

## ATTITUDE OF PARENTS AND FAMILY MEMBERS TOWARDS THEIR MENTALLY RETARDED CHILDREN IN ASSAM

Niranjan Thengal

Department of Education, D. R. College, Golaghat, Assam, India

---

### ABSTRACT

*The study attempted to investigate the attitude of parents and family members towards their mentally retarded children. The study also aimed to find out the levels of differences among the attitude of parents and family members and to know the impact of gender on the attitude of the same. The sample consisted of 50 parents and 50 family members of institutionalized mentally retarded children. Two attitude scales were constructed, one each for parents and family members, on the basis of likert's 5 point scale. Data were analyzed using descriptive statistics and t-test. The results indicated that the parents and family members have positive attitude towards mentally retarded children. However, their attitude towards mentally retarded children was affected by their individual knowledge, beliefs and perceptions. Further there was no any gender impact on the attitude of parents towards the retarded children. But the impact of gender was found significant on the attitude of family members.*

Key Words: Attitude, Parents, Family Members and Mentally Retarded Children.

---

### INTRODUCTION:

Mental retardation is a bio-psychosocial problem. The behavioural reactions of the retarded children are the by-product of several interacting forces which started from the time of conception. Not only these interacting forces are responsible but other factors like attitude and personality patterns of the family members, his peers and society in which he lives, play an important role in the normal development of a child. According to the Diagnostic and Statistical Manual of the American Psychiatric Association (4<sup>th</sup>ed.), "persons with Mental Retardation (MR) have significantly below-average intellectual functioning with an IQ of 70 or below" (Sarason & Sarason, 2005). Mental retardation, according to the 10<sup>th</sup> edition of the American Association on Mental Retardation (AAMR), is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18 (Luckasson et al., 2002). There are more than 600 million people with disabilities in the world today (UN

Report, 2003). Mentally retarded individuals have been regarded historically as less than human. They have, at various times, been considered dangerous, incurably insane and incapable of learning even the simplest task. In some societies and cultures they were considered to be in the possession of an evil spirit or demon and often went through the prescribed ritual to drive out the offending element. Attitudes towards mentally retarded persons may at one time or another have been one of tolerant indifference. These individuals did not enjoy the full benefits, rights and privileges of other citizens who were not mentally retarded. Prior to the development of institutional care for the retarded, they were treated with the most rudimentary care directed solely toward meeting physical needs and generally disregarding emotional ones. Existing studies reveal that very often the parents as well as relatives have a negative attitude towards their children with disabilities. People are often plagued with feelings of pessimism, hostility, shame, denial, projection of blame, guilt, grief, withdrawal, rejection, etc. Some people also experience helplessness, feelings of inadequacy, anger, shock and guilt whereas others go through periods of disbelief, depression and self-blame. The siblings also experience feelings of guilt, shame, and embarrassment.

In India, disability is still viewed in terms of a “tragedy” with a “better dead than disabled” approach, the idea being that it is not possible for disabled people to be happy or enjoy a good quality of life. A belief that prevails very strongly is the perception of disability as a punishment for past karmas. The majority of literature has highlighted the stresses and the subsequent negative consequences in caring for a child with a disability. Family members of children with disabilities are often perceived to experience harmful psychological effects. These extreme stress levels heighten negative health outcomes like depression and marital dissatisfaction. Parents are found with unstable emotionality, constant grief, psychological ill health and unsatisfactory social health. It has been well documented that the parents of children with disabilities experience chronic stress. The recent research evidence has evaluated the types, degree and determinants of the stress faced by the families in caring for their disabled members. The literature is uniform in reporting that families do experience high levels of stress. It is also noted that having a child with disabilities affects not only the parents, but also siblings and the relationships among the family members. In such circumstances mentally retarded people are not

enjoying a satisfactory life. They are often misunderstood and seen as derogatory. People often think that retardation happens only when the person is below normal intelligence and that retarded person is unable to learn to care for themselves. However, upon investigation it becomes apparent that retarded people can learn a great deal too. Individuals with intellectual disability are trainable and educable. Severe to profound levels of disability need regular custodial services due to their very limited learning capacity. In the present piece of study the investigator attempted to make a study of the attitudes of parents and family members towards mentally retarded children (MRC).

