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EXPERIENCES OF PARENTS WITH CHILDREN HAVING INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

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Abstract

The research was based on the experiences of parents whose children were studying in the mentally retarded institutes of Lahore. It was a sample study considered on 126 respondents (parents/guardians whose MR children were studying in institutes of Lahore). The study covers different experiences of the respondents related to their MR children. It also includes some suggestions and recommendations from the respondents to improve the mentally retarded children skills. The study purpose was to assess the feelings which the respondents have, conditions and experiences of the respondents which they face throughout their lives socially, psychologically and economically. In this study, simple random sampling was used as sampling technique and interview schedule was used as tool for data collection.

Out of the total respondents, 83% were females and 17% were males. All of the respondents were having the feeling of sorrow, but instead of this feeling, families (70%) showed positive reaction and faced this misfortune positively. Marital life of more than half the respondents (71%) remained normal. Almost two third of the respondents (62%) feel friendly behavior for their MR Child. More than two third (71%) of the respondents have been involved in their mentally retarded children pre-school activities. An overwhelming majority (77%) of the respondents told that they were having enough financial resources for upbringing their MR children. The parents of MR children are optimistic about the future of their children but there is a need to provide them a mechanism or platform (Social, Economic, and Political) to voice their concerns, so that they can be in a position to better plan their MR children future.

Keywords: psychological, Mental retardation, childhood

1. Introduction

Mental retardation is not something that can be simply and scientifically defined, discussed, dissected, applied or studied. Mental retardation is related to our very understanding of humanity, of human potential, of educability, of equality, of rights and privileges, of everything we are and everything that relates to us. Asking someone to comprehend the concept of mental retardation is asking him to comprehend a concept of spirituality or decadence, beauty or ugliness, strength or weakness, good people or bad people. Mental retardation cannot be encapsulated and "pictured" by IQ parameters, or even etiological descriptions, or behavioral assessments. It must always be anchored to other people, a community, values, expectations, and hopes. (Blatt,2021). Mental retardation (MR) is a genetic disorder manifested in significantly below average overall intellectual functioning and deficits in adaptive behavior. Mental retardation is a particular state of functioning that begins in childhood and is characterized by decreased intelligence and adaptive skills and also is the most common developmental disorder (Bergman, 2022). MR retardation in young children is often missed by clinicians. The condition is present in 2 to 3 percent of the population, either as an isolated finding or as part of a syndrome or broader disorder (Daily, Ardinger & Holmes, 2000).

Mental retardation in Pakistan carries such a stigma that to admit it in a family is like enlightening a shameful secret. As a result, very little is done for retarded children, apart from locking them away. And yet the problem is widely common and millions of people suffering from it receive no

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professional concentration or care (American Association on mental retardation 2002). In Pakistan 2.49 percent population is with disabilities. The breakup of different disabilities is as: mentally handicap 14 percent (national census report, 1998). It seems that this estimate presented by national census report is not correct because the disability labels are not well defined. According to world health organizations (WHO) as referred by shahzadi (2001) about 10 percent of the total population of the developing country is suffering from sort of disability of these 2.5 is with severe disabilities and approximately 2 percent of the population is considered to be mentally retarded. Among people mental retardation 89 percent of falls in mild range (panda 2005). Human Being is artistic with numerous abilities like mental, social and motivational. But still some person is found lacking in some of the abilities, like Sociological, biological and mental which are liable for the insufficiency of the children. The research aim to explore the knowledge and experiences of parents towards the care and education of the mentally retarded children.

2. Literature

2.1.Mental Retardation

This is a condition in which there is a delay or deficiency in all aspects of development, i.e. there is global and noticeable deficiency in the development of motor, cognitive, social and language functions. This is the common form of developmental disability, in many ways; mental retardation is also representative of developmental disabilities in general, in its causation, nature and care.
Mental retardation (MR) is a generalized disorder appearing before adulthood, characterized by significantly impaired cognitive functions and deficits in two or more adaptive behavior. It has historically been defined as an intelligence quotient score under 70.once focused almost entirely on cognition; the definition now includes both a component relating to mental functioning and one relating to individual's functional skills in their environment. As a result a person with below-average intelligence quotient (BAIQ) may not be considered mentally retarded. Syndrome and non-syndrome mental retardation is refers to intellectual deficits that appear without other abnormalities. Mental retardation varies in severity. The diagnostic and statistical manual of mental disorders, fourth edition, text revision (DSM-4-TR), which is the diagnostic standard for mental health care professionals in the United States, classifies four different degrees of mental retardation: mild, moderate, severe and profound. These categories are based on person's level of functioning.

