CHAPTER XIII
RESULTS, INFERRENCE AND CONCLUSION

This research was a non-experimental type of research with only one group of subjects. There were certain constraints as mentioned in earlier chapters owing to which randomization was not possible. As a result of these two factors the data obtained is simple and straightforward. Statistical analysis is done by using simple statistical methods. On the other hand, the method of research being a case-study method there is also the need for qualitative analysis of the data available in the case-histories. Thus quantitative as well as qualitative analysis have been done for drawing the results.

It must be reiterated that the sample design followed had been a Simple Random Sampling Design. The sample of thirty units was obtained from a general population of 44,792. This population is 31.28% i.e. almost one third of the total population of Wai Taluka which is 1,43,200. (Table 3).

The distances of the unit's village from Wai, the age of child and parents, the educational level of parents, their occupations, socio-economic level of the units, number of children living, ordinal position of child referred, the child's sex, type of family, size and ownership of house, the condition of the child, the pre-test performance levels of the child as well as the
parents, all show absence of any specific homogeneity. (Tables 2, 11, 14, 14, 15 and 16). Thus the sample is heterogenous and unbiased. Considering all these facts this sample can be understood to be a highly representative sample. Hence inferences drawn from this sample can be used for generalization to a great extent.

RESULTS

For presenting the results and discussing them they have been limited to the format in which the hypotheses have been placed. There are several other results which have not been included here owing to the following two reasons:

a) They do not have any direct bearing on the testing of hypotheses.

b) There is no relevant information available from other similar research works done in India with which these results can be compared and discussed. The reason is that no such research work has been yet undertaken in India (Shrinivas Murthy, 1985). Such results have been presented simply as other findings in the following chapter.

1) Hypothesis 1

The parents of all rural-based mentally retarded children accept training for managing and educating their children.

Tables 13A, 13B and 13 C indicate that,

1) The final rate of those who did not accept training is 10 units out of a sample of 30 units. Thus the drop-out rate is 33.33%. Thus 66.66% of the units accepted training.
This rate of drop-out, 33.33% is the highest ever which the investigator has ever come across. In all the literature on such research works carried out in other countries reviewed by the investigator, the minimum and maximum drop-out rates noted have been 9% and 26.32% reported by Clarke and Pugh respectively. (Clarke, 1983; Pugh, 1981). The mean of these two extreme rates comes to 17.66%. In comparison with this mean drop-out rate the drop-out rate reached in this study is unequivocally very high.

It is important to note that up to 20% had dropped out before the actual training had begun. Another 13.33% dropped out after one session of training was done. From what became known later, these latter parents had not tried carrying out any of the assignments. Thus it can be deduced that although they received the contents of training from the investigator they did not actually accept it. Thus all the 33% can be understood to have rejected training.

The fact that all the drop-out units rejected training also indicates that following were not the reasons:

a) Ineffectiveness of assignments selected and
b) Stress experienced by parents as a result of participating in this study.

While thus excluding possible factors within the methodology of the study, it becomes vital to establish the reasons behind the action of rejection.
It should be noted that these units have been considered as dropped-out because they did not communicate their decision to discontinue their participation. They were specially contacted at the end of the study to record the reasons behind their action. It was established only thereafter that the units had rejected the training. Hence in this discussion they are referred to as those who rejected training. The process of arriving at a decision regarding the reasons for rejection was a long one.

When contacted the parents of three units came up with clear reasons viz. poverty (1 unit) and unforeseen family commitments (2 units). The remaining seven units however gave reasons which were not convincing. As the resource persons indicated, some units even gave untrue reasons. The matter of unclear reasons was discussed with the respective resource persons and other parents in the study so as to make use of their understanding about rural psychology. These discussions pointed out the following reasons as possible ones:

1) The parents' apathy towards changing their living conditions or daily routine.
2) The parents' inability to appreciate the child's needs.
3) Social politics of rural community.
4) The parents' perception that their participation in the study is the need of only the investigator and not their own.
The investigator considered all the four reasons to be valid but did not accept all of them. The rationale behind rejecting one and accepting the others is explained further.

