CHAPTER VI

THE MENTALLY RETARDED

Mental retardation is a complex phenomenon that has a number of different manifestations and a number of different causes. Throughout time, individuals with mental retardation have been major targets of social prejudice and discrimination in almost all the societies. Forced segregation, state sanctioned abuse and dehumanization, status degradation and public mortification, involuntary sterilization, denial of fundamental rights and even euthanasia occupy prominent roles in the history of mental retardation. No one can deny that people identified as mentally disabled have endured many harms at the hands of the non disabled majority. The mentally retarded people have been viewed variously as ‘less than human’, ‘a burden upon society’, ‘a menace to society’, ‘sick/ medically ill’, ‘object of pity’, and ‘eternal children/ holy innocents’ throughout the long course of history. Some of these perceptions have lead to direct persecution of mentally retarded individuals; others have led to what might be charitably
called ‘benign neglect. Even though some of these enforced social roles have resulted in better treatment for mentally retarded individuals than others, none of them has allowed for the possibility that mentally retarded individuals are, in their own way, capable of learning, achieving and becoming productive member of society. Hence, a lot needs to be done in order to induce positive attitude among the people towards this ever segregated and sometimes forgotten section of the society. What is more urgently needed for the mentally retarded people is access to proper rehabilitation programmes which would give them the opportunities to discover in themselves the abilities that otherwise remain overshadowed by their disabilities. This would help them to make a statement and urge the people to take notice and acknowledge their integral as well as legitimate position in the society. In order to achieve that, quite a good number of institutions and organizations are required to cater to the needs of the mentally retarded people. The present scenario in this area is nothing but grim. Like in rest of India, there are not many institutions in Assam either, to serve the ever increasing number of mentally retarded population in the state.

As for as the study area is concerned, there are very few institutions in Guwahati which are providing various rehabilitation services to the persons with mental retardation. These institutions are namely, Ashadeep, Sishu Sarothi, Mano Vikash Kendra and Destination. Among these Ashadeep and
Sishu Sarothi have the sufficient intake capacity as well as adequate infrastructure to properly induce some skills among the mentally retarded persons, in order to make them live life with certain degree of self reliance. As for as Mano Vikash Kendra is concerned, it has only 10 residential seats available, whereas Destination is just having a modest beginning. Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati, was formed in the year 1996 to create opportunities for the rehabilitation of persons disabled by mental retardation in the region. It provides day care and living, social and vocational skills training to the children as well as to the adults with mental retardation. The institution follows a curriculum which has 5 distinct training programmes, these are as follows-

(i) Self help skills
(ii) Social skills
(iii) Communication skills
(iv) Pre-vocational skills
(v) Vocational skills

The vocational skills which are provided to the mentally retarded persons in Ashadeep are listed below-

(i) Bamboo work
(ii) Block printing
(iii) Candle making
(iv) Carpet and doormat making
(v) Dress making
(vi) Envelop making
(vii) Flower making
(viii) File and folder making
(ix) Greeting card making
(x) Incense stick making
(xi) Jute work
(xii) Paper bag making
(xiii) Pillow and cushion making
(xiv) Stitching and embroidery
(xv) Tie and dye
(xvi) Weaving

Along with these programmes the institution also provides various therapies to its students depending on the degree of their mental retardation. These therapies have proved to be very effective for the mentally retarded persons in bringing about improvements in various aspects of their lives. The therapies that are administered to the mentally retarded students are as follows:
With regard to conventional education, it basically depends on the I.Q. (Intelligence Quotient) level of the individual. Based on that the institution categorizes the students and put them in various groups such as borderline (I.Q. 70-85), mild (I.Q. 50-70), moderate (I.Q. 35-50), severe (I.Q. 20-35), profound (I.Q. below 20) and the autistic group. Those students who are included in the borderline, mild and moderate categories are taught to read and write. It is important to mention that those in the borderline and mild group can at best handle conventional education up to the 5th standard level, whereas those in the moderate group can be expected to comprehend academics up to the 2nd standard level. The students of the severe, profound and autistic groups are not made to read and write as they are unable to follow instructions which are relatively more complicated and therefore, they are put through training in other skills. The authority of Ashadeep have been implementing a system known as I.E.P. (Individualized Education Programme) which allows them to determine the nature of training that would be most effective as well as beneficial for
a particular student. Here, the students are made to go through some sort of intelligence test, and based on how each one of them has faired in that particular test, the students even if they belong to the same I.Q. level group may have different sets of training programmes.

