DATA ANALYSIS INTERPRETATION AND DISCUSSION

CHAPTER - V

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

5.0 INTRODUCTION

The data were analyzed with the help of appropriate qualitative and quantitative techniques and they were interpreted in order to arrive at the inferences. The information collected using various tools, methods have been analyzed under three sections. Under section – I, data regarding the needs of the parents of the children with mental retardation have been analyzed and collected through the use of observation schedule and family needs semi structured interview schedule.

In section - II, data regarding the effectiveness of the programme have been analyzed. The findings have been presented under the following subsections:

1. Pretest and Posttest scores of awareness level of parents.
2. Attendance of parents in the sessions of the intervention programme.,
3. Observations during follow-ups.
4. Reaction scale.

In section - III, two case studies are presented. Selected cases were on the basis of their significant improvement as a result of intervention programme.

SECTION - I

5.1 DATA ANALYSIS, INTERPRETATION AND DISCUSSION REGARDING THE ASSESSED NEEDS OF THE PARENTS OF CHILDREN WITH MENTAL RETARDATION

Analysis and interpretation of data regarding the needs of the parents of the children with mental retardation were assessed through Observation Schedule and FAMNS Semistructured Interview Schedule.

5.1.1 Observation Schedule for Parents

Parents – children relationship as well as the emotional reactions displayed during different situations viz., during brushing, dressing, self grooming, eating etc. were observed.

5.1.1.1 Parents – Children Relationship

During the observations, it was seen that the parents blamed the children for their behaviour. They opined that the home environment is affected due to this child. Most of them felt that these situations arose because of the child's lack of understanding. It was further observed that parents seemed to be somewhat reluctant towards their children. The behaviour problem of the children that could have been avoided at an early age became more rigid due to the lack of knowledge on the part of the parents regarding the training of the children. Though the management of the behavioural problem was intensely needed but less effort by the parents was seen in this regard. Parents were seen losing their patience and as a result hitting them. Two forms of behaviour were found in the parents towards their children – indifferent attitude and sympathetic.

Acceptance of each activity (whether it is desirable or undesirable) of the children was mostly found. As a result children continued to do the forbidden activity.

Situations observed:

Ramesh (Changed name) had a habit of rocking.

Ramesh's Uncle:" Stop, Ramesh"

Ramesh's Mother: "He enjoys doing that so let him do"

Ramesh's Father: "Do not disturb him."

Parents viewed that the child is mentally retarded so he should not be treated in the same manner like that of the other children. Parents encouraged all the activities performed by their children whether they are desirable or undesirable.

On the other hand, some parents were quiet indifferent toward their child's condition which made their children more deprived Their way of shouting, screaming, hitting and spanking were aggravating the problems in the children

'I'll shut you in the bathroom' – 'don't listen others conversation'. 'I'll throw you in the dustbin.' were some of the observations that the investigator recorded. Other reactions commonly observed in the parents were:

Rahul's Mother: 'Go and get your school bag'

Rahul did not hear

Mother (with anger): 'Would you get it or I will spank you'. Ramesh started banging his head.

Mother told that let him does that, he will get hurt and realize soon.

Indifferent and inappropriate management of the behaviour problem was observed in this situation.

Further, it was observed that parents usually performed some of the daily tasks of combing, clipping of nails, buttoning and tying shoe laces of their children as they reported that these children take longer time to learn. Therefore, parents performed certain activities on their behalf, which children cannot perform on their own.

Situation observed:

Mother: 'I have lot of household work'. 'It needs patience and time'.

Father: 'I have to devote more on my business / job.'

Observed situation depicts that both the parents were busy at their own work and were forced to do their child's daily task of grooming, dressing and other activities of daily living skills.

Parents showed frustration and negligible interest towards their children.

It was seen that children were unable to perform the activities of daily living skills like combing, dressing and wearing slipper or tying shoe lace.

Further, it was noticed in few observations that parents were not giving attention to their brushing skills. Children trying themselves and applying toothpaste and quickly finishing it off and was also seen that children swallowed the toothpaste as generally the children while eating is taught to swallow whatever is in the mouth. Children were unable to brush their teeth properly. They were allowed to stand in front of mirror and do brushing, but the skill of brushing properly was missing Parents also reported, 'Children are not able to tell a time and can't associate daily routine task of brushing skills with getting up and before going to bed.'

Situation observed:

Bintoo (name changed): "I want to comb my hair."

Bintoo's mother:" Stop, Bintoo, look, I have no time, I have other works to perform."

For combing skills, it was observed that while combing, the child in one of the observation was snatching the comb from his mother to do on his own. But the mother was not ready to let the child does it.

Parents were also seen doing braiding/ making plaits of hair to their daughters.

Situations observed:

Father: How many times, I have to tell you that right slipper should be worn in the right (by pointing the right foot).

With regard to wearing slippers, it was noticed that children were unable to wear slippers in the appropriate foot and the way of the father to deal with the child.

Situation observed:

Mother: She tears it while putting arm in to the sleeves.

With regards to dressing skills, it was observed that while putting the t-shirt or / and frock, children were not able to wear it.

For buttoning, parents were seen encouraging their children to button the shirt.

Situation observed:

Mother: Yes Jay, you are doing well. You can do it.

Mothers reported, 'we always give support to the child in doing his activity on his own. After spending so much time on him. Till now, he couldn't able to learn how to button or unbutton his dress. He is a slow and clumsy'.

This can be interpreted that parents had a little hope about the training of their children.

Needs observed were in the areas of general concept of mental retardation, self grooming, dressing and brushing, managing the behavioural problem of the child and about parents' own ways of understanding the child

5.1.1.2 Emotional Reactions of the Parents

With respect to the emotional reactions of the parents, it was noticed that stress, anxiety and worry were commonly found in parents. They were in the state of bewilderment. Future prospects of the children were one of the major issues, which led to anxiety and brought a series of questions in the minds of the parents i.e. What? How? and When? Parents were seen taking the help of occultism.

Parents expressed that the increased anxiety led to hitting or using the abusive language towards their children. While assessing the needs, observations showed that parents felt anxious, helpless, and miserable. They were unaware of how to help the child.

Parents expressed immense anxiety regarding the development of self-help skills in their children and acceptable / desirable behaviour because they couldn't perceive the child as being capable to learn social skills. Parents opined that the children with mental retardation created conflicts between parents.

It was further observed that sometimes parents lost their patience if the children showed restlessness while dressing up or if no indication of having followed an instruction. It can be interpreted that they were in dilemma regarding the solutions of such problems. Sometimes they had to use physical punishments, threats to deal with the management of the problem of the child at home. Parents found the increased responsibilities.

Situations observed:

'After doing my daily activities, I find that I've now less time to myself.'

'I just can't believe that my child will not be normal'

'Who will look after him after my death?'

Does the Government provide any help to these children?

Parents were seen performing 'Kirtans' more frequently at home'

'God is the ultimate power. Some miracle will happen.'

Thus it can be observed that parents evoked strong emotional reactions. Perceived needs were observed in the areas of relaxation therapy, Government benefits and future prospects.

Table 5.1: Frequency and Percentage Scores of the Parental Reaction About the Child's Condition

	Sentence	Reactions of the parents per alternative (N = 22)				
1	Condition of the child is discussed with other parent	Embarrassment 4 (18.1)	Shame 3 (13 6)	Relax 5 (22.7)	Realistic 4 (18.1)	Other parents see with pity and sympathy 6 (27.2)
2	Common mistakes in raising a handicapped children	Parents will not do mistake 5 (22.7)	Don't show to the professional 6 (27.2)	Attitude of pity and irritation 4 (18 1)	High expectations 7 (31.8)	
3	If something happens to us, what will happen to child?	Sad and lonely 6 (27 2)	Shatter 7 (31.8)	Won't Survive 5 (22.7)	Others may take care 4 (18.1)	
4	Things which we don't understand about the child	Strange behaviour 15 (68 1)	Slow reactions 7 (31.8)			
5	Reaction when others complain about the child	Sad 7 (31.8)	Painful and hurt internally 13 (59.0)	Won't agree what others say 2 (9.09)		
6	Things for which children are dependent on us	Brushing and self-grooming 13 (59.0)	Academics and dressing and travelling 9 (40.9)			
7	We did not take children in social gatherings	Shame and people would make fun 16 (72 7)	Uncomfortable 6 (27.2)			
8	When the children are unmanageable at home	Restlessness Disappointment and irritation 14 (63.6)	Threats and Thinking of unfortunate 8 (36.3)			
9	Future of the children	Worry and despair 5 (22.7)	Bright future 6 (27.2)	Independent and will become normal after sometimes 11 (50.0)		

For the projection of their innermost reaction about the child's condition, sentence completion test was administered to the parents It was revealed from the table 5.1 that three parents felt ashamed, four parents felt embarrassed with despair and six parents felt that other parents see them with pity and sympathy. Whereas five parents felt relaxed and four felt that child's mental retardation was the reality, when they talk about the condition of the child with other parents.

When asked regarding the common mistakes they make in raising a handicapped child, five parents reported that they are the parents, why they will do the mistake? Six parents revealed that mistakes which commonly occurred were that they didn't show her / him to the appropriate professional. High expectations from the children were found in four parents and seven parents stated the attitude of pity and irritation were the mistakes, they make in raising a child with mental retardation.

Six parents commented that if something happen to them, their children will become sad and lonely. Seven reported that they will be shattered and five commented that their children won't survive; whereas four parents expressed that other family members may take care of them.

Further, it was revealed that majority of the parents (15) reported that the things which they didn't understand about their children were their strange behaviour like rocking, anger without reason, banging the head, others expressed about their clumsiness and slow reaction.

Seven parents expressed that when others complain about the child, they felt sad, thirteen felt painful and also hurt whereas two reported that they didn't agree with what others say about the child as others lie regarding the child.

Majority of the parents stated that their children were dependent on them for things like brushing and self grooming and academics. Others felt that for dressing and traveling their children are dependent.

It was further observed that sixteen parents reported that they did not take the children in social gatherings due to shame that people would make fun of them, whereas six expressed that they took them whenever they felt that children would feel comfortable in the gatherings

Feelings of restlessness, disappointment and irritation were found in fourteen parents when their children were unmanageable at home. Beating, threats and thought to be unfortunate were found in rest eight parents.

Regarding the future of the children, six parents reported a bright future, five expressed that what the child will do is the question of great worry and despair. Seven opined that the children would be independent and at least able to look after themselves and others reported that they would become normal after sometimes.

Results showed different stages of emotions perceived by the parents which were:

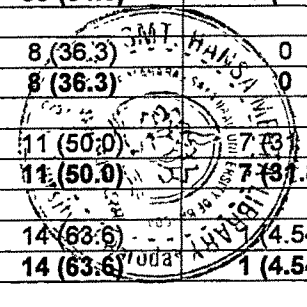
- ❖ Acceptance
- ❖ Anger
- ❖ Shame
- ❖ Blame
- ❖ Denial
- ❖ Shock

Table 5.2: Area-wise Ranking of Parental Needs (very much needs)

Sr. No.	Area / Needs	Percentage
1.	Vocational Planning	63.6%
2.	Services	51.8%
3.	Government Benefits and Legislations	47.72%
4.	Financial	47 72%
5.	Hostel	43.1%
6.	Future Planning	40.9%
7	Child Management	36.9%
8	Information – Condition	35.6%
9.	Marriage	31.8%
10.	Support – Physical	28.7%
11.	Facilitating Interaction	27.2%
12.	Sexuality	18.1%
13.	Personal – Emotional	17.04%
14	Family Relationship	9.09%
15.	Personal – Social	9.09%

Table 5.3: Frequency Distribution and Percentages of the Perceived Needs of the Parents (N = 22)

Sr. No.	Areas / Needs	Very much need	Little need	No need
	AREA I – INFORMATION – CONDITION			
1	Disability Condition	10 (45.4)	11 (50.0)	1 (4 5)
2	Assessment reports	1 (4.5)	16 (72.7)	5 (22.7)
3	Abilities of child	15 (68 8)	7 (31.8)	0
4	Information in identifying child's characteristics Adverse effect	8 (36.3)	14 (63.6)	0
5	Reading materials	11 (50 0)	10 (45.4)	1 (4 54)
6	Nutrition	2 (9 09)	9 (40.9)	11 (50.0)
	Total	**47 (35.6)**	**67 (50.7)**	**18 (13.6)**
	AREA II – CHIILD MANAGEMENT			
7	Development child	4 (18 1)	14 (63 6)	4 (18 18)
8	Upbringing the child	5 (22.7)	12 (54.5)	5 (22.7)
9	Discipline	13 (59.0)	9 (40.9)	0
10	Problem behaviour	19 (86 3)	3 (13.6)	0
11	Child cooperation	16 (72.7)	6 (27 2)	0
12	Child training	5 (22.7)	15 (68.1)	2 (9 09)
13	Parent – teacher interaction	3 (13.6)	13 (59.0)	6 (27.2)
14	Plan for another child	0	1 (4.54)	21 (95.45)
	Total	**65 (36.9)**	**73 (41.4)**	**38 (21.5)**
	AREA III – FACILITATING INTERACTION			
15	Information on how to child's condition	5 (22.7)	6 (27.2)	11 (50.0)
16	Help to involve others in meeting service	7 (31.8)	6 (27 2)	6 (27 2)
	Total	**12 (27.2)**	**12 (27.2)**	**17 (38.6)**
	AREA IV – SERVICES			
17	Information on the services available for child	19 (86.3)	1 (4.5)	2 (9.09)
18	Help in deciding the school	9 (40.9)	9 (40.9)	4 (18.18)
19	Information on training material	5 (22.7)	10 (45.4)	7 (31.81)
20	Need professionals who visit home to train	13 (59.0)	9 (40.9)	0
21	Information on the effect of admitting the child in the school	11 (50.0)	9 (40.9)	2 (9.09)
	Total	**57 (51.8)**	**38 (34.5)**	**15 (13.6)**
	AREA V – VOCATIONAL PLANNING			
22	Help in finding the appropriate vocation for the child	14 (63 6)	8 (36.3)	0
	Total	**14 (63.6)**	**8 (36.3)**	**0**
	AREA VI – SEXUALITY			
23	Information on sexuality issues	4 (18.1)	11 (50.0)	7 (31 8)
	Total	**4 (18.1)**	**11 (50.0)**	**7 (31.8)**
	AREA VII – MARRIAGE			
24	Information to marriage issues	7 (31.8)	14 (63.6)	1 (4.54)
	Total	**7 (31.8)**	**14 (63.6)**	**1 (4.54)**



	AREA VIII – HOSTEL			
25	Help in deciding admission in a hostel	11 (50.0)	8 (36.3)	3 (13.6)
26	Help in deciding the hostel	8 (36.3)	9 (40.9)	5 (22.7)
	Total	**19 (43.1)**	**17 (38.6)**	**8 (18.1)**
	AREA IX – PERSONAL – EMOTIONAL			
27	Need more time to self	4 (18 1)	10 (45 4)	8 (36 3)
28	Need to talk about personal problem	5 (22 7)	9 (40.9)	8 (36.3)
29	Need help when sad	4 (18.1)	13 (59.0)	5 (22 7)
30	Need help to manage physical health problem	2 (9.09)	6 (27.2)	14 (63.6)
	Total	**15 (17.04)**	**38 (43.1)**	**39 (39.7)**
	AREA X – PERSONAL – SOCIAL			
31	Need to have friends for discussion	0	11 (50.0)	11 (50.0)
32	Need to meet the parents having similar condition	4 (18.1)	14 (63.6)	4 (18 1)
	Total	**4 (9.09)**	**25 (56.8)**	**15 (34.0)**
	AREA XI – SUPPORT – PHYSICAL			
33	Need transportation from home to school	10 (45.4)	2 (9.09)	10 (45.4)
34	Need somebody to drop and bring back the child from school	4 (18.18)	5 (22.7)	13 (59.0)
35	Need someone to look after the child at home	5 (22.7)	15 (68.1)	2 (9.09)
	Total	**19 (28.7)**	**22 (33.3)**	**25 (37.8)**
	AREA XII – FINANCIAL			
36	Need financial help to pay for medical care and therapy	15 (68 1)	7 (31.8)	0
37	Need financial help to purchase training material	6 (27.2)	15 (68.1)	1 (4.54)
	Total	**21 (47.7)**	**22 (50.0)**	**1 (4.54)**
	AREA XIII – FAMILY RELATIONSHIP			
38	Need help in discussing family problems and finding solutions	1 (4.54)	14 (63.6)	3 (13 6)
39	Need information on how child with mental retardation effect other children	3 (13.6)	16 (72.7)	3 (13.6)
	Total	**4 (9.09)**	**30 (68.1)**	**6 (13.6)**
	AREA XIV – FUTURE PLANNING			
40	Help in financial planning for vocation aspects	10 (45.4)	12 (54.5)	0
41	Information on transfer of property benefits	8 (36.3)	11 (50.0)	3 (13 0)
	Total	**18 (40.9)**	**23 (52.2)**	**3 (13.0)**
	AREA XV – GOVERNMENT BENEFITS AND LEGISLATION			
42	Need information on Government benefits	16 (72 7)	6 (27.2)	0
43	Information on legislations for persons with mental retardation	5 (22.7)	15 (68.1)	2 (9.0)
	Total	**21 (47.72)**	**21 (47.7)**	**2 (9.0)**

- Figures in parenthesis indicate percentages.