Apathy towards change as shown by rural population has been recorded by several authors as indicated in chapter IV. Hence that reason was accepted. After careful study of the personalities of concerned parents by means of discussion with the resource persons and other participating parents from respective villages it was established that four units had apathy towards change as possible reasons behind rejecting training.

Parents with even no education when supported by perceptive members from the primary group develop the ability to appreciate what the disability in their child implies to. This is evident from the case-history of unit PPB. Unfortunately those who have neither education nor the necessary support fail to develop this ability. In such cases if the child does not have any physical or major organic cause to make it appear atypical, the parents fail to appreciate the needs of the child. (Allen, 1984). Hence that reason was accepted.

In case of two units this exactly was the reason behind their rejecting training.

In one case-history it was observed that the unit had been tried to be dissuaded from participating in the study by a certain group in the village. That group, as
communicated by the resource person and the unit itself, did not have anything against the study but were hurt to see that the resource person was getting importance. Incidentally one unit in whose case the investigator could not identify any other reason for rejecting training also happened to live in the same village. On collecting further information it became evident that the particular unit had been dissuaded by the same. Hence even that reason was accepted.

The last reason suggested by the resource persons and participating parents was not quite convincing. The investigator had often repeated and clarified to all sample units that their participation as well as rejection yielded useful information which would be collected for the purpose of the study. The investigator observes that the rural folk are naive but not stupid so as to misunderstand the communication in such a clarification. Hence that reason was rejected.

Thus the five reasons stated in Table 13C were accepted as valid reasons because of which the units rejected the training.

On closely studying these reasons it becomes apparent that the two reasons viz. poverty and unforeseen family commitments are not pertinent to only the rural population. These reasons have been reported to have caused similar rejection even in urban (western) population. Even the reason viz. parents' inability to appreciate child's needs is reported to be there amongst
parents from those aforesaid studies.

The remaining two reasons viz. Apathy towards change and social-politics deterring work with disabled child appear to be typically rural. Together these two reasons have caused the rejection by half of those who rejected training. If these two reasons had been absent the rate of drop-out would have been 16.67% which less than the is mean drop-out rate of 17.66% noted earlier. In that case considering a margin equivalent to the mean drop-out rate as normal, the hypothesis 1 could be considered as partially accepted.

In the present circumstances owing to these two reasons pertinent to rural population the hypothesis 1 cannot be accepted even partially. Hence it is rejected.

II) Hypothesis 2

The parents of rural-based mentally retarded children accept training only because their child is dependent upon them in all respects.

The case-histories of the units which accepted training denote the following as the reasons for doing so:

1) Complete dependency of the child and parents inability to cope. - 2 units.
2) Fair knowledge regarding existence of problem in the child and desire to ameliorate it. - 8 units.
3) Some idea regarding the problem in the child but poor desire to do anything about it. Required convincing from resource person. - 7 units.

4) No idea regarding problem in the child. Required insistence from resource person - 1 unit

5) Fair knowledge regarding child's diagnosis and also the very poor prognosis, yet willing to make efforts. - 2 units.

Actually, as the case histories indicate in seven units the child was completely dependent. In six other units the child would eventually become totally dependent if no training was provided. Yet only 2 i.e. 10% of the units gave the reason of child's overwhelming dependency.

It will be wrong to infer that the other units had poor perception of the problem. In rural families, particularly in the joint families, there are two important reasons due to which the child's dependency does not become overwhelming. As mentioned in chapter IV these reasons are:

1) The rationale of mental retardation being inevitable owing to Destiny is widely accepted. This acceptance and internalization of this rationale eliminates the pressures otherwise caused by the feelings explained in chapter III. It is incorrect to believe that the feelings are completely eliminated because the reactions which are explained in the same chapter are evident amongst the rural parents. These reactions are caused by the feelings. But in rural parents who internalize the rationale of Destiny, neither the feelings nor the reactions are too strong. Therefore the parents
move quickly to the Phase of Equilibrium mentioned in
the process of parents' adjustment to their mentally
retarded child.

