INTRODUCTION
CHAPTER -I
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Wealth of a nation is its human resource. The prevalence of mental retardation is estimated to be 3 percent in general population, which means that in a population of 3000, one finds about 100 cases of mentally retarded individuals. Of these five are likely to be severely retarded, 20 moderately and 75 mildly retarded (Khaprade, 1987).

Studies conducted in the field of mental retardation have revealed that about 2 percent of the population in India are mentally retarded (Reddy, 1988). There are many organisations in the private sector and the government sector in India engaged in the care and training of the mentally retarded individuals. Over 90% of these institutions are in the private sector. According to O’Toole (1991), 75% of the disabled live in developing countries.

As a child grows in age, his physical and mental developments also occur. He starts performing activities which he was unable to do earlier eg. questioning issues leads to increase in his demands to become more sociable. When such a behaviour, proportionate to his chronological age is not observed, the child can be examined by a doctor or psychologist. With the help of psychological measures and different criteria, a child’s intelligence can be measured and identified, i.e, whether he is mentally retarded, and if so at what level.
The first few years of a child's life plays a significant role in the all-round development of his personality. His physical, social and intellectual capacities require to be discovered, nurtured and developed in order to enable him to lead a useful, productive and a normal life. Any damage caused at this stage is irrepairable. The subnormal development of the mind could reflect on one's maturational process, learning disability or lead to psychological and social problems.

The mentally retarded individuals are fundamentally the same as normal persons, but operating at a lower level of intelligence. The problems caused by mental retardation are age old. This handicap, apart from learning disability, mainly leads to psychological problems such as aggressiveness, temper, negativism, dislike for school, poor parent-child relationship, unhealthy home atmosphere, sibling rivalry and personality problems which further leads to abnormal behaviour (Estes, 1953; and Sethna, 1978).

Goldfarb (1945) and Spitz's (1945) studies revealed that factors such as maternal deprivation, and abnormal mothering affect mental retardation. Jain (1967) examined the social problems related to the presence of a mentally retarded child and concluded that parents worried about the future of such a child in the family.

Rastogi (1981) interviewed 85 parents and reported that the parents had a favourable attitude, which was
accompanied by feelings of guilt, pessimism, hostility and aggression.

Presence of a mentally retarded child in the family leads to a less satisfactory mental life, less social support, marital disharmony and negative attitude among the family members (Friedrich and Friedrich, 1981; Ishtiaq and Kamal, 1981).

Lower socio-economic conditions such as poverty, bad nutrition, insanitary surroundings, poor parental guidance show a higher percentage of mental defectives and the nature and degree of retardation (Wortis, 1958; Kagan and Moss 1959; Amesur, 1962; Misra, Kalra and Dayal, 1976).

Factors such as rural-urban settings and heredity and environment also affect the physical and mental development of a person (Shephard, 1942; Jones, 1954; Mundy, 1957; Sarason and Gladwin, 1959; Saha, 1982).

Focus of research is therefore centred around the development of services and the habilitation of these individuals with community support. Public awareness is impeded by ignorance, superstitions and misconceptions. Mental retardation is a handicap which needs to be handled with effective guidance and counselling of the mentally retarded child's parents regarding their attitude towards, management and bringing up of such a child. Parents often feel frustrated, have guilt feelings and go through emotional disturbances. Mentally retarded child becomes a target of ridicule which causes resentment, agony and shame among family
members (Bergreen, 1971). The parents tend to become social isolates and cut down on socializing, their reactions waxing from grief, rejection, indifference to overprotection. The child thus gets neglected (Ishtiaq and Kamal, 1981). Parents deny owning and feel the stress in the management of such a child and are perturbed by the negative attitude of the society (Sandler and Robinson, 1981). This forces parents to seek the help of magical cures and remedies (Chaturvedi and Malhotra, 1982).

Any mental handicap is stigmatizing. This stigmatization can be removed if the attitude of the society towards the mentally retarded becomes favourable. Only then can the society take initiatives of organizing community based programmes for training, education and welfare of the mentally retarded individuals.

With the National Policy of Education (1986), in the recent years, a lot of emphasis has been given in India for the education of the mentally handicapped. The mentally handicapped individuals are provided with equal educational opportunities as others, with the aim of developing in them the self-confidence, courage and integrating them into the mainstream of community as equal partners. Presently, most of the mentally retarded children undergo some kind of training or education suiting their ability and needs, instead of sitting at home or being admitted in special schools.
They are provided with special educational facilities in ordinary schools, which was not available a decade ago.

There are various helping strategies to promote education and rehabilitation among the mentally handicapped, such as, special education, integrated education, and community based rehabilitation programmes which include home-based early intervention programme such as portage, rural-based District Rehabilitation Centre Scheme, vocational training and self-help groups.

The community based programmes directly involve parents as partners in training and educating their mentally retarded wards with the help of professionals, para-professionals and non-professionals in their homes or in the centres. Mentally retarded adults after their schooling can be placed in jobs or trained vocationally.

Special curriculum planning is very essential for educating the mentally handicapped individuals, according to their individual needs which involves specially trained teachers. They need different instructional approach.

It is estimated that in India, there are 286 special schools and centres which offer the services of special education, vocational and skill training to mentally handicapped persons. There are nearly 3,200 professionals of whom one-third are special educators and the remaining are psychologists, medical
specialists, speech pathologists and audiologists, social workers, physiotherapists, occupational therapists and other categories of staff. One-third of the staff members working in these organizations had not received any formal training in mental retardation (Menon, 1987).

