CHAPTER 4

CONCLUSIONS AND SUGGESTIONS

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Looking after a mentally retarded child poses practical, emotional, financial and social problems for the family. This adversely affects the well being of the family and brings about great stress. Therefore, the attitude of the family can have numerous implications on the mentally retarded child's training and rehabilitation.

The present study was designed with the aim to assess the attitude of the family towards the retarded child, in relation to the family member's status of relationship with the child and the educational, economic status of the parents. The parent's perceptions and reactions were analysed with respect to their educational status. Moreover, the parent's expectations regarding the child's training and rehabilitation was investigated in relation to the child's degree of retardation and parent's economical status.

In order to fulfill these aims, 57 families who has retarded children studying in three special schools at Kolhapur were taken as subjects for this study. The data was collected directly from the primary and secondary source of information through interviews and observations. The data obtained was analysed using descriptive, tabular and graphical representation, percentages and '$\chi 2$' test of significance.

4.1 CONCLUSIONS

The important findings of the present study are as follows :

1] Out of 59 mentally retarded children, nearly 50 percent had other illnesses like history of epilepsy, hearing impairment, cataract, defective speech or a combination of these illnesses. Most of the parents of such children thought that once the child is treated for these illnesses, the child would get cured completely. Thus, the parents were unable to recognise that their child is primarily mentally retarded and hence, resorted to many modes of treatment.

2] The attitude of the fathers towards the child was mostly of acceptance while the mothers predominantly showed an attitude of worry or disgustment. This is because the mothers have to constantly experience the hardships of rearing this problematic child whereas the fathers are not the primary caretakers. However, none of the parents were embarrassed to acknowledge that they had a retarded child.

3] Majority of the siblings have accepted the child as a part of the family. In comparison to the brothers, the attitude of acceptance was more and the level of disgustment was less amongst the sisters. This implies that the sisters are more considerate and affectionate towards the retarded sibling. In a traditional society, girls are usually "conditioned" to share the household responsibility with mothers. Hence, sisters become the immediate substitute for the care of the mentally retarded sibling whereas the brothers are busy with their own circle of activities.

4] The attitude towards the mentally retarded child became more healthy and positive with increasing educational status of the family members.

5] It was found precisely that education has not played a major role in moulding parent's perception and views regarding causative factor, recovery of the child and child's marriage. On the contrary, the parent's views and perceptions were ruled by the set norms, practices and certain prejudices due to the pressures prevailing in the society. The set norms and practices regarding the causative factors of mental retardation , recovery of the child from retardation and the retarded child's marriage were that the child's condition is the 'punishment from God ', the child will be cured through faith healing and the child should get married respectively.

Kolhapur being a semi-urbanised city, the thinking processes of the society are still monopolised with traditional and rigid views. Hence, the parent's perceptions are influenced by the society and their level of awareness about their child's retardation is irrespective of their educational status. This finding is consistent with the hypothesis made by the researcher.

6] The presence of the mentally retarded child affected the daily life of the family members in some way or the other. Majority of the fathers felt that the peace in the family was disturbed and mothers felt that their household routine was disrupted. Mothers also expressed that their social activities were restricted while the sibling's concentration in work (studies) was affected.

Some of the mothers became so involved in the care of the mentally retarded child that the needs and interactions with other family members were neglected. The interactional process between the parents and other normal children was affected due to which parents felt guilty. Interestingly, the elder siblings have understood the dilemma of their parents and have got adjusted to the situation.

7] The attitude of the families who have a female mentally retarded child was negative since they had to face a lot of additional burden. Some of major problems encountered by the parents were the child's menstrual cycle, further financial security and rehabilitation. Hence, the hypothesis made By the researcher regarding the relationship between family's attitude and the gender of the retarded child has come true.

8] The parent's expectations from the training and the child's rehabilitation is not reasonable when correlated with the child's level of retardation. For instance, parents of severely mentally retarded aspired that the child should do business to be independent.

9] Parent's involvement in training was not satisfactory due to the (a) lack of awareness about the problem (b) lack of communication between parents and teachers and (c) parent's high expectations.

10] Majority of the parents have made provisions for the child's financial security. However, parents from the lower income group expected the government to provide for the child's maintenance due to their inability to save.

4.2 IMPORTANCE OF SOCIAL WORK

These findings have significant implications for service providers. They indicate the importance of social support systems and better facilities for the families for the healthy management of the mentally retarded children. Social work is increasingly stressing its role in the prevention of social maladjustment. Retrospectively, this indicates that if help had been available to the family when attitudes were being formed , the current problems might not have developed.

In India, medical and social work literature on mental retardation reflects even today the shunning attitude of the public. Social workers can draw public attention to the problems of mentally retarded and their families, in a realistic fashion and mobilise the needed resources.

4.3 SUGGESTIONS AND SOCIAL WORK APPROACHES

The following suggestions and social work approaches will be helpful to the professionals working in the field of mental retardation, parents of the mentally retarded and the social scientists.