Since its inception in 1996, Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati, has registered a total enrollment of 132 students. The following table 6.1 below shows the number of male and female students admitted in this institution from 1996 to 2009.

Table 6.1: Number of male and female students of Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati: 1996-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>%</th>
<th>Female</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>6</td>
<td>60</td>
<td>4</td>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td>1997</td>
<td>15</td>
<td>57.69</td>
<td>11</td>
<td>42.31</td>
<td>26</td>
</tr>
<tr>
<td>1998</td>
<td>22</td>
<td>55</td>
<td>18</td>
<td>45</td>
<td>40</td>
</tr>
<tr>
<td>1999</td>
<td>20</td>
<td>51.28</td>
<td>19</td>
<td>48.72</td>
<td>39</td>
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<tr>
<td>2000</td>
<td>18</td>
<td>51.43</td>
<td>17</td>
<td>48.57</td>
<td>35</td>
</tr>
<tr>
<td>2001</td>
<td>20</td>
<td>45.45</td>
<td>24</td>
<td>54.55</td>
<td>44</td>
</tr>
<tr>
<td>2002</td>
<td>27</td>
<td>51.92</td>
<td>25</td>
<td>48.08</td>
<td>52</td>
</tr>
<tr>
<td>2003</td>
<td>23</td>
<td>51.11</td>
<td>22</td>
<td>48.89</td>
<td>45</td>
</tr>
<tr>
<td>2004</td>
<td>22</td>
<td>52.38</td>
<td>20</td>
<td>47.62</td>
<td>42</td>
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<tr>
<td>2005</td>
<td>24</td>
<td>51.06</td>
<td>23</td>
<td>48.94</td>
<td>47</td>
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<tr>
<td>2006</td>
<td>30</td>
<td>53.57</td>
<td>26</td>
<td>46.43</td>
<td>56</td>
</tr>
<tr>
<td>2007</td>
<td>31</td>
<td>55.36</td>
<td>25</td>
<td>44.64</td>
<td>56</td>
</tr>
<tr>
<td>2008</td>
<td>31</td>
<td>52.54</td>
<td>28</td>
<td>47.46</td>
<td>59</td>
</tr>
<tr>
<td>2009</td>
<td>32</td>
<td>53.33</td>
<td>28</td>
<td>46.67</td>
<td>60</td>
</tr>
</tbody>
</table>
It can be observed from the above table that since 1996, the number of male students is more than that of the female students. The only exception being 2001, where the number of female students exceeded the number of their male counterparts with a percentage of 54.55 and 45.45 respectively.

As far as staff strength is concerned, Ashadeep has a dedicated team of 19 members which includes special educator, speech-therapist, physiotherapist, social worker, instructors and other non-teaching staff. Out of these 19 members, 16 are full-time employees whereas 3 are appointed as part timers. Apart from that, there are 2 unpaid volunteers who work in this institution with utmost enthusiasm. In addition to the regular staff, there are visits made by psychiatrist and general medical practitioner from time to time to look after the mental as well as general health of the students.

Apart from Ashadeep, the other institution which is doing a pioneering work in the field of mental retardation is Sishu Sarothi. This institution was established in Guwahati in the year 1987. It is a non-governmental organization basically providing rehabilitation to the children suffering from cerebral palsy and associated multiple disabilities. Cerebral palsy is caused by damage to the developing brain in the pre-natal, natal and post-natal stages. This primarily affects voluntary physical movements.
and in many cases have an associated impact on mental and intellectual development, speech, hearing and vision. It could be further complicated by epileptic convulsions. Cerebral palsy is not a disease and therefore, can not be cured. However, early intervention with appropriate training and therapy is crucial to stem deterioration and improve abilities. Hence, Sishu Sarothi is providing the much needed rehabilitation programmes for the children with such physical and mental conditions. At present there are 90 students in this institution and 12 teachers including 2 physiotherapists.