Special education as a process has the responsibility of helping the mentally retarded person to improve his level of functioning in each area of human ability and help him to cope up with daily chores of life.

Due to the rising number of mentally handicapped individuals in most parts of the country, attempts are being made to integrate them in ordinary schools. As a matter of educational policy, the mentally retarded children are to be integrated into ordinary schools.

Integration helps the mentally handicapped individuals to improve social and interpersonal skills to the same degree as the normal children. There is an interaction between the mentally handicapped and their non-handicapped peers. In the process, the mentally handicapped gain socially and academically.

Integration transfers the best elements of special education from special to ordinary school so that both are enhanced and the children benefit socially and academically (Mittler, 1986).

Studies by Allen, Benning and Drummond (1972); UNESCO Report (1979); Mittler (1984-85); Guralnick and
Groom (1988); and Jangira (1989-90) have reported the success and benefits of integrated system of education.

Community plays a very important role in the training and education of the retarded individuals who belong to the categories of educable and trainable mentally retarded. For the success of a programme, community participation is very essential. Mentally retarded individuals belonging to any age can benefit through community based intervention and rehabilitation (Gottlieb and Siperstein, 1976; Lubin, Schwartz, Zigman and Janicki, 1982; Miles, 1985; Mittler, 1986; and Persha, 1989b). Community based programmes are frequently adopted to suit the needs of the urban and rural mentally retarded individuals. Such community based programmes are cost-effective with maximum output.

As developmental period is the most essential period of one’s life, it is necessary that, as soon as a child is identified as mentally retarded, the parents seek the help of professionals to assist the child’s development.

Early intervention programmes are more readily adopted for pre-schoolers. Studies have revealed that such a programme encourages effective parent involvement as partners in the education and management of their children with special needs in their homes. This intervention can also be offered through hospitals, clinics, child guidance clinics and institutions for the mentally handicapped. At village level, it can be offered by village health workers or
Anganwadis i.e., grass root level workers of Integrated Child Development Services Scheme started in India at the National level in 1975.


Portage service is one such home based intervention for the pre-schoolers, from which the pre-school mentally retarded children gained developmentally (Cataldo, 1977; Baig, 1979; Kohli and Dutta, 1982; Ross, 1984; Kohli and Saggar, 1985; Kohli and Azad, 1986 and Kohli, 1989b).

District Rehabilitation Centre (DRC) Scheme is a rural-based programme for the disabled living in rural areas. More than 80 percent of the population still live in rural areas in India, and considering the magnitude of their problem, the Government of India launched a Pilot Programme in 1985 in collaboration with the National Institute of Disability & Rehabilitation Research in the United States for providing a package of model, comprehensive rehabilitation services to people with disabilities in the rural areas. The scheme provides all the inputs
required to maximize the disabled person's potential capability so that he too can live as equal partner in the society with dignity (Dhar, 1990).

Vocational training can be imparted to the trainable mentally retarded as well as to those retarded individuals who cannot be educated above a particular grade. According to Faulkner (1979), vocational training involves integration of a wide range of skills and tasks in developing the individual's work potential.

Gold and Scott (1971), and Whelan (1973) emphasized the importance of educational environment for the developmentally handicapped.

Woodward (1974), and Marlett (1976) have reported from their studies the need of vocational rehabilitation for the developmentally handicapped and the necessity of employing industrial materials in training the vocational skills.

Intervention through self-group programme, cares and provides training and education to all levels of mentally handicapped persons, according to their individual rehabilitation plans. Services are delivered to urban and rural population. Parents involve directly in the training and education of their mentally handicapped children.

National Policy on Mental Handicap (1987) reported that the self-help group movement is an expression of the potentials for helping each other among families
with a mentally handicapped individual. This movement allows for services to develop within homes and in small communities without excessive amounts of professional inputs.

Studies by Banerjee (1986), Palmer (1987), Halperin (1987), Rao (1987; 1988a, 1988b and 1990) reported that self-help group has become an increasingly important vehicle for providing educational and mental health services for the population and is highly cost effective.

India, a developing country with meagre resources, massive population and geographic immensity, is faced with an estimated population of 18 million mentally retarded, who require services in various areas. There is a need for cost-effective delivery system to reach this population. Besides the financial crunch, the lack of trained personnel and professionals compounds the problem. The self-help group intervention requires little infrastructure to conduct a suitable programme and appears to be within the reach of the community. Also, the professional help is sought to the minimal. The self-help groups programme can easily find a suitable place within the locality, convenient to all.

There appears to be little or no specific area of research to compare community based programmes in India on the basis of cost. Self-help group intervention holds the hope of reaching out to the millions of urban and rural, silently suffering mentally retarded and their parents in India. This has enthused the
in the present study.

Though the concept and effectiveness of on going self-help groups have been well researched abroad, to the best knowledge of the investigator, no study on self-help groups for the mentally retarded has been carried out for a doctoral thesis in India.

The exact statement of the problem is as follows:

STATEMENT OF THE PROBLEM

The problem under study reads as follows:

"Psycho-Social Problems of Mental Retardates and the role of Self-Help Groups".

OBJECTIVES

The main objectives of the present study would be to:

1. Survey the psycho-social problems of mentally retarded individuals.
2. Measure the knowledge, orientation and attitudes of parents of mentally retarded children, towards mental retardation and its management.
3. Study the differentials in knowledge, orientation and attitudes of parents of mentally retarded children and its management between various groups such as institutionalized and noninstitutionalised, mild and moderate.
4. Ascertain the effectiveness of self-help groups in improvement of social skills and adaptive behaviour in mentally retarded individuals and the favourable changes in attitudes it would bring about in their parents.