5.1.2 NIMH Family Needs Semi-structured Interview Schedule

A Semi-Structured Interview Schedule NIMH-FAMNS was used to elicit the needs of the parents having children with mental retardation. Area-wise ranking needs of the parents were presented in table 5.2 in which only 'very much' needs of the parents were ranked table 5.3 depicts the perceived needs of the parents in frequencies and percentages. It was indicated that parents reported major needs in 'vocational planning' for their children i.e. 63.60% followed by 51.81% of the parents who needed information on 'services' for training the child. In which 86.36% needed information on the services available for their child followed by 47.7% of the parents had 'very much a need' on financial planning, whereas 68.18% needed information on financial help to pay for medical care, medicines and therapy to their child whereas 43.1% of the parents needed help in deciding the hostel. 72.7% of the parents had a maximum need on the various Government benefits for persons with mental retardation. 'Very much a need' related to 'child management' and 'information-condition' expressed by a few parents. In these areas, 86.36% of the parents needed help in managing behaviour problem in their children and 72.7% of the parents needed help in getting to cooperate in daily activities. Needs related to 'marriage issues' were expressed by 31.8% of the parents and 18.1% parents indicated their needs on 'sexuality issues'. Further few parents (13.09%) have expressed 'personal-emotional' and 9.09% have expressed 'personal social' as the lowest ranked needs.

Table 5.4: Distribution of sampled families on the basis of personal characteristics and child characteristics.

Personal characteristics:

Variables	Number of respondent
Age (Yrs)	
⩽ 39	10
⩾ 40	12
Total	**22**
Education	
Graduate / Postgraduate	14
Undergraduate	8
Total	**22**
Per Capita income	
500 – 1500	8
1501 – 2500	7
⩾ 2501	7
Total	**22**
Child Characteristics:	
Variable	**Number of respondent**
Level of retardation	
Mild mental retardation	15
Moderate mental retardation	7
Total	**22**
Gender	
Male	14
Female	8
Total	**22**

Description of the family

Table 5.4, depicts the description of the family related to personal characteristics and child characteristics.

Personal characteristics of the participant:

Age, Education and Per capita income of the family comprised personal characteristics of the participant.

Age:

Results revealed that ten participants were having age group of below thirty-nine and twelve participants were more than forty years of age.

Education:

Out of twenty-two participants, fourteen respondents were graduates / and postgraduates whereas, eight respondents had education up to higher secondary.

Income of the family:

Per capita income of the family from all sources was considered. Eight were in the income group of Rs. 500 – 1500, Seven participants were from the income group of Rs. 1501 – 2500 and seven had above Rs. 2501 as their total per capita income.

Child Characteristics:

It includes the level of retardation and the child's gender.

Level of retardation:

It can be seen from the table that majority of children (15) were having mild mental retardation and seven were with moderate mental retardation.

Gender:

Majority of the children (14) were males and eight children were females.

5.1.2.2 Analysis and Interpretation of Parental Needs with Variables of Education and Per capita Income of the Parents

The nature of needs expressed by parents analyzed on two variables namely education of the participant and per capita income of the family.

Table 5.5: Frequency and Percentage distribution and X^2 value of parents with 'Greater Needs' in Information needs with education and per capita income of the parents

Parent Needs	Parent Education			Per Capita Income of the family (Rs.)			
NEEDS	Graduate / Post graduate n = 14	Undergraduate n = 8	X^2 Value	500 – 1500 (n = 8)	1501 – 2500 (n = 7)	>2501 (n = 7)	X^2 value
INFORMATION CONDITION							
Disability condition	14 (28.5)	6 (75.0)	4.69	6 (75 0)	3 (42.8)	3 (42.8)	2.32
Assessment Reports	0	1 (12.5)	4.99	1 (12.5)	0	0	5.40
Abilities of child	11 (78 5)	4 (50.0)	1.68	4 (50 0)	6 (85.7)	5 (71.4)	2.22
Adverse effect	6 (42.8)	2 (25.0)	0.68	2 (25.0)	4 (57.1)	2 (28.5)	1.91
Reading Material	10 (71 4)	5 (62.5)	1.75	3 (37.5)	2 (28.5)	6 (85.7)	7.00
Nutrition	1 (9 1)	1 (12.5)	0.18	1 (12.5)	1 (14.2)	6 (85.7)	1.07

Figures in parenthesis indicate percentages.

With regards to parents' level of education with information – condition, results revealed that from the table 5.5 shows majority of undergraduate parents (75%) had 'very much need' to know about the child's condition. 87.5% undergraduate parents were having a little need on the assessment reports of their children. Again out of fourteen graduate parents', eleven parents i.e. 78.5% needed a little help in identifying child's present characteristics / features which may have negative effects in the future. Majority of the graduate parents i.e. 71.4% had 'very much need' on the reading materials related to the child's condition. As clear from the table, this area showed statistically no significant association between needs and education of the respondent.

In relation to the per capita income of the family, it can be seen from the results that parents who have per capita income of Rs 500 – 1500 pm needed information about the child's condition or disability and about 85.7% of the

parents falling in the income category of Rs. 2501 – 3500 pm needed information on nutrition / special diet for the child and reading material. Again no association was seen between the needs and per capita income of the family.

Table 5.6: Frequency and Percentage distribution and X^2 value of parents with 'Greater Needs' in child management with education and per capita income of the parents

Parent Needs	Parent Education			Per Capita Income of the family (Rs.)			
NEEDS	Graduate / Post graduate n = 14	Undergraduate n = 8	X^2 Value	500 – 1500 (n = 8)	1501 – 2500 (n = 7)	≥2501 (n = 7)	X^2 value
CHILD MANAGEMENT							
Child development	3 (21 4)	3 (37 5)	1 59	1 (12.5)	2 (28 5)	1 (14.2)	1.34
Upbringing the child	4 (28 5)	1 (12 5)	2.1	1 (12.5)	3 (42 8)	1 (14 2)	9.13
Discipline	10 (71 4)	3 (37.5)	2.1	6 (75.0)	4 (57.1)	6 (85 7)	5 39
Problem behaviour	14 (100.0)	5 (62.5)	6.06*	5 (62.5)	7 (100.0)	7 (100.0)	6.06*
Child cooperation	12 (85 7)	4 (50.0)	3 2	6 (75 0)	6 (85.7)	6 (85 7)	3.23
Child training	5 (35.7)	2 (25.0)	1.49	1 (12.5)	4 (57.1)	0	3.23
Parent – teacher interaction	2 (14.2)	1 (12 5)	3.36	1 (12 5)	2 (28.5)	0	2 21
Plan for another child	0	0	0	0	0	0	-

Figures in parenthesis indicate percentages.

* **Significant at 0.05 level of significance.**

Results from table 5.6 indicated the needs for the area of 'child management' that majority of the parents (71.4%) who were graduate / postgraduate felt maximum need in handling their children. Almost all graduate / post graduate parents and 62.5% undergraduate parents indicated 'very much need' in managing behaviour problems or difficult behaviour in the children. It was again seen that majority of the graduate parents (85.7%) needed help in getting the child to cooperate in his / her daily activities Result showed that in this area, as the education level of the parents increased, the reported parental needs also increased.

With regard to 'child management issues', almost all parents from all income categories were having the greater needs in the management of

behavioural problems or difficult behaviour in the child and in getting the child to cooperate in his / her daily activities.

Significant association was seen between the needs related to 'child management' of problem behaviour at (d.f. = 1) 0.05 level of significance and per capita income (d.f. = 2) at 0.05 level of significance.

Table 5.7: Frequency and percentage distribution and X^2 value of parents with 'greater needs' with regard to emotional needs with education and per capita income of the parents.

Parent Needs	Parent Education			Per Capita Income of the family (Rs.)			
NEEDS	Graduate / Post graduate n = 14	Undergraduate n = 8	X^2 Value	500 – 1500 (n = 8)	1501 – 2500 (n = 7)	≥2501 (n = 7)	X^2 value
PERSONAL-EMOTIONAL							
Time to self	1 (7.1)	0	1.15	0	0	5 (71.4)	14.79*
Talk about personal problem	0	*3 (37.5)	6.98*	3 (37.5)	2 (28.5)	0	3 62
Help when sad or depressed	3 (21.4)	1 (12.5)	8.57*	1 (12.5)	2 (28.5)	1 (14.2)	6 10
Physical health problem	1 (7.1)	1 (12.5)	0.16	1 (12.5)	1 (14.2)	6 (85.7)	12.08*
PERSONAL – SOCIAL							
Discussion with friends	0	0	0	0	0	0	-
Discussion with other parents	4 (28.5)	0	3.05	0	2 (28.5)	2 (28.5)	8.13
FACILITATING INTERACTION							
Explanation of child's condition	5 (35.7)	0	4.86	0	1 (14.2)	4 (57.1)	9 30
Family involvement	6 (42.8)	1 (12.5)	2.18	1 (14.2)	2 (28.5)	4 (57.1)	3.51
FAMILY RELATIONSHIPS							
Family problems	1 (12.5)	0	3.13	0	0	1 (14.2)	4.59
Impact on other child	3 (21.4)	0	2.09	0	0	3 (42.8)	5.97

Figures in parenthesis indicate percentages.

*** Significant at 0.05 level**

Table 5.7 indicates emotional needs, which reveals that parents were not having greater need on the areas like personal – emotional and personal – social. Graduate parents (78.5%) expressed a little need on the emotional issues like when they were worried, felt sad and depressed. Significant association (d.f. = 2) was seen between the needs related to personal problems and education of the parents at 0.05 level of significance.

Not much need was expressed on the issues related to family relationships.

With regard to "facilitating interaction", parents were not found to have very much need at different levels of education.

With regard to Per Capita Income of the parents, in personal – emotional area, 85.7% of the parents from higher income category (Rs. 2501 ≥ pm) needed help in managing the physical health problems. Significant association (d.f. = 4) was observed between the personal - emotional needs and per capital income of the family at 0.05 level of significance.

Table 5.8: Frequency and Percentage distribution and X^2 value of Parents with 'Greater Needs' in other areas with Education and Per Capita Income of the Parents

Parent Needs	Parent Education			Per Capita Income of the family (Rs.)			
NEEDS	Graduate / Post graduate n = 14	Undergraduate n = 8	X^2 value	500 – 1500 (n = 8)	1501 – 2500 (n = 7)	≥2501 (n = 7)	X^2 value
SEXUALITY							
Child Sexuality	2 (14.2)	4 (50.0)	4.45	2 (25.0)	1 (14.2)	1 (14.2)	0 81
MARRIAGE							
Marriage of the child	7 (50.0)	1 (12.5)	4.24	0	3 (42.8)	4 (57.1)	7.48
HOSTEL							
Decision making hostel	4 (28.5)	7 (87.5)	8.06*	1 (12.5)	1 (14.2)	2 (57.1)	8 52
Nature of Hostel	3 (21.4)	5 (62.5)	4.86	1 (12.5)	1 (14.2)	2 (57.1)	9.30
SUPPORT-PHYSICAL							
Transportation of child's training	5 (35.7)	6 (75.0)	3.74	6 (75.0)	3 (42.8)	2 (28.5)	2.41
Manual support for transportation	1 (12.5)	3 (21.4)	9.52*	3 (37.5)	0	6 (85.7)	6 22
Domestic support for child care	4 (28.5)	1 (12.5)	2.38	1 (12.5)	2 (28.5)	5 (71.4)	8.9

Figures in parenthesis indicate percentages.

*** Significant at 0.05 level**

Table 5.8 points out the needs in other areas and the results indicated that nearly half of the percentages of undergraduate parents have greater needs on sexuality issues.

Majority of the parents who were undergraduate (87.5%) had a little need on the information to 'marriage issues' related to the children. They wanted their children to settle down and start their lives.

With respect to 'hostel needs', undergraduate parents (87.5%) reported greater need in deciding whether to admit the child in a hostel.

With regard to area 'support physical', maximum number of undergraduate parents (75%) were having the need for transportation facilities

to take child from home to school and need someone to drop and bring back the child from school. Significant association (d.f. = 2) was found between the 'hostel needs' and 'transportation support' with education of the parents.

Not much greater needs were seen in the areas of 'marriage issues', 'hostel issues' and 'sexuality issues' whereas in the area related to support – physical, 75% of the parent from Rs. 500 – 1500 pm needed transportation facilities to take the children from home to school. No significant association was found between the needs related to 'sexuality', 'marriage', 'hostel', and 'support physical' with per capita income of the family.

Table 5.9: Frequency and percentage distribution and X^2 value of parents with 'greater needs' in 'future aspects' with education and per capita income of the parents.

Parent Needs	Parent Education			Per Capita Income of the family (Rs.)			
NEEDS	Graduate / Post graduate n = 14	Undergraduate n = 8	X^2 value	500 – 1500 (n = 8)	1501 – 2500 (n = 7)	≥2501 (n = 7)	X^2 value
SERVICES							
Services available	11 (78.5)	8 (100.0)	1.61	8 (100.0)	5 (71.4)	6 (85.7)	3.60
Decision making school	7 (50.0)	2 (25.0)	1.33	2 (25.0)	4 (50.0)	1 (14.2)	1.56
Training material	4 (28.5)	1 (12.5)	5.97	1 (14.2)	2 (28.5)	2 (28.5)	5 97
Home training	9 (94.2)	4 (50.0)	0.33	4 (50.0)	4 (50.0)	5 (71.4)	0.71
Regular / special school effect	8 (57.1)	3 (37.5)	0.79	3 (42.8)	5 (71.4)	5 (71.4)	2 25
VOCATIONAL PLANNING							
Vocational Rehabilitation	10 (71.4)	7 (87.5)	1.00	6 (75.0)	5 (71.4)	4 (57.1)	0 98
FINANCIAL							
Financial help-services	8 (57.1)	7 (87.5)	2.14	7 (87.5)	3 (42.8)	5 (71.4)	3.47
Financial help-training materials	4 (28.5)	2 (25.0)	0.66	2 (25.0)	1 (14.2)	3 (42.8)	4.27
Financial help-others	1 (7.1)	0	1.23	0	0	1 (14.2)	4.82
FUTURE PLANNING							
Financial Planning – Future	4 (28.5)	6 (75.0)	4.41	6 (75.0)	3 (42.8)	1 (14.2)	5 56
Inheritance – Property	4 (28.5)	4 (50.0)	2.34	4 (50.0)	3 (42.8)	1 (14.2)	8 02
GOVERNMENT BENEFITS AND LEGISLATION							
Government Benefits	9 (64.2)	7 (87.5)	2.88	7 (87.5)	6 (85.7)	3 (42.8)	4.62
Legislation	3 (21.4)	2 (25.0)	1.50	2 (25.0)	2 (28.5)	1 (14 2)	4.87

Figures in parenthesis indicate percentages.

Table 5.9 throws light on the needs related to 'future prospects'. Regarding the area 'services' for children with mental retardation, all undergraduate parents and a little more than three fourth of graduate parents

indicated greater needs. Majority of the graduate parents (64.2%) had greater needs on the availability of professionals who could visit their home and train the child.

With respect to 'vocational planning' majority of the undergraduate parents (87.5%) and 71.4% of graduate / postgraduate parents needed help in finding the most appropriate vocation for the child.

Redressing of needs related to the areas of 'financial aspects', majority of undergraduates (87.5%) needed financial help to pay for medical care, medicine, therapy or any other services child's needed. It has been observed in the area related to 'future planning' that 75.0% of undergraduate parents were having maximum needs for 'financial planning' and 'vocational aspects'.

Needs related to the area 'Government benefits and legislation' 87.5% of undergraduate parents were having greater needs on the Government benefits and legislations. No significant association was found with 'future aspects' needs and education of the parents.

And 71.4% of higher income group parents needed financial help to pay for services. In relation to the services, all parents from lesser income groups (Rs. 500 – 1500 pm) and 85.7% from higher income group expressed greater needs on the services that are presently available for the child and 75.5% parents from lesser income group showed greater needs in finding the most appropriate vocation for the child.

The need for information on 'Government benefits' for persons with mental retardation and their families were greater in the parents of lower income group. No significant association was seen between the needs related to future aspects and per capita income of the family.

It can be seen from the perusal of the results that undergraduate parents were found to report greater needs in the areas of 'Information Condition', 'services', 'vocational planning', 'marriage', 'financial aspects' and 'Government benefits and legislation' as compared to the parents who were graduate and postgraduates. Results also showed that both less educated and higher educated parents reported greater needs in the areas of 'management of the children at home' and 'vocational aspects'. Results showed significant association on decisions regarding hostel admission, personal-emotional and physical-support, which includes somebody to drop and bring back the child

from school with education of the respondent. Needs regarding the personal – emotional showed statistically significant association with the income group of the parents. As the parental income increases, their need regarding 'personal – emotional' increases. Analyzing rest of the needs showed statistically no significant differences between parents from lower and higher income groups. However, on comparing percentages, the results indicate that parents from lower income group expressed greater needs in majority of the areas.

