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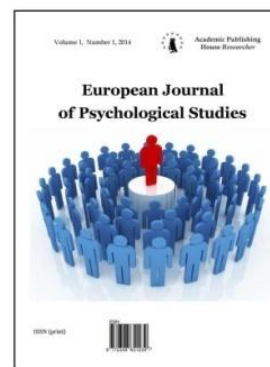
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Mental Retardation: A Social Stigma

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Abstract

During the last 40 years, our society has shown an increasing concern with respect to mental illness as major social problem. But still today most of the people of this country cannot make out the differences between mentally retarded and mental – illness. Medical, social sciences have made a substantial beginning in the form of researches towards this direction. It has been observed that interest is growing rapidly with respect to the problem of mental retardation. Such rapid growth in interest is involving more and more researchers doing studies on mental retardation which is in terms producing a large accumulation of data on the general condition with which mentally retarded individuals are associated. The aim of the study is to focus on psychological problems like family burden, social support, marital quality of life, social stigma and self esteem in caregivers of intellectual disabled children and blind children.

Keywords: intellectual disability; social stigma; quality of life; self esteem; mental retardation.

Introduction

Attitude towards disabled as well as origin and development of welfare and rehabilitation services for these special groups of people are not so clear. Familial structure and family conditions of the disabled, particularly of mentally retarded people are not so clear as research activities in this area have not undertaken sufficiently so far in India and particularly in Kolkata. As far as treatment of a mentally retarded child is concerned, either they are receiving special treatment in comparison to their siblings. Apart from this the parents are also seen to be over protective in nature with respect to them. In that case it is considered as a negative parental attitude expressed towards them, in the field of psychiatry. The majority of children and young people with disabilities live in developing countries where they face inequalities in education and other opportunities. Negative attitudes constitute one of the major barriers to the development of their potential. This study aimed to describe the attitudes of students without disability towards their peers with disability, and to assess the role that gender and interpersonal contact play in shaping these attitudes. Students and disability services professionals exhibited similar attitudes, with both groups reporting significantly more positive attitudes than members of the general population. More positive attitudes were evident among younger people, people with higher educational attainment, and individuals with a prior knowledge of or regular contact with people with intellectual disabilities. These respondents were less likely to support the principles of eugenics and more likely to support the paradigm of community inclusion. The authors make recommendations concerning the development of policies and strategies to foster the acceptance and inclusion of

adults with intellectual disabilities in the wider community. Further studies that include the use of qualitative techniques and target people in the general population are recommended.

In a study by Reference V. Ravindranadan and Raju, S. University of Kerala, Thiruvananthapuram, adjustment and attitude of parents of children with mental retardation mentioned that some parents may still feel ashamed of their wards with retardation and consider them as a burden. Others may consider it as their duty to take care of such children. In this particular study it is also observed that the parents of MR Children in an around of the city of Kolkata also consider their children to be burden. In normal scenario we find the vice versa taking place.

With respect to hopelessness exhibited by the parents it is to be taken into consideration that hopelessness of the parents is dangerous for the parents as well as for the children. Due to hopelessness they have a tendency to exhibit negative feeling or indifferent attitude.

It is also found that parents withdraw from the society due to insulting and unpleasant comments made by the so called well-wishers regarding their differently able child & which are not like the comments made to their normal counterparts.

Objectives of the study:

- To assess and compare the social support system of parents with intellectual disabled children and blind children.
- To assess and compare the family burden of parents with intellectual disabled children and blind children.
- To assess and compare the quality of marital life of parents with intellectual disabled children and blind children.
- To assess and compare the social stigma of parents with intellectual disabled children and blind children.
- To assess and compare the self esteem of parents with intellectual disabled children and blind children.
- To correlate socio-demographic and clinical variables with Family Burden, Social Support, Marital Quality Of Life, Social Stigma and Self Esteem.