Mild mental retardation varies in severity. Approximately 85% of the mentally retarded population is in the mildly retarded category. Their IQ score ranges from 50-70, and they can often acquire academic skills up to about the sixth grade-level. They can become fairly self sufficient and in some cases live independently, with community and social support. (Proposed Regulations, 1982).

The American Association on Mental Retardation (AAMR) has developed another widely accepted diagnostic classification system for mental retardation. The AAMR classification system focuses on the capabilities of the retarded individual rather than his or her limitations.

The categories describe the level of support required. They are intermittent support; limited support; extensive support, and pervasive support. To some extent, the AAMR classification mirrors the DSM-4-TR classification. Intermittent support, for example is support that is needed occasionally, perhaps during times of stress or crisis for the retarded person. It the type of support typically required for most mildly retarded people. At the other end of the spectrum, pervasive support or life-long, daily support for most adaptive areas would be required for profoundly retarded persons. The AAMR classification system refers to the below- average intellectual function as an IQ of 70-75 or below.

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2.2.Causes of Mental Retardation

Mental retardation is caused by many factors; many of these are known, but others remain undefined (The Arc, 2005).

Following are the causes of mental retardation:

- **a.** Genetic conditions
- **b.** Problems during pregnancy
- **c.** Problems at birth
- **d.** Problems after birth
- **e.** Poverty and cultural deprivation

2.3.Classification of Mental Retardation

2.3.1. Mild Mental Retardation

Affected children are able to speak and to learn some social skills. They can usually be expected to care for themselves as adults, with some guidance.

2.3.2. Moderate Mental Retardation

About 10% of the mentally retarded children population is considered moderately retarded. Moderately retarded persons have IQ scores ranging from 35-55. They can carry out work and self-care with moderate supervision. They typically acquire communication skills in childhood and are unable to live and functions successfully within the community in such supervised environments as group homes.

2.3.3. Severe Mental Retardation

About 3-4% of the mentally retarded population is severely retarded. Severely retarded persons have IQ scores of 20-40. They may master very basic self-care skills and some communication skills many severely retarded individuals are able to live in a group home.

2.3.4. Profound Mental Retardation

Only 1-2% of the mentally retarded population is classified as profoundly retarded. Profoundly retarded individuals have IQ scores under 20-25. They may be able to develop basic self-care skills and communication skills with appropriate support and training. Their retardation is often caused by an accompanying neurological disorder. Profoundly retarded people need a high level of structure and supervision. Others postulate that children with mental retardation may be deficit in the development of learning sets (Brokowski&Day, 1987).Children with mental retardation seem to have insufficient rehearsal strategies that interfere with their memory (Brooks McCauley, 1984).

2.4.Parental Experience

This study has shown that the parent-child relationship is dependent on the parents, attitudes. Parent's attitudes towards their mentally retarded child are mostly negative. Parental attitudes control the way parents treat their children and their treatment of the children, in order, influences their children's attitudes. If parental attitudes are encouraging the relationship of parents and children will be far better than when parental attitudes are harsh. The most parents faced with having a retarded child, even if they are well adjusted, are likely to experience major psychological stress. Reactions to this stress vary from person to person, but there are some common patterns (Roes, 1963).

2.4.1. Problems Faced by Parents of Mentally Retarded Children

Raising a child who is mentally challenged requires emotional strength and flexibility. The child has special needs in addition to the regular needs of all children, and parents can find themselves overwhelmed by various medical, care giving and educational responsibilities, whether the special

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needs of the child are minimal or complex, the parents are inevitably affected. Support from family, friends, the community or paid caregivers is critical to maintaining balance in the home.

a. Emotional Issues

Parents of mentally retarded children commonly experience a gamut of emotions over the years. They often struggled with guilt. One or both may feel as though somehow caused the child to be disabled, whether from genetics, alcohol use, stress, or other logical or illogical reasons. This guilt can harm the parent's emotional health if it is dealt with. Some parents struggle with WHY and experience a spiritual crisis or blame the other parent. Most parents have aspirations for their child from the time of at her birth and can experience severe disappointment that she will not be president, a physician, an actor or whatever they had in mind. These must deal with the DEATH of the perfect child who existed in their minds and learn to love and accept the child they have. Occasionally parents feel embarrassed or ashamed that there is mentally disabled (Borkowski&Damberg, 1983; Glidden, 1985).

b. Physical Exhaustion and Stress

Physical exhaustion can take atoll on parents of mentally challenged child. The degree of this is usually relative to the amount of care needed. Feeding, bathing, and moving, clothing and diapering an infant is much easier physically than doing the same tasks and for someone who weighs 80 pounds. The child may have more physician and other health-care appointments than a typical child and may need close medical monitoring. He may also need to be watched to avoid inadvertent self-harm such as falling down stirs or walking into the street. These additional responsibilities can take a physical toll on a parent, leading to exhaustion. The American Academy of family physicians relates that these issues can cause significant caregiver stress.