There are six distinct rehabilitation and training programmes in this school and these are Outdoor Service Department, Special Teaching Unit, Functional Academic, Academic and Functional. The following table 6.2 shows the distribution of students in these various programmes.

**Table 6.2: Distribution of students in various rehabilitation programmes of Sishu Sarothi**

<table>
<thead>
<tr>
<th>Age group (in year)</th>
<th>Outdoor service department</th>
<th>%</th>
<th>Play group</th>
<th>%</th>
<th>Specia lteaching unit</th>
<th>%</th>
<th>Functional academic</th>
<th>%</th>
<th>Academic</th>
<th>%</th>
<th>Functional</th>
<th>%</th>
<th>Total</th>
<th>%</th>
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<tr>
<td>3-5</td>
<td>3</td>
<td>37.5</td>
<td>13</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>16</td>
<td>17.78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-8</td>
<td>2</td>
<td>25</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>35.7</td>
<td>1</td>
<td>6</td>
<td>30</td>
<td>-</td>
<td>3</td>
<td>16</td>
<td>17.78</td>
<td></td>
</tr>
<tr>
<td>9-11</td>
<td>3</td>
<td>37.5</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>14.2</td>
<td>9</td>
<td>5</td>
<td>25</td>
<td>-</td>
<td>5</td>
<td>20</td>
<td>15</td>
<td>16.67</td>
</tr>
<tr>
<td>12-14</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>28.5</td>
<td>7</td>
<td>6</td>
<td>30</td>
<td>4</td>
<td>40</td>
<td>7</td>
<td>28</td>
<td>21</td>
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<tr>
<td>15-17</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>14.2</td>
<td>9</td>
<td>3</td>
<td>15</td>
<td>5</td>
<td>50</td>
<td>4</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>18-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>7.14</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>10</td>
<td>6</td>
<td>24</td>
<td>8</td>
<td>8.88</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>100</td>
<td>13</td>
<td>100</td>
<td>14</td>
<td>100</td>
<td>20</td>
<td>10</td>
<td>10</td>
<td>100</td>
<td>25</td>
<td>100</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>
The composition and functions of each of these six programmes towards the development of the mentally retarded children of this institution are discussed below:

(i) Outdoor Service Department

The children with mental retardation are first admitted to the outdoor service department. The specialists then examine the degree of mental as well as physical impairment level of the child and along with that parents are taught about some basic physical exercises for their child, which are necessary for better physical development. From this department the children are transferred to the play group section.

(ii) Play Group

In this section the children in the age group of 3 to 5 years are admitted. Here they learn to interact with other children of their age through games and other playful activities.

(iii) Special Teaching Unit

In this section the children with severe mental and physical retardation are admitted. They suffer from problems associated with motor skills, indicating mal development of the central nervous system. Therefore these children need constant supervision throughout their lives. The main
The objective of this special teaching unit is to make the children follow instructions and cooperate with the teachers in school and parents as well as other family members at home.

(iv) Functional Academic

In this class the children from the age of 6 years are admitted. Here they are taught to read the names of different body parts, vehicles, colours and write their own names, home address, telephone numbers etc. Besides these, they are taught to handle money and to recognize currency notes and coins of various denominations. These children though are able to read and write many things, but they cannot appear for any academic examination as they lack the minimum writing speed. The primary aim of this class is to make these children self dependent in their life ahead.