Methods and Materials Used:

- **Research design:** The study will be a cross sectional institutional based comparative study.
- **Venue:** Institute of Psychiatry, Kolkata, and blind schools of Kolkata
- **Sample:**
 - Population: Parents (mother) of Intellectual Disabled children attending OPD of Institute of Psychiatry and parents (mother) of blind children attending blind schools in Kolkata
 - Sampling: Criteria based sampling
 - Sample size: 60 (30 each from both disability group)

Inclusion and exclusion criteria:

- Inclusion criteria: For Parents (mother) of Intellectual Disabled children
 1. Children Age between 5-10years.
 2. Both sex
 3. IQ level 70-40 (educable and trainable)
 4. Language: Persons who can speak in Bengali, Hindi and English.
- Inclusion criteria: For Parents (mother) of the blind children
 1. Children Age: 5-10years
 2. Sex: Both sex
 3. Language: Persons who can speak in Bengali, Hindi and English.
 4. Those better than 3/60 but below 6/60 Snellen (people who have a very contracted field of vision only),
 5. Those 6/60 Snellen or above (people in this group who have a contracted field of vision especially if the contraction is in the lower part of the field),
 6. School going blind children
- Exclusion criteria: For Parents of Intellectual Disabled children

1. Multiple disabilities, neurological disorder.
 2. Age: below 5 years and upper 10years
 3. IQ level below 40
- Exclusion criteria: For Parents of the blind children
1. Other physical disability, mental retardation, neurological disorder
 2. Age: below 5 years and upper 10 years

Tools used:

- Socio demographic sheet
- Social Support Questionnaire –by Irwin G. Sarason, *et al.* 1983
- Family Burden Scale—pai& kapoor,1987
- Marital Quality Scale—anisha shah, 1991;1995
- Rosenberg Self-Esteem Scale-Rosenberg, 1965
- Stigma Scale by Sartorius N, et al. 1996

Tools Description:

Socio-demographic data sheet: is a semi structured Performa included name, age, sex, IQ level, types of blindness, education level, religion, category, domicile, occupation(if any). Similarly informants, name, age, sex education level, marital status, occupation, family monthly income family size and type, will be included in the Performa.

Social Support Questionnaire – by Irwin G. Sarason, *et al.* The number (N) score for each item of the SSQ is the number of support persons listed. The social support available to deal with a given problem is rated on a scale ranging from “very satisfied “to “very dissatisfied”. This yields a satisfaction (S) score for all each item that ranges between 1 & 6. The overall N & S scores for all items by 27 the number of items.

Family Burden Interview Schedule (FBIS)

Pai and Kapur's Family Burden Interview Schedule was used to assess family burden. The FBIS assesses the burden placed on families of psychiatric patients living in the community setting. This scale measures objective and subjective aspects of burden and it contains six general categories of burden, each having two to six individual items for further investigation. Subcategories include: financial burden, effects on family routine, effects on family leisure, effects on family interaction, effects on physical health of family members and effects on mental health of other family members. Each item is rated on a three-point scale, where 0 is no burden and 2 is severe burden.

Marital Quality Scale by Anisha Shah Marital Quality Scale (MQS) is a 50-item, 12-factor, self-report scale developed to assess quality of marital-life and standardized on normal population in India. This scale was administered to 15 males and 15 females with marital disharmony. The scores were compared with those of a normal sample. The analysis showed significant difference between the two groups in the mean total score and in scores on 11 factors of MQS. Individuals with marital disharmony scored significantly higher on the factors for understanding, rejection, satisfaction, affection, despair, decision-making, discontent, dissolution-potential, self-disclosure, trust, and role functioning.

Rosenberg self-esteem scale by Rosenberg, M.

A 10-item scales that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

Stigma Scale by Sartorius N, et al. It is a 14 items scale.

Duration: Tentatively data will be collected from the month of September to February.

Statistical analysis: The study used descriptive statistics, Mann Whitney and Spearman correlation for this study. The study used the help of SPSS 16 version to carry out the study