c. School-Related Issues

The parent of child with developmental disabilities may have to deal with complex issues related to education. Either a private education must be sought, or an adequate public education must be available. Parents often have to advocate for a child to receive a quality educational experience that will enrich her. This often requires close parental contact with the school system. The parent must monitor the Childs interactions with others to ensure she is not being built. Transportation to and from school may require a specialized bus or van, and children with severe disabilities may need to be schooled at home (Ballantine& Peborls, 1985).

d. Financial Concerns

Raising a child with a mentally challenge may be more expensive than raising a typical child. These expenses can rise from medial equipment and supplies, medical care, care giving expenses, private education, tutoring, adaptive learning equipment or specialized transportation. The care of the child may last a lifetime instead of 18 years. Parents may have to set aside money in a trust fund for the child's care when they pass away. (American Academy of child& Adolescent Psychiatry).

e. Socialization

Since the students with retardation may not be able to take the initiative in planning social activities, the responsibilities to provide social activities rest with volunteer groups, local associations for persons with retardation, and parents. Many social functions can be at school with the aid of the teacher. If a university is nearby, special education and recreation therapy majors might be available to assist in planning and supervising functions (Jan& Jan, 2000)

f. Social Rehabilitation

Social needs are as important as the other aspects of life. Mental retardation must be educated in the society in which they live or else they will be in capable of becoming a respectable member of

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the society rather than a burden or subject of pity. A very important in their happiness is their settlement in home life which is natural desire of every person to share his feelings with his family and other members of the society. But these children are often ignored by even their own families.

3. Research Design

3.1.Sampling

In this research we used simple random sampling method as sampling technique. First of all research group obtained list of institutes working in the field of disability (mental retardation) in district Lahore. Five institutes were selected out of the twenty using Simple Random Sampling method. 126 parents were selected randomly whose children were studying in these institutes.

These institutes are

1. Govt. Shadab Training institute for MR 128- Khyber Block, Allama Iqbal Town Lahore. (21 respondents)

2. Ameen Maktab 54-A Block J Gulberg-III Lahore. (37 respondents)

3. Special Education and Training Center 43-A Civic Center Johar Town Lahore.(26 respondents)

4. National Special Education Center 45-BII Johar Town Lahore. (14 respondents)

5. Rising sun school # 544, Block xx DHA Lahore.(28 respondents)

3.2.Group Functioning

The group was comprised of eight students (Seven females and one male) of M.SC final year supervised by Madam Bushra Naheed, Assistant professor. One student was selected as a group leader to act as a liaison between group and the supervisor. Regular meetings were held with the supervisor to complete the study. All group members contributed in the completion of the study. First every member prepared and submitted his/her individual assignment to the supervisor . supervisor checked the assignments and made corrections. This practise was repeated three times. After approval from supervisor these were compiled.

3.3.Data Collection and Analysis

Keeping in view the objectives of the study, sensitivity of the topic and access to the universe, Interview Schedule was used as the tool of data collection. It included both open ended and close ended questions. In Interview schedule questions were asked about the respondent and the child, the experiences which the parents of mentally retarded children faced throughout their lives regarding their health, education and socialization. The 126 respondents were accessed for the purpose of data collection. The group was divided into four sub groups comprising two persons in each sub group. After getting permission from the institutes, Interview schedules were conducted with the respondents.

The process of editing was done twice. Firstly when a respondent gave information and second time when the day ended and progress was estimated. Each and every interview schedule was

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given a number at the end of the day. Most of the items of the interview schedule were pre coded. Rest were coded and classified after the completion and collection. Mostly questions were pre-classified and codified. After editing open ended questions were classified and categorized on the basis of their similarities and variations. The classified and codified items were put on data sheets. The purpose of preparing data sheet was to compile the data in numerals to make easy to handle and transfer the data into tables. In the phase of tabulation firstly, dummy tables were made and after approval of dummy tables by the supervisor, the research group transferred all the data from the data sheets into the tables. Then percentage and average was calculated.

4. Results

Table 1: Gender of the Respondents

Gender	F	%
Male	22	17
Female	104	83
Total	126	100

The above table is about the gender of the respondents. It was found that out of the total sample under study, 83% were females and 17% were male.

Table 2: Relationship of the Respondents with the Child

Relationship	F	%
Father	22	17
Mother	102	81
Aunt	2	2
Total	126	100

The above table is about the relationship of the respondents with the child. Out of the total sample under study, 81% were mothers, 17% were fathers and 2% were aunts of the children.