(v) Academic

The children with moderate type of mental retardation are admitted in this class. They are taught academic lessons, and appear in examination from the National Open School at Chandmari in Guwahati. The children have the choice to select any two subjects for a year. Over the years there have been many students from Sishu Sarothi who have appeared in the examination conducted by the National Open School in various subjects like science, mathematics, English, social science etc.
(vi) Functional

In this class the children are given vocational training in various trades. These include making of various articles like candles, greeting cards, file covers, garland, wall hanging, artificial flowers etc. The products made by the children of this institution are sold in the market and the income generated from it is deposited in bank in the names of the children who were involved in producing these merchandise.

The following case studies throw light on some of the relevant points regarding the functioning of Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati, and Sishu Sarothi, as well as on issues related to mental disability.

Mrs. Anjana Goswami, aged 40 years, is a permanent resident of Guwahati. She has been running the Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati as the director of the institution since its establishment in 1996. Mrs. Goswami lamented the fact that there is so much of ignorance about mental retardation among the people and even the educated section of the society is no exception. Along with ignorance, it is the misconceptions which are responsible for lack of positive attitude towards persons with mental retardation. She said that institutions like the Ashadeep are very few in Guwahati as well as in whole
of Assam, but irrespective of what ever may be their number, these institutions are playing a crucial role not only in the field of rehabilitation of the mentally retarded, but also towards creating an awareness in the society of the need of accepting the mentally retarded people as fellow human beings who need a little more help and support as compared to the so called normal people. Regarding the functioning of the institution, Mrs. Goswami informed that smooth running of the institution depends on the availability of funds and in that matter Ashadeep has been fortunate enough to receive adequate financial assistance from government as well as non-government agencies. The major funding agencies for Ashadeep are Ministry of Social Justice and Empowerment, Government of India, Department of Social Welfare of Assam, Central Social Welfare Board, Government of India, Give Foundation, Sir Ratan Tata Trust, North East Network, Shamdashani, Hong Kong and SAVE, UK. Ashadeep also generates its own income by producing articles like fancy as well as normal candles, cushion covers, wall hangings etc. All these articles are made by the students with some help from the instructors. The authority of the institution generally distributes around 50 per cent of the income among the students who have worked on the project. Mrs. Goswami pointed out that with better marketing strategies the income could go even higher and this will not only help strengthening the financial position of the institution but also create opportunities for the students to earn some money. This will do
their confidence a world of good and also remind people that a mentally retarded person too can be a economically productive member of the society.

Mr. Apurba Das, aged 28 years, is a resident of Guwahati and he works as a special educator of Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati. According to him this institution is doing a tremendous work in the field of rehabilitation of the mentally disabled persons. Generally the institution charges a monthly fee of rupees 400 from each student, but this amount is not mandatory for everyone. Those parents who find it difficult to pay this amount may apply for concession and based on their economic condition, the authority may charge a fee ranging between rupees 200 to 100 per month. In case of students belonging to very poor families, they are exempted from paying the monthly fee. Mr. Das stated that the most frustrating thing the institution encounters on a regular basis is the casual approach of the parents towards sending their wards to the center on a regular basis. It has become a very common tendency on the part of the families to send their mentally retarded children to the center for a month or so and then suddenly they are nowhere to be found. In most of the cases the parents do send their children again to attend regular classes but the most unfortunate issue is that the trend continues to remain the same. Mr. Das pointed out
that, it is not very easy for the families who are economically weaker to bring their wards to the center everyday as they can not afford the daily transportation expenses. In order to tackle this problem, Ashadeep procured an eight seated van to bring the students from their homes to the center and back. The van was purchased with the money donated by an organization called SAVE from the United Kingdom. The funds required for purchasing the fuel and for the maintenance of the vehicle are provided by another non-governmental organization called Give Foundation. Mr. Das reiterated that this institution would continue to overcome hurdles on its way in order to serve these immensely under privileged section of the society.