A mentally retarded child in a family is usually a serious stress factor for the parents. It often requires a reorientation and reevaluation of family goals, responsibilities and relationships. A child with a cognitive disability may have anxiety, fear, shame or other negative feelings. These reactions usually reflect how the child has been treated by others, especially by the family members, parents, teachers or community as a whole. In India, particularly in Assam, the majority of persons with mental retardation have traditionally been cared for by their families. The Acharya Ramamurthy Committee suggested support for families having children with disability to improve educability and redefinition of the role of special schools which would serve as resource centers for integration in addition to educating children whose special needs cannot be met in general schools. Yet, handling and treatment of children with mental retardation remained a forgotten subject in the educational policies of Assam. Hence it has been the problem of the state that the mentally retarded children are not receiving adequate responses from their parents, family members as well as from their teachers. In essence, research on mental retardation is still very young in Assam. Therefore, the researcher is keen to study the attitudes of parents and family members towards mentally retarded children in Assam. Taking into account the research gaps in the context of mentally retarded children in Assam, the present study can be entitled as Attitudes of the Parents and Family Members towards Mentally Retarded Children.

#### PURPOSE OF THE STUDY:

The main purpose of the study was to investigate the attitude of parents and family members towards their mentally retarded children and also to find out the levels of differences of attitude

among the parents and family members and to see the impact of gender on the attitude of the same.

#### QUESTIONS OF THE STUDY:

1. Whether the attitude of parents and family members towards mentally retarded children is positive?
2. Are there any statistically significant differences in parents' and family members' attitude towards mentally retarded children?
3. Are there any statistically significant differences in the attitude of parents' and family members' towards mentally retarded children due to their gender?

#### MATERIALS AND METHOD:

##### SAMPLE:

The sample under investigation was drawn from the parents and family members of those institutionalized mentally retarded children who were admitted in the institutions for mental retardation, viz., Prerona and Destination, situated at Jorhat and Kamrup (metro) districts respectively of Assam state. There were 210 children in Prerona and 105 in Destination (total=315) at the time of data collection. At first, 50 mentally retarded children were selected randomly from the total 315 children (25 each from Prerona and Destination), who have at least one parent (exclusively father or mother) and have family members (either brother, sister or grand-parents; excluding father and mother). After that 50 parents and 50 family members of these 50 mentally retarded children were selected. Out of the 50 parents 22 were fathers and 28 were mothers, and out of the 50 family members 27 were male and 23 were female. The distribution of the sample is presented in the table-I:

Table-I Distribution of the sample

Gender	Groups	
	Parents	Family members
Male	22	27
Female	28	23
Total	50	50

**INSTRUMENT:**

To achieve the goals of the present study, the researcher constructed two attitude scales to assess the attitudes of parents and family members of mentally retarded children. Each scale consisted of 20 items on which the respondents had to respond on a five point Likert's scale. The items of the scale were constructed through reviewing several scales of attitudes such as Parental Attitude Scale (Kashif, 1989), Parental Attitude Scale (Hamzah, 1992), Children's Attitudes Toward their Retarded Parents (Al-Kobaisi, 2000 and Al-Haroni & Farah, 1990), The Scale of Attitudes Toward Psychological Illness, a modified version for the Jordanian setting (Bo-Median, 1989), and the Questionnaire of Measurement of Mentally Retarded Children Parents' Attitudes toward Mental Retardation (Masalhah, 1997). Items were designed to elicit information on parents' and family members' behaviour, perceptions, reactions, values, feelings etc. which is the definition of attitude used in this study. The items were first prepared in English and then were translated into Assamese. Scores on the responses were given as follows:

Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
4	3	2	1	0

**PROCEDURE OF DATA COLLECTION:**

In the present study the researcher has collected the data personally from the two groups (parents and family members) of institutionalized mentally retarded children who were admitted at Prerona Spastic Society, Cinnamara, Jorhat and at Destination, a real home for persons with special need, Kahilipara, Guwahati. The parents and family members were first informed of the

study by the school principal and then by the researcher. Their consent to participate in the study was obtained and then the questionnaires were distributed to them. Instructions and statements were read out and explained individually to those participants who were illiterate.

