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RESEARCH ARTICLE

A STUDY OF PARENTS PERCEPTION ABOUT NEEDS AND PROBLEMS OF CHILDREN WITH MENTAL RETARDATION

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ABSTRACT

Technically a person with mental retardation scores below 70 on an intelligence test and, as such has limited mental abilities. As we have become much more politically correct, this term is used less frequently and has been somewhat replaced by the term "mentally challenged. However, mental retardation is still the clinical term for someone who scores lower than 70 cm intelligence tests, has limited mental capabilities, and difficulty dealing with day-day-day aspects of living. There is a range of mental retardation from mild to profound. These children need extra care. Parental support is a vital need to ensure that infant stimulation programmes. Descriptive survey method of research was employed in the present study to see the parents perception about mentally retarded children. 100 parents of children with mental Retardation were taken for the study. Parents perception checklist was prepared to collect necessary data of parents perception about the problem and needs of children with M.R. Perception of parents did not significantly differ with regard to gender of their children with MR, different age group of their children, their different age group.

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INTRODUCTION

When a doctor gives the parents the news that their child is mentally retarded and will never be completely normal, it is too painful for most parents to face. Many parents, spend years in denial, trying to find some solution or cure to this problem. They might go from one hospital to another, try alternative forms of medicine or look to religion for a miracle. But mental retardation is not a disease and there are no medicines to cure it. It is a syndrome which is caused by genetic factors (chromosomal abnormalities like in Down's Syndrome), hereditary causes (due to marriage between close relatives, previous incidences of mental retardation in the family) or due to brain damage of some sort. As hard as it is to accept, once parents realize that their child is mentally retarded and will always remain so, their expectations of the child will readjust accordingly. They can move on to taking the necessary steps to help the child make the most of his potential by going addressing his special needs through special education, vocational training etc. All these reactions that a family experiences are completely normal. It takes time, support and accurate information to understand and accept what their child is. Even after coming to terms with the fact that mental retardation is incurable, it is very difficult to give up hope that someday something will make their child normal.

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This hope is what might keep most parents going. As long as this hope does not lead to demanding too much of the child, it is perfectly ok. There are professionals like psychiatrists, clinical psychologists, occupational therapists and counsellors who can help you if you are going through a similar experience. For more information on special education schools and vocational training centre, you can contact the National Institute of Mental Handicap, Secunderabad or visit their website. For further information or counselling for the families of mentally retarded individuals. After birth, normal babies continue to develop physically till the age of 18 years.This is called the development period. Mental development occurs in a sequential, orderly and a predictable fashion. Normally, one would expect babies to develop certain skills by certain ages. For instance, walking and learning to say a few words comes by the age of 1 year and 3 months. These are called "milestones of development". These milestones are classified in four areas motor (control over body movements), cognitive (ability to understand and deal intelligently with situations), social (interacting with people and learning appropriate social behaviours) and language(understanding what others say and learning to talk). Anyone who is familiar with babies lnows that they develop and learn rapidly, especially in the first 3-4 years. They are very quick in learning during these years. How do they acquire such a capacity? Growth and maturation of many organs of the body is responsible for this, but most importantly, this is because of the maturation of the brain and

its functions. In other words, the brain undergoes rapid maturation during these early years as a consequence, babies learn and develop fast. It should be remembered that for acquiring these skills, not only maturation of the brains, but also a healthy and stimulating psychological environment is necessary. Mental retardation is a commonly used term but one that actually has a very specific meaning. Technically a person with mental retardation scores below 70 on an intelligence test and, as such has limited mental abilities. As we have become much more politically correct, this term is used less frequently and has been somewhat replaced by the term "mentally challenged. However, mental retardation is still the clinical term for someone who scores lower than 70 cm intelligence tests, has limited mental capabilities, and difficulty dealing with day-day-day aspects of living. There is a range of mental retardation from mild to profound. These children need extra care. Parental support is a vital need to ensure that infant stimulation programmes emphasizing self-help skills, language acquisition, feeding, toilet training, and positive socialization, are provided. Down's Syndrome individuals are educable and should have exposure to their non-handicapped peers from their early years. In the past, professionals advised parents to place their Down's syndrome child in 24-hour institutional care based on the false assumption that the Down's syndrome individual would be severely or profoundly retarded. Custodial care is seldom warranted unless severe medical, psychological or social problems occur.