DISCUSSION:

Discussion is presented on the findings of the assessed needs of the parents of the children with mental retardation. Identifying the parents in their efforts to meet the needs of all the family members (including themselves) is one of the most efficient ways of developing parental skills which can enhance the development of all family members. Greater the numbers of unmet needs, greater are the number of emotional and physical problems reported by the parents (Dunst and Leet, 1987). Table 5.2 clearly reflects the general priority of needs of parents whereby the concerns are more related to both the present and future life of their children with mental retardation. Similar findings are reported by Garshelis and Mc Connell (1993), in which most frequently cited needs were for more information on present, future services and more reading material for mental retardation. The realization that persons with mental retardation also require concessions and benefits is of recent origin. What Government is doing for this deprived section is of keen interest for parents. Condition of mental retardation requires life long commitment of time, energy and resources by the family, it is necessary to plan well ahead of time was further the major needs of the parents. Parental concerns and worries about the child's future and employment are but natural, when the child is generally seen being dependent on others. The parents were keen to know the right and honest information about their children's disability and due to the presence of behaviour problems children with mental retardation may find difficult to get admission in schools and may also find difficult to retain jobs, if behavioural problem persists. Controlling behaviour is a priority for many parents. Personal

– emotional were ranked as the lowest needs as this is true for the Indian parents who give the priority to the child's needs over their own needs.

Findings further revealed that the nature of needs expressed by parents was found on two variables, education of the participant and per capita income of the family. Graduate parents needed help and 'services' of professionals, this may be because of the reason that the graduate parents were into jobs so they might not be in a situation to give regular attention to the child. It may be that they are educated and aware about the fact that professional help may help to reduce suffering. Further, in the present situations in India, it is very much true that the services for individual for mental retardation are least available which parents needed the most. Expectations were higher among the higher educated parents.

The regular contact with the mass media, magazines and other sources of knowledge was less among the undergraduate parents as a result they had less awareness related to the 'services' provided by the Government. The fear for future of the child may be one reason of the need of 'services' provided by the Government. The graduate parents had a greater needs for the reading materials related to the child condition may be because they want to have handbook to deal with every day problems as it is not always possible to consult a special educator. That additional knowledge will somewhere help them out in taking better care of their children. Higher the education, more awareness and concern to adopt ways to improve condition of their wards. Need for the management of behavioural problems was felt by both the graduate and undergraduate parents. Similar findings were inline with the Peshawaria, Venkatesan and Menon (1988). In which they reported that the needs for training and communication, management of behaviour problems and training in self-help areas were the most important needs expressed by the parents. It led to stress and anxiety for the parents. The existence of the behavioural problem may pose problem as they may not get admission in any of the schools or may be because they can't take them in social gathering. Majority of the graduate parents had greater needs for help in getting child to cooperate in his / her daily activities. They were not able to devote time for their children and found to be a time consuming task to do the daily activities of the children with mental retardation

Attitude of the parents were of paramount importance. Their unrealistic expectations that sooner or later the child would start functioning like any other person of normal intelligence probably arises from their extra hopefulness and a wish that the child be perfect. Feelings of guilt and shame could be arising out of their poor perceptions of poor social and academic performance by the child that would hamper the proper handling of the child. Such attitudes have been reported in other studies, as well (Condell, 1956, Rastogi, 1981). In their effort to be extra careful about their child they deprive him the chances to learn on his own. Results of unhappy marriages and frequent quarreling in families with handicapped children have also been reported by Cyner (1980). Factors like too much strain due to management of the handicapped child and social isolation would be comparatively lesser in the families with a physically handicapped child than in those with a mentally handicapped child reported by Freed (1964).

Based on the assessed needs, common needs were taken out and modules were prepared.

1. Orientation and concept of mental retardation
2. Concept of inclusion and integrated school approach
3. Behaviour problems and behaviour modification techniques for children with mental retardation
4. Vocational rehabilitation, employment opportunities and benefits for the children with mental retardation.
5 Self help skill training
6. Yoga therapy/ relaxation techniques for children with mental retardation and their parents.

On the basis of above needs the intervention programme was developed in the form of six modules as described in chapter IV in detail

SECTION - II

5.2 DATA ANALYSIS, INTERPRETATION AND DISCUSSION REGARDING EFFECTIVENESS OF THE PROGRAMME

After the implementation of the developed intervention programme, the data have been collected for studying the effectiveness of the programme through following tools

5.2.1 Pretest and Posttest questionnaire on awareness level of the parents

5.2.2 Family needs Semi-structured Interview Schedule (NIMH – FAMNS)

5.2.3 Attendance of parents in the sessions of the intervention programme

5.2.4 Observations during follow ups through field diary and parents' diary

5.2.5 Reaction Scale

The data have been analyzed using frequencies and percentages and pretest and posttest scores comparison to see the change in the behaviour of parents and children after the implementation of the programme.

Table 5.10: Pre-test and Post-test responses and their percentages on questionnaire on awareness level of the parents

Sr. No.	Statements	Responses	
		Pretest	Posttest
A	**Features of mental retardation include:**		
1.	Slow reaction	5 (22.7)	4 (18.1)
2.	Difficulty in understanding	2 (9.09)	-
3.	Unclear expression	3 (13.6)	-
4.	All of the above	12 (54.5)	18 (81.8)
B.	**Marriage of the person with mental retardation will**		
1.	Further complicate his problem	8 (36.3)	20 (90.9)
2.	Cure his mental retardation	3 (13.6)	-
3.	Make him independent	4 (18 1)	2 (9 09)
4	Make him socially acceptable	7 (31.8)	-

C.	**While teaching the child with mental retardation one should**		
1.	Teach the task once	2 (9.09)	-
2.	Teach the whole concept at a time	6 (27.2)	1 (4.54)
3.	Teach in simple steps	10 (45.4)	20 (90.9)
4.	Teach most difficult steps	4 (18.1)	1 (4.54)
D.	**Mental retardation cannot be caused by**		
1.	Poor nutrition of mother	10 (45.4)	3 (13.6)
2.	Difficult delivery	4 (18.1)	-
3.	Brain Fever	2 (9.09)	2 (9.09)
4.	Black magic	6 (27.2)	17 (77.2)
E.	**Prevention of mental retardation can be helped by all except**		
1.	Proper care during delivery	3 (13.6)	-
2.	Avoiding accidents during pregnancy	-	-
3.	Immunized properly	7 (31.8)	3 (13.6)
4.	Maintain a distance with other children with mental retardation	12 (54.5)	19 (86.3)
F.	**Factors not responsible for the cause of mental retardation**		
1.	Heredity	12 (54.5)	4 (18.1)
2.	Complication during delivery time	2 (9.09)	-
3.	Complication after the birth of the baby	-	-
4.	Going outside in the solar eclipse during pregnancy	8 (36 36)	18 (81.8)
G.	**Normal child of 6 – 8 months will be able to**		
1.	Tell his name	5 (22.7)	1 (4.54)
2.	Walk	-	-
3.	Sit	14 (63.6)	21 (95.4)
4.	Indicate toilet needs	3 (13.6)	-

H.	**For their children, parents should not take help from**		
1.	Special school	3 (13.6)	-
2.	Psychologist	-	-
3.	Faith healers	7 (31.8)	17 (95.4)
4.	District Rehabilitation Centres	11 (50.0)	5 (4.54)
I.	**Children can learn better if**		
1.	Given opportunity of hostel	7 (31.84)	-
2.	With other retarded peers	10 (45.4)	1 (4.50)
3.	They are with normal children	1 (4.5)	21 (95.4)
4.	Cared at special school only	4 (18.1)	-
J.	**Medicines can't cure**		
1.	Mental retardation	7 (31.8)	22 (100.0)
2.	Epileptic fits	7 (13.6)	0
3.	Mental illness	3 (31.8)	0
4.	All of the above	5 (22.7)	0

5.2.1 Analysis and Interpretation of the Data Obtained Through Questionnaire on Awareness Level of the Parents

Table 5.10 presented the preintervention and postintervention awareness level of the parents in terms of frequency and percentage responses. Majority of the parents showed a significant change on the scores at post-intervention phase.

At pre-intervention stage, majority of the respondents i.e. 54.5% indicated slow reaction, difficulty in understanding and unclear expression as the features of mental retardation. Posttest results showed about 81 8% of parents were aware of the features of mental retardation. Regarding the marriage of persons with mental retardation, pretest results showed that about 31.8% parents indicated that getting a person with mental retardation married will make him socially acceptable. Others 18.1% indicated that marriage

responsibility will make him independent and few opined that it will cure mental retardation. Only 36.3% parents were aware that it further would complicate the problem. Results of posttest scores revealed that 90.9% of the parents indicated that it would complicate the problem. While significant changes were observed in posttest results when compared with pretest results regarding the teaching of children with mental retardation. During preintervention phase, misconceptions regarding the preventions of mental retardation were reported by few parents. Table shows that there was an increase in the posttest responses. It is also evident in posttest responses that there was an increase in the percentage of parents regarding the factors not responsible for the cause of mental retardation which has no relation with solar eclipse. Further, it is revealed from the table that 95.4% parents were aware of developmental milestones of the normal child in posttest responses. Tremendous change was observed when the pretest results were compared with posttest results. Again majority of the parents (95.4%) revealed in posttest that parents should not take help from faith healers. It shows that parents got awareness of special schools, and district rehabilitation centres. It was observed that few parents took help from faith healers.

Again it was found that 95.4% of the parents were aware that children can learn better if they are with normal children rather than if they were given opportunity of hostel, if with other retarded peers and if cared at special school alone. Almost all parents reported that medicines can't cure mental retardation in the posttest results. This shows that parents were fully aware that medicines can only cure mental illness, epileptic fits but not mental retardation as it can only be reduced to some extent if proper training is given.

5.2.1.1 Interpretation of the Data Obtained Through Questionnaire on Awareness of the Parents Regarding the Concept of Mental Retardation

Effectiveness was again evaluated by comparing pretest results with posttest results on awareness of the parents regarding mental retardation. Results obtained from the **preintervention phase** revealed that out of 22 parents, eight opined that though parents do play an important role in educating their children with mental retardation but more than the parents it's the duty of the school to fulfill child's needs, as they are giving so much fees to the school.

Ten parents stated that parents can give support in terms of basic needs i.e. money, food, clothes and other needs like things for recreation. Four of them expressed that parents can give support in terms of understanding their needs, likings as well as dislikings.

As far as the role of grandparents living in the family was concerned, three parents stated that they could look after their grandchildren in absence of the parents. Fifteen parents expressed that they can provide financial assistance to the family and four opined that they can help the parents by interacting with the child and not indulge in spoiling the child by over petting.

With regards to the role of siblings, five parents felt that siblings don't like the attitude of their sisters or brothers with mental retardation because of hyperactivity of these children, siblings can hit them because of their misbehaviour, after all they are also children. Some stated that they can play with them because outsiders don't play with them, four opined that too much involvement with their brother or sister having mental retardation will disturb the siblings and they will not be able to concentrate on their studies. Others viewed that siblings feel shy of their brother or sister with mental retardation as they enter into their peer group.

Regarding social interaction, fourteen parents stated that though learning is slow in children with mental retardation, they can communicate with anybody if taught the regional and national languages apart from their mother tongue. Others opined that parents can help the children learn regional and national language.

With regard to the management of the behavioural problem in the child, parents reported that they can't manage the child with behavioural problem as they indicated that children can learn the management techniques from the school. Eleven parents believed the behavioural problem in a child to be inborn because of which the children behave in certain peculiar manners thereby making it difficult to control or manage the behavioural problem. Five parents reported that they are unaware of the special technique for managing the children.

With regard to priorities given in the family, fifteen parents reported that though spending most of their time with index child might affect other family members yet this should not be taken into much consideration, as their

priorities are more inclined towards their wards with mental retardation. Five parents expressed that it won't affect other family members because each family member has their own work and they perform their work and can take better care of themselves but children with mental retardation need only parents for their work. They further added that other family members would happily accept it. The other two parents expressed that the family members should be considerably involved in sharing the responsibility of helping child with mental retardation.

With regard to training of the basic needs, majority of the parents felt that making them learn the needs is a very time consuming task. Three parents opined that children can do some activities on their own, whereas, few stated that they can't rely on their children's activities. After training also they won't be capable to perform their task.

As far as the time concept was concerned, majority of the parents (14) expressed that children with mental retardation are not efficient in the time concept. They further expressed that such children need to have knowledge of basic arithmetic operations like addition and subtractions. Others opined that to some extent they can be trained to tell the time, if the child has relatively lower levels of retardation.

Further in relation to interaction with non disabled, results revealed that majority of the parents stated that children with mental retardation will have inferiority complex if they make friends with non-disabled persons. Four commented that due to their behavioural problem, children with mental retardation can hit or spank the normal peers, which can create problem to the parent, and moreover they would not be able to adjust with the normal children.

Regarding social organization, it was noticed that majority of the parents felt that they don't get much help by the social organizations. Only four parents reported that the social organizations can give the addresses of the institutes dealing with mental retardation.

In relation to the achievement of the sexual maturity, majority of the parents (16) commented that as the child's mental maturity grows, their sexual maturity grows Nine reported that all children with mental retardation achieve sexual maturity at the same age as normal individuals, whereas, seven

expressed that there is delayed sexual maturity in children with mental retardation.

Concerning the marriage aspects, majority of the parents (16) reported that only if training is proper can such individuals, look after the family responsibilities. Four parents believed that marriage to at times cure the mental retardation and make such individuals, socially acceptable provided they are trained from the early stages. Whereas four commented that it will be difficult to give training for marriage as there is no such special training.

With regard to the feelings of the child with mental retardation, ten parents opined that the child will feel neglected, if parents take his brother or sister to outing and he was not taken with them. Five parents reported that it won't affect the child as this child has his own world and can't understand what's happening in the house whereas seven parents reported that this is the forceful step which parents have to take for the sake of children only.

With regard to the attitude of community towards children with mental retardation, about fourteen parents reported that everyone has their own views and opinions regarding mental retardation which can not be subjected to change by others. Some people are so rigid in their belief system, that it becomes difficult to change the attitude of community towards the children with mental retardation. Four parents commented that one can't stop other people commenting or passing remarks. They further commented that community realizes only when they have similar case at their home. Other four stated that it is possible to change the attitude of community but did not cite the reasons.

Concerning the hostel aspects, further it was observed that majority of the parents stated that children with mental retardation can learn survival skills and can easily communicate with their peer group if given opportunity of hostel to their children. Few (4) parents reported that learning can increase if the hostel is good and has proper discipline. Others revealed that children with mental retardation will get better exposure which will help them to learn more.

Regarding the scholarship to the children with mental retardation, majority of the parents expressed that they are having the idea of some states providing scholarship to a school going children with mental retardation and others were unaware.

Fifteen parents were not aware at all of the concessions and benefits provided by the Government and only seven were having the awareness regarding the travel concession.

In relation to parents' associations for the welfare of the individuals with mental retardation only five parents were aware of the 'Baroda parents' association while others reported to possess no knowledge regarding any such kind of associations.

In relation to the work, it was stated that majority of the parents stated that due to the limited intelligence, children with mental retardation can't work as other non-retarded individuals whereas others reported that with great effort, individuals with mental retardation can be given less strained jobs which they can manage easily.

Posttest results revealed that majority of parents (13) felt that parents play an important role in educating their children with mental retardation as they are the permanent care provider to the child. Further they expressed that if parents are not involved, one can't impart the training directly to the children, as they know their children best. Rest of the parents responded that every parent can handle their children. They can help building up better relationship with the child having mental retardation and his / her siblings because parents only know the strengths and weaknesses of their children They reported that mother and father need to come together to educate their children.

With regard to the role of grand parents, majority of the parents indicated that grand parents can help the families by providing physical assistance to the family in caring for the children, financial support, and emotional support. Rest reported that grandparents can take the children for fair, walks and sometimes for recreation activities. They further added that they are equal partner in education.

In relation to the role of siblings, almost all parents got the awareness that they can play the role of care providers and can act as a future guardians of the individual with mental retardation. They may need to learn to adjust to the situation and can provide the supporting hand.

Regarding language training, fifteen parents responded that language training as far as possible should be given more on the child's mother tongue to

improve their communication and the children with mental retardation do face problems in learning more than one language as it may lead to low achievement. Others reported that India is a multi linguistic nation and children should know both the languages. Teacher in school should communicate in both the languages.

With regard to training in behaviour modification techniques, majority of the parents (13) stated that certain schools organize seminars, parents – teacher meetings, training programmes where parents benefit a lot in modification techniques for the children. Rest reported that home visits by the professionals for these modifications techniques can also be of great help and further stated that these are the gradual processes but effective.

Regarding the priority given to children with mental retardation or other children in family, about seventeen parents opined that it is important for the parents to understand that every child whether disabled or non-retarded has his own needs and siblings may feel jealous, neglected and may pose problem in the family. Others felt that parents should give equal importance to both the children and understand the feelings of non-disabled child otherwise it may interfere in the relationship between the child with mental retardation and other siblings.

With regard to training in the basic needs, parents opined that individuals can be trained to look after their basic needs and can learn some self care skills like eating, toileting, bathing, dressing, self grooming etc. Few parents reported that learning of the child depends on the level of mental retardation. They further stated that if the child is having mild mental retardation they can easily be trained in the self help skills if there is no associated problem.

Regarding 'time concept', parents responded that children with mental retardation can be trained in telling time, and few reported that children will easily learn to tell a time if there will be a mastery of simple arithmetic operations like addition and multiplication.

With regards to interactions with non disabled, parents reported that they should encourage individuals with mental retardation to make friends with non-disabled persons as children with mental retardation learn several things from their non-retarded peers Rest (5) reported that making nondisabled friends, will

facilitate the acceptance in the community. Further they added that if children start interacting with the child, community will automatically accept.

In relation to the 'social organizations', majority of the parents stated that organizations can prove to be much useful by way of providing scholarships, donating items like games, table fan to special schools and few of them were not aware of the kind of help the organizations render.

With regard to 'sexual characteristics,' twelve parents stated that the characteristics of children with mental retardation are generally similar to that of any other child. Four reported that due to severity of mental retardation, sexual development may get delayed Others did not respond in this regard.