Socio-demographic data for children					
Socio demographic variables		Group		X ²	P
		ID n(%)	Blind n(%)		
Sex	Male	15(50)	15(50)	.000	1.000
	Female	15(50)	15(50)		
Age	3-5	9 (30)	3 (10)	3.756	.153
	6-8	13 (43.3)	17 (56.7)		
	9-12	8 (26.7)	10(33.3)		
Class	Pre-primary	15 (50)	6 (20)	15.330	.018*
	First standard	8 (26.7)	3(10)		
	Second standard	4 (13.3)	6 (20)		
	Third standard	2 (6.7)	6 (20)		
	Fourth standard	0 (.0)	3 (10)		
	Fifth standard	1 (3.3)	4 (13.3)		
	Sixth standard	0 (0)	2 (6.7)		
Type of school	Normal	13 (43.3)	0 (0)	26.511	.000***
	Special	7 (23.3)	26(86.7)		
	Both	10 (33.3)	4 (13.3)		
Religion	Hindu	28 (93.3)	23 (76.7)	3.268	.071
	Muslim	2 (6.7)	7 (23.3)		
Mother tongue	Bengali	27 (90)	25 (83.3)	.610	.737
	Hindi	2 (6.7)	3 (10)		
	Urdu	1 (3.3)	2(6.7)		
Category	General	26(86.7)	20(66.7)	8.783	.032*
	SC	1(3.3)	3(10)		
	OBC	3(10)	1(3.3)		
	Others	0(0)	6(20)		

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

*** Correlation is significant at the 0.001 level (2-tailed)

Procedure: Intellectual disabled children and blind children parents who are attending the OPD of Institute of Psychiatry, Kolkata, and attending blind schools in Kolkata were included for the purpose of data collection for present study. Already diagnosed cases were taken for the study. There was no separate clinical assessment of the cases. First socio demographic data was taken from them. Then the evaluator administered social support questionnaire, Family burden scale, and marital quality scale, Rosenberg self-esteem scale, Stigma Scale on mothers of the children. According to the coding done, the data was entered into the master chart and later to the SPSS package for analysis.

Sex: The no. of male subjects in ID group was 15(50) and females 15(50). The no. of male subjects in Blind group was 15(50) and females 15(50). There was no statistically significant difference between the two groups with regard to sex.

Age: About 30 % (n= 9) of the subjects in ID group belong to 3-5year of age, 43.3% (n=13) belong to 6-8 year of age, and 26.7% (n= 8) belong to 9-12 year of age. In Blind group 10 % (n=3) belong to 3-5 year of age, 56.7 % (n= 17) belong to 6-8 year of age and 33.3% (n= 10) belong to 9-12 year of age. There was no statistically significant difference between the two groups with regard to age.

Class: About 50 % (n=15) of the subjects in ID group belong to Pre primary class, 26.7% (n=8) belong to First standard, 13.3 % (n=4) belong to Second standard, 6.7 % (n=2) belong to Third standard, none of belong to class Fourth & Sixth standard, 3.3 % (n=1) belong to class Fifth standard, 20 % (n=6) of the subjects in Blind group belong to Pre primary class, 10% (n=3) belong to First standard, 20 % (n=6) belong to Second standard, 20% (n=6) belong to class Third standard, 10 % (n=3) belong to class Fourth standard , 13.3 % (n=4) belong to class Fifth standard and 6.7 % (n=2) belong to class Sixth standard. There was significant difference between the two groups at 0.05 level with regard to class.

Type of school: About 43.3 % (n=13) of the subjects in ID group belong to normal school, 23.3% (n=7) belong to special school, 33.3 % (n=10) belong to both type of school, none of the subjects in Blind group belong to normal school, 86.7 % (n=26) belong to special school, 13.3 % (n=4) belong to both type of school, There was highly significant difference between the two groups at 0.001 level with regard to type of school.

Religion: About 93.3 % (n= 28) of the subjects in ID group belong to Hindu, 6.7 % (n=2) belong to Muslim, 76.7 % (n=23) of the subjects in Blind group belong to Hindu, 23.3 % (n=7) belong to Muslim. There was no statistically significant difference between the two groups with regard to religion.

Mother tongue: About 90.0% (n=27) of the subjects in ID group belong to Bengali, 6.7 % (n=2) belong to Hindi, 3.3% (n=1) belong to Urdu speaking, 83.3% (n=25) of the subjects in Blind group belong to Bengali speaking, 10% (n=3) belong to Hindi speaking, 6.7%(n=2) belong to Urdu speaking. There was no statistically significant difference between the two groups with regard to mother tongue.

Category: About 86.7% (n=26) of the subjects in ID group belong to General, 3.3% (n=1) belong to SC, 10% (n=3) belong to OBC, none of belong to Other category. 66.7% (n=20) of the subjects in Blind group belong to General, 10% (n=3) belong to SC, 3.3 % (n=1) belong to OBC, and 20% (n=6) belong to Other category. There was significant difference between the two groups at 0.05 level with regard to category.