Objective

- To study the perception of parents with regard to needs and problems of children with mental retardation.
- To find out perception of parents on the basis of gender of their mentally retarded children.
- To find out perception of parents on the basis of different age groups of their mentally retarded children.
- To find out perception of parents with regard to their different age group.

Hypothesis

- There exist significant difference between the perception of parents with regards gender of their children with mentally retardation.
- There is no significant difference in the perception of parents with regards to different age group of children with mental retardation.
- There is no significant difference between the perception of parents with regard to their different income group.

Major dimensions to the AAMR definition of mental retardation

a) **Intellectual abilities**: Intellectual abilities include reasoning, planning, problem solving, abstract thought, complex comprehension, learning quickly, and learning from experience. They are assessed by standardized intelligence tests where a person's score is compared to the average of other people who have taken the test.
   - The statistical average for an intelligence test is usually set at 100. A standard deviation, or a mathematical procedure used to determine the extent to which any score deviates from the norm of 100.
   - An individual who scores more than two standard deviation below, or IQs of 70-75 and lower, meets the AAMR's definition of subaverage general intellectual functioning.

b) **Adaptive behavior**: Adaptive behavior is defined as a collection of conceptual, social, and practical skills that have been learned by people in order to function in their everyday lives.
   - Like intelligence, adaptive skills can be measured by standardized tests called adaptive behavior scales, and generally use structured interviews or direct observation to collect information.
   - Adaptive skills can also be assessed through informal appraisal.

c) **Participation, interaction, and social roles:** AAMR emphasizes the importance of a positive environment for fostering growth, development, and individual well-being.
   - This concept is called the principle of normalization which stresses making the patterns and conditions of everyday life and mainstream society available to persons with disabilities.

d) **Physical and mental health**: The physical and mental health of an individual influences his or her overall intellectual and adaptive functioning. The AAMR indicates that the functioning level for some people with mental retardation is significantly affected by physical and mental health.

e) **Environmental context**: Context is the interrelated conditions in which people live their lives. It is based on an environmental perspective with three different levels:
   - The immediate social setting
   - The broader community supports
   - The overarching patterns of culture and society

f) **Age of onset**: The AAMR defines the age of onset for mental retardation as prior to 18 years. The reason for this is that mental retardation is part of a family of disabilities referred to as developmental disabilities.
   - Developmental disabilities are mental or physical impairments that are diagnosed at birth or during the childhood or adolescent years that results in substantial limitation in at least three areas of life activity.

Design of the study

Descriptive survey method of research was employed in the present study to see the parents perception about mentally retarded children.

Sample

In the present study purposive sampling technique was used for selection of the sample. The sample was drawn from special schools of Bhopal & Hoshangabad. 100 parents of children with mental Retardation were taken for the study.

Tools

Parents perception checklist was prepared to collect necessary data of parents perception about the problem and needs of children with M.R. This checklist is grouped under "5" dimentions as perception about personal and social needs.

- Perception about personal & social needs.
- Perception about personal & social problems.

- Perception about educational needs.
- Perception about educational problem.
- Perception about cause of mental retardation.

Variable

Independent variable- Parents perception

Dependent variable

- Gender of children with M.R.
- Age group of parent
- Income group of parents

Statistical Technique used

The statistical technique used by the investigator for the descriptive analysis were mean, standard deviation.

Hypothesis 1: There is significant difference in the perception of parents with regard to gender of their children

Table 1 indicates that obtained mean scores in the dimension I (Perception about personal and social needs) were found 22.52 and 22.48 respectively and "F" value for this dimension was 0.004 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that gender difference of children did not effect on parents perception about dimension I

Obtained mean scores in the dimension II (Perception about personal and social needs) were 24.30 and 23.08 for the two groups parents of male and female children respectively and "F" value for this dimension was 1.589 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that gender difference of children did not effect on parents perception about dimension II.