## RESULTS:

Research question 1: To answer the first research question “whether the attitude of parents and family members towards their mentally retarded children is positive?” a questionnaire was distributed to each of them and the responses were presented in table-II and table-III.

Table-II Frequency distribution of attitude of parents towards their mentally retarded children.

Items	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
1) I have accepted the fact that my child is mentally retarded.	16 (32%)	19 (38%)	13 (26%)	2 (4%)	0
2) It hurts me to think that I am a parent of a mentally retarded child.	0	5 (10%)	7 (14%)	15 (30%)	23 (46%)
3) I do not feel embarrass to take my mentally retarded child with me when I attend functions.	21 (42%)	14 (28%)	8 (16%)	7 (14%)	0
4) Raising mentally retarded children is a nerve-wrecking job.	3 (6%)	5 (10%)	9 (18%)	13 (26%)	20 (40%)
5) I give more attention to my mentally retarded child than my other children.	12 (24%)	17 (34%)	11 (22%)	6 (12%)	4 (8%)
6) I felt disappointed when I found out that my child is mentally retarded.	8 (16%)	12 (24%)	10 (20%)	12 (24%)	8 (16%)
7) It makes me feel good to know that I can take care of my mentally retarded child.	20 (40%)	22 (44%)	6 (12%)	2 (4%)	0
8) I would love my child more if he/she were not mentally retarded.	0	3 (6%)	5 (10%)	24 (48%)	18 (36%)
9) I think that Mentally Retarded Children are also one of the best creations of God.	26 (52%)	21 (42%)	1 (2%)	2 (4%)	0
10) I have contributed to my child's mental retardation.	1 (2%)	7 (14%)	13 (26%)	19 (38%)	10 (20%)



11) My mentally retarded child's need comes first.	18 (36%)	22 (44%)	6 (12%)	4 (8%)	0
12) I don't like my mentally retarded children to play with other normal children.	0	1 (2%)	0	23 (46%)	26 (52%)
13) I am disappointed that my mentally retarded child does not lead a normal life.	27 (54%)	20 (40%)	2 (4%)	1 (2%)	0
14) I feel that I must protect my mentally retarded child from the remarks of other children.	19 (38%)	15 (30%)	16 (32%)	0	0
15) I don't think that my mentally retarded child would someday be able to find a partner and get married.	11 (22%)	13 (26%)	16 (32%)	7 (14%)	3 (6%)
16) I think that my mentally retarded child is capable of attending a normal school.	18 (36%)	12 (24%)	3 (6%)	5 (10%)	12 (24%)
17) Thinking about my mentally retarded child's future makes me sad.	20 (40%)	22 (44%)	0	3 (6%)	5 (10%)
18) My mentally retarded child feels that I am the only one who understands him or her.	2 (4%)	14 (28%)	21 (42%)	7 (14%)	6 (12%)
19) I am not embarrassed when people question me about my mentally retarded child.	6 (12%)	18 (36%)	15 (30%)	7 (14%)	4 (8%)
20) Sometimes I feel very ashamed because of my mentally retarded child.	1 (2%)	4 (8%)	11 (22%)	14 (28%)	20 (40%)

Table-III Frequency distribution of attitude of family members towards their mentally retarded children.

Items	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
1) When I think of my mentally retarded child, I feel how lucky I am. God gave him much more than a lot of kids have.	12 (24%)	16 (32%)	4 (8%)	11 (22%)	7 (14%)
2) One of the bad things about raising mentally retarded children is that you are not free enough to do just as you like.	13 (26%)	13 (26%)	10 (20%)	9 (18%)	5 (10%)
3) It would make me happy to know that my community respects my mentally retarded child.	9 (18%)	13 (26%)	14 (28%)	10 (20%)	4 (8%)

