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When working as the co-ordinator of the Sarvang Shishu Vikas Clinic of B.M.Institute, Ahmedabad I had observed that nearly half of the children referred (47% to be exact) came from the rural regions of Gujarat. They came from distant districts like Banaskantha, Junagadh and Balsad. The Clinic engaged itself in the work of early detection and intervention of infants at risk of becoming handicapped. Several models of intervention were being followed for providing programmes of therapeutic and educational intervention to such children. Parents-as-teachers was one of the models followed especially for children from very far distance. Teaching materials forwarded by various related projects from United States of America e.g. The John Tracey Clinic, Portage Project and Head Start Project were suitably adapted to chalk out programmes for intervention using this model.

It was a common experience of the team-members that one had to spend more time for explaining the work to rural parents than to urban or semi-urban parents. There was never any scope for searching the reasons behind such a happening owing to the most obvious reason of work-load.

However, this observation instigated me to turn my fuller attention towards rural children with mental retardation. Initially I did some work while myself living in the city. It soon became apparent that for understanding the rural sociology and its functioning in the context of mentally retarded person I must move out of the city and
live in rural community myself. This I could do because of this study.

In a way one experiences a 'culture shock' when moving from urban to rural community much the same as when doing the reverse of it. The strong motivation behind doing a doctoral research was the main force which helped me sustain the initial shock. During the course of the study other difficulties in acculturation were ironed out. Thus this study gave me the opportunity of learning not only the mechanics of doing a research but also the method of adapting to different life-styles.

My wife Jyoti and sons Aniruddha and Aniket also obviously joined me to live in the rural area. It was indeed an arduous task for them too to adjust in the community with a very different way of life. Moreover owing to the unconveniences to the work, people and way of life, I had been ill-humoured, preoccupied and intolerant on several occasions. Yet they all responded with understanding. I am most grateful to them for their understanding, patience, encouragement and cooperation during this study.

I must express my feeling of indebtedness towards my guide Dr. K.G.Dosal. At the time of making the application for registering myself for doctoral degree I had proposed some four or five topics on which I wished to do the
research. According to me those topics were quite 'scholarly'. During discussion for selecting one of those topics for final submission, Dr. Desai learnt about my aspiration to do something for the mentally retarded children from rural areas. Out went all those 'scholarly' topics and he insisted that I must pick up a topic relevant to my aspiration. The experience during work and especially the results of the study indicate how worthwhile it was to pick up a topic which helps service planning rather than being only another volume of bounded knowledge. This astuteness in his guiding helped me learn a great deal during the study and will certainly be of help in future.

There are several individuals and families which were of immense assistance in the study. Thanking them all individually at this place is not possible. I have conveyed the feelings to them personally over and over again. Yet Prof. Panditrao Tapare, his wife Ushatai and sons Avinash and Umesh deserve a special reference. It will not be an exaggeration to state that this study could be conceptualized and executed only because of them. Their contribution has been in various forms ranging from founding the Wai Akshar Institute where this study was conducted, right upto checking the manuscripts of this thesis.
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Ashutosh Pandit.