Obtained mean scores in the dimension III (Perception about personal and social needs) were 16.94 and 17.24 for the two groups parents of male and female children respectively and "F" value for this dimension was 0.436 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that gender difference of children did not effect on parents perception about dimension III

Obtained mean scores in the dimension IV (Perception about personal and social needs) were 10.76 and 10.40 for the two groups parents of male and female children respectively and "F" value for this dimension was 0.609 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that gender difference of children did not effect on parents perception about dimension IV

Obtained mean scores in the dimension V (Perception about personal and social needs) were 7.74 and 8.34 for the two groups parents of male and female children respectively and "F" value for this dimension was 2.913 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that gender difference of children did not effect on parents perception about dimension V.

Hence it can be concluded that perception of parents did not differ significantly with respect to gender of their children. So gender of children did not effect on the parents perception. Hence hypothesis is rejected

Hypothesis 2: There is no significant difference in the perception of parents with regards to different age groups of children with MR

Table 2 indicates that obtained mean scores in the dimension I (Perception about personal and social needs) were 22.76 and 22.24 for the two groups (parents of 6-12 and 13-18 years) of children respectively and "F" value for this dimension was 0.660 which is very less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of children did not effect on parents perception about dimension I.

Obtained mean scores in the dimension II (Perception about personal and social problems) were 24.08 and 23.30 for the two groups (parents of 6-12 and 13-18 years) of children respectively and "F" value for this dimension was 0.644 which is very less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of children did not effect on parents perception dimension II.

Obtained mean scores in the dimension III (Perception about educational needs) were 17.20 and 16.98 for the two groups (parents of 6-12 and 13-18 years) of children respectively and "F" value for this dimension was 0.234 which is very less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of children did not effect on parents perception about dimension III.

Obtained mean scores in the dimension IV (Perception about educational problems) were 10.96 and 10.20 for the two groups (parents of 6-12 and 13-18 years) of children respectively and "F" value for this dimension was 2.775 which is very less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of children did not effect on parents perception about dimension IV.

Obtained mean scores in the dimension V (Perception about cause of mental retardation) were 8.14 and 7.94 for the two groups (parents of 6-12 and 13-18 years) of children respectively and "F" value for this dimension was 0.315 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of children did not effect on parents perception about dimension V.

Hence it can be concluded that perception of parents did not differ significantly with respect to different age groups of their children. They had equal level of perception for their 6-12 and 13-18 year children. So different age groups of children did not effect on the parents perception. Hence, hypothesis is rejected

Hypothesis 3: There is no significant difference in the perception of parents with regards to their different age groups. Table 3 indicates that obtained mean scores in the dimension I (Perception about personal and social needs) were found 22.23, 23.38 and 2205 for the three age groups of parents (below 35, 35-45 and above 45) respectively and "F" value for this dimension was 1.809 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of parents did not effect on their perception about dimension I.

Table 1. Mean, SD and F value of perception of parents on the basis of gender of children with MR

S. No.	Dimensions of Perception	Category of Children	N	Mean	S.D.	F	Level of Sig.
I	Perception about personal & social needs	Male	50	22.52	2.779	0.004	NS
		Female	50	22.48	3.593		
		Total	100	22.50	3.196		
II	Perception about personal and social problems	Male	50	24.30	5.064	1.589	NS
		Female	50	23.08	4.602		
		Total	100	23.69	4.853		
III	Perception about Educational Needs	Male	50	16.94	2.132	0.436	NS
		Female	50	17.24	2.404		
		Total	100	17.09	2.266		
IV	Perception about Educational Problems	Male	50	10.76	2.200	0.609	NS
		Female	50	10.40	2.407		
		Total	100	10.58	2.301		
V	Perception about cause of Mental retardation	Male	50	7.74	1.454	2.912	NS
		Female	50	8.34	2.016		
		Total	100	8.04	1.775		
	Total Parents Perception	Male	50	112.04	12.196	0.012	NS
		Female	50	111.74	15.087		
		Total	100	111.89	13.649		

NS = Not Significant * Significant at 0.01 level ** Significant at 0.05 level

Mean and SD of parents perception with "F" value of two groups (Parents of Male/Female children) are presented in the table.