Socio demographic data for Care givers					
Socio demographic variables		Group		X ²	P
		MR n (%)	Blind n (%)		
Caregiver age	20-25	1(3.3)	2(6.7)	5.021	.170
	26-30	13(43.3)	9(30)		
	31-35	14(46.7)	11(36.7)		
	36-40	2(6.7)	8(26.7)		
Education	Non-formal	1 (3.3)	3(10)	3.929	.560
	Primary	4(13.3)	2(6.7)		
	Secondary	11(36.7)	12(40)		
	HS	6(20)	8(26.7)		
	Graduation	7(23.3)	3(10)		
	PG	1(3.3)	2(6.7)		
Occupation	Student	0(0)	1(3.3)	5.000	.287
	Business	2(6.7)	0(0)		
	Homemaker	26(86.7)	26(86.7)		
	Service	1(3.3)	3(10)		
	Other	1(3.3)	0(0)		
Care giver religion	Hindu	28(93.3)	23(76.7)	3.268	.071
	Muslim	2(6.7)	7(23.3)		
Marital status	Married	29(96.7)	29(96.7)	.000	1.000
	Single	1(3.3)	1(3.3)		
Care mother tongue	Bengali	27(90)	25(83.3)	.610	.737
	Hindi	2(6.7)	3(10)		
	Urdu	1(3.3)	2(6.7)		
Care category	General	26(86.7)	20(66.7)	8.783	.032*
	SC	1(3.3)	3(10)		
	OBC	3(10)	1(3.3)		
	Others	0(0)	6(20)		
Type of family	Joint	13(43.3)	10(33.3)	3.391	.183
	Nuclear	17(56.7)	17(56.7)		
	Ext	0(0)	3(10)		
No of family member	below5	19(63.3)	15(50)	1.086	.297
	more5	11(36.7)	15(50)		
Socio demographic data for Care givers					
Income	<5000	4(13.3)	8(26.7)	2.424	.298
	<10000	23(76.7)	21(70)		
	>10000	3(10)	1(3.3)		
Domicile	Rural	10(33.3)	4(13.3)	4.320	.115
	Urban	11(36.7)	18(60)		
	Semi-urban	9(30)	8(26.7)		

* Correlation is significant at the 0.05 level (2- tailed)

Age: About 3.3% (n=1) of the care givers in ID group belong to 20-25year of age, 43.3% (n=13) belong to 26-30 year of age, and 46.7% (n= 14) belong to 31-35 year of age, 6.7% (n=2) belong to 36-40 year of age. In Blind group 6.7 % (n=2) belong to 20-25year of age, 30% (n=9) belong to 26-30 year of age, and 36.7% (n= 11) belong to 31-35 year of age, 26.7% (n=8) belong to 36-40 year of age of age. There was no statistically significant difference between the two groups with regard to age.

Education: About 3.3% (n=1) of the caregivers in ID group belong to nonformal education, 13.3% (n=4) belong to primary education, 36.7% (n=11) belong to secondary education, 20% (n=6) belong to Higher secondary education, 23.3% (n=7) belong to graduation, 3.3% (n=1) belong to Post graduation. 10% (n=3) of the caregivers in Blind group belong to nonformal education, 6.7% (n=2) belong to primary education, 40 % (n=12) belong to secondary education, 26.7 % (n=8) belong to Higher secondary education, 10% (n=3) belong to graduation, 6.7% (n=2) belong to Post graduation. There was no statistically significant difference between the two groups with regard to education of care givers.

Occupation: None of the caregivers in ID group belong to student. 6.7% (n=2) belong to business, 86.7 % (n=26) belong to home maker, 3.3% (n=1) belong to service and 3.3 % (n= 1) belong to other type of occupation. 3.3 % (n=1) of the caregivers in Blind group belong to student. None of belong to business, 86.7 % (n=26) belong to home maker, 10% (n=3) belong to service and none of belong to other type of occupation. There was no statistically significant difference between the two groups with regard to occupation of care givers.

Religion: About 93.3% (n= 28) of the care giver in ID group belong to Hindu, 6.7% (n=2) belong to Muslim, 76.7% (n=23)of the care giver in Blind group belong to Hindu, 23.3% (n=7) belong to Muslim. There was no statistically significant difference between the two groups with regard to religion.