2) In a joint family there are several others who share
the responsibility of providing at least physical
safety. Even in case of nuclear families in rural
areas neighbours do provide physical safety if the
child is observed to be outdoors.

The two units which participated owing to overwhelming
dependency came from nuclear families. In one unit the
child's problems were beyond what even the neighbours
could provide. In the other the care-takers' own poor
health caused inability to cope.

The lack of feeling of overwhelming dependency, parents'
quick movement to the Phase of Equilibrium and their
eventual fixation at that phase are all weaknesses which
intimidate the process of parents' adjustment to their
mentally retarded child. They hold the parents from
moving on to the following phase viz. Phase of
Reorganization. In this last phase the parents make more
effective efforts to help their mentally retarded child
develop. Thus the fact that parents do not feel it
compelling to do something to either help the child's
development or their own development or that of both, is
a major shortcoming which is evidently more noticeable
in the villages.

In the light of the available result hypothesis 2 cannot
be accepted and hence is rejected.
III) Hypothesis 3

Such parents follow the programme of carrying out management assignments closely with regard to the frequency and method of implementing them. They also contribute to the method of implementing and achieve set goals.

According to the operational definition accepted, following the programme closely means implementing assignments with such frequency and by such method that a mean score of score than 50% of the possible maximum score is obtained.

Table 17 indicates that,

1) The mean score obtained by the sample for frequency of implementing management assignments is 54.41% of the possible maximum score.

2) The mean score obtained by the sample for the method of implementing management assignments is 52.86% of the possible maximum score.

3) The mean score obtained by the sample for making suggestions in regards to the method of implementing management assignments is 1.38% of the possible maximum score.

4) The mean score obtained by the sample for achieving set goals for management assignments is 50.13% of the possible maximum score.

5) The mean of the total score obtained by the sample for carrying out management assignments in general is 39.02% of the possible maximum score.
These results establish that the programme has been followed closely in terms of frequency and method of implementing management assignments and achieving the set goals.

The results also establish that the programme has NOT been followed closely in relation to giving suggestions in regards to the method of implementing management assignments and in carrying out the management assignments in general.

In the light of this result hypothesis 3 is only partially accepted.

IV) Hypothesis 4

Such parents follow the programme of carrying out educational assignments closely with regard to the frequency and method of implementing them. They also contribute to the method of implementing and achieve set goals.

According to the operational definition accepted, following the programme closely means implementing assignments with such frequency and by such method that a mean score of more than 50% of the possible maximum score is obtained.

Table 18 indicates that,

1) The mean score obtained by the sample for frequency of implementing educational assignments is 39.54% of the possible maximum score.
2) The mean score obtained by the sample for the method of implementing educational assignments is 39.24% of the possible maximum score.

3) The mean score obtained by the sample for making suggestions in regards to the method of implementing educational assignments is 1.71% of the possible maximum score.

4) The mean score obtained by the sample for achieving set goals for educational assignments is 29.70% of the possible maximum score.

5) The mean of the total score obtained by the sample for carrying out educational assignments in general is 27.56% of the possible maximum score.

These results establish that the programme has NOT been followed closely in any respect of carrying out educational assignments.

In the light of this result the hypothesis 4 is rejected outright.

V) Hypothesis 5

The parents continue the training only if the child responds positively to the assignments. For drawing the result for testing this hypothesis it is necessary to peruse the data from several tables and all the case-histories including their follow-up sheets. (these follow-up sheets have not been included in this write up). When studying this issue a broad meaning of the terms 'responds positively' has been followed. Here the terms 'responds positively' does not only mean that the child shows improvement, but it also means that the child participates in the assignment whether or not there is an improvement.
Table 13A and 13C indicate that units which have entirely discontinued have all done so before they ever implemented any assignment even if given one. Hence it is deduced that there was no incidence of total rejection of training with child's negative response to the assignment as the reason behind the rejection.