Mrs. Mira Kakati, aged 46 years, is the principal of Sishu Sarothi and she is a permanent resident of Shilpukhuri, Guwahati. Mrs. Kakati was appointed as principal of this school in 1997 and since then she has been serving the institution with great efficiency. She said that the major hurdle in providing the disabled children with better services is posed by scarcity of funds. Though the institution receives financial assistance from various government and non-governmental organizations, but it is not sufficient to meet all the expenses and to move forward with bigger and better plans. The school requires more rooms but due to lack of funds the ongoing construction work has not been smooth. On the issue of mentally disabled children, Mrs. Kakati said that these children are sometimes found to be
fully aware of their limitations or deficiencies. Such awareness makes them develop a feeling of inferiority complex within them and therefore at time they become boastful and try to conceal their intellectual deficiencies by doing things which demand a greater degree of intelligence. So, when they try to do such things, they fall victim to danger. The same tendency makes them take recourse to lying and destroying things around them which result in creating troubles not only for themselves but also for people around them. A section of these children become delinquents or mal-adjusted and their activities are guided not by rational thinking but by emotional upsurge. In such cases any threat or punishment brings about undesirable or disastrous consequences. These children always remain blind as to their own faults and try to take revenge on persons threatening to punish them. Such vindictive children sometime can be danger to others but along with that there is always the possibility of such children falling in the hands of bad elements in the society, who would try to take advantage of their deficiency and exploit them for selfish gains. Therefore, Mrs. Kakati urged the parents to understand the psychology of these children and to be conscious enough to guard them against all sort of possible exploitations.

Each and every child grows up within a system and in no time they incorporate in themselves the elements which fit them in to the framework of the society. And the process begins from their home with the help of
their parents. So to know the special children from a wider perspective, it is important to know the views of the parents as the children are influenced much by them. In this study it was observed that birth of a disabled child sends shock waves among the family members, specially the parents and more so if the child is mentally disabled. In many cases, the mothers refuse to even look at the baby but after sometime motherly instincts do take over. After the initial shock and disbelief the parents accept the child thinking that it was in their destiny to have a retarded child. The issue of having a mentally retarded child at home does not end here. It has been found that the anxiety of bringing up a mentally retarded child looms large on the faces of the parents. A mother confessed that she had wished her retarded child to be dead than to watch him struggle all his life. It seems to be a common belief that mentally retarded children are the results of sin committed by the parents and there is no way to prevent it unless the almighty wishes to do so, and this concept is somewhat a general consensus irrespective of economic as well as educational status of the parents. Among many parents and specially some of those who are economically weaker, do not seem to have much faith in the rehabilitation programmes. There are good number of mentally retarded children who have never got an opportunity to go to a special school, and there are still others who happened to get admission but could not continue after a couple of months and in some cases couple of days, as the parents do not feel it important
enough for their mentally retarded children to attend regular sessions. Some of them think that it is waste of precious time and resources as these children are not likely to make any headway in future. There are many parents who feel so ashamed of their mentally retarded children that they do not allow them to come out of the house or interact with guests; and some of them at times even try to deny their existence. It is a fact that most of the parents have some sort of negative attitude towards their mentally retarded children but it is also very true that these parents seldom show their not so positive attitude regarding the issues which are innately connected to the presence of a mentally disabled child at home. Along with the ones with a negative mindset, there are parents who are ready to go the extra mile to provide their less fortunate children a life which is endowed with opportunities and respect. A part from the parents and family members, the society plays a decisive role in serving out the norms as to how the mentally disabled would be perceived by the people and what to expect from them. It is a very disturbing fact that most of the people in Guwahati are totally ignorant of the phenomenon of mental retardation. They have a number of misconceptions about it and as such many equate mental disability with mental illness, there are others who consider the persons with mental retardation as insane people. It was found that the public attitude towards the mentally retarded people is far from being
positive as many raised the question about the utility of the life of a mentally retarded person.

Irrespective of the attitude of the people towards the mentally retarded persons, it is a harsh but undeniable fact that a mentally deficient person has nowhere been found to live a very bright life. But at the same time they may be trained up in petty businesses and doing simpler jobs. Therefore, rehabilitation programmes are must in order to integrate them with the mainstream society. It is also needed to be understood that no developmental plans would yield results without the involvement of the parents. Parents of mentally disabled children need to be at the forefront of any rehabilitation programmes. They should try as much as possible to train up their children to make them achieve complete independence in daily living skills during their early years of life. This would ultimately lead these children to live a physically and emotionally secured and stable adult life. The parents can also help by making an effort to understand their problems and encouraging them in their activities. Strengthening and stimulating their efforts also help in enhancing their abilities properly.