In relation to marriage aspects, almost all felt that it largely depends on the severity of the condition of the individual and only on that basis can it be decided, whether he / she can take the responsibility of marriage.

Further it was revealed that all parents felt that the child will feel bad and neglected if his parents don't take him with them in the outings or to the friend's place but take their siblings.

When asked about the attitude of the community towards children with mental retardation, parents were of the opinion that television and radio can play a crucial role in helping to educate the public and increase the awareness. Still some believed that attitudinal changes in the people come slowly so it is difficult process.

Regarding the 'hostel', parents stated that it depends on the parents, as they can easily train them at home and stated that it is not necessary that living in a hostel would make him / her independent.

With regard to the scholarships and the benefits and concessions offered by the Government of India, majority of the parents reported being aware of travel concessions, income tax, family pension and reimbursement of medical expenses.

In relation to the employment of individuals with mental retardation, parents stated that it depends on the severity level of the children. Children with mild mental retardation can work and added that there are certain vocational centres and workstations. Help from Vocational Rehabilitation Centres can also be sought in this regard

As far as the 'parents association' was concerned, many of the parents did show awareness regarding the existence of such kind of associations. Further they also reported possessing knowledge of certain such parents associations in places like Ahmedabad, Vadodara as well as in certain other parts of the country

It can be inferred that the responses of the parents improved in posttests in comparison to pre tests. Major reason for this can be attributed to the intervention programme that was implemented after the pretest. Concept of mental retardation, with regard to marriage aspects, sexuality issues, behavioural problems, self help skills, hostel, future aspects, benefits and concession, role of family members and community in lives of individuals with mental retardation was clear to the parents in post test. Parents seemed to have realized the importance of their children. Old misconceptions were fading away. The responses reflected more clarity and understanding with regard to concept of mental retardation. The reason for this could be more interaction between investigator and parents, use of different methods and medias for implementation the intervention programme. These led to the active participation during programme

Table 5.11: Mean, Standard Deviation, Correlation and t-value wise distribution of pretest and posttest scores on the awareness level scale

Sr. No.	Statement	Pretest		Posttest		Correlation	t-value
		Mean Score	S.D.	Mean Score	S.D.		
I	**CAUSE OF THE MENTAL RETARDATION**						
1.	Mental retardation cannot be caused by black magic	0.36	0.72	0 82	0.39	0.24	5.48*
2.	Mental retardation cannot be caused due to eclipse at the time of pregnancy	0.13	0.83	0.81	0.39	7.8	9.09*
3	Mental retardation can be caused by the maternal use of alcohol, drugs and smoking	0.04	0.78	0.68	0 47	0 80	6 06*
4.	Nutrition of the mother is an important cause of mental retardation	0 55	0.51	0.91	0 29	0.02	12 1*
5.	Baby who is born normal can become mentally retarded after birth till the age of eighteen years	0.04	0 89	0 68	0 47	0 48	3.78*

II.	CONCEPT OF MENTAL RETARDATION						
1	Mental retardation is not an infectious disease	0.23	0.81	0 77	0 61	0 30	13.5*
2.	Traditional healers cannot solve the problem of mental retardation	0.22	0.86	0 63	0.49	0.35	4.85*
3.	One should not think that person with mental retardation has a small brain, whereas normal person has a broad brain	0.18	.73	0 77	0.42	0.13	0.10 N.S.
4.	There are tests which can detect the abnormality of growth and development during pregnancy	0.22	0.81	0.77	0.42	0 56	6.02*
5.	Medicines can't cure mental retardation	0.27	.77	0.68	0.48	0.01	2.16*
6.	It's not true, if a woman teaches persons with mental retardation during her pregnancy, she will give birth to a child with mental retardation	0.5	0.51	0.73	0.50	0.38	6.83*
7	It is possible to change the negative attitude of the community towards the child with mental retardation	-0.45	0.8	0.32	0 72	0.01	3.35*
8.	Normal baby can be born to the couple where mother or father is mentally retarded	0.13	0.88	0.36	0.72	0.67	3.48*
9.	Integrated school approaches do not develop inferiority complex in the child	0 36	0.79	0.77	0.43	0.002	5.95*
III.	CHILD MANAGEMENT						
1.	About 80% with mental retardation have communication problem	0.36	0.79	0 64	0 49	0 02	5 0*
2.	Individuals with mental retardation are not always disobedient	-0.5	0.74	0 31	0.71	0.12	3.86*
3	It is important to keep the mind of the person with mental retardation busy, he should be engaged in productive activity	0.09	0.87	0.73	0.86	1.16	2.16*
4.	It's not a waste of time to teach activities like dressing, self grooming etc., to the child with mental retardation	0.05	0.95	0.64	0 49	0.02	3.14*
5.	Intensity of behaviour problem are found more in individuals with mental retardation in comparison to intellectually normal persons	0.54	.73	0.86	0.42	0.01	0.18 N.S.
6.	Parents can develop all essential skills into their children	0.68	0.71	0.90	2.94	0 53	0 40 N S.

*** Significant at 0.05 level.**

N.S. Non significant

5.2.1.2 Analysis and Interpretation of the Data Obtained Through Awareness Level Scale

The effectiveness was also measured by the investigator in terms of improvement in awareness level of parents after the implementation of the intervention programme through the application of some appropriate statistical technique on pretest and posttest scores on awareness level scale of twenty two parents selected for the study.

According to table 5.11, it can be interpreted that with regard to the **'cause of the mental retardation'**, the mean gain was higher in the posttest when compared to the pretest and t-value was higher than the t-tabulated at 21d.f. at 0.05 level, which indicates a significant difference in the posttest. It was found in the statement 'black magic can't be the cause of mental retardation', where mean gain was higher and value of t was significant when compared with t tabulated. Mean gain was again higher as compared to pretest and correlation was very high in the statement "Mental retardation can't be caused due to eclipse at the time of pregnancy" and the statement, 'Maternal use of alcohol, drugs and smoking' can be the cause of mental retardation. Further it was seen regarding the statement, 'nutrition of mother as a cause' where mean gain was again higher, correlation was not very much high and t cal value was highly significant when compared with t tab.

It was further revealed from the results that with regard to the **'concept of mental retardation'**, mean gain was higher in the posttest compared to pretest. Regarding the statement," mental retardation – not an infectious disease," mean gain was higher and the correlation was found to be moderate and t-value is highly significant at 0.05 level. In case of the statement 'traditional healers cannot solve the problem of mental retardation', mean gain in posttest was higher and again t-value was higher which indicates there is a significant difference. With regard to the statement 'One should not think that person with mental retardation has a small brain, whereas normal person has a broad brain'. Mean gain was again high but the obtained value of 't' is not significant at 0.05 level. Regarding, 'the tests which can detect the abnormality of growth and development and with regard to the statement ,'Medicines can't cure mental retardation', mean gain was higher and have significant t-value at

21 d.f. at 0.05 level which indicates that there is a significant difference in the posttest.

Further it was found in the statement, 'It's not true if a woman teaches persons with mental retardation during her pregnancy, she will give birth to a child with mental retardation', mean gain was higher as compared to pretest and t-test was found to be significant with regard to the change of attitude in community, normal baby can be born to the couple where mother or father is mentally retarded and in the statement 'integrated school approaches do not develop inferiority complex in the child', mean gain was found to be higher with significant t-value when compared with T tab.

Further, it can be interpreted that in case of **'child management'** regarding the communication problem, mean gain scores in posttest scores was high having little correlation with significant t value. With regard to 'disobedience', 'engaging the mind of person with mental retardation in some productive activity', mean gain in posttest was higher with high correlation and significant t-test. In relation to the 'wastage of time to teach activities of daily living skills to children with mental retardation,' again mean gain score is higher in posttest and have significant difference in the posttest With regard to, 'intensity of behaviour in comparison to intellectually normal persons' and 'development of essential skills into children', it was found that mean gain was higher in posttest when compared with pretests with very low correlation and t-test was not found to be significant.

Table 5.12: Mean, Standard Deviation, Correlation and t-value wise distribution of pretest and posttest scores on the parental needs after the implementation of programme

Sr. No.	Areas / Needs	Pretest		Posttest		Correlation	t-value
		Mean Score	S.D.	Mean Score	S.D.		
I	Information -Condition	7.32	1.17	2.45	1.10	0.47	19.5*
II	Child Manageme nt	9.23	2.18	3.09	1.41	0.50	15.0*
III	Facilitating interaction	1.64	1.43	0.73	0.88	0.8	4.92*
IV	Services	6.91	1.54	2.95	1.29	0.69	16.3*
V	Vocational planning	1 64	0.49	0.77	0.42	0.26	9.52*
VI	Sexuality	0.86	0.71	0.36	0.19	0.6	4.5*
VII	Marriage	1.27	0.55	0.55	0.51	0 50	6.83*
VIII	Hostel	2.5	1.26	1.3	0.95	0.75	6.4*
IX	Personal-emotional	2.82	1.6	1.41	1 14	0.82	7.07*
X	Personal – Social	2.73	1.41	1.5	1.2	0.87	8.5*
XI	Support-Physical	1.5	0.85	0.23	0.42	0.19	0.13 N.S.
XII	Financial	2.91	0.61	1.55	0.85	0.55	8.77*
XIII	Family relationship s	1.73	0.55	0.45	0.50	0.46	10.89*
XIV	Future Planning	2.68	1.04	1.18	0.79	0.36	6.64*
XV	Governme nt Benefits and legislation	2.86	0.63	1.09	0.68	0.24	10.2*

*** Significant at 0.01 level**

N.S. Not Significant

5.2.1.3 Analysis and Interpretation the Data Regarding the Parental Needs after the Implementation the Programme

Effectiveness was also measured in terms of 'parental needs' after the implementation of the programme, which included the satisfied needs after the intervention programme.

From the perusal of the results, table 5.12 showed that with regard to the 'information condition', 'hostel', 'marriage' and 'sexuality', mean score was

higher in pretest than posttest and correlation was moderate and t-value is highly significant at 0.01 level. Results based on 'child management' indicated high mean scores in pretest with correlation and highly significant t-value at 0.01 level. Results relating to the area of 'facilitating interaction', 'personal – social,' and 'family relationship' showed high mean scores in the pretest as their needs regarding the same were satisfied in the posttest after the implementation of the intervention programme Correlation was found to be high with highly significant t-value at 0.01 level of significance. No significant difference was found in the area of 'support-physical' Needs related to the area 'personal – emotional' showed high mean scores compared to posttests, high correlation and t-value was highly significant

Analysis of the results based on 'services', 'vocational planning', 'financial', 'future planning' and 'Government benefits and legislations' indicated that mean scores in the pretests were higher than posttest which showed that needs were met after the implementation of the intervention. Correlation between the two groups was found to be moderate. Further it can be interpreted that with d f = 21 at 0.01, t-value was significant.

5.2.3 Attendance of Parents in the Programme

Effectiveness of the programme was also evaluated on the basis of attendance of parents in the programme. The overall rate of attendance of parents in the programme was high. This indicated their interest and motivation to learn more about themselves and their children Out of twenty-five parents, three participants were absent in two sessions and the third one remained absent for the field visit. Their absence in the session was because of illness and guests at home. They were not included in the programme. Twenty-two parents were present for all the sessions that implied their need and willingness to gain from it

5.2.4 Analysis and Interpretation of the Data Obtained Through Follow Ups during Home Visits

The following is the summary of the anecdotal records based on the observation on follow ups of eight months Home visits were scheduled after intervention programme was as follows:

Phase	Duration of follow up
1st Phase	1st Month - Once in a week 2nd Month - Once in a fortnight
2nd Phase	3rd–5th Month - At the end of the each month
3rd Phase	6th – 8th Month - Once in a month

Follow ups are categorized in three phases, such as (i) First phase (ii) Second phase (iii) Third phase.

Further the change in behaviour observed is categorized in four aspects.

1. Awareness and change in attitude of the parents towards mental retardation
2. Activities of daily living skills
3. Behaviour modification skills
4. Yoga and Relaxation technique

5.2.4.1 The First Phase (Initial Two Months)

During the implementation of the programme, parents were asked to maintain the diaries. Results in the first month follow ups indicated that parents found it difficult to maintain a diary to keep the records of the child's progress. Investigator delivered the tips to maintain diary. It was observed that majority of the parents started giving training to their children with mental retardation and also encouraged to practice the techniques which they learnt from the intervention programme.

5.2.4.1.1 AWARENESS AND CHANGE IN ATTITUDE OF THE PARENTS TOWARDS MENTAL RETARDATION

Initially, parents' attitude towards the child indicated a lack of understanding about the cause of his behaviour. They found it difficult to accept that the child can develop social skills, if they made some effort. They could not understand how to develop coping skills to minimize management problems of the child It was found in 2nd month that few parents realized the need to help and showed concern and eagerness. The attitude of almost all parents towards children with mental retardation was becoming positive They encouraged them

to be independent, wanted them to settle in life, but somewhere still they found themselves helpless. Need for more vocational rehabilitation centres for the disabled was also felt by the majority of the parents.

It was further seen that parents who were having the needs regarding the marriage issues were taking efforts to make the family members realize regarding their decisions of marriage. Few parents were seen forming the groups and going for the special education study centre for the consultation of the courses offered in the special education. Parents were still seen taking children to the faith healers of the traditional belief system.

5.2.4.1.2 ACTIVITIES OF DAILY LIVING SKILLS

It was strongly felt by the majority of the parents that children needed help in self-help skills. Parents started keeping the records in the diaries by mentioning date, time and performance level. A few parents had not yet started the activities of daily living skills with their children due to time constraint

Activities taken into account by majority of the parents during the first phase were as follows:

DRESSING SKILLS

For buttoning skills and unbuttoning skills, majority (19) of children with mental retardation needed the physical assistance during the 1st phase. Nine children were facing difficulty in wearing T-shirt. Most of the parents opined that child was learning gradually. Out of nine parents, seven parents had to do all the tasks by themselves in wearing of T-shirt. Only two parents expressed that the children can wear with a little physical prompting.

Almost all the parents were doing efforts in order to make their children learn how to make a bow of a shoe lace. Verbal and gestural prompting was helpful in stimulating the child follow the instruction such as to insert a toe inside the shoe.

GROOMING SKILLS

Combing Skills

With regard to combing, parents having children with short hair were taught skills step by step but a few girl children (5) having long hair were not able to braid

Comment Observed:

She can learn how to braid the hair but more effort is needed.

Clipping of Nails

In order to teach the children about how to cut the nails, almost all the parents started the training by making then learn to cut on other materials like dried leaves and cards with a nail clipper.

BRUSHING SKILLS

Parents were seen giving training to their children in brushing skills. Children could easily squeeze the tube of toothpaste and apply on the tooth brush but still needed training for brushing properly and spitting by pouring water into the mouth. Parents were seen giving verbal and gestural prompting in some cases.

Children were given the opportunity by their parents, to imitate their sisters / brothers as they reported that imitation is one of the best ways of learning.

5.2.4.1.3 BEHAVIOURAL MODIFICATION SKILLS

During the first phase, almost all the parents found it difficult to implement the techniques of behavioural modification on their children. Through informal discussions it emerged out that parents had understood the skills of behavioural modification but while actually modifying the behaviour, difficulties were faced. Systematic record keeping was again taught to the parents. Except a few parents, majorities were maintaining the systematic record of the behaviour of the children. Date, time, occurrence of behaviour was specified in the diaries. A majority of the parents (10) was seen trying techniques to control anger of their children. Through discussion it was reported by the parents that temporarily child controls his anger but they were not sure whether it could be of any help in future. Parents were satisfied giving self-management technique.

Parents were giving training to their children to properly verbalize their anger by saying 'I am angry' and replacing angry thoughts and feelings with more adaptive ones Parents having children with attention seeking behaviour (20) tried ignoring technique. For this technique, they showed indifferent attitude to the problem behaviour of the children

5.2.4.1.4 YOGIC AND RELAXATION TECHNIQUE

It was observed during first phase of the follow-ups that only a few parents were practicing the yoga / relaxation technique. Majority of the parents opined that it was difficult to concentrate on the technique and due to time constraint they were unable to practice it regularly. During the first follow-up, yoga therapist accompanied the investigator with a view to help parents recall the procedures involved in performing yogas which they were earlier taught about, during the yoga session of intervention programme. The motive was to develop more clarity and perfection in performing the various yogas.

Majority of the parents showed interest in yoga during this phase but few commented that it is a slow process and too much time consuming. Less number of parents was using *sarvangasana* and *sirshasana* as a relaxation technique with yoga asanas. Few parents were observed performing the 'Krias' like '*yogamudrasan*', *'viparit karni', 'om kria'* with their children and among them regularity was seen in the parents while using 'yoga asanas'. Parents felt more comfortable and confident about carrying out activities i.e. dealing with their children. Parents found gain in their children when *'om kria'* was practiced with them. Parents opined that if children are given exposure to yogic techniques they will surely get benefit.