Table 3: Age Distribution of the Respondents

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Age (year)	F	%
20- 30	33	26
31-40	59	47
41-50	20	16
51-60	14	11
Total	126	100

The above table is about age distribution of the respondents. Out of the total sample under study 47% were in the age ranged 31- 40 years, 26% were 20- 30 years old, 16% were in the age group of 41- 50 years and 11% were 51- 60 years old. Average age of the respondents was 37 years.

Table 4: Qualification of the Respondent

Qualification	F	%
Illiterate	15	12
Primary	8	7
Middle	18	14
Matric	38	30
Intermediate	23	18
Graduation and postgraduate	24	19
Total	126	100

The above table is about the qualifications of the respondents. Out of the total sample under study, 30% of the respondents were Matric, 18% were Intermediate, 19% were ‘graduates and post graduates", 14% were middle, 7% were Primary and 12% were Illiterate.

Table 5: Profession of the Respondent

Profession	F	%
House Wife	68	54

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Labor	8	7
Govt. Employee	19	15
Private. Employee	17	13
Self Employed	14	11
Total	126	100

The above table is about the profession of the respondents. Out of the total sample under study 54% of the respondents were House wives, 15% were in Govt. service, 13% were private employees, 11% were self employed and 7% were labourers.

Table 6: Total Number of Children per Family

Total Children	F	%
1-2	29	23
3-4	60	48
5-6	30	24
7-8	5	4
9-10	2	1
Total	126	100

The above table is about the number of children per family. Out of the total sample under study 48% of the respondents were having children in the range 3- 4 years, 24% in the range 5- 6 years, 23% in the range 1- 2 years, 4% in the range 7- 8 years and 1% was having the children in the range 9 -10 years.

Table 7: Total Number of MR Children per Family

Total MR Children	F	%
1	117	93
2	9	7
Total	126	100

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The above table is about the total number of MR Children per family. Out of the sample, 93% families were having 1 MR Child and 7% families were having 2 MR children.

Religion of the Respondent

All the respondents were Muslims.

Table 8: Marital Status of the Respondents

Marital Status	F	%
Married	125	99
Single (Aunt)	1	1
Total	126	100

The above table is about the marital status of the respondents. Out of the total sample 99% were married and 1% were single (guardian aunt).

Table 9: Age Distribution of the MR Children per Family

Age (year)	F	%
1-6	30	24
7-12	62	49
13-18	34	27
Total	126	100

The table 9 is about the age distribution of the M.R children per family. Out of the sample, 49% of the respondents were having the children in the age ranging 7- 12 years, 27% were in the range 13-18 years and 24% were in the range 1- 6 years. And the average age is 10 years.

Table 10: Sex of the Child

Sex	F	%

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Girl	55	44
Boy	71	56
Total	126	100

The above table shows the sex of the child. 56% were males and 44% were females.

Table 11: Birth Order of the Child

Birth order	F	%
1-3	106	84
4-6	18	14
7-9	2	2
Total	126	100

The above table is about the birth order of the child. According to this table, 84% of children were lying into 1-3 birth order, 14% were lying into 4-6 birth order and 2% were lying in 7-9 birth order.

Table 12: Age of the Child at the Time of Admission

Age (years)	F	%
4-8	85	68
9-13	37	29
14-18	4	3
Total	126	100

The table 12 indicates the age of the child at the time of admission. According to the table 68% children took admission at the age 4-8 years, 29% at the age between 9-13 years and 3% at the age 14-18 years. Average age of the child at the time of admission is 8 years.

Table 13: Time of Knowing about the Disability of the Children

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Time of disability	F	%
Self-noticed by parents	72	57
Diagnosed by doctors	54	43
Total	126	100

The above table shows the time of knowing about the disability of the children. According to the table 57% respondents noticed the disability of the children themselves and 43% were diagnosed by doctors.

Table 14: Reaction of the parents after knowing the disability of the children

Reactions	F	%
Shocked	30	24
Sad	59	38
Accepted it as Devine act	37	38
Total	126	100

The above table shows the reactions of respondent. According to this table, 38% became sad, 38% accepted it as Devine act and 24% were shocked.

Table 14.i: Reaction of the respondents (Parents) after knowing the disability of their children by their education

Education	Reactions							
	Shocked		Become sad		Accepted as a divine act		Total	
	F	%	F	%	F	%	F	%
Illiterate	3	21	6	43	5	36	14	100

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Matriculate	13	20	35	55	16	25	64	100
above matriculation	13	27	19	39	16	33	48	100
Total	29	33	60	48	37	29	126	100

The above table shows that, the reaction of the parents did not depend on their educational level. 43% illiterate respondents became sad, 36% accepted it as a divine act and 21% respondents were shocked. 55% matriculate respondents became sad, 25% accepted it as a divine act and 20% respondents were shocked. 39% of the respondents whose qualification was above matriculation became sad, 33% accepted it as a divine act and 27% were shocked.