4) People who are mentally retarded might be a danger to society.	2 (4%)	5 (10%)	7 (14%)	19 (38%)	17 (34%)
5) Mentally retarded children are more considerate of their mothers, since their mothers suffer so much for them.	1 (2%)	14 (28%)	17 (34%)	12 (24%)	6 (12%)
6) The best way to discipline mentally retarded children is by hitting them.	0	0	3 (6%)	15 (30%)	32 (64%)
7) I think that someday my mentally retarded child would get better.	26 (52%)	10 (20%)	11 (22%)	3 (6%)	0
8) I don't worry too much about my mentally retarded child's health.	0	0	5 (10%)	36 (72%)	9 (18%)
9) My mentally retarded child's problem or illnesses don't stand in the way of our family progress.	39 (78%)	11 (22%)	0	0	0
10) A child with Mental Retardation has unpredictable behaviour.	0	6 (12%)	13 (26%)	16 (32%)	15 (30%)
11) Professionals (nurses etc.) in an institution would understand my mentally retarded child better.	16 (32%)	30 (60%)	2 (4%)	2 (4%)	0
12) If a parent has a retarded child, he should not allow his child to play with normal children.	0	0	3 (6%)	36 (72%)	11 (22%)
13) Parents should not feel that their normal child will be hurt if he plays with a retarded child.	16 (32%)	27 (54%)	7 (14%)	0	0
14) All children should associate with Mentally Retarded Children either at play or at school.	41 (82%)	9 (18%)	0	0	0
15) There is a real need for the general public to learn more about Mentally Retarded Children.	17 (34%)	33 (66%)	0	0	0
16) Children who have Mental Retardation can't be fully recovered.	8 (16%)	14 (28%)	15 (30%)	9 (18%)	4 (8%)
17) A separate special class should be designed to meet the needs of Mentally Retarded Children.	10 (20%)	29 (58%)	7 (14%)	4 (8%)	0
18) Mentally Retarded Children are generally unattractive children.	2 (4%)	7 (14%)	11 (22%)	17 (34%)	13 (26%)
19) The best way to help those Children with	31	19	0	0	0



Mental Retardation is to let them stay in the community and live a normal life.	(62%)	(38%)			
20) The care and support of family and friends can help Mentally Retarded Children to get rehabilitated.	20 (40%)	28 (56%)	2 (4%)	0	0

It is found from the table II & III that the parents and family members of children with mental retardation in both the districts express a positive attitude toward the mentally retarded children. They do not have feelings of embarrassment towards their mentally retarded children. However, both the groups, e.g., parents and family members were over protective towards mentally retarded children. But the important finding is that there was a strong feeling of love and acceptance among all the groups towards the mentally retarded children and almost all of them did not display strongly negative attitudes.

Research question 2: To serve the purpose of second research question “are there any statistically significant differences in parents’ and family members’ attitude towards their mentally retarded children?” Descriptive statistics like Mean and Standard Deviation and t-test was applied. Results were shown in the following tables-IV, V, VI & VII.

Table-IV: Mean and Standard Deviation of parents’ responses on the attitude scale

	N	Mean	Std. Deviation
Attitude of parents	50	44.56	6.528

One sample descriptive statistics for parents’ attitudes toward mentally retarded children (N=50) was found that the parents’ mean attitude score is (44.56) and SD is (6.528). The SD was significant at the level (.01) which indicates that there were significant differences among the attitude of parents.

Table-V: One sample t-test (Parents' attitude)

	t	df	Sig. (2-tailed)
Attitude of parents	48.265	49	.000

The table-V shows that the t-value (df=49 48.265) is significant at the level (.01) which indicates that there were statistically significant differences among parents' attitude towards mentally retarded children.

Table-VI: Mean and Standard Deviation of family members' responses on the attitude scale

	N	Mean	Std. Deviation
Attitude of family members	50	47.28	1.642

The table-VI shows that the family members' mean attitude score is (47.28) and SD is (1.642). The SD is significant at the level (.01) which indicates that there were statistically significant differences among the attitude of family members.

