home for life and Destination is the pioneer 
institution working for the welfare of the orphan children/persons with special need.

Under this significant programme each individual is assessed thoroughly by the special 
Destination team as mostly some children & persons need some sort of urgent training 
programmes such as self-help, vocational training, behavioral modification programme, medical 
and psychiatric intervention, academic evolution and music and dance etc with the object to 
provide training programme to develop independent living skill of mentally challenged children 
and persons. Besides, through and categorizes training programme Destination who extends 
regular physiotherapy, Speech therapy and regular medical supervision by neurologist and other 
specialist as well as and occasionally takes out for sight seeing, excursion to rejuvenate them for 
time to time. The inmates of Destination are provided behavioural therapy and psychiatric 
intervention whenever required. Finally, Destination is resoluted to help the mentally challenged 
children and persons.
SHED (Society for health & Educational Development) is a Non Govt. institution was established on 2008, at Bhetapara, Beltola of Guwahati-28. It is a day care cum residential centre for the persons with mental retardation & autistic. This institute provides special education and pre-vocational activities for mentally retarded children. It is residential institution.

The objective of this institution is to integrating special children in to society.

All the teachers of these selected institutions were highly qualified with special training. For the retarded children these institutions provide various services as day cares, respite cares, speech therapy, behavioural modification, early intervention, physiotherapy, and vocational training.

1.10. Significance of the Study:

Today’s child is the citizen of tomorrow of a country. He is a member of our society. Therefore, children are our strength, treasure and our hope. A mentally retarded child is also a member of our society. Mentally retarded children have a whole lifetime to learn and grow as other children. No doubt, they are our children. They have also feeling of love and hated, anger and a sense belonging like other children. Mentally retarded children have also fundamental
The Government of India has enacted three legislations for the person with disabilities -
(i) Person with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995; (ii) National Trust for Welfare of Person with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999 has provisions for legal guardianship of the four categories and creation of enabling environment for as much independent living as possible. (iii) Rehabilitation Council of India Act, 1992 deals with the development of manpower for providing rehabilitation services.

Mental retardation is the most common developmental disorder. Mentally retarded children at homes are lifelong pain for parents. It is a major problem for the parents of children with mental retardation. Some parents of mentally retarded children lose hope, even be frustrated and ashamed. At present situation mental retardation of children is increasing internationally and becoming a major study for us. Although mentally retarded children are increasingly widespread, they are still poorly understood by most of society. So study on children with mental retardation is a vital issue in the context of present society. There are various research studies related to disabilities of person in Assam and abroad but there are very few or none about the mental retardation of children in this region. Keeping in view, the problem arises in our society regarding mental retardation of children this study entitled “A critical study of mentally retarded children with special reference to four institutes of Guwahati city-Assam” is taken up.

1.11. Importance of the Study:
In Assam, the numbers of mental retarded children are increasing day to day. On the contrary to this problem it feels that people are not conscious for mental health of the children. Therefore, Research study in this respect is very limited. So, this research study is an attempt to draw a clear-cut picture of mentally retarded children with the help of four institutes of Guwahati city of Assam, where majority of children are mentally retarded.

Therefore, from the outcome of the study it is expected that:

- It will be helpful to raise the level of knowledge about mental retardation to minimize the causes of mental retardation of children.
- This work will be very helpful for uplifting the parent’s consciousness and psychological well being.
- It will be helpful to remove misunderstanding about mental retardation and mentally retarded children.
- It can help the social workers to take significant role for the awareness about Mentally retarded children and social impact.
- It will help to organize parents meet of the mentally retarded children who are newly identified for offering them opportunities of natural support.
- It will also help to create public awareness and awareness among parents, teachers, communities and NGO’s that are engage in the activities associated with the overall improvement of the problems of mentally retarded children.

Therefore, this research work will be expected an honest effort from the part of the researcher.

1.12. Operational definition of Terms:

Operational definition refers what the researcher must do to measure the variable. It has limited meaning. Followings are the operational terms of the present study:
**Mental Retardation**: Mental Retardation is a developmental disability that can appear from the very birth of a child. Therefore it is also incomplete or insufficient general development of mental capacities.

**Mentally Retarded Children**: Children who deviate from the normal children to the negative side of mental dimensions. They have also difficulty in changing their way of functioning appropriate to the various situations in daily life.

**Prenatal Period**: During Pregnancy period

**Natal & Neonatal Period**: During the delivery period and the period following delivery 28 days or one month.

**Post-natal Period**: Period of 4/5 years after birth.

**Child Health Care**: It refers to care of children from inception to birth and after birth till the age of five.

**Motor Development**: The growth of muscular coordination in a child. Motor development reflects a child’s ability to control and direct voluntary muscles movement.

**Self Help Skills**: It refers those basic skills that needed to take care of one’s own needs. Examples of self-help skills include brushing teeth, washing hands, dressing own self, buttoning/unbuttoning buttons, etc. These skills enable the child to meet his own needs and involve activities and behaviours that eventually lead to independence.

**1.12. Conclusion.**

Mentally retarded children are those who are unable to keep pace with the normal children. MRC have certain limitations in mental functioning and in skills such as communicating, taking care of him or herself and social skills, academic skills, etc. At the present situation mental
retardation is increasing internationally and becoming a major study for us. As many as 3 out of every 100 children in the country have mental retardation.