Table 15: Reaction of the Family about the Birth of MR Children

Family reaction	F	%
Console the parents	87	70
Blame you	2	1
Annoyed	15	12
Normal	22	17
Total	126	100

The above table shows the reaction of the family of the MR Child. According to the table, 70% consoled the respondents, 17% remained normal, 12% annoyed and 1% blamed the respondent.

Table 16: Effects on Marital Life after the Birth of Mentally Retarded Child

Effects on Marital life	F	%
To some extent	15	12
To great extent	34	27
Not at all	77	61

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Total	126	100

The above table shows the effects on respondent marital life. 61% were not affected at all, 27% were to great extent and 12% were to some extent.

Table 17: Behavior of the Child with Other Family Members

Behavior of the child	F	%
Reserved	7	6
Friendly	71	56
Moody	48	38
Total	126	100

The above table shows the behavior of the child with other family members. 56% were friendly, 38% were moody and 6% were reserved.

Table 18: Circumstances Before and after the Birth of MR Child

Circumstances	F	%
Social (Relationships)	25	20
Psychological (Tension, depression)	75	59
Economical (Expanses)	26	21
Total	126	100

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The Table 18 shows the respondents circumstances before and after the birth of mentally retarded child. Circumstances of 59% respondents were psychologically affected, 20% were socially affected and 21% were economically affected.

Table 19: Extent of effects on the life of different Relations after the birth of the Child

Option	Yourself/respondent		Family		Siblings	
	F	%	F	%	F	%
To some extent	49	39	33	26	13	10
To great extent	29	23	23	18	30	24
Not at all	48	38	70	56	83	66
Total	126	100	126	100	126	100

The above table shows the extent of effects on the life of different relations after the birth of the mentally retarded child. Slightly more than one third ie.39% respondents' life effected to some extent, 38% "not at all" and in case of 23% respondents, the response was "to great extent". 56% families were not at all affected due to this child, 26% were to some extent and 18% were to great extent. 66% siblings life was not affected at all after the birth of this child, 24% were to great extent and 10% were to some extent.

Table 20: Performance of Basic functions done by MR Children

Options	Toileting		Eat himself / herself		Changing cloth himself/herself		Tie laces himself/herself		Prepare school bag himself/herself	
	F	%	F	%	F	%	F	%	F	%
To some extent	48	38	41	32	39	31	7	6	31	25
To great extent	58	46	45	36	26	21	14	11	29	23
Not at all	20	16	40	32	61	48	105	83	66	52
Total	126	100	126	100	126	100	126	100	126	100

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The Table 20 shows about the child's basic functions. 46% mentally retarded children were toilet trained to great extent, 38% were to some extent and 16% were not at all. 36% children can eat themselves to great extent, 32% were to some extent and 32% not at all. 48% mentally retarded children were not able at all to change cloth by themselves, 31% were to some extent and 21% were to great extent. 83% children were not trained at all about tie laces, 11% were to great extent and 6% were to some extent. 52% children were not able to prepare school bags by themselves, 25% to some extent and 23% to great extent.

Table 21: Managing a Child with other Responsibilities

Responses	F	%
Hired a maid	2	1
By yourself	112	89
The child's Siblings help	12	10
Total	126	100

The above table shows that 89% respondents (parents) manage their mentally retarded children by themselves, 10% manage with siblings help and 1% hired a maid.

Table 22: Sources of medical Consultation

Consultants	F	%
Doctor	115	91
Hakim	5	4
Self-Medication	6	5
Total	126	100

The above table shows the consultation of mentally retarded children in case of his/ her sickness.91% parents consulted doctors for the treatment of their child, 5% go for self medication and 4% consulted "Hakim".

Table 22.i: Sources of consultation in case medical treatment needed by parents education

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Education	Sources of Consultation							
	Doctor		Hakim		Self-medication		Total	
	F	%	F	%	F	%	F	%
Illiterate	12	85	1	8	1	7	14	100
Matriculate	57	89	3	5	4	6	64	100
Above matriculation	46	96	-	-	2	4	48	100
Total	115	91	4	3	7	6	126	100

The above table shows that sources of consultation in case need arise does not depend on respondents educational level. An overwhelming majority i.e. 91% of the respondents consult doctor in case of need.

Table 23: Level of satisfaction

Respondent	F	%
To some extent	24	19
To great extent	102	81
Total	126	100

The above table shows that 81% were satisfied to great extent with the treatment of consultant about their child, While 19% were satisfied to some extent.