5.2.4.2 Second Phase (3 – 5 Months)

5.2.4.2.1 AWARENESS AND ATTITUDE OF PARENTS TOWARD MENTAL RETARDATION

Results of the study indicated awareness in parents regarding the importance and need for accepting a child in a family. A majority of the parents realized the cause of the mental retardation Parents indicated an understanding regarding the limitations of such children. They realized that their expectations were not reasonable toward the children with mental retardation. In their view, vocational rehabilitation centres must be so planned that makes the children self reliant in their day to day activities and help them to find a source of income so that he does not become dependent and a financial burden on the family. It was observed that majority of the parents were having the confidence to deal with the children with mental retardation They seemed very enthusiastic about trying out and giving training of all kinds of activities for their children. Initially parents were too self-conscious, but gradually they

started reinforcing their children. Parents felt motivated to develop a cooperative attitude in the training of the child. A majority of the parents showed positive attitude toward helping the children i.e. if a little positive change in behaviour was noticed, reinforcement was provided by the parents. Further, parents realized the importance of integrated set ups. Visits to the Vocational Rehabilitation Centres were also made by the majority of the parents. Parents were trying to find centres where they could provide vocational training for their children. A few parents have already availed the services of benefits and concessions.

Parents were also seen catering the information regarding Government benefits to the children They applied for the concessions provided by the Government. Parents' cooperation was found encouraging with regard to training of the child. Parents were seen meeting the teachers of the school personally to know the progress of their children Parents realized that financial resources, ability to acquire and keep a job, and compatibility between partners are considered essential components of a successful marriage. Parents opined that the quality of life gets largely affected as the individuals get deprived of normal interactions with peers and living conditions due to restricted environment in the hostel. During the second phase, parents were found seeking special provision for life insurance policies. A few parents were taking benefits of reimbursement of medical expenses too.

5.2.4.2.2 ACTIVITIES FOR DAILY LIVING SKILLS

Majority of the parents were seen giving training of daily living skills to their children. Parents opined that by training the child in the self care areas, they can be relieved from the burden of constantly looking after the basic needs of the children. Some parents were of the view that caring for the child with mental retardation creates additional burden to the members of the family, so children should be independent in their daily living skills

DRESSING SKILLS

With regard to dressing skills, it was observed that parents were modifying the clothes of their children by using bigger buttons, or zips, velcro tapes and elastic bands They were encouraging their children to fix fasteners by themselves Parents reported, 'to achieve long term goal of buttoning and

unbuttoning in dressing skills', 'we need to have perfection in short term goals i.e step by step training to the child'. Parents were giving training in the areas of dressing skills During second phase, improvement in the performance level was as follows:

Unbuttoning skills

Task analysis	Performance level
❖ Pushes last button one fourth of the way through hole	Verbal prompting and gestural prompting
❖ Pushes last button one half of the way through hole	Verbal prompting and gestural prompting
❖ Pushes last button one half of the way through hole	Verbal prompting and gestural prompting
❖ Tips button towards hole	Verbal prompting and gestural prompting
❖ Grasps edge of shirt with thumb and index finger	Verbal prompting and gestural prompting
❖ Grasps button with thumb and index finger of one hand	Verbal prompting and gestural prompting
❖ Pushes button through hole	Verbal prompting and gestural prompting

Buttoning Skills

Gain noticed in majority of the children for buttoning skills were as follows:

Task analysis	Performance level
❖ Pushes last button one half way through hole	Verbal prompting and gestural prompting
❖ Inserts button in button hole	Verbal prompting and gestural prompting
❖ Grasps edge of shirt	Verbal prompting and gestural prompting
❖ Grasps button with thumb and index finger	Verbal prompting and gestural prompting

Wearing t- shirt

Majority of the children were having difficulty in wearing T-shirt. Parents were found giving training to their children. Improvement in the performance level of the child was observed which is as follows:

Task analysis	Performance level
❖ Hold and roll the T-shirt up to the sleeve	Physical and sometimes verbal prompting
❖ Lift the hands with the T-shirt towards the head and wear it up to the shoulder.	Verbal prompting
❖ Locate the sleeve of the shirt and insert one hand and pull the hand	Verbal prompting
❖ Insert the other hand in the same manner	Verbal prompting
❖ Pull the T-shirt properly up to the waist holding with both hands on the sides	Independent

BRUSHING SKILLS

Tremendous change was found in the children who were having difficulty in brushing skills. Gain observed is as follows:

Task analysis	Performance level
❖ Squeeze the tube and apply on the tooth brush	Independent
❖ Brush front teeth ❖ Brush left side ❖ Brush right side	Verbal and gestural prompting
❖ Open the mouth and brush flat and inner surfaces of teeth	Verbal and getural prompting
❖ Spitting by pouring water into the mouth by spitting it	Independent
❖ Gargle properly	Verbal and gestural prompting
❖ Washes the face and hands	Independent
❖ Washes brush	Verbal prompting
❖ Wipes with the towel	Verbal prompting

Verbal and gestural prompting was seen in some steps of brushing skills during second phase.

WEARING SHOES WITH LACE

Gain was seen in the children who were having the problem in wearing shoes with lace.

Task analysis	Performance level
❖ Select the shoe for the left toe	Independent
❖ Insert toe first inside the shoe	Verbal prompting
❖ Insert shoe lace crosswise	Verbal prompting
❖ Loosen the lace before inserting the foot	Verbal prompting
❖ Tighten the strings	Verbal prompting
❖ Make first knot and make second knot	Verbal prompting
❖ Tie the knot	Physical prompting
❖ Make a bow	Physical prompting

It is observed from the results that majority of the children were able to insert the foot into the shoe but unable to tie the knot and make a bow. In tightening the strings and making a bow, children needed physical assistance. Many parents were using velcro shoe and slip-on shoe without laces for their children with mental retardation.

GROOMING SKILLS

Combing

A few girls were having the problem of braiding long hair. All girls were given training by their parents and gain seen was as follows:

Task analysis	Performance level
❖ Stand in front of the mirror	Independent
❖ Holds the comb properly	Independent
❖ Makes parting	Verbal prompting
❖ Starts combing from scalp	Verbal prompting
❖ Combs from scalp to tip of hair	Verbal prompting
❖ Removes knots by straightening hair	Physical prompting
❖ Plaits hair	Physical prompting
❖ Ties with rubber band	Independent

Parents with children having short hair taught the combing skills steps by step But in a few cases, where girl children were having long hair, parents were facing difficulty and they were training them slowly how to bride.

Clipping of nails

All children with mental retardation were having difficulty in clipping nails independently. Gain observed in majority of cases was as follows.

Task analysis	Performance level
❖ Cut on other material dried leaves, card, with a nail clipper	Independent
❖ Place the nail cutter at the nail before pressing	Verbal and gestural prompting
❖ Have a proper spread on the lap while cutting so that cut pieces can be collected in it to be thrown. Clip the nails of the left hand.	Verbal and gestural and physical prompting
❖ Clip the nails of right hand.	Physical prompting

Children needed physical assistance in clipping the nails as parents were scared of giving nail clipper to the children.

TIME CONCEPT SKILL

Parents were seen giving training of time concept to the children with mental retardation. They were using the calendar which the investigator developed and distributed during the intervention programme. Initially parents taught them regarding the days in a week. Parents reported that children can tell the names of the months in series if asked but can't show it in a calendar. Further it was revealed that parents were trying to make their children learn days and weeks through calendar. Parents reported satisfactory improvement in the children. Children were enjoying their learning from the calendar.

5.2.4.2.3 BEHAVIOUR MODIFICATION SKILLS

During the second phase of the follow-ups, all the parents were seen giving practice of the behaviour modification skills to the children. Parents realized that there is no age recommended for managing behaviour problems in individuals with mental retardation. Almost all parents were seen recording the problem behaviour of the children. Duration recording i.e recording the duration of problem behaviour was used by most of the parents whose children were suffering from rocking behaviour. By using Interval recording, parents were setting specific intervals of time in a day for a recording behaviour, whose children were having the problem of spitting. Majority of the parents (20) were also observed analyzing and understanding the problem behaviours Following A-B-C model i e understanding before factors (antecedent) which includes when does the problem behaviour generally occur, particular timings of day?

Why did the problem behaviour occur? Understanding during (behaviour) factors which includes, how many times does the problem behaviour occur and understanding after factors (consequence) which include what effect does the problem behaviour have on the given child or others? Few parents (6) observed who were not regularly maintaining the records due to several reasons viz., lack of time, visitors at home, outings etc. A majority of the parents (18) used the ignoring techniques who were having the children with attention seeking behaviour. Parents paid attention to the child's deserving behaviour. A few parents reported an increase in the problem behaviour of the child when they ignored the problem behaviour. Time out technique were used by the parents who were dealing with the children having destructive behaviour (11). It includes the techniques of placing the children outside the environment of the activity, which the child is enjoying the most. Child can see the activity but cannot participate. Technique of taking away the reward that the child has earned by displaying good behaviour was also used by parents and found it beneficial.

Majority of the parents (18) was seen giving training in the self management techniques to the children where behaviour of hitting others, snatching things and using abusive language were common. Parents tried the technique by asking the children to speak out, how he is behaving. Children were forced to say, 'I will not hit', 'I will be humble to others'. Initially children were prompted to speak out but immediately after the activity, parents asked again to the children to speak out. If the statement made earlier corresponded well with the statement made later, the children were given reward.

Parents opined that the children were getting benefits temporarily but again they are making such behaviour. Anger control techniques were also used in most of the parents. Parents were seen giving training to their children to control their anger by saying 'I am angry'. Children were permitted to express their feelings freely and parents were trying to replace such thoughts and feelings. Parents instructed the children to relax by performing deep breathing exercises. Not much gain was observed in this regard.

In this way, parents were able to train their children with behaviour problem.

5.2.4.2.4 YOGIC AND RELAXATION TECHNIQUE

The visits during the second phase of the follow ups revealed that parents were regularly practicing yoga assans themselves as well as training their children in performing various asanas. The most frequently practiced asanas include "Pavanmuktasana", "Viparit Karni", "Yogmudrasana", and "Sarvangasana". Majority were of the view that yoga asanas are highly effective if performed regularly. Just a few (6) number of parents were not performing asanas regularly. Parents realized the importance of yoga in their lives. A majority of parents helped their children in the techniques of 'om kria' and 'ram kria' with instructions. In a day they continued this kria for 20 minutes and found it satisfactory. *Dhanurasana* was another asana used by the parents for their relaxation. Though initially parents were not able to concentrate on this particular asana. *Sirshasana* was also used by a little number of parents. Due to lack of body balance, majority were unable to perform this asana.

5.2.4.3 Third Phase (6 – 8 Months)

5.2.4.3.1 AWARENESS AND ATTITUDE OF THE PARENTS OF CHILDREN WITH MENTAL RETARDATION

Evaluation of the third phase of the follow ups indicated awareness in parents regarding the importance and need of a child in the family.

They started interacting more frequently with the children. They were encouraging their children to socialize more with the neighbourhood children. Parents were trying to see a problem situation from the child's point of view and understand his difficulty. This implies that the parents did make an attempt to change their attitude towards understanding and helping the child. Most of the parents were observed to feel less conscious about the child's retardation, and exposed him more frequently in the community. They also took initiatives to explain to curious neighbours the meaning and characteristics of the child's retardation.

A few of the parents opined that they were in a position to inform other parents also regarding the methods of detection of the presence of the abnormalities in their unborn babies. Importance of integrated school set ups was realized by the parents and the need for more integrated schools in Baroda City was also felt Parents seeked the information regarding the

vocational centres. It was noticed that a few parents had started placing their children with mental retardation in the vocational centres and were feeling relieved

Parents were observed instilling a sense of privacy while undressing and dressing in their children. Majority of the parents formed groups and joined parental association working for the welfare of the children with mental retardation. Various activities that were taken up by the groups were picnics and sports activities.

Parents were seen giving a thought to the cooperatives or trusts engaged in financial planning for the children with mental retardation. Regarding the benefits and concessions provided by the Government, parents who initially not aware of the benefits provided by the government were seen taking the benefits of concessions given by the Government.

5.2.4.3.2 ACTIVITIES OF THE DAILY LIVING SKILLS

Parents were regularly giving training to the children in the activities of daily living skills. It was observed that the parents were able to guide and help their children to learn skills. They also developed insight as to how to make things simple and interesting according to child's ability to perform them. Gain in activities was observed during the third phase of the follow-ups in the majority of the children.

DRESSING SKILLS

Unbuttoning skills:

Long term goal of unbuttoning was achieved during the 3rd phase of the follow ups by fourteen children with mental retardation

Task analysis	Performance level
❖ Pushes last button one fourth of the way through hole	Independent
❖ Pushes last button one half of the way through hole	Independent
❖ Pushes last button three fourth of the way through hole	Independent
❖ Tips button towards hole	Independent
❖ Grasps edge of shirt with thumb and index finger	Independent
❖ Grasps button with thumb and index finger of one hand	Independent
❖ Pushes button through hole	Independent

Buttoning skills:

Gain noticed in majority of the children (14) for buttoning skills were as follows.

Task Analysis	Performance level
❖ Pushes last button one half way through hole	Independent
❖ Inserts button in button hole	Independent
❖ Grasps edge of shirt	Independent
❖ Grasps button with thumb and index finger	Independent

A few children needed physical assistance and verbal as well as gestural prompting while buttoning.

Wearing T-shirts:

During the third phase, all children (8) were able to wear t-shirts independently without physical assistance, verbal prompting or gestural prompting. Parents were able to achieve the long term goal of preparing the child to wear t-shirt independently

Task analysis	Performance level
❖ Hold and roll the T-shirt up to the sleeve after identifying the front	Independent
❖ Lift the hands with the T-shirt towards the head and wear it up to the shoulder	Independent
❖ Locate the sleeve of the shirt and insert one hand and pull the hand	Independent
❖ Pull the T-shirt properly up to the waist holding with both the hands on the sides	Independent

A majority of the children (15) were able to perform the skill independently while a few still needed physical support from the parents.

BRUSHING SKILLS

Parents with systematic training were able to train the children to achieve the perfection in the brushing skills which is as follows:

Task analysis	Performance level
❖ Squeeze the tube and apply on the tooth brush	Independent
❖ Brush front teeth, ❖ Brush left side, ❖ Brush right side.	Independent
❖ Open the mouth and brush flat and inner surfaces of teeth	Independent
❖ Spitting by pouring water into the mouth by spitting it.	Independent
❖ Gargle properly	Independent
❖ Washes the face and hands	Independent
❖ Washes brush	Independent
❖ Wipes with the towel	Independent

WEARING SHOES WITH LACE

With regard to shoes with lace, again it was observed that parents (22) were able to train the child well without any physical or verbal prompt till the tightening of strings of lace but in some steps of skill, they were not able to tie a knot and make a bow For that they needed physical prompting.

Task analysis	Performance level
❖ Select the shoe for the left toe	Independent
❖ Insert toes first inside the shoe	Independent
❖ Insert shoe lace crosswise	Independent
❖ Loosen the lace before inserting the foot	Independent
❖ Tighten the strings	Independent
❖ Make first knot and make second knot	Independent
❖ Tie the knot	Physical prompting
❖ Make a bow	Physical prompting

GROOMING SKILLS

Combing

Task analysis	Performance level
❖ Stand in front of mirror	Independent
❖ Holds the comb properly	Independent
❖ Makes parting	Independent
❖ Starts combing from scalp	Independent
❖ Combs from scalp to tips of hair	Independent
❖ Removes knots by straightening hair	Independent
❖ Plaits hair	Physical prompting
❖ Ties with rubber band	Independent

It was observed that girl children (5) were able to comb their hair but still four of them have not yet achieved the independency to plait the hair and needed physical prompting.

Clipping of nails

Task analysis	Performance level
❖ Cut on other material dried leaves, cards with a nail clipper	Independent
❖ Place the nail cutter at the nail before pressing	Independent
❖ Have a proper spread on the lap while cutting so that cut pieces can be collected in it to be thrown, clip the nails of left hand	Verbal prompting
❖ Clip the nails of right hand	Physical prompting

It was observed that children were not able to cut the nails of right hand. In a few steps, they needed verbal prompting. Only three were independent and rest of them needed physical prompting.

Children were also found to be cooperative when the parents tried to teach these skills to them.

TIME CONCEPT

It was observed that children were able to associate their time with daily activities but were seen making a mistake in telling a time. Parents opined that with lot of practice child would be able to tell a time.

5.2.4.3.3 BEHAVIOURAL MODIFICATION

The observation reports of third phase of the follow ups revealed that the parents were able to guide and help the children to manage some of the behaviour problems by applying behaviour modification skills. They also developed insight as to how to record the occurrence of behaviour and were able to know the cause of their behaviour They realized that the lack of understanding in them sometimes aggravated the behaviour of the children.

Results showed that a majority of the parents could handle their child's behavioural problem It was seen that parents were using A-B-C model for analyzing the behavioural problem in the children. Ignoring techniques was used with the children having attention seeking behaviour (20). In some cases parents could safely ignore them for their effective management Parents were

removing the children from the situation, which the children liked, led to the decrease of the problem behaviour. A few parents (7) reported that if they ignore the child, he indulges in some undesirable activities like banging his head, scratching his nails etc. In that case, they had to pay attention to his self injurious activities

It was further observed that all parents (11) using 'time out' technique with their children. A few (5) found it to be effective whereas few (6) still practicing it. They indicated that it is a time consuming task. With this technique, physical restraint was also used by some parents in which they held the arms of the children tightly for a short period of time, restricting the child's physical movements. Over a number of trials, this enabled the children who were having the problems of head banging, slapping and hitting others to stop the problem behaviour. Technique of taking away the rewards that the children had to pay fine for indulging in problem behaviour was used by the majority of the parents (15) and found it to be effective and useful technique.

Self management technique was tried by most of the parents (10). It was noticed that this technique was more useful to the children with mild retardation and with upper age level. Time out proved to be beneficial with those children who were out going and social. Parents were able to increase self control in children using this technique.