Table-VII: One-Sample t-test (Family members' attitude)

	t	df	Sig. (2-tailed)
Attitude of family members	203.630	49	.000

It is seen in the table-VII that the t-value (df=49 203.630) is significant at (.01) level. So there were significant differences among the attitude of family members' towards mentally retarded children.

Research question 3: To answer the last research question: are there any statistically significant differences in the attitude of parents and family members towards their mentally retarded children due to parents' and family members' gender? Independent sample t-test was calculated which is shown in the table VIII & IX.

Table-VIII: Independent Samples t-test (parents)

Parents	N	Mean	SD	t	df	Sig. (2-tailed)
Father	22	43.09	6.754	1.425	48	.161
Mother	28	45.71	6.223	1.411	48	.165

Table-VIII shows there are no statistically significant differences among the parents' attitude due to gender variable. It shows the results of the questionnaire which was distributed among (22) male and (28) female parents about their attitudes towards their mentally retarded child. Means and standard deviations were calculated and results show that females got a higher mean which was (45.71); this indicates that female parents got more positive attitudes towards their mentally retarded children. Males got a little bit lower mean than females which was (43.09). The t-value (df=48 1.425) and (df=48 1.411) obtained for fathers and mothers respectively were not significant. Thus it is clear that there were no statistical significant differences between the attitudes of father and mother towards mentally retarded children due to gender.

Table-IX: Independent Samples t-test (family members)

Types of family members	N	Mean	SD	t	df	Sig. (2-tailed)
male members	27	48.04	1.255	4.050	48	.000
female members	23	46.39	1.616	3.969	48	.000

From the Table-IX, it is seen that the Mean attitude for male family members was (48.04) with a SD of (1.255) and for mothers was (Mean=46.39) with a SD of (1.616). The t-value (df=48 4.050) and (df=48 3.969) obtained for both male and female family members respectively were significant at the level (.01), which indicates that there were significant impact of gender on the attitudes of family members towards their mentally retarded children.

## DISCUSSIONS:

The results of the study suggest that the parents and family members of children with mental retardation in both the districts express a positive attitude toward the mentally retarded children. They do not have feelings of embarrassment towards their mentally retarded children. Those statements which received the most indifferent answers or a wide range of answers from “strongly agree” to “strongly disagree” were concerned with the behavior and life of mentally retarded children. However, both the groups, e.g., parents and family members were over protective towards mentally retarded children. But the important finding is that there was a strong feeling of love and acceptance among all the groups towards the mentally retarded children and almost all of them did not display strongly negative attitudes. Thus the first question “whether the attitude of parents and family members towards their mentally retarded children is positive?” was highly favoured.

To serve the purpose of the second question “are there any statistically significant differences in parents’ and family members’ attitude towards their mentally retarded children?” the researcher made use of descriptive statistics and t-test. The Mean and SD for parents’ attitude were (44.56) and SD is (6.528) respectively. The SD was significant at the level (.01) which indicates that there were significant differences among the attitude of parents. The t-value (df=49 48.265) obtained for parents’ attitude was significant at the level (.01) which indicates that there were statistically significant differences among parents’ attitude towards mentally retarded children. It indicates that attitude of the different parents was affected by their perception and knowledge towards mentally retarded children.

The t-test was applied to determine the gender impact of different groups on the attitude towards mentally retarded child. The t-value (df=48 1.425) and (df=48 1.411) obtained for fathers and mothers respectively indicate that there were no gender impact on the attitudes of parents towards mentally retarded children. But the t-value (df=48 4.050) and (df=48 3.969) obtained for male and female family members respectively indicate that there was a significant difference between the attitude of male and female family members. This result shows that there was significant impact of gender on the attitudes of family members towards mentally retarded children.

## CONCLUSION:

The parents and family members have positive attitude towards mentally retarded children. Though some parents and family members consider the mentally retarded children as a burden and feel ashamed of them, yet majority of them consider it as their duty to take care of such children. They loved and accepted their children with mental retardation. However, the attitudes of the respective groups towards mentally retarded children were affected by their individual knowledge, beliefs and perceptions. Further there was no any gender impact on the attitudes of parents towards the retarded children. But the impact of gender was there on the attitudes of family members. The most important implication of this study is the need for equalizing the attitudinal variances of the different groups for the psychological well-being of the children with mental retardation.