Table 24: Company of people Child like the most

Whom Company	F	%
Children of his/her own age	69	55

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Older group	24	19
Younger than him/her	22	17
All of above	11	9
Total	126	100

The above table shows that 55% children like the company of children of his/her own age group, 19% like older group,17% like younger than him/her while 9% like the company of everyone.

Table 25: Behavior of the People with the Child

Behaviour	F	%
Unconcerned	29	23
Sympathetic	57	45
Pity	24	19
Loving	16	13
Total	126	100

The above table indicates that 45% people show sympathetic behavior with mentally retarded children, 23% were unconcerned, 19% feel pity for them and 13% show loving behavior.

Table 26: Extent of Liking of Child to go for Hangout

Options	Play land		Zoo		Park		Shopping	
	F	%	F	%	F	%	F	%
To some extent	28	22	20	16	37	29	21	17
To great extent	31	25	39	31	58	46	59	47
Not at all	67	53	67	53	31	25	46	36

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Total	126	100	126	100	126	100	126	100

The above table shows the liking of their child for hangout. 53% mentally retarded children do not like to go in play land for hangout at all, 25 % want to go to great extent and 22% to some extent. 53 % children do not want to go at all for hangout in zoo, 31% want to go up to great extent and 16% to some extent. 46% children want to go in parks to great extent, 29% to some extent and 25% not at all. 47% children like to go for shopping to great extent, 36 % not at all and 17% to some extent.

Table 27: Respondent Perception about people behavior with the Child

People's Behaviour	F	%
Interact with him Friendly	79	62
Show Indifference	16	13
Unpleasant Attitude	25	20
All of these	6	5
Total	126	100

The above table describes the behavior of people with the MR Child, whenever he/she goes outside. 62% people interact with the child friendly, 20% from total people show unpleasant attitude, 13% show indifferent behavior and 5% people show mix behavior with them (mentally retarded children).

Table 28: Child's Behavior out of home

Child's Behaviour	F	%
Friendly	38	30
Aggressive	18	14

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Enjoy themselves	56	45
Depends on his/her Mood	14	11
Total	126	100

The above table shows how MR Child behaves when he/she goes outside with their parents. As told by the respondents 45% children enjoy themselves, 30% children show friendly behavior, 14% children become aggressive and 11% children behavior depend on their mood.

Table 29: Handling of Child Outside in untoward situations

Handling of Child	F	%
By Love	76	60
By Scolding	19	15
Diverting his/her Attention	15	12
All of these	12	10
Never	4	3
Total	126	100

The above table depicts the handling of MR Child outside if any untoward situation happens.60 % parents handle their child by love, 15% handle their child by scolding,12% respondents handle their child by diverting his/her attention, 10% use all of the above means for handle him/her and 3% respondents did never face any untoward situation.

Table 30: Pre-School Activities of MR Child

Activities	F	%
Regarding his Learning	89	71
Regarding his Mental Capabilities	16	12
Regarding his Physical Strength	10	8
Never	11	9

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Total	126	100

The above table is about the Pre-school activities of MR Child.71% parents were involved in child's pre-school activities regarding his learning, 12% parents involved regarding his mental capabilities, 9% never involved in child's pre-school activities and 9% parents involve regarding his physical strength.

Table 31: Problems at the Time of Admission of MR Child

Problems	F	%
No Problem	106	84
Financial Problem	6	5
Lack of Awareness	8	6
Hindrance from Management	6	5
Total	126	100

The above table describes the problems of respondents they faced at the time of admission of mentally retarded children. 84% respondents did not face any problem at the time of admission, 6% were not aware about the schools, 5% respondents faced financial problem and 5% faced hindrances from management.

Table 32: Cooperation Level of Teachers of institute with Respondents

Cooperation Level	F	%
To Some Extent	33	26
To Great Extent	93	74
Total	126	100

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The above table reveals the cooperation level of the teachers with the respondents during the schooling of the MR Child.74% teachers cooperate with respondents to great extent and 26% teachers cooperate with them to some extent.

Table 33: Child's Time of mainstreaming in his/her Schooling

Time of streamlining	F	%
Immediately	50	40
After sometime	58	46
After long time	14	11
Took no interest	4	3
Total	126	100

The above table is about the mainstreaming of child in school. According to this table 46% mentally retarded children were adjusted after some period of time in school activities,40% immediately,11% after long time and 3% did not take interest in studies.

Table 34: Behavior of the Peers with the MR Child

Behavior of peer	F	%
Friendly	99	79
Aggressive	9	7
Hostile	10	8
Unconcerned	8	6
Total	126	100

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The table 34 is about the behavior of the peers with mentally retarded children. According to this table, 79% peers behave friendly with him/her,8% show hostility, 7% show aggressive behavior and 6% were unconcerned.