They realized that they could train their children to make positive statement about how they behaved in a specific situation. Parents opined that with the child's cooperation, they could be able to manage their own anger to some extent. Parents helped them to find the immediate reason for their anger, accompanying thoughts and feelings when they are angry and replaced their angry thoughts and feelings by pacifying them and relaxed them by deep breathing exercises.

Few parents realized that children with higher functioning could be trained to manage their own anger behaviour. Parents learnt that the use of reinforcement was very effective in making the children learn acceptable behaviour. They realized that the parental conflict was also the reason of their behavioural problem and the attention seeking behaviour was often a result of their need for security Their own lack of understanding sometime cause conflict

5.2.4.3.4 YOGIC AND RELAXATION TECHNIQUE

Results of the third phase of the follow-ups revealed that the frequently practiced '*asanas*' were *pavanmuktasana, halasana, sarvangasana viparitkarni, yogmudrasan.*

A few parents opined that due to inflexibility of the muscles, they couldn't practice 'asanas' like *'dhanurasan'.*

Noticeable change in their children's speech was found who were practicing *'om kria'* and *'ram kria'* regularly. Asanas were used by the parents mainly for helping the individuals to shed tension and experience relaxation. Parents stated that *shavasana* and *yoga mudra* refresh both mind and body. It was observed during follow-ups that initially parents and children were facing difficulty in performing the *'sirshasana'.* During the third phase of followups, parents were practicing the asana but majority of children were unable to perform. Through informal conversation and discussion, the investigator came to know that parents had gained both in physical and psychological aspects as a result of carrying out *yogasanas.* Change in the physical aspects as perceived by the parents were:

- Mind steady and alert
- Tongue coordination

Change in the psychological aspects as perceived by the parents were

- Reduce the feeling of guilt
- Endurance while dealing with the difficult situation
- Self control
- Spiritual advancement

Relaxation procedures made the parents learn systematically to relax and made the habit, so that tension is eliminated by bringing it under one's voluntary control. Majority of the parents were seen practicing it regularly, and found it effective.

Statements observed:

'Yogic process and kriyas are slow but effective. We are able to control the stress to some extent Thanks to yoga'

Table 5.13: Pretest and posttest responses on stress and anxiety level scale to the parents

	Statement	Responses					
		Pretest			Posttest		
		Always	Sometimes	Never	Always	Sometimes	Never
1	Parents feel uncomfortable that others may make fun of their children with mental retardation	16	6	-	4	18	-
2.	Feeling that some misfortune has been fallen on them	16	6	-	-	6	16
3	It is difficult to maintain mental balance when they fail to cope up the child's need	13	9	-	-	15	7
4	Parents are disturbed regarding the future of the children	19	3	-	5	17	-
5.	Parents are unable to discuss the child problem due to shame	11	8	3	5	15	2
6.	Parents take their children with mental retardation in social gathering	10	12	-	4	18	-
7.	Parents get disturbed that their children cannot make good progress	17	5	-	8	5	9
8	Parents have the feeling that they are neglecting their other children because of this child	16	6	-	8	8	6
9	Parents feel tensed because their relation (family members) point out their child's drawback	11	7	4	9	6	7
10	Parents lost their temper easily over the children with mental retardation	15	7	-	-	8	14

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Table 5.13 depicts the pretest - posttest responses on the questionnaire of stress and anxiety during the third phase of the follow-ups. The perusal of the results showed that before the programme, parents 'always' felt uncomfortable that others may make fun of their children and sixteen parents 'always' had the feeling that some misfortune has been fallen on them. Posttest responses revealed that the eighteen parents 'sometimes' felt uncomfortable that others may make fun of their children and twenty parents indicated that they don't feel that some misfortune fallen on them. Further it was noticed that initially about thirteen parents 'always' felt that it is difficult to maintain mental balance when they fail to cope up the child's need and majority of the parents were 'always' disturbed regarding the future of the children. During the final phase of the follow-ups, it was found that 'sometimes' it is difficult for the parents to maintain mental balance and majority of the parents were 'sometimes' disturbed regarding the future of the children.

Pretest result showed that about eleven parents were not discussed the child's problem due to shame and about twelve parents were 'sometimes' taking children in social gathering. Results of posttests revealed that five parents still can't discuss the child's problems due to shame. Change was again seen in eighteen parents taking their children in social gatherings.

Further, it was observed that initially seventeen parents 'always' got disturbed that their children can't make good progress and felt that they 'always' neglect other siblings because of the children with mental retardation. Results of posttest indicated that only five parents were found to be disturbed 'sometimes' related to their children's progress and a few felt that the siblings were neglected 'sometimes'. Nearly half percentage of parents reported that they 'always' feel tensed whenever their relatives / family members pointed out their child's draw back. No gain was seen during the follow-ups. It perhaps due to the reason that it will take sometime to make the community realize the 'concept of mental retardation' It was further seen that initially majority of the parents 'always' lost their temper easily over the children. Posttest results showed changes Parents were practicing the relaxation techniques and found them to be satisfactory.

Table 5.14: Analysis and interpretation of the opinion inventory obtained through reaction scale for feed back of the intervention programme

Sr. No.	Statement	Total number of participants	Number of responses			
			To a large extent	To an extent	To a less extent	Not at all
1	Concept of mental retardation is clear to me	22	17	5	-	-
2	Methods of conducting the intervention programme was satisfactory	22	14	5	3	-
3	Booklet and the folder developed and distributed in the programme proved to be beneficial for us	22	-	-	-	-
4	I can train the child in the following activities of daily living					
a	Brushing skills	18	16	2	-	-
b	Dressing skills	22	11	11	-	-
c	Self grooming skills	18	3	15	-	-
d	Time Concept	22	4	15	3	-
5	I am able to understand the cause of the behavioural problem	22	14	6	2	-
6	I can manage the following behavioural problem of the child					
a	Anger	22	5	12	5	-
b	Attention seeking behaviour	22	5	12	5	-
c	Repetitive behaviour	18	-	10	8	-
7.	I am able to seek the benefits and concessions provided by the Government to the children with mental retardation	22	20	2	-	-
8	I could able to understand the vocations for the children with mental retardation	22	12	10	-	-
9.	I can control my feelings of stress and anxiety through relaxation technique and yoga	22	9	9	4	-
10	I can able to manage the child's behavioural problem through yoga	22	5	7	10	-
11	Video films which were shown during the intervention programme provided the useful information to us	22	7	15	-	-
12	I think that in future these types of the programmes should be conducted for the benefits of the children with mental retardation	22	19	3	-	-

5.2.5 Analysis and Interpretation of the Opinion Inventory Obtained Through Reaction Scale for Feed Back of the Intervention Programme

Reaction scale was administered for obtaining the feedback of the parents regarding the intervention programme during final phase of follow ups. Table 5.14 reveals that majority of the parents got awareness regarding the concepts of mental retardation to a large extent. Methods of conducting the intervention programme were also satisfactory in the opinion of parents. Almost all participants responded that booklets and the folder developed and distributed in the programme proved to be beneficial.

With regard to activities of daily living skills, out of eighteen participants, sixteen participants were able to train the child in brushing skills. Nearly half percentage of parents could be able to train the children in dressing skills to a large extent. Out of eighteen parents, majority of the parents were able to train their children in the grooming skills. With regard to time concept, parents were able to train their children in associating the daily activities with time and were able to identify the names of weeks and months. Majority of the participants were able to understand the cause of the behaviour problem.

With regard to 'management of behavioural problems' majority of the parents responded that they could be able to manage the 'anger' and 'attention seeking behaviour' to an extent. Ten parents were able to manage repetitive behaviour problem of the child and eight found difficulty in managing the repetitive behaviour problem of the child

Further, the responses of the participants indicated that they were able to seek the benefits and concession provided by the Government to the children with mental retardation.

Regarding the vocations for the children with mental retardation, twelve respondents could be able to understand the vocations for the children to a large extent

Further majority of the parents could be able to control the feelings of stress and anxiety through relaxation technique / yoga, whereas four were having the difficulty to control stress and anxiety through relaxation technique because of the reason that regularity couldn't be maintained by few parents in yoga and relaxation technique.

Also observed from the results that majority of the parents' found difficulty in managing the child's behaviour problem through yoga as children were restless and lack of concentration was observed during the yoga practice. Further parents indicated that video films, which were shown during the intervention programme, provided the useful information to them. Almost all parents indicated that in future these types of programmes should be conducted for the benefits of the children with mental retardation. Thus it can be concluded that parents developed an understanding about the needs of such children, the basic concept of mental retardation and learn various ways of coping strategies to handle the children effectively.

DISCUSSION REGARDING THE EFFECTIVENESS OF THE INTERVENTION PROGRAMME

The findings were analyzed in the light of the framework conceptualized for the present study and would be discussed under two main aspects

(i) Awareness regarding the mental retardation.

(ii) Follow ups during home visits.

(i) AWARENESS REGARDING MENTAL RETARDATION

With regard to awareness level of parents, many parents harboured wrong ideas about the condition and cause of mental retardation. In India, prevailing misconceptions related to mental retardation of the children interfere a lot in deciding the fate of children with mental retardation. It was found that the parents showed a significant change on the scores at post intervention phase This clearly indicates the overall effectiveness of intervention programme. The probable reason for this gain may be because of more interaction between the investigator and the participants and use of audio visual aids during the intervention programme. As revealed from number of research studies, it is extremely important that there should be maximum amount of involvement of learners. But if only lecture method is used, it fails to have greater amount of involvement of learner. Keeping in view this, in present study, investigator made use of several methods and modes, which helped

parents to be more confident about what they learnt, and what they could retain for longer time.

An effort was made to make parents aware regarding their own strengths and weaknesses. They were helped to realize that a conflicting environment at home lead to insecurity and anxiety in the child. Findings of the results are supported by Parikh (1989), in which parents made efforts to understand and observe the situation rather than getting angry with the child. Again it was noticed that with regard to the 'concept of mental retardation mean gain was higher in the posttest compared to pretest In the statement, 'one should not think that person with mental retardation has a small brain, whereas normal person has a broad brain' mean gain was high when compared with pretest results but t-cal value was not higher compared to t tab. This can be due to reason that during the intervention programme, they were informed that mental retardation is caused by the brain disorder as the topic was related to the scientific concepts and more of biological type which they could unable to understand.

It can further be inferred that the knowledge regarding the cause of the mental retardation of the parents improved significantly in the posttest in comparison to pretest. One of the reasons for this can be attributed to the intervention programme where proper illustrations and examples motivated the parents to interact during the sessions.

Awareness regarding the concept of mental retardation of parents improved significantly in the posttest. One of the major reasons for this can be due to the concrete and open discussion on the viewpoints of the parents regarding the same. The use of flash cards and visits to integrated school set up might be helpful in changing their view points. Some parents felt that they are not capable enough to teach their child with mental retardation. This is because they might have had a little or no exposure to scientific methods of teaching and training their children As a result, they experienced frequent failures in teaching their child with mental retardation and also felt incompetent. Intervention could help parents to develop confidence, understand their important role and participate in the teaching and training of their child Findings of the study are substantiated by Nikapota (1986) where he suggested

that educational programme for parents of children with mental retardation would help them to realize that they could effectively train their child at home.

In relation to teach 'activities of daily living skills' to children with mental retardation, significant difference was found. It was explained through demonstrations and role-plays with examples in the intervention programme and with regard to intensity of behaviour in comparison to intellectually normal persons, t-test was not found to be significant. This may be due to some confusion regarding the basic concepts of behavioural management skills.

Effectiveness was also measured in terms of parental needs after the implementation of the intervention programme. Most of the parental needs were found to be met after the intervention programme.

With regard to 'information condition', 'hostel', 'marriage', and 'sexuality' mean score was higher in pretest than posttest and t-value is highly significant. One of the reasons for this can be attributed to the intervention programme in which interactive sessions, presentations in the overhead projectors motivated the parents and short films on the concept of mental retardation encouraged parents and made aware.

It can further be inferred that the knowledge regarding the 'child management' which includes handling behavioural problems and activities of daily living, improved significantly in the posttest Short skits performed by the experts and investigator and active participation in the skit helped parents to develop sensitivity towards the child management.

Results relating to the area of 'facilitating interactions', 'personal social', and 'family relationship' showed high mean scores in the pretest. Their needs regarding the above mentioned aspects were found to be satisfied as reflected by the t-value. This could be possibly because of the programme which helped them to make decisions regarding their inbuilt confusions in the family.

No significant difference was found in the area of 'support – physical'. The parents expected support in terms of transportation and assistance that couldn't be fulfilled just after the intervention programme. Needs related to 'personal – emotional' had again highly significant t-value, when compared with t tabulated. This may be due to the reason that parents were given opportunities to participate in the yoga and self relaxation sessions conducted by the expert.

Their interest in the programme increased during the intervention programme and discussions minimized their confusions about helping the child. Further an informative film 'manzil ki oar 'shown during intervention programme helped them a lot in knowing the future aspects and government benefits for the children. Prevocational skill training was another aspect in the film which was highlighted and discussed during the programme. Video film on coping up the stress and anxiety further helped them a lot. Needs regarding the 'future aspects' of the children with mental retardation were met significantly in the posttest. This can be attributed to the intervention programme that was implemented by the investigator. Regular discussions regarding the 'vocational aspects' and 'Governmental benefits' increased their insight. They were also provided the opportunities to visit Vocational Rehabilitation Centres which helped them to develop sensitivity about the vocational opportunities

(ii) FOLLOWS UPS DURING HOMEVISITS

Parents on the whole were very much committed to the programme of their children and were able to achieve success in reducing the problems to certain degree They seemed to have control over their emotions and were very practical and realistic about the limitations of their children. They attended meetings so as to keep in touch with latest information related to children with mental retardation. The decision-making regarding the treatment and education were made by the parents.

Parents realized the negative effect of misconceptions, which had restricted the overall development of the child. Parents developed a sense of enlightenment in terms of seeing the problem situation through child's perspective.

Parents made an attempt to change their view towards child. Active stimulation by the parents helped in the child's development was a feedback to the parents. Parents felt that sympathy, understanding and patience towards their children could lead to some amount of improvement. These findings are in congruence with the Embar (1979) Findings of the study reported that parents who have almost given up hopes regarding the improvement of their children felt that understanding and accepting the child would lead to the improvement Parents were able to understand how a positive approach helps to increase

one's inner strength, which in turn helped their interaction with the child. Further they recognized the need to provide social exposure to the children and helped them to develop a positive relationship with peers and community people. They planned for the further training for their children. In general, all parents indicated a positive change and the degree of change varied from one parent to another.

Change in the parents could be because of:

1. The role plays conducted during programme
2. Active participation in the intervention programme
3. Interactions with other parents
4. Discussions regarding their difficulties in development of skills in children.

Parents were able to understand the importance of developing self help skills in their child and able to know how they could help their child in learning these skills. Parents were anxious about helping child to develop skill and an acceptable behaviour. They couldn't perceive the child as being capable to learn self help skills but gradually they were able to understand about the abilities and limitations of their children and felt also that training in skill development required a great deal of skills on the part of the parents too. Imitating an adult or the siblings in any activity helped parents to develop skill in their children. In certain self help skills viz., clipping of nails, making plaits in case of girls with long hair, children still needed the physical prompting or assistance but the parents did take the initiatives to encourage independence in them. After the programme, parents of the children could understand the meaning and importance of helping the child to be independent in his self help skills, and they could learn ways to promote these skills in their child.

Parents tried to analyze the child's behaviour and their own behaviour. They were found to make an attempt to understand the behaviour of the child, to use reasoning with child instead of losing their own temper. Findings of the study are substantiated by Peshawaria (1991) who reported that the parents felt more confident in handling their children after the training programme. Parents felt the use of reinforcement was very effective in making the child learn acceptable behaviour Parents realized that training in skill development required a great deal of skills on part of parents too Findings of the study are

more on par with the findings of Narayanan et. al. (1988). According to them, most parents experienced a favourable change in motivation to train their child. Parents were provided with lot of opportunities of activity-oriented situations that helped them to assist their child to develop socially acceptable behaviour. Techniques like ignoring was effective in some cases but in a few through discussion with parents, it was found that the children with attention seeking behaviour indulged in one activity or the other like banging his head, scratching of nails etc. if they were not given attention. Parents in such situations had to pay attention to the child's self-injurious activities. Parents who used the technique of ignoring felt that there can be an initial increase in the problem behaviour of the child. However, in the long run, this will gradually decrease. Initially parents felt deeply anxious about the family's future i.e., whether they would always have to face such problems. During the last phase of follow-ups, observation reports and informal conversations with the parents indicated that almost all the parents made an effort to understand the cause of conflict. Recording and analysis of the behaviour of children proved effective to the parents Parents were able to understand that every behaviour of the child is purposive. Improvement in the child's behaviour was observed as parents reported that frequency of undesirable behaviour in the children was reduced to some extent. Children attempted to listen when parents tried to reason with them. Parents were found changing the situation i.e., engaging the child in some activity whenever he tended to rock his body. Only difficulty parents found to use this technique was that they have to look after constantly to their child's activity.