Marital status: About 96.7% (n= 29) of the care giver in ID group belong to married and 3.3% (n=1) belong to single. 96.7% (n= 29) of the care giver in Blind group belong to married and 3.3% (n=1) belong to single. There was no statistically significant difference between the two groups with regard to religion.

Mother tongue: About 90.0% (n=27) of the care giver in ID group belong to Bengali, 6.7% (n=2) belong to Hindi, 3.3% (n=1) belong to Urdu speaking, 83.3% (n=25)of the care giver in Blind group belong to Bengali speaking, 10% (n=3) belong to Hindi speaking, 6.7%(n=2) belong to Urdu speaking. There was no statistically significant difference between the two groups with regard to mother tongue.

Category: About 86.7% (n=26) of the subjects in ID group belong to General, 3.3% (n=1) belong to SC, 10% (n=3) belong to OBC, none of belong to Other category. 66.7% (n=20) of the subjects in Blind group belong to General, 10% (n=3) belong to SC, 3.3% (n=1) belong to OBC, and 20% (n=6) belong to Other category. There was significant difference between the two groups at 0.05 level with regard to category.

Type of family: About 43.3% (n=13) of the subjects in ID group belong to joint family, 56.7% (n=17) belong to nuclear family, and none of belong to extended family. 33.3% (n=10) of the subjects in Blind group belong to joint family, 56.7% (n=17) belong to nuclear family, and 10% (n=3) of belong to extended family. There was no statistically significant difference between the two groups with regard to type of family.

Clinical data					
Clinical variables		Group		X ²	P
		MR, n (%)	Blind n (%)		
Cause of disability	Genetic	6(20)	6(20)	.000	1.000
	Others	24(80)	24(80)		
Age in first recognized	Birth time	0(0)	12(40)	46.489	.000***
	<1yr	2(6.7)	16(53.3)		
	<2yr	8(26.7)	2(6.7)		
	<3yr	9(30)	0(0)		
	<4yr	6(20)	0(0)		
	<5yr	3(10)	0(0)		
	>5yr	2(6.7)	0(0)		
Position of child	Elder	8(26.7)	6(20)	3.515	.319
	Middle	0(0)	3(10)		
	Younger	12(40)	10(33.3)		
	Other	10(33.3)	11(36.7)		

*** Correlation is significant at the 0.001 level (2- tailed)

Mean + SD of ID	Mean + SD of Blind	Mean Rank		U	Z	P
		ID	Blind			
1.1277 .22544	.9570 .13986	ID	Blind	256.500	-2.887	.004**
		36.95	24.05			
4.0817 1.59657	4.6633 .87485	28.38	32.62	386.500	-.954	.340

** Correlation is significant at the 0.01 level (2-tailed).

Area of Measurement	Mean + SD of ID	Mean + SD of Blind	Mean Rank		U	Z	P
			ID	Blind			
Financial burden	1.8000 .40684	1.6667 .47946	32.50	28.50	390.000	-1.158	.247
Disruption of routine family activities	1.7333 .58329	1.8000 .40684	29.30	31.70	414.000	-.666	.505
Disruption of family leisure	1.4667 .50742	1.3333 .47946	32.50	28.50	390.000	-1.045	.296
Disruption of family interaction	1.6000 .49827	1.3667 .55605	34.20	26.80	339.000	-1.886	.059
Effect on physical health of others	1.1000 .30513	1.0333 .18257	31.50	29.50	420	-1.026	0.305

Area of Measurement	Mean + SD of ID	Mean + SD of Blind	Mean Rank		U	Z	P
			ID	Blind			
Marital scale	1.2000 .55086	1.3333 .75810	29.83	31.17	430.000	-.477	.633

Area of Measure ment	Mean + SD of ID	Mean + SD of Blind	Mean Rank		U	Z	P
			ID	Blind			
Social stigma	2.0667 .25371	1.9333 .25371	32.43	28.57	392.000	-1.983	.047*

Area of Measure ment	Mean + SD of ID	Mean + SD of Blind	Mean Rank		U	Z	P
			ID	Blind			
Self esteem	3.0000 .26261	3.0667 .25371	29.53	31.47	421.000	-.992	.321

Cause of disability: About 20 % (n=6) of the subjects in ID group belong to genetic cause of disability, 80 