Table 35: Level of interaction of Respondents with institute Administration

Level of Interaction	F	%
To some extent	36	29
To great extent	83	66
Not at all	6	5
Total	126	100

The above table is about the level of interaction with the administration of school about mentally retarded children. According to this table, 66% parents interact with the administration of institution regarding child to great extent, 29% to some extent and 5% did not interact at all with the administration.

Table 36: Facilities Provided by Institution

Facilities	F	%
Transport	52	41
Stipend	10	8
Messing	5	4
All of these	42	34
Not at all	17	13
Total	126	100

The above table is about the facilities provided by the institution to mentally retarded children. According to the table, 41% children were having the facility of transportation being provided by the institution, 34% children were having all the above mentioned facilities, 8% were having the

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facility of stipend, 4% were having the facility of messing and13% were not having any kind of facilities.

Table 37: Respondent Satisfaction with Facilities Provided by the Institute

Level of satisfaction	F	%
To some extent	36	28
To great extent	76	60
Not at all	14	12
Total	126	100

This table is about the level of satisfaction of respondents about the facilities provided by the institution. According to this table 60% were satisfied with the facilities to great extent, 28% were to some extent and 12% were not at all satisfied with the facilities.

Table 38: Respondent Faced Embarrassing Situations due to the Child

Embarrassing Situations	F	%
Never	87	69
Quarrels with other	12	10
Broke things	19	15
Take off his/her clothes	3	2
Stubborn	5	4
Total	126	100

This table is about the embarrassing situation faced by the respondent due to the mentally retarded child. 69% respondents did never face any embarrassing situation, 15% children broke things due to it respondent felt embarrassment, 10% children quarreled with others, 4% children became stubborn and 2% took off his/her clothes.

Table 39: Respondent faced Emergency Situation due to MR Child

Emergency	F	%
Never	89	71
Burning him/herself	8	6

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Electric shock	10	8
Falling from height	5	4
Injured while playing	12	10
Regarding health condition	2	1
Total	126	100

The above table shows the emergency faced by the respondent due to mentally retarded child. 71% respondents did never face emergency situation. 10% children were injured while playing, 8% children got electric shock, 6% children burnt him/her, 4% children fell from height and 1% faced severe health problem.

Table 40: Financial Resources

Resources	F	%
Enough resources	97	77
Not enough resources	29	23
Total	126	100

The above table shows the resources of respondent.77% have enough financial resources to fulfill their child special needs and 23% do not have enough resources to fulfill their child's special needs.

Table 41: General feelings of Respondent Regarding MR Child

Feelings	F	%
Not enough time for yourself	54	43
Overburdened with responsibilities	8	6
Lost control over yourself	55	44
Accepted as a Divine act	9	7
Total	126	100

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The above table shows the general feelings of the respondents regarding his/herself due to mentally retarded children.44% respondents lose control over themselves, 43% respondents feel that they don't have enough time for themselves, 7% accepted it as a divine act and 6% feel overburdened with the responsibilities.

Table 42: Respondent's thinking about the future of MR Child

Thinking	F	%
Feel optimistic	56	44
Become pessimistic	70	56
Total	126	100

The above table shows the respondent thinking about the future of their child. 44% feel optimistic about the future of their child ad 56% are pessimistic about the future of their child.

Table 42.i: Respondents thinking about the future of the MR Child by their education

Education	Respondents Thinking					
	Feel optimistic		Become pessimistic		Total	
	F	%	F	%	F	%
Illiterate	7	50	7	50	14	100
Matriculate	27	42	37	58	64	100
Above matriculation	23	48	25	52	48	100
Total	57	46	69	54	126	100

This table shows respondents thinking about the future of the MR child does not depend on their educational level. 46% of the respondents feel optimistic and 54% are pessimistic.

Table 43: Suggestions and Recommendations For (Govt/NGOs)

Suggestions	F	%
More facilities	52	41

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Satisfied	44	34
Future plan for mentally retarded children	15	12
Stipend	15	12
Total	126	100

The Table 43 shows the recommendations for Govt/NGOs given by respondent (parents of mentally retarded children). 41% parents demanded more facilities from Govt /NGOs for the betterment about the future of mentally retarded children, 34% were satisfied, 12% suggested that government should introduce more future plans for special children continuing education and 12% suggested the facility of stipend every month for their special child.

Table 43.i: Suggestions and Recommendations for Institutions

Suggestions	F	%
Satisfied	51	40
Give more attention	52	41
Stipend	10	9
Doctor in school	13	10
Total	126	100

The above table shows the recommendations of respondent for institutions. 41% demanded more attention from institutes for their MR children, 40% were satisfied, 10% requested a doctor in each institute and 9% asked for stipend.