Tables 14, 14*, and 15 show that intervention has had significant effect on the performance of the children. This indicates that there was an improvement i.e. the children responded positively.

Tables 17 and 18 indicate that parents have generally made some attempts to keep continuing implementing the assignments although, as the mean scores for achieving set goals show, the proportion of goals achieved is not entirely satisfactory.

The case histories and follow-up sheets reveal that there has not been an adequate opportunity in the study to observe whether the parents discontinued implementing the assignment after getting a poor response from the child. This was so because either,

1) the parents had begun enthusiastically and achieved the goals at least partially. Thus they had no experience of getting a negative response from the child, or,

2) the assignment had not been implemented. If was very common to come across a situation where the parents had not implemented the assignment owing to one or a combination of following reasons;

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1) the parents had begun enthusiastically and achieved the goals at least partially. Thus they had no experience of getting a negative response from the child, or,

2) the assignment had not been implemented. If was very common to come across a situation where the parents had not implemented the assignment owing to one or a combination of following reasons;
1. Care-taker being away for attending some relatives who is ailing.
2. Child not well.
3. Child and mother away on a visit to the mother's parents.
4. Equipment broken.
5. Equipment not ready.
6. Forgetfulness.
7. Guests at home.
8. House under repairs.
9. Illness of other relative living in the household.
10. Marriage preparations in the household.
11. Mother's illness.
12. Seasonal agricultural chores.
13. Social engagements in the family.
15. Teaching aid misplaced.

To sum up, although there are indications that the parents did not discontinue any assignment only because the child responded negatively there is no evidence which establishes that the parents continued with the assignments only because the child responded positively.

In the absence of any definite result hypothesis 5 is neither accepted or rejected.

VI) Hypothesis 6

Such parents tend to work only in that area which they felt was inadequate in their child at the time of referral.
Tables 14,14* and 15 indicate that,

1) The t-ratio of change i.e. difference between pre-test and post-test total scores on Part I of Adaptive Behaviour Scale is 3.66.

2) The t-ratio of change i.e. difference between pre-test and post-test scores on individual items of Part I of Adaptive Behaviour Scale are as follows:

- Independent Functioning: 4.70
- Physical Development: 3.04
- Language Development: 2.69
- Self-direction: 1.93
- Socialization: 2.76
- Number and Time: 2.02
- Domestic Activity: 1.59
- Economic Activity: 1.71
- Responsibility: 1.42

3) The t-ratio of change i.e. difference between pre-test and post-test total scores on Part II of Adaptive Behaviour Scale is 2.97.

4) The t-ratio of change i.e. difference between pre-test and post-test scores on individual items of Part II of Adaptive Behavior Scale are as follows:

- Use of Medication: 0
- Violent Behavior: 1.15
- Withdrawal Behavior: 3.04
- Stereotyped Behavior: 1.00
- Eccentric Habits: 2.18
- Psychological Disturbance: 0.80
- Anti-social Behavior: 2.24
- Rebellious Behavior: 0.79
- Hyperactive Tendencies: 0.21
- Self-abusive Behavior: 0
In the statistics of this data n = 19 because the unit PPB was assessed with the help of another Tool. As n=19 the degree of freedom is 18. The critical values of t at 18 degrees of freedom are 1.734, 2.552 and 3.610 at 0.05, 0.01, and 0.001 levels of significance respectively.

As the sample was not large i.e. over 30 and not small i.e. under 10 it was decided to compare the obtained t-ratios at 0.01 level of significance. Thus the change observed in the total scores of Part I and Part II Adaptive Behavior Scale is established to be significant.