Table 2. Mean, SD and F value of parents perception with regards to different age group of children with MR

S. No.	Dimensions of Perception	Age in Years	N	Mean	S.D.	F	Level of Sig.
I	Perception about personal & social needs	6-12	50	22.76	3.021	0.660	NS
		13-18	50	22.24	3.372		
		Total	100	22.50	3.196		
II	Perception about personal and social problems	6-12	50	24.08	4.742	0.644	NS
		13-18	50	23.30	4.979		
		Total	100	23.69	4.853		
III	Perception about Educational Needs	6-12	50	17.20	1.895	0.234	NS
		13-18	50	16.98	2.599		
		Total	100	17.09	2.266		
IV	Perception about Educational Problems	6-12	50	10.96	2.240	2.775	NS
		13-18	50	10.20	2.321		
		Total	100	10.58	2.301		
V	Perception about cause of Mental retardation	6-12	50	8.14	1.927	0.315	NS
		13-18	50	7.94	1.621		
		Total	100	8.04	1.775		
	Total	6-12	50	114.00	12.098	2.424	NS
		13-18	50	109.78	14.864		
		Total	100	111.89	13.649		

NS = Not Significant

Mean and SD of parents perception with "F" value of two age groups (Parents of 6-12/13-18 years children) are presented in the table.

Table 3. Mean, SD and F value of parents perception with regards to their different age groups

S. No.	Dimensions of Perception	Age of parents in years	N	Mean	S.D.	F	Level of Sig.
I	Perception about personal & social needs	Below 35	13	22.23	3.609	1.809	NS
		35-45	32	23.38	2.837		
		Above 45	55	22.05	3.246		
		Total	100	22.50	3.196		
II	Perception about personal and social problems	Below 35	13	23.85	4.432	0.542	NS
		35-45	32	24.38	4.675		
		Above 45	55	23.25	5.078		
		Total	100	23.69	4.853		
III	Perception about Educational Needs	Below 35	13	16.92	1.553	0.294	NS
		35-45	32	17.34	2.266		
		Above 45	55	16.98	2.423		
		Total	100	17.09	2.266		
IV	Perception about Educational Problems	Below 35	13	9.92	2.753	0.655	NS
		35-45	32	10.78	2.225		
		Above 45	55	10.62	2.248		
		Total	100	10.58	2.301		
V	Perception about cause of Mental retardation	Below 35	13	8.15	1.625	1.423	NS
		35-45	32	8.44	2.063		
		Above 45	55	7.78	1.607		
		Total	100	8.04	1.775		
	Total Parent Perception	Below 35	13	110.00	13.273	0.918	NS
		35-45	32	114.56	12.702		
		Above 45	55	110.78	14.262		
		Total	100	111.89	13.649		

NS = Not Significant

Mean and SD of parents perception with "F" value of three age groups of parents (below 35, 35-45 and above 45) are presented in the table.

Obtained mean scores in the dimension II (Perception about personal and social Problems) were 23.85, 24.38 and 23.25 for three age groups of parents (below 35, 35-45 and above 45) respectively and "F" value for this dimension was 0.542 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of parents did not effect on their perception about dimension II.

Obtained mean scores in the dimension III (Perception about educational needs) were 16.92, 17.34 and 16.98 for the three age groups of parents (below 35, 35-45 and above 45) respectively and "F" value for this dimension was 0.294 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of parents did not effect on their perception about dimension III.

Obtained mean scores in the dimension IV (Perception about educational problems) were 9.92, 10.78 and 10.62 for the three age groups of parents (below 35, 35-45 and above 45) respectively and "F" value for this dimension was 0.655 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of parents did not effect on their perception about dimension IV.

Obtained mean scores in the dimension V (Perception about cause of mental retardation) were 8.15, 8.44 and 7.78 for the three age groups of parents (below 35, 35-45 and above 45) respectively and "F" value for this dimension was 1.423 which is less than table value (3.94) of significance so "F" value is not significant even at 0.05 level. This shows that different age groups of parents did not effect on their perception about dimension V.

Hence it can be said that perception of parents did not differ significantly with respect to their different age groups. They had equal level of perception. So different age groups of parents did not effect on their perception. So hypothesis is rejected

Findings

- Perception of parents did not significantly differ with regard to gender of their children with MR.
- Perception of parents did not significantly differ with regard to different age group of their children
- Perception of parents did not significantly differ with regard to their different age group.

Perception of parents plays important role in the development of children with MR. In India not much research has been done in the field of disability. Hence an attempt has been made by the investigator about the perception of parents of children with mental retardation and its effect in developing their children.

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