4.3.1 Impart Information

Professionals should not differ among themselves in their expectations and prognostications about the mentally retarded children, since, such conflicting reports confuse the parents. This calls for a perfect understanding amongst members of multidisciplinary team, in order to avoid an indifferent attitude of parents towards the

child, its training and the professionals.

Practical hints and detailed child rearing advice, knowledge of the specific range of service available and who provides them in the community should be imparted by the professionals to the parents of the mentally retarded child.

4.3.2 Create Awareness

If there is a clear-cut knowledge about mental retardation, there may be less resistance on the part of the families to recognise the retardation in the child. This would obviate the families to run from pillar to post in search of help or complete cure.

The families should be made aware of their role in training and that special skills are not required for making the child learn. Professionals need to help families to focus on the 'potential' and uniqueness of the child and thus channelise their expectations.

4.3.3 Develop Right Attitudes

The parents should be helped to develop a right attitude towards the retarded child instead of building false hopes, blaming each other for the birth of such a child, loosing hopes on the child completely, looking for medical and surgical cures or even magical cures through faith healings.

Attitudes such as overprotection should be corrected as it hinders the development of whatever capacities the child may have. The attitude of disgustment should be changed, so that the child can be helped to learn by systematic training. Although, certain parents may exhibit positive attitudes, their quest or hope for cure will always be present unconsciously. Therefore, the professionals should understand such feelings in a more balanced way and help the families to set realistic goals for the future of the child.

4.3.4 Competent Professionals and Counselling Techniques

In Kolhapur, the need for trained teachers is very large and professional training programmes should be organised for the education of the mentally retarded and their families.

Parents may not change their attitude and expectations overnight due to the flooding of information. In order that the provided information be effective, there should be periodical reinforcement and support by other therapeutic interventions such as : both for groups and individuals - counselling, family therapy and various levels of intervention. Thus, the social worker can act as a catalyst in changing their attitude, reorganising their perception, expectation and lifestyle resulting in a family that has a greater capacity to offer their total parental participation as partners in rehabilitation.

A mental health professional's approach to family involvement in training should rest to some degree on an understanding of the progression of emotional responses that

all family members predictably go through, as they attempt to come to terms with mental retardation. It is better to leave untouched the seemingly wrong perceptions of family members as long as they do not interfere with the optimal training and the child's placement.

Social workers also need to recognise that the chronicity of grief is not a neurotic manifestation but a natural response of parents to this tragic reality. Therefore, parents should be given opportunities to ventilate, achieve an equilibrium and guidance in day to day matters. They should also be enabled to see the joys they can encounter in raising such a child and also re-affirmed of their faith that they can emerge as "exceptional parents". Thus, the major focus of intervention for counselling and other therapeutic methods is to remove the blocks which are of emotional attitudinal and experimental nature.

4.3.5 Rehabilitation

With the increasing emphasis in recent years on the benefits of 'home care' for the retarded, there is also an increasing concern on the effect this has on the families. These families should get the services they need and deserve in terms of financial, emotional and social support. Institutionalization is a better alternative for the children from lower socio-economic families since such families view the child to be burdensome. Therefore, the Government should take up the responsibility of providing monthly maintenance for these children. Since our country's biggest strength lies in our family

system, substitute care should be viewed as the last alternative and only in dire emergency.

4.3.6 Supportive Services

Community agencies such as **educational, religious, health** and **welfare** can play a major role in reducing the hardships of parents and creating a positive attitude.

Social worker can facilitate the parents to form **self-help groups** as an extension of their social group work goal. The knowledge of these members can be more helpful since it is a knowledge that is learned from personal experience, in contrast to the professional's knowledge acquired by reasoning, observation or reflection of information from others.

Such family self-help movement can have a considerable effect on how families are regarded and how services are provided by the professionals. Therefore, the parent's associations of all these schools in Kolhapur should be strengthened through concerted efforts in order to develop a collabrative relationship between the parents and the mental health professionals.

4.4 RECOMMENDATIONS FOR FURTHER RESEARCH

1] Familial attitude plays a vital role in the life of the mentally retarded and is gaining the attention of mental health professionals all over the world. Therefore, similar studies

would be tried out in different **urban** and **rural settings** so as to understand the different kinds of attitudes of families and develop social work intervention techniques accordingly.

2] The applications of similar designes to a larger sample and families who have not sent their child to any special school are likely to result in certain indicators of different nature.

3] Considering certain inherent limitation of single group design, the future researcher can include appropriate comparitive groups with most suitable tools for the purpose of effective outcome.

4] The attitude towards the mild, moderate, severe and borderline mentally retarded are different, it is therefore, worthwhile to conduct different studies on each of the catagories seperately.

5] Furhter research can be done on the present findings on how best the supportive services can relieve stress and also create a balanced attitude amongst families of the mentally retarded.

6] Research conducted on family's expectations from the mentally retarded will have implications for professional intervention as well as for framing social welfare policy.

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