The change in scores on following individual items of Part I and Part II of Adaptive Behavior Scale are also established to be significant:

a) Independent Functioning
b) Physical Development
c) Language Development
d) Socialization
e) Withdrawal Behavior

The change in scores on following items of Part I and Part II of Adaptive Behavior Scale was NOT established to be significant:

a) Self-direction
b) Number and Time
c) Domestic Activity
d) Economic Activity
e) Responsibility
It will be observed from the case-histories that those areas of child's skills about which the care-takers have generally brought the child to the investigator are:

1) Physical development (movement skills).
2) Speech and Language development (including comprehension of spoken language).
3) Cognitive skills (including Number skills, general functional academics, comprehension of written language).
4) Independent functioning (self-help skills).
5) Psycho-social development (integration with peers, correction of strange behaviours etc.).

Significant changes in scores can be observed to have occurred in all the related areas except one viz. Number skills. The explanation for this can be the fact that Number skill is surely a complex cognitive task and its teaching requires the teacher to have some specific aptitude in carrying out Educational assignments. As seen in the discussion for hypothesis 4, the parents in the sample have fallen short in carrying out Educational assignments in general.
Thus except for the item Number and Time, the tendency indicated shows that in the sample as a whole the parents have worked only in that area which they felt was inadequate in their child at the time of referral.

Even in case of sample-unit PPB (Table 14 *) who had been assessed on Tool 2, the P.I.P. Developmental Charts, it is observed that significant change had occurred in one of the two areas of express concern. Here the significance is inferred from the fact that the child progresses by the same or more number of months in the concerned area than the number of months during which the work was done. In PPB it is observed that speech and language development as well as comprehension of spoken language were areas of concern. During the work of seven and a half months, PPB had progressed by nine months each in items viz., spoken language, language usage and understanding of instructions.

Considering all these aspects of available information hypothesis 6 is fully accepted.

VII) Hypothesis 7

Parents' behaviour in relation to their mentally retarded child changes as the programme continues.

Table 16 indicates that,

1) The t-ratio of change i.e., difference between pre-test and post-test total scores on Parent Behavior Progression is 8.57.
2) The t-ratio of change i.e. difference between pre-test and post-test scores on individual Levels of Parent Behavior Progression are as follows:

<table>
<thead>
<tr>
<th>Level</th>
<th>t-ratio</th>
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<tbody>
<tr>
<td>Level I</td>
<td>5.01</td>
</tr>
<tr>
<td>Level II</td>
<td>6.96</td>
</tr>
<tr>
<td>Level III</td>
<td>7.37</td>
</tr>
<tr>
<td>Level IV</td>
<td>7.19</td>
</tr>
<tr>
<td>Level V</td>
<td>6.84</td>
</tr>
<tr>
<td>Level VI</td>
<td>6.67</td>
</tr>
</tbody>
</table>

In the statistics of this data n = 20. Therefore the degree of freedom is 19. The critical values of t at 19 degrees of freedom are 1.729, 2.539 and 3.579 at 0.05, 0.01 and 0.001 levels of significance respectively.

As the sample was not large i.e. over 30 and not small i.e. under 10 it was decided to compare the obtained t-ratios at 0.01 level of significance.

Thus the change observed in the total score of Parent Behavior Progression and its individual levels is established to be significant. It is also observed that in the pre-test scores the mean of Level II scores was maximum. Whereas as the case-histories and Table 16 indicate, in the post-test scores the parents show maximum change in levels above the Level II and mainly in Level IV, V and VI.

In the light of this result hypothesis 7 is fully accepted.

Out of the seven hypotheses, some have got accepted, some partially accepted, some rejected and one without any
clear interpretation. The summary of results regarding the hypotheses are as follows:

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>rejected</td>
</tr>
<tr>
<td>II</td>
<td>rejected</td>
</tr>
<tr>
<td>III</td>
<td>partially accepted</td>
</tr>
<tr>
<td>IV</td>
<td>rejected</td>
</tr>
<tr>
<td>V</td>
<td>No result</td>
</tr>
<tr>
<td>VI</td>
<td>accepted</td>
</tr>
<tr>
<td>VII</td>
<td>accepted</td>
</tr>
</tbody>
</table>

As the nature of results is mixed, the argument on which these hypotheses are based cannot be either accepted or rejected completely. Thus it is necessary to apply these results in sections and thus interpret the whole argument.