Table 43.ii: Suggestions and recommendations for health authorities

Suggestions	F	%
Satisfied	64	50
Free medical	31	25
More medical facilities	22	18
Cooperation by Doctors	9	7
Total	126	100

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The above table shows the recommendations for health authorities given by respondents. 50% were satisfied, 25% requested free medical treatment, 18% demanded for more medical facilities and 7% seek cooperation from doctors.

5. Conclusions

The research was based on the experiences of parents having mentally retarded children. It was a sample study. Sample consisted of 126 respondents (Parents or Guardians) of the children. All of the respondents were Muslims. Majority of the respondents i.e. 83% were females and 17% were males which shows that females were directly involved with the MR children. Average age of the respondents was 37 years. Data was collected from five institutes, which were selected randomly. The literacy rate of the respondents was 88% which indicates that most of the respondents were aware of the problems of their MR children. Out of the females, 57% were house wives and the rest was working women while all of the males were working.

Out of the sample, 93% families were having one MR (Mentally Retarded) child and 7% were having two MR children. Majority of the MR children i.e. 56% were boys and 44% were girls. Average age of the MR children was 10 years. Average age of the MR children at the time of admission was 8 years. Therefore, it seems that most of the children got admission late. It was found that all of the respondents faced problems due to the MR child. More than half of the respondents i.e. 57% noticed the disability of the child themselves and 43% were told by the doctors. The reaction of the respondents about the disability of their children was mix regardless of their educational level. Majority of the respondents i.e. 59% were psychologically (Tension, Depression) affected, 21% economically (Expenses) and 20% were socially (Relationships) affected. An overwhelming majority of the respondents i.e. 89% manage their children themselves which overburdened them.

Majority of the respondents i.e. 71% have been involved in their children preschool activities regarding their learning. It shows that they were aware about the special needs of their MR children. That's why they sent their MR children to special institutes. Relatives and friends, newspapers or magazines were their main sources of knowledge about special education centers. An overwhelming majority i.e. 84% of the respondents did not face any problem at the time of admission of their MR Child. A large number of respondents i.e. 74% told that teachers at the institute were cooperative with them to great extent. It was found that a majority of two third i.e. 66% of the respondents had been attending the teachers parents associations meetings established by the institutes. Most of them also had consultation with teaching staff about child educational program indicating their interest in the education of their MR children. More than half of the respondents i.e. 60% were satisfied with the facilities provided by the institute to great extent. More than two third i.e. 77% of the respondents were having enough financial resources to fulfill their MR children educational needs. Almost all of the respondents showed satisfaction over the performance of the institutes and said that institutes have played a role in enhancing their MR children potentials and capabilities.

Almost all of the respondents were having positive attitude towards their MR children. They were willing to invest and educate their MR children. Most of the parents i.e. 56% said that MR children behave with the family friendly. More than half of the children i.e. 55% like the company of their own age fellows. Less than half of the children i.e. 45% enjoy themselves outside and 30% show friendly behavior. More than half of the respondents feel that people interact with their children friendly. Overwhelming majority of the respondents i.e. 81% were satisfied with the treatment of the doctors to great extent. Almost two third of the respondents i.e. 69% did never face any

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embarrassing or emergency situation due to MR child. More than half of the respondents feel pessimistic about the future of their MR child and 44% feel optimistic.

6. References

- Burack, J. A., Hodapp, R. M., & Zigler, E. (1998). Handbook of mental retardation and development. New York: Cambridge University Press.
- Cummings, S. T. (1976). The impact of the child deficiency on the father. A study of fathers of mentally retarded and of chronically ill children. *American journal of orthopsychiatry*, *46*(2), 246.
- Ferrara, D. M. (1979). Attitude of parents of mentally retarded children towards normalization activities. *American journal on mental deficiency*, *1*(84), 145151.
- Genz, E. J. (1972). Comparative parental perceptions of a mentally retarded child.
    - *American journal of mental deficiency*, *77*(2).
- Grad, J., & Sainsbury, P. (1963). *Mental illness and the family*. Lancett, 544-547.
- Grebler, A. M. (1952). Parental attitudes towards mentally retarded children.
    - *American journal of mental deficiency*, *2*(4).
- Jan & Jan, A. (2000).A hand book of social organizations.
- Luckassan, R. S., & Borthwich-Ouffy et al. (2002). *Mental retardation: Definition classification and system of supports*. American association on mental retardation.
- Mackeithcf; Boswellandwingrove,1979: p,127
- Report, D. (1988). *Diagnostic psychological testing*. International University Press.
- Sharpe, M. E. (1977). *Parents of mentally retarded people*, *6*(1), 96.
- World health organization. (2001). *ICD 10 guide for mental retardation: division of mental health organization and prevention of substance abuse*. Geneva.