Conspicuously deplorable condition of the mentally retarded children is due to the fact that they are either over-protected or neglected, whereas they should be properly understood and given opportunities. It is necessary that counseling and guidance programmes are must at family level and such
guidance at an early stage definitely help the parents in bringing up their mentally retarded children properly. But such an attempt at later stages when the behaviour pattern is already set would prove to be absolutely non-productive and useless.

The following case studies would help to understand the attitudes of the parents and others towards the mentally retarded children.

□ Mr. Prabhat Barman, aged 42 years, is a permanent resident of Gandhi Basti locality of Guwahati. Mr. Barman is a well to do businessman and has a family consisting of his wife, two daughters and a son. His eldest daughter, Pallavi Barman, who is 15 years of age has mental retardation and has been a student of Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati, since she was 4 year old. Mr. Barman said that on first notice Pallavi looks like a normal child but on interaction it could be observed that her mental age does not correspond to her chronological age, as her behaviour is more like of a primary school student than a 15 year old teenager. Mr. Barman also informed that, when Pallavi first started coming to Ashadeep, she could not do anything and had some problems with her speech. But after spending so many years in this institution, she is now quite capable of taking care of herself without any supervision from others and she is also able to read and
write with ease. Along with these, Pallavi has been able to overcome her speech difficulties by attending regular speech therapy sessions in the institution. Pallavi’s father informed that, he could realize some problems in his daughter when she was around 2 year old, but also confessed that he could not give proper attention to her as by that time his wife had given birth to their second daughter. Mr. Barman expressed his satisfaction regarding the progress made by Pallavi till date. He said that initially it was very tough on him to come to terms with the reality and thinking about what the future holds for his daughter. He used to spend sleepless nights pondering over the right medical treatment which would cure the deficiencies and make her normal like any other ordinary child. But as of new he is no longer worried about Pallavi as she is able to lead an almost normal life. Mr. Barman admitted that he has deposited a substantial amount of money in bank under certain schemes in Pallavi’s name, and hope that it would make her financially independent as well.

Mrs. Anima Das, aged 36 years, is a permanent resident of Shilpukhuri area of Guwahati. Mrs. Das is the mother of Biplab Das, who is a 12 year old child and a student of Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati. He has a moderate form of mental retardation and due to which he suffers from learning disabilities and has epilepsy as well. According to Mrs. Das her
son is unable to take care of himself in respect of daily duties like eating, washing, dressing and bladder and bowel control and as such he requires supervision all the time. She also informed that Biplab generally finds it difficult to memorize things and along with that he also encounters some difficulties while trying to convert his feeling into words. It was known while interacting with Mrs. Das that both she and her husband are government employees and there is generally no one in the house to look after their son when they are in office. Therefore, both the parents are very relieved to have an institution like Ashadeep which not only take care of their child but also put some sincere efforts to make him less dependent on others. Biplab’s mother expressed her gratitude towards the institution and said that, it is because of Ashadeep that working parents like them are able to attend their offices without the anxiety of leaving a mentally retarded child unattended. When asked about the future plans regarding their son, she became very emotional and said that, like any parents they too had dreams of seeing their child achieve success and reaching new heights in life, but as of now it is clear that Biplab has limited abilities and therefore, it would be wiser not to expect too much and just try and enhance whatever capabilities he has so that he is able to lead a somewhat independent life.