Parents' participation in the children's group helped them to develop awareness about the strengths and weakness of such children. Initially parents felt uncomfortable and disturbed regarding the future of the child. Feeling of shame and self-blame were predominant but after the implementation of the programme during the third phase of the follow-ups, they could alleviate the stress to some extent through the medium of yoga therapy These results are in congruence with findings reported by Chaturvedi and Malhotra (1984) Parents further expressed that yoga is the best exercise for the mind and body 'Shavasana', 'pavanmuktasan', 'viparitkarni' 'yogamudra' and sarvangasana were frequently practiced asanas by the parents. *'Om kria' and 'ram kria'* were

performed by the children and its effectiveness was observed during follow ups. Although for parents of such children, it may be difficult to handle their stubbornness, which may sometimes turn them violent. Surprisingly such children became more alert after exercising yoga. One of the important reasons for their slow learning is the lack of concentration that makes them either too slow and inactive, or hyperactive and restless. Findings of the study are in line with the study conducted by Nagendra et al (1989) which showed the efficacy of yoga as an effective therapeutic tool in the management of the children with mental retardation

Overall change in the parents could be because of·

1 Increased perception of parents regarding the handicap of children and their specific needs.
2 Cooperative effort
3. Increased interest and concern of all family members to help their children

They indicated that the programme helped them to develop sensitivity and perception regarding their own interactions with the child in order to maximize his limited potentials.

During the first phase of follow-ups, parents were found to be eager to work towards the amelioration of their child's condition. Through the use of learning acquired during the intervention programme. They were giving step-by-step training of the daily living skills, using techniques of behaviour modification and teaching yoga exercises to the children, and practicing yoga asanas themselves to relieve the tensions and anxiety. At the end of the first phase, the investigator found the following changes

- Majority of the children needed physical assistance in almost all the daily living skills.
- Parents had interest in performing yoga but were struggling in achieving the concentration
- Parents were not maintaining the systematic record of the progress of the child

During the second phase, the investigator found the parents to be pretty enthusiastic, confident and motivated as they were able to bring about some amount of change in their children. Following changes were noticed at the end of the second phase.

- In some of the daily living skills, children still needed physical assistance (Plating the child's hair, clipping the nails, making a bow of a shoe lace). In other cases (dressing, brushing) gestural and verbal prompting was enough to make child to do the tasks / activities.
- Parents made use of such fasteners that the children were able to fix by them selves. They modified the design of the clothes, which were easier to be worn by the children
- Parents were using the behavioural modification techniques like physical restraint, time out, response cost, restitution, anger control and ignoring techniques whenever the problem situations encountered.

During the third phase of the follow ups parents were found to be satisfied with the changes that have occurred. Children became independent in a number of daily living activities, except in activities such as clipping of nails, wearing shoe with lace, plaiting the hair where a little physical assistance was still required.

Parents were using various behaviour modification techniques keeping in view the problem behaviour of their children. Most of the parents found time out technique and self management techniques include anger control technique to be beneficial.

A few parents opined that the ignoring technique cannot be always beneficial as children may resort to self injurious behaviour, if subjected to this technique. They were of the opinion that response cost and restitution were the techniques, which can temporarily be useful and effective

Majority of the parents were regularly performing yoga asanas They were giving training to their children with regard to yoga asanas. Parents perceived change in the physical as well as psychological condition on performing the yogas regularly. Krias like 'Om kria' and 'Ram kria' was frequently practiced by the children and change was noticed by the parents in terms of increasing in their flexibility of tongue

It can be concluded that this programme can be more meaningful and successful if the parents of the children involved, continue doing the activities independently even after the follow ups is completed.

SECTION – III

CASE STUDIES

5.3.0 INTRODUCTION

In a case study, a case is studied in depth. It seeks to assemble and interpret all the relevant facts and observations about a given pupil. Two case studies were undertaken for the detailed investigation on the basis of significant changes observed after the intervention programme. The profile of the cases are presented with regard to their perceived needs, pretest and posttest scores obtained on awareness level scale, pretest and posttest responses on questionnaire on awareness level, pretest and posttest scores on parental needs and follow-ups. Scores and description of the results helped the investigator to see the impact of the intervention programme and its effectiveness through different sources.

CASE – I

Beneficiary – Father of the child (Mr. X)

5.3.1 Profile:

5.3.1.1 Introduction

Mr. X., 42 years old man having two children. Youngest child is having mild mental retardation. He is having a joint family where his mother, younger brother and his wife also stays with his family i.e., wife and two sons. He is a businessman doing a business of readymade garments. This middle class family stays in a flat of four rooms. Mr. X. is a god-fearing person having full faith in god.

Table: 5.15 Background Information of the Family

Relationship with child	Age	Education	Occupation	Income p.m.
Grandmother	72	-	-	-
Uncle	38	B.A	Business	10,000
Aunt	35	S.S.C.	Housewife	
Father	42	B.Sc.	Business	10,000
Mother	39	B.A.	Housewife	
Brother	17	12th	-	
Child(index)	10	-	-	

Table 5.15 depicts the background information of the family. He also believes in black magic. Mr. X takes care of the child and he was very cooperative throughout the study. His child is in one of the city's integrated schools. Both father and the mother of the child were unaware of the effect of faulty training techniques. They believed that the boy was the victim of black magic and that some evil spirit entered into the body and that had caused the deformity in the boy's mind. Parents did contact sorcerers and faith healers for his treatment. But all in vain. Though the child was admitted to a regular school but when the progress was seen delayed in std III, he was then shifted to an integrated school.

Again it was also measured in terms of parental needs, which included the satisfied needs after the intervention programme.

5.3.1.2 Perceived Needs of Parents

It was observed while assessing the needs of parents that the father of the boy was very particularly interested to know about the importance of inclusive / integrated school and special school and how to develop coping skills to minimize management problem of the child at home. Parents did not know what kind of training should be provided to the child. Both the parents were unaware of how to keep the child engage in activities, so as to reduce the problem of his aloofness. Parents felt that there is no agency or institution where they could receive guidance to help their child. Father had a keen interest in knowing the employment opportunities and the Government concessions / benefits for these children. It was noticed during observations that parents were not giving attention to the brushing skills. Father complained that at this maturity level, child does not know how to do brushing.

Parents were also facing problem in their child's dressing. Child was having difficulty in buttoning the shirt. Mr. X reported that while buttoning his shirt he needed physical support. As far as the behavioural problems were concerned, boy was restless and had self-destructive tendencies Parents commented that as nowadays 'grahas' / stars are not favourable so he behaves in that manner. Both the parents expressed immense anxiety about the future of the child and wanted to do whatever possible to improve his condition They felt embarrassed, when they discussed their child's condition with other parents

The ranking of perceived needs of the parents were seen when Family Needs Semi structured Interview Schedule was administered to the parents which is as follows:

1. Government benefits
2. Future planning
3. Child management
4 Information condition
5. Personal emotional
6. Services
7 Vocational Planning
8 Hostel
9 Marriage

10 Personal social
11. Family relationships
12. Financial
13 Support-Physical
14. Sexuality
15. Facilitating interaction

5.3.1.3 Implementation of the Intervention Programme

Based on the assessment of the perceived needs, an intervention programme was conducted. Only the father of the child came to the programme It was observed that father's knowledge regarding the concepts of mental retardation was not adequate and true. Among all, Mr X was actively involved in the sessions of the behaviour modification techniques In one of the sessions of the programme when employment opportunities and Government benefits / concessions were discussed, father was enthusiastically involved in satisfying his queries and clarifying his doubts. Information regarding the vocational rehabilitation centres was duly supplied to the needy persons It was also observed that father was satisfied with the relaxation techniques and yoga therapies demonstrated by the experts. He showed keen interest in the techniques of speech improvement through '*om Kria* and *ram Kria*'. He was interactive and was sharing his experiences. During all the sessions he was raising the questions and clarifying the doubts.

Problems faced by the father while implementing the techniques to the child

- Child's lack of concentration in learning the task
- Inability to make understand the child's strengths and weaknesses to the other family members
- Fight against rigid and traditional believes of the family members e.g adamant decisions to show the child to faith healer
- Sometimes irritation in the father comes while dealing with the child

5.3.1.4 Effectiveness of the Intervention Programme

Table 5.16 Pretest and Posttest Responses on Questionnaire on Awareness Level of Father of Case I

Statements	Pretest response	Posttest response
Features of mental retardation	Unclear expression	Slow reaction, difficulty in understanding, unclear expressions
Marriage of the person with mental retardation	Makes him independent	Further complicate his problem
Teaching the child with mental retardation	Teach the whole concept	Teach in simple task
Factors not responsible for the cause of mental retardation	Brain fever	Black magic
Factors not responsible for prevention of mental retardation	Maintain a distance with other children	Maintain a distance with other children
Factors not responsible for cause of mental retardation	Heredity	Going in the solar eclipse during pregnancy
Developmental period in 6-8 months	Sit	Sit
Sources that cannot be a help to parents	District rehabilitation centre	District rehabilitation centre
Better learning	Cared at special school only	They are with normal children
Medicines can't cure	Mental illness	Mental retardation

It is evident from the table 5.16 that Mr. X got a little awareness regarding the features, causes, prevention and general concept of mental retardation which includes marriage, medication and teaching of individuals with mental retardation before the implementation of the intervention programme and showed remarkable progress in posttest response.

Table 5.17 Pretest and Posttest scores obtained of Mr. X on awareness level scale

Statement	Scores obtained		Statement	Scores obtained		Statement	Scores obtained	
Cause of mental retardation	Pretest scores	Posttest scores	Concept of mental retardation	Pretest scores	Posttest scores	Child management	Pretest scores	Posttest scores
- Black magic not responsible	- 1	0	- Not an infections disease	1	1	Eighty percent have communication problem	0	1
- Eclipse Not responsible	0	1	- Traditional healers can't solve this problem	0	1	Not always disobedient	1	1
- Maternal use of alcohol, drugs and smoking	0	1	- Person with mental retardation has small brain	0	1	To keep his mind always occupied	- 1	1
- Nutrition of mother	1	1	- Tests can detect the abnormality during pregnancy	- 1	1	Not a waste of time to teach activities of daily living	- 1	1
- After birth, child can become mentally retarded till eighteen years	- 1	1	- Medicines can't cure it	- 1	1	Intensity of behavioural problems are found more in these children	1	1
			- Teaching a person with mental retardation during pregnancy, give birth to child with mental retardation	0	1	Parents can develop all essential skills	1	1
			- Change the attitude of community	1	1			
			- Normal baby is born where mother or father is with mental retardation	-1	1			
			- Integrated schools do not develop inferiority complex	-1	1			
Total	**- 1**	**4**	**Total**	**-2**	**8**	**Total**	**1**	**6**

For evaluating the effectiveness of the programme, again awareness level scale was administered to Mr. X. Results showed remarkable change in posttest scores (table 5.17). As is evident from the table that there was an increase in the post test scores as a difference of five was seen in the scores in relation to the cause of mental retardation. With regard to the concept of mental retardation, a difference of 10 was seen in the scores. Regarding child management, a difference of 5 was found in the scores of Mr. X.

Effectiveness of the Programme was again evaluated by administering open-ended questionnaire on awareness level to Mr. X. He reported in posttest results that parents play an important role in educating their children with mental retardation because parents know their children best. Grandparents can also assist the family and siblings can act as a future guardian of his brother and sister having mental retardation. He further expressed that parents can modify the child's undesirable behaviour and can impart training to the child in self-help skills. He opined that if there will be mastery of basic arithmetic then the children with mental retardation can easily tell a time in a clock. Further he realized that mass media plays a crucial role to educate the public and increase the awareness in the community. Mr X. got the awareness of the government benefits, concessions and the parents' associations.

Again it was also measured in terms of parental needs, which included the satisfied needs after the intervention programme.

Table: 5.18 Pretest and Posttest scores obtained by Mr. X on parental needs

Areas	Pretest Scores	Posttest Scores
Information – Condition	8	4
Child Management	10	8
Facilitating Interaction	2	0
Services	6	2
Vocational planning	2	0
Sexuality	0	0
Marriage	2	0
Hostel	2	1
Personal-Emotional	4	2
Personal-social	2	1
Support-physical	4	2
Financial	4	2
Family relationship	1	1
Future planning	4	3
Governments benefits and legislation	4	1
Total	**55**	**27**

Again it was also measured in terms of parental needs, which included the satisfied needs after the intervention programme.

Results of table 5.18 revealed that the needs of Mr. X related to the concept of mental retardation, child management, future aspects and emotional aspects were met after the implementation of the intervention programme as reflected by the decrease in the post test scores which shows that his needs regarding these aspects were met. The probable reason for this improvement may be because of more interaction, active involvement in the sessions and the use of audio visual aids.

Follow-ups during home visits

Effectiveness was again judged by the anecdotal records based on the observations on follow-ups. Change in behaviour observed is divided into three phases –

I: First Phase of Follow ups (Initial Two Months)

Mr. X. was not able to maintain a diary during first month because of the guests at home. Father realized the need to help and showed concern. He was seen taking initiatives in forming the association of parents. His attitude towards the child was becoming positive. Father showed greater awareness regarding the importance of accepting the retardation of the child and the need of accepting the child in the family. Father started taking child with mental retardation for outings and to attend social function.

Development of activities of daily living skills in parents to help their child includes (i) Brushing (ii) Dressing skills. Initially, father expressed immense anxiety regarding the development of self help skills in their children. Father initially stated that the child couldn't be trained, because he was slow learner but during the first phase of the follow-ups, results showed that father had a high hope to train his child. He developed the confidence and patience while dealing with the child

Child needed physical assistance and verbal directions for buttoning the shirt

Parents were supporting the child

In brushing skills, father started giving training to the child step by step. He learnt the importance of giving step-by-step training to the child. Still in some steps, physical prompting was needed.

With regard to behaviour modification techniques, during first phase of the follow-ups, parents found it difficult to cope up with the management problems of the child. They were giving training with regard to control his anger with self management techniques. With his wife's support, efforts were put-up by the father to help child to learn behaviour modification techniques.

During first phase of the follow-ups, yoga therapist who accompanied the investigator assisted father in performing yoga. It was noted that mother of the boy was also seen devoting her time in yoga. Father opined that 'yoga asanas' are difficult to perform as it needs time and practice. Father were seen giving training in the *'Om Krias'* and *'Ram Kria'* to their children. Father could help the child channelize his behaviour.

II: The Second Phase: (3 – 5 Months)

It was observed during the second phase of the follow-ups, father developed the confidence to deal with the child. Initially, he was a little confused but gradually he started motivating and reinforcing the child. He felt that sympathy, understanding and patience towards the child could lead to some amount of improvement. It is further revealed from the follow-ups that the father persuaded his wife to get admitted to diploma course, as he himself had no time for the same. Mother agreed. It was observed that they have prepared the boy to a paper factory for some work such as making paper bags, paper bundle etc.

Parents were seen following the practice of daily living skills with their child. With regard to dressing skills, in buttoning the dress, parents were seen giving bigger buttons for the initial trials. It was seen verbal and gestural prompting for emphasizing the important words by saying them louder and pointing the place where the response is to be made.

For brushing skills, again verbal and gestural prompting was seen during the second phase and for wearing a shoe, child was able to wear a shoe but can't able to tie the knot and make a bow Child needed physical assistance for tying the knot and making a bow of a lace in a shoe

With regard to behaviour modification skills, father was seen recording the problem behaviour of the child He was following the A-B-C model, in which he analyzed the situations like, where does the problem behaviour occur? When does it occur? Why did it occur? Self management techniques were used by the parents of the child. Parents were able to train their child to verbalize his anger by helping him to discover the immediate reason for his anger and allow him to verbalize the details about what made him angry. Parents seemed enthusiastic about trying out and performing the techniques of behaviour modification.

Daily observing the child and recording the problem behaviour minimized parents' confusions about helping and training of the child.

With regard to '*yoga asanas*', father was seen practicing, the asanas regularly and trying '*Om Kria*' and '*Ram Kria*' with their child and found it to be effective. Through discussion it was found that he developed the endurance while dealing with the conflicting situations

III: The Third Phase (6 – 8 Months)

Third phase of the follow-ups indicated that Mr. X developed sensitivity in terms of trying to see a problem situation and understand the child's difficulty. He was seen explaining the meaning and characteristics of the child's retardation to the curious neighbours. Father realized that it is important to avoid conflicts between themselves especially in the presence of the child at home. Father indicated his increased maturity regarding the handling of children with mental retardation He was taking the benefits of concessions given by the Government. With regard to activities of daily living skills during third phase of follow-ups, it was observed that child in dressing skills, could be able to button his dress independently. No physical and gestural prompting is needed Parents were happy to see the performance of child to achieve the long-term goal of buttoning

Next skill observed was on brushing, again the same results were found, as the child was able to perform all the steps independently and hence able to achieve the long term goal of brushing

With regard to clipping of nails, child still needed the gestural and verbal prompting in clipping the nails of left hand. For clipping the nails of right hand, physical prompting was required

In case of wearing shoe with lace, parents were able to train the child in wearing his shoe properly but still he needed the practice in making a bow of a lace. Mr. X expressed that the child has shown improvement in his level of functioning with regard to brushing skill, buttoning skill and wearing a shoe

He realized the importance of linking all the subtasks to form a chain in the training of the child. He added that reinforcement is also important to strengthen a behaviour. He also commented on the usefulness of the booklet and folder with calendar

With regard to behavioural modification skills, self management techniques proved to be effective. Father's confidence was seen increased, which enabled him to make decisions regarding the use of handling behaviour modification techniques He realized that lack of understanding sometimes aggravated the problem behaviour of the child. Parents of the child helped him to find the immediate reason for his anger and replaced the angry thoughts and feelings, whenever the child got angry, parents at once tried to verbalize his anger and found to be fruitful. To the utmost surprise, it was observed that child who got angry causelessly can control his anger to some extent by self management techniques. For this, parents with patience had to struggle a lot to modify the problem behaviour Through discussion it was found that Mr X realized that expectations with this child are not reasonable. He realized that the child needed to express him and when he could not able to express himself, he tended to use other methods i.e. shouting, throwing objects etc

Relaxation techniques were used by him and he stated that if he could make a habit of performing the technique, tensions and stress would be eliminated. Mr X was seen practicing *'yogamudrasan', 'halasan', 'pavanmuktasan'*. They were found to be effective during the last i e third stage of follow-ups i.e., at the end of seventh month as regularity in doing asanas was maintained by him Mr. X was satisfied with the *Krias* i e. *'Om Kria'* and *'Ram Kria'* performed by the child with the mental retardation.