## LIMITATIONS AND FUTURE RESEARCH:

The present study is limited in scope. The sample comprised of 50 parents and 50 family members (total=100) of institutionalized mentally retarded children which were selected only from the two institutions of mental retardation situated at Kamrup (metro) and Jorhat district of Assam. Thus the results of the study cannot be generalized. Moreover, the researcher investigated only the attitudinal aspects of different groups towards mental retardation. Other related aspects like socio-economic condition of the family, educational level of the respective groups, salary of the teacher of mentally retarded children etc. were not considered in this study. Further the present study was concerned only with the institutionalized mentally retarded children. Those retarded children who are not receiving special care in the prescribed institutions for mental retardation, were not included in this study. Thus the representativeness of this study is limited to the institutionalized mentally retarded children only.

Although the present study is limited in scope, it has provided a basis for much needed similar research in other rural as well as urban areas of Assam. An attempt should be made to replicate this study and the present study can only be regarded as exploratory. Researches may be conducted on the impact of socio-economic conditions on the attitudes of parents, teachers, family members, etc. towards their mentally retarded children. Attempts in the context of

adjustment and experiences of families with mental retardation may be made. Further, attempts should be made to investigate the Parental Involvement and Expectations in promoting Social and Personal Skills of Mentally Challenged Children.

## References

- Davis, C., Oliver, C., Tang, C.S. & Wu, A. (2000). Chinese children's attitudes towards mental retardation. Journal of Developmental and Physical Disabilities, 12.*
- Dutt, G. (2001). Social acceptance and problems associated with Mental Retardation. Indian Educational Abstracts. Vol. 8, No-1.*
- Espe-Sherwindt, M., & Crable, S. (Summer 1993). Parents with mental retardation: Moving beyond the myths. Topics in Early Childhood Special Education.13 (2), 154-175.*
- Garrett, H.E. (1969). Statistics in psychology and education. Bombay Vakkils, Feffer and Simons, Pvt. Ltd.*
- Grebler, A.M. (1952). Parental attitudes towards mentally retarded children. American Journal of Mental Deficiency.*
- Hastings RP, Taunt HM (2002). Positive Perceptions in Families of Children with Developmental Disabilities. American Journal on Mental Retardation. 107: 116-127.*
- Idkidik, U. (2002). Parents attitudes toward the presence of a mentally retarded child in families with a mentally retarded child in eastern Jerusalem. Unpublished M.A. Jerusalem.*
- Lakhan R. and Sharma M. (2010). A study of Knowledge, Attitudes and Practices (KAP) survey of families toward their children with intellectual disability in Barwani, India. Asia Pacific Disability Rehabilitation Journal.*
- Majeda Al Sayyed O. (2012). Parental Attitudes towards Autistic Child. European Journal of Social Sciences. ISSN 1450-2267 Vol.31 No.1 pp. 103-114.*
- Milica P.M., Dusica L.T., Lazar T., Smiljka P.D. & Saveta D.G. (2009). Changing Attitudes of High School Students towards Peers with Mental Health Problems. Psychiatria Danubina. Vol. 21, No. 2.*



*Raju, S. & vidhya, R. (2007). Adjustment and attitude of parents of children with mental retardation, under Kerala University. Journal of the Indian Academy of Applied Psychology. January. Vol-33, no-1.*

*Rangaswami, K. (1995).Parental Attitude towards Mentally Retarded Children. Indian Journal of Clinical Psychology. 22: 20-23.*

*Sananda Raj, S.H. (2000). Manual of Scale of Parental Attitude towards mental Retardates. Department of Psychology. Kariavattom, University of Kerala.*

*Tunali B, Power TG. (1993). Creating Satisfaction: A Psychological Perspective on Stress and Coping in Families of Handicapped Children. Journal of Child Psychology and Psychiatry. 34: 945-957.*

*Vidhya R. and Raju, S (2007). Adjustment and Attitude of Parents of Children with Mental Retardation. Journal of the Indian Academy of Applied Psychology.*