The argument underlying the hypotheses states that,

"(In the absence of the provision of any regular specialized service),... the rural-based mentally retarded child CAN BE provided with an opportunity to develop and improve his abilities, by transferring skills and information about the techniques of management and education of such a child to its parents."

This argument can be divided into three sections:

1) That there is no specialized service, other than the programme provided through this study, which the concerned rural-based mentally retarded child received.

2) That a viable, plausible and relevant method of providing a service to the concerned mentally retarded children exists in the model of service where parents are trained to manage and educate their mentally retarded (the parent-as-teacher-model)."
5) That the said service model has potentials of being effective in bringing about the desired changes in regards to the management and education of the concerned mentally retarded children.

Examining Section 1

The criteria for establishing the rural status of the population are those explained in chapter III i.e. population density, occupation and main source of income.

Twenty-two out of thirty units (73.33%) came from outside the known city-limits of Wai where the population density is 201 per square kilometers. (Wai Panchayat Samiti, 1986). In comparison to the population density of 6850.28 per square kilometers within the city limits, this density of 201, per square kilometers is significantly low.

Out of the remaining eight out of thirty units (26.67%) parents in three units had their jobs in organizations working in the sector of agriculture. Three more units had agriculture as the main source of income.

Thus only two units (6.67%) were such who could not be considered as rural in any respects.

In all three children were on anti-epileptic medication but for this they did not require to consult the consultants regularly. One child was on medication for
hypothyroidism but the unit did not have to seek regular consultation.

Four children, including one on anti-epileptic medication, were earlier assessed by the investigator himself and had been offered some programme. At the time of registration however none of them had been carrying out any of the programmes suggested earlier by the investigator.

Therefore it is established that in this study the work was done with rural-based mentally retarded children who were receiving no other specialized service immediately before or during the study.

As a salutary action the investigator prefers to examine the section three of the argument before doing the same with section two.

Examining Section 3

Hypothesis 5, 6 and 7 essentially are the ones to be used for examining section three of the argument. Hypotheses 3 and 4 too have a bearing on this section.

Out of these five hypotheses two viz, hypotheses 6 and 7 have been fully accepted. One more hypothesis viz. hypothesis 3 has been partially accepted. Hypothesis 4 has been rejected and hypothesis 5 has not been tested adequately.
The acceptance of hypotheses 6 and 7 demonstrates that significant desired change has occurred in the child and also the parents. The significant change in the child has taken place in areas about which the parents were generally most concerned. The change in parents which is highly significant, has occurred at all the levels of parents' behaviour in relation with the child.

The partial acceptance of hypothesis 3 and rejection of hypothesis 4 together demonstrate that while parents' efforts in carrying out management assignments are relatively effective those in carrying out educational assignments are not effective.

As hypothesis 5 is not adequately tested it is excluded from the present examination.

Therefore it is established that according to this study, the service model in which parents are trained to manage and educate their mentally retarded child (the parent-as-teacher model) does have the potentials of being effective in bringing about changes in the child and parents from the area of work while the potentials for bringing about change in regards to the management of the concerned rural-based mentally retarded child are high those for bringing about change in regards to the education are not adequately high when working in rural area.
Examining Section 2

Hypotheses 1 and 2 essentially are the ones to be used for examining section two of the argument. Hypotheses 3 and 4 have a bearing on this section also.

Out of the four hypotheses one hypothesis viz. hypothesis 3 is partially accepted and the other three hypotheses viz hypotheses 1, 2 and 4 are rejected.

The rejection of hypotheses 1 and 2 demonstrate that,

1) Fewer than expected rural-based parents are likely to favour the model of ‘parents-as-teacher’ and

2) The parents who possibly favour the model initially do not have a strong reason like the overwhelming dependency of child to instigate and sustain their motivation to work as teacher.

The partial acceptance of hypothesis 3 and rejection of hypothesis 4 together demonstrate that parents' efforts in carrying out management assignments are effective and those in carrying out educational assignments are not effective.