When reaction scale was administered, it was observed that father was well informed regarding the concept of mental retardation Methods of

conducting the intervention programme and the techniques were taught to control stress and manage behavioural problem of the child also found to be satisfactory

5.3.1.5 Concluding Observation:

First Case undertaken was the father of the boy with mental retardation. It was found that how he could be able to manage to come out of from the world of black magic. In spite of having graduation degree, how much unaware he was, in understanding the child's condition. With his efforts after the programme, how well he was able to cope up the situation and understood the child and started giving training in the activities of daily living skills and techniques for behaviour modification skills. Pretest and posttest scores on awareness indicated the effectiveness of the programme for Mr. X With his wife's cooperation he could accept the child's handicap, understand the real cause of it and manage the difficult situations at home. Through yoga techniques he could be able to alleviate stress and anxiety to some extent.

CASE – II

Beneficiary – Mother of the child (Mrs. Y)

5.3.2 Profile:

5.3.2.1 Introduction

Mrs. Y, a 32 years old woman has two children. Out of them, elder one is having mild mental retardation. Her graduate husband is the marketing executive with monthly income of Rs. 8000/-. Family stays in a two room set. Mother is a housewife Table 5.19 depicts the background information of the family.

Table 5.19 Background information of the family

Relationship with child	Age	Education	Occupation	Income (Rs. P.m.)
Father	39	B.A.	Job	8000/-
Mother	32	S.S.C.	Housewife	-
Sister	2	-	-	-
Child(index)	8	-	-	-

Father is very dominating and autocratic in the family. The girl was in a regular Government school till std. two but shifted to a special school after her IQ level tests. Initially father resisted talking of anything about the child and her handicap. Mother reported that without understanding the real problem of the child, father used to scold her, which resulted in further deterioration.

5.3.2.2 Perceived Needs of the Parents

While assessing the needs, Mrs.Y was found to be quite cooperative in contrast the negative approach of the father who was of the opinion that there would be no improvement in his child so far as her mental problem is concerned. Infact as is usual in such families, the mother used to remain under great stress and worries on account of her child's health. Investigator observed that father was suppressing his wife from what she wanted to say. It was found that both of them appeared very tense and anxious The father was willing to come to an intervention programme but his suspicious nature was not allowing him. In reality it was observed that his self-strength was found low and tolerance was less. He was of the view that child rearing was a mother's responsibility, and hence group meetings, discussions on the role of mother in

child rearing practices should be included in an intervention programme. With the passage of time, this child developed the adamant and self-injurious behaviour.

It was also observed that there was a lack of understanding between the parents and about the general concept and prognosis of mental retardation. The father of the child felt distressed that scientific advances in the medical field should fulfill the requirement of the parents. He was blaming the medical science Mrs. Y indicated that she did not get cooperation in terms of work distribution for that she needs some relaxation techniques to reduce anxiety. She felt anxious about her future of how she could be trained to learn socially acceptable behaviours. She was found submissive but showed eagerness to help child and for the training programme. She was also worried about the odd behaviour of rocking the body and needed training in some activities of daily living skill like she was able to braid her hair properly and cannot cut her nails. She indicated needs for brushing also. Mother found it difficult to accept that the child could develop self help skills if they made some effort and prevocational skill of time concept as she was unable to tell the day and time. Investigator tried her best to convince both the parents to come to the programme, the mother agreed but father did not respond.

The ranking of the perceived needs of the mother were found after administering the 'Family Needs Semi Structured Interview Schedule' to the parents which is as under:

1. Child management
2. Information – Condition
3. Future planning
4. Government benefits
5. Personal – emotional
6. Vocational planning
7 Services
8. Marriage
9 Financial
10. Hostel
11 Personal – social
12. Family relationship

13. Sexuality
14. Support – physical
15. Facilitating interaction

5.3.2.3 Implementation of the Intervention Programme

After assessing the needs, family based intervention programme was conducted for the parents. Mrs. Y was helped to realize that a tensed home environment leads to insecurity and anxiety in the child, and as a result, the child adopted negative forms like undesirable behaviour. To the utmost surprise, during the second day of the programme, father of the girl started coming to the programme. Mrs. Y was encouraged to take initiatives in the discussions. Father started noting down the useful and important points made in the discussion especially for the management of behavioural problems. Mother of the girl actively participated in the role-plays and short skits organized for the parents regarding self help skills and behavioural modification techniques.

During the intervention programme, field visits were also organized to Vocational Rehabilitations Centre, 'Karishma' special school and special education centre at K.G.P. hospital. Mother showed keen interest to join the courses offered in special education centre. She observed the special school 'Karishma' and asked the special educator about the activities performed there.

In this way, mother's involvement during the programme was encouraged to enable her to develop understanding about the activities and reinforce similar experiences with the child at home.

During the sessions of yoga therapies, the mother of the child was an active participant. She was sensitized by the expert about the yoga techniques for reducing tension and stress. She showed her particular interest in the '*Ram Krias'* and '*Om Krias'* for her child who has unclear speech.

Problems faced by the mother of Case II while implementing the technique

- ❖ Non-Supportive attitude of father in every aspect of daily chores related with child.
- ❖ Feeling of loneliness while dealing with the child, overburdened with the family pressures.
- ❖ Feeling of give up the things which were taught in training programmes while implementing to the child

5.3.2.4 Effectiveness of the Intervention Programme

Table 5.20 Pretest and Posttest responses on questionnaire on awareness level of mother of Case II

Statement	Responses obtained	Responses obtained
	Pretest	Posttest
Features of mental retardation	Difficulty in understanding	Slow reaction, difficulty in understanding, unclear expression.
Marriage of the person with mental retardation	Further complicate his problem	Further complicate his problem
Teaching the child with mental retardation	Teach the whole concept	Teach in simple concepts
Factors not responsible for the cause of mental retardation	Difficult delivery	Black magic
Factors not responsible for the prevention of mental retardation	Maintain a distance with other children having mental retardation	Maintain a distance with other children having mental retardation
Factors not responsible for the cause of mental retardation	Heredity	Going in the solar eclipse during pregnancy
Developmental period in a 6-8 months	Indicate toilet needs	Indicate toilet needs
Sources which can't help in mental retardation	Faith healers	Faith healers
Better learning	Cured at special school only	When the child is with normal children
Medicines can't cure	Mental retardation, epileptic fits, Mental illness	Mental retardation

It is evident from table 5 20 that responses of the parents with regard to the features, cause and teaching aspects of mental retardation were improved in posttest as compared to pretest responses

Table 5.21 Pretest and Posttest scores obtained by Mother of Case II on awareness level scale

Statement	Scores obtained		Statement	Scores obtained		Statement	Scores obtained	
Cause of mental retardation	Pretest scores	Posttest scores	Concept of mental retardation	Pretest scores	Posttest scores	Child management	Pretest scores	Posttest scores
- Black magic not responsible	- 1	0	- Not an infections disease	0	1	Eighty per cent have communication problem	- 1	0
- Eclipse. not responsible	0	1	- Traditional healers can't solve this problem	- 1	1	Not always disobedient	1	1
- Maternal use of alcohol, drugs and smoking	- 1	1	- Person with mental retardation has small brain	- 1	1	To keep his mind always occupied	- 1	1
- Nutrition of the mother	1	1	- Tests can detect the abnormality during pregnancy	- 1	1	Not a waste of time to teach activities of daily living	- 1	1
- After birth, child can become mentally, retarded till eighteen years	0	1	- Medicines can't cure it	- 1	0	Intensity of behavioural problems are found more in these children	0	1
			- Teaching a person with mental retardation during pregnancy, give birth to child with mental retardation	1	1	Parents can develop all essential skills	0	1
			- Change the attitude of community	0	0			
			- Normal baby is born where mother or father is with mental retardation	1	1			
			- Integrated school do not develop inferiority complex	- 1	1			
Total	-1	4	Total	- 1	7	Total	-2	5

It is evident from the table 5.21 that there is an improvement in posttest responses as compared to pretest responses with regard to the cause, prevention, teaching and medication of the child with mental retardation.

Pretest and Posttest scores obtained by Mrs. Y on awareness level revealed that there was a noticeable change in pretest and posttest scores regarding the cause of mental retardation, concept of mental retardation and child management. As table reflects that there was an increase in the posttest scores as a difference of 5 was seen in scores related to the cause of mental retardation. With regard to concept of mental retardation, a difference of 8 was found in the scores. Related to child management aspects, again a difference of 7 was seen in the scores of Mrs. Y. It is evident from the results that lectures and discussion through a – v aids were found to be effective to the mother as far as cause and concept of mental retardation are concerned. Regarding the child management, role-plays, a - v aids and illustrations motivated the mother to interact during their session.

Table 5.22 Pretest and Posttest scored obtained by mother of Case II on parental needs

Areas / Needs	Pretest Scores	Posttest Scores
I. Information –Condition	6	2
II. Child management	6	2
III. Facilitating Interaction	2	0
IV. Services	7	5
V. Vocational planning	2	0
VI. Sexuality	1	0
VII. Marriage	1	0
VIII. Hostel	1	1
IX. Personal-Emotional	4	2
X. Personal – social	1	1
Xi. Support – physical	1	1
XII. Financial	4	2
XIII. Family relationship	1	0
XIV. Future planning	2	0
XV. Government benefits	3	1

Again the effectiveness of the programme was measured in terms of parental needs i e the satisfied needs after the intervention programme of Mrs. Y. Needs of Mrs Y related to concept, child management, future aspects and emotional aspects were met after the implementation of the intervention

programme as reflected by the decrease in the post test scores which shows that their needs regarding these aspects were met. The probable reason for this improvement may be because of active involvement in the session and the use of audio visual aids.

Mrs. Y in posttest results indicated that parents should know the child's strengths and weaknesses. They should come together and educate their children in every possible way. Grand parents can help the family by providing assistance to the family in caring for the children. As far as siblings were concerned, they may need to learn to the situation. Mrs. Y further revealed that language training should be given on the child's mother tongue to improve communication With regard to child management techniques, she stated that through seminars and training programmes, parents could modify the behaviour and train the child. She felt that retarded and non-retarded children have their own needs. It is important to understand the needs of the individual and further she expressed that parents should encourage individuals with mental retardation to make friends with non disabled persons. She felt that attitudinal changes in the community could be changed. Further it was found that she was having awareness about travel concessions, income tax and reimbursement of medical expenses.

Follow-ups during home visits

Effectiveness was again seen by the anecdotal records based on the observations on follow-ups. Follow ups are categorized into three phases such as, (i) First phase (ii) Second phase (iii) Third phase

(i) The first phase (Initial two months)

Mrs. Y found difficult to maintain a diary to keep the record of the child's progress It was observed that she was taking efforts to train the child. Both the parents found it difficult to incorporate the skills in the child. Father opined that from theoretical point of view everyone is able to understand the concept but if given practically, it poses problem The attitude of mother was quite favourable and her cooperation was always there. Mother realized that unawareness could lead to detrimental effect on physical and mental health and also to the child

With regard to activities of daily living skills, mother was having keen interest in giving training to the child. She started training the child in the brushing skills. There was no concrete outcome seen in the first phase. Mrs Y was facing the difficulty in carrying out the tasks. Physical prompting was given in almost all steps. But her way of giving training step by step to the child was well tested. Braiding of child's hair was another need that was focused by Mrs. Y. Initially, she had the feeling of cutting her child's hair as she was unable to manage her hair daily. But after the training, she dropped the idea and started teaching the child. Physical assistance was provided to the girl in braiding whereas in clipping of nails, mother was using dried leaves for the child as the initiation for learning and girl was able to cut the dried leaves with the nail clipper. In the area of time concept, girl was able to rote count the numbers but couldn't able to count meaningfully. Similarly, she was able to tell the week's names in series but couldn't point it specifically when asked Mother was taking the use of the calendar for this skill

With regard to behaviour modification techniques, mother was facing difficulty to handle the behavioural problem of rocking and attention seeking in the child but she was maintaining the records properly and identifying the cause of her behaviour. Her constant effort was appreciable.

Yoga was practiced by Mrs. Y for anxieties and worries. Initially during first month, she was not regularly practicing the 'asanas'. During the end of the second month, she was seen performing the asanas like *'shavasan' 'yogamudrasan'*, *'pavanmuktasan'* and *'viparitkarni'* with her child.

(ii) The second phase (3 – 5 months)

She was enthusiastically giving training to the child. Her confidence seemed to be increased. She realized that a conflicting environment at home lead to insecurity and anxiety in the child. It was further observed that mother was contacting the vocational rehabilitation centres for the child's vocation. The feeling of frustrations and disappointments directly are not linked with mental retardation but these factors can affect indirectly. During the second phase, it was found that father of the Case II had curiosity to deal with the child. But out of his male front chauvinism he was not able to participate actively.

Mother of Case II has got awareness of the Government benefits and concessions. She was applying for the scholarship for the child.

With regard to activities of daily living, records showed the considerable progress in the self help skills. For brushing skills, Mrs. Y was regularly giving training to the child. .Verbal and gestural prompting were needed for the brushing skills. Mrs. Y was seen to promote self help skills in her child e.g., she brushed her teeth while teaching the child so that he could pick up the same through imitating. In case of braiding hair, girl was dependent on mother. She could easily comb without any assistance, but for braiding and making plaits, she needed help. For clipping the nails, Mrs. Y did take an initiative to encourage independence. Child was able clip her nails of left hand with gestural and verbal prompting and unable to clip of right hand.

Mother was putting her efforts to teach week's and day's concept to the child. Not much progress was seen in this regard.

As far as behaviour modification techniques were concerned, mother was keen interested to develop acceptable behaviours in the child. She could easily reason out the cause of her rocking behaviour and attention seeking. She used the ignoring technique. For alleviating stress and anxieties, mother was using yoga asanas and practicing with the child and found them to be effective. She felt that for child it's difficult to concentrate and it would be beneficial if the regular 'asana' would be performed. Mrs. Y couldn't able to perform *'sirshasana'. 'Om Kria and Ram Kria'* was performed by the child.

III. The third phase (6 – 8 months)

During the third phase of follow-ups, mother learnt that the use of reinforcement was very effective in making the child learn acceptable behaviour She realized that child's attention seeking behaviour was often a result of his need for security. She mentioned that she had received a lot of moral support from the families who came for the programme She joined the association of parents for the betterment of her child. She was able to understand the strengths and weaknesses of the child and accordingly planned the activities and was seen explaining the child's handicap to the curious neighbours She indicated that she was interested to visit the National Institute

for Mentally Handicapped for details but there was a lack of support from family members.

Mrs. Y was developing the self-help skills in her child. Third phase of follow ups indicated following change in the child's progress in the activities of daily living skills.

BRUSHING SKILLS:

Verbal and gestural prompting was seen in the steps of spitting by pouring water into the mouth and doing gargles properly

COMBING SKILLS:

It was seen that the girl child was able to remove knots by straightening hair but couldn't plait the hair. Physical prompting was seen while plaiting the hair. Mother was applying the technique of tying three coloured ribbons on the windowsill.

CLIPPING OF NAILS:

For clipping of nails, girl needed physical prompting in clipping the nails of right hand and verbal prompting in some steps.

With regard to weeks, days and time concept, girl was able to indicate the week and a day in the calendar meaningfully but not able to tell a time from the clock.

With respect to behaviour modification skills, Mrs. Y was able to manage her attention seeking behaviour to some extent by ignoring technique and tried modifying her rocking behaviour by engaging the child in some useful activity. She realized that self stimulatory behaviours increase when these children are left alone. Providing attention for good behaviour was followed by her. She realized that the lack of understanding aggravate the situation. Appropriate rewards and reinforcement were used by the mother and found them to be effective.

Mother was seen taking the benefits from the 'asanas' of *pavanmuktasana, halasana, Sarvangasana* and *viparitkarni.* She regularly was practicing the 'asanas' with the child As discussed by Mrs. Y, she got the feeling of endurance while dealing with the conflicting situations at home *'Om Kria* and *Ram Kria'* was followed by the child. Mrs Y realized the importance of 'yoga asana' in her life

It was observed after the administration of reaction scale, that mother was aware of the concepts and cause of mental retardation. She was satisfied with the programme.

5.3.2.5 Concluding Observation:

Second case selected was of the mother of the girl with mental retardation, who remained submissive and not able to express freely her thoughts and feelings. She showed the eagerness and concern for the child's acceptability. Change in the behaviour in terms of increase in confidence was observed. She was overburdened with the family pressures but she regularly incorporated the techniques for daily living skill, behaviour modification and alleviating stress and anxiety. She was well informed about the concept of mental retardation and could identify the causes and consequences of the behavioural problem. Significant changes were observed when pretest scores were compared with the posttest scores.

Thus cases selected have been characterized by their own unique features.