Mr. Biswajit Kalita is a 36 year old man who drives an auto rickshaw for a living. He has a family consisting of his wife and a 6 year old
mentally retarded daughter. Mr. Kalita said that when he first came to know about his daughter’s condition he was very sad and his wife cried a lot. But after getting over the initial shock, he and his wife had stopped all discussions on the matter and got on with life. He admitted that very often he thinks about his daughter and watching her struggle in every step, makes him even more worried. Frequent enquires from the people specially relatives do not help the matter either. Some relatives even suggested that he should send his daughter to a boarding school meant for disabled children like her, but the suggestion did not go down well with Mr. Kalita’s wife who immediately disapproved the idea. Just last year on the advice of a neighbour they decided to get their daughter admitted to Sishu Sarothi. Now their daughter regularly attends school and she seems to have settled down well with her classmates and enjoys their company. But when she is at home, her mood is very different and generally withdraws into a corner and remains very quite. Having observed such contrasting behaviour, Mr. Kalita asked his wife to take their daughter out to play with the children of the neighbourhood. Though it proved to be effective for the child but the parents of other children did not approve the idea of letting their sons and daughters to play with a mentally retarded child. They feared that this child may causes harm to their children as she does not have enough intelligence to understand what is right and what is not. As confessed by Mr. Kalita, both he and his wife sometimes become so frustrated that they wish their
daughter would not have been born. Such thought regularly cross their minds and they can not help thinking that they must have committed some sin for which the almighty has given them a retarded child. According to Mr. Kalita, his wife has become so down in the dumps that now she is rarely found in a cheerful mood and at the same time holds herself responsible for giving birth to a mentally disabled child. The anxiety which she has gone through has made such a scar on her mind that whenever there is a discussion on having another child, she just says that, there is no mental strength left in her to go through the same agony if that child too happens to be mentally retarded.

Mrs. Sumitra Dey, aged 29 years, is a resident of Rehabari area of Guwahati. She has a family consisting of her husband one son and a daughter. Her husband works as a salesman in a garment shop and whatever he earns is barely enough for the family. As informed by Mrs. Dey, her 7 year old son is mentally retarded and he is enrolled in Ashadeep Day Care and Rehabilitation Centre for Persons with Mental Disabilities, Guwahati. When he first started coming to Ashadeep, his father had no objection but after a couple of weeks, the money required to pay for the daily conveyance of the child became quite a burden on him. He began to find flaw in everything which was concerned with the school and the rehabilitation programmes. According to Mrs. Dey, one day her husband
suggested that they should stop sending their son to Ashadeep as it would yield nothing and it is just waste of his hard earned money. Moreover, her husband also pointed out that since she has to accompany the child to the school and back, their daughter who is just 4 year old has to be left at a neighbour’s place and which he does not approve. Therefore, to avoid any tension between them, Mrs. Dey agreed to her husband and stopped sending their son to school. But after a week or so, the social worker of the school came to their house and persuaded her husband to allow the child to attend school and also promised to talk to the principal regarding the transportation facility, which is provided free of cost to the needful students of the school. Mrs. Dey commented that had it not been for the efforts of the school authority her son would have remained deprived from the rehabilitation services provided by the institution.

In the endeavour of providing services to the disabled individuals, the state and community’s attitudes play an important role. As far as the government is concerned, the priority accorded to the welfare of the disabled can not be considered as very high. Among all forms of disabilities the area of mental retardation has been able to acquire considerable attention but at the same time it is unfortunate that the government agencies responsible for the planning of welfare services for the mentally retarded population seem to be least concerned. One of the
indicators of this is the fact that in the whole of India, there are only 28 institutions for the mentally retarded being supported or run by the state and/or the Central Government. The attitude of the people towards the mentally retarded has also been one characterized at one end by pity, tolerance and superstition, while at the other it has been characterized by apathy and ignorance. Even the educated people fail to differentiate between the mentally disabled and the mentally ill. Lacunae exist as far as people’s awareness and knowledge about the causation, characteristics and potentialities of the mentally retarded individuals are concerned. The attitude of the people and their awareness of a problem is of utmost importance in any area where action is called for and this is all the more so when it is concerned with disability. It is a well established fact that people’s attitude as well as awareness is at the very core of the formation of voluntary groups and voluntary action that usually get generated for the purpose of working for the welfare of a particular type of disabled individuals.