The data collected indicates no correlation existing between the performance in carrying out assignments and age, sex, ordinal position and condition of the child or age, education and occupation of the parents or income, type of family, size of family and ownership of the house of the units.
Hence it is evident that the shortcomings which lead to the rejection of hypotheses 1 and 2 are the one elaborated in the text where the two hypotheses were examined. Out of those reasons the ones which are more potent in rural society are:
1) Apathy towards change.
2) Social-political activities which deter even work with disabled children, and
3) Acceptance of the rationale of Destiny.

Besides the above reasons some of the reasons mentioned while examining hypothesis 5 too are very potent as an impediment.

Out of the sixteen reasons listed there all except one i.e. seasonal agricultural chores are likely to be frequent reasons for not carrying out the assignments in any type of society. In rural society however one encounters some of these much more. For illustration, the reasons of mutilation of teaching aid or equipment is very frequently noticed because more often than not other able bodied children, generally deprived of stimulating toys and gadgets, utilize the accoutrements. However local and ingeniously made, all these accouterments are a novelty to rural-based children who are far less exposed to such means for learning.
Illnesses are frequent and attending a sick relative even if from a distant village is an essential social activity. Usually the ill person is shifted to the Taluka place or District place for better medical facilities and when the word spreads the other relatives are expected to simply gather around the sick person.

Similarly social engagements like marriage or village fair and religious festivals have very great importance. These often take away a great deal of time but as the primary groups are small and members relate closely it is obligatory for them to participate in these activities.

Together all these reasons influence the behaviour of rural-based parents. This leads to circumstances because of which hypotheses 1, 2 and 4 are rejected and hypothesis 3 is partially accepted.

Therefore it is established that, according to this study, in the service model in which parents are trained (the parent-as-teacher model) there does not exist a truly viable and plausible method which the rural parents will find relevant.

**Inference**

The results clearly fail to ratify the argument underlying the hypotheses tested in this study.
In the case of rural-based mentally retarded children, the service-model of parent-as-teacher falls short in establishing itself as the unequivocally credible model of service. The results point out that the model falls short in establishing its credibility not owing to any short-coming within its logistics. The modality when adopted even if with less intensity and to a lesser degree has been able to bring about significant change in the child and the parents. Thus its effectiveness is beyond questioning.

Yet there are other limitations outside this modality and within the community where the modality has been practised, which prove to be obstructive. These limitations e.g., vocational and socio-cultural priorities, obstruct the direction and pace of parents' work in implementing the modality. The emotional get-up of the rural parents leaves them with poorer capacity to realize that management and education of their mentally retarded child should be done with proper consideration to the child's maximum potentials and not with consideration only to the idea of coping better with the child. If and once these parents feel they are coping better with their mentally retarded child, they appear to give more relevance to their social duties and thus side-track their parental duties towards the child. In this context the parents appear to find the modality totally irrelevant.
There are very strong community-based factors acting as constraints on the rural parents' urge to do something for their mentally retarded child. Hence although fair in terms of the quality the extent to which these parents materialize this urge, when effective means are provided, is not meaningful.

Thus training parents for managing and educating their mentally retarded child is effective in a limited way but is not the one which is relevant in the eye of the parents as observed in Wai taluka.

CONCLUSION
The intervention engineered in this study has ascertained that training parents to manage and educate their mentally retarded child is not efficacious with the population of Wai taluka.

The social and cultural factors prevalent in the rural community here completely mar the possibility of making this method of providing a meaningful service to the concerned mentally retarded children.

Owing to certain degree of education and exposure to the benefits of medical science the parents do realize the need for making some efforts for ameliorating the condition. Paucity of workers to work in rural areas prompts service planners to adopt a model of service
wherein the available qualified worker functions as a resource person for getting work done from local grass-root level workers. Parents are viewed in such a situation to be the most obvious grass-root workers. This study demonstrates to the contrary that rural based parents are not yet ready to pick up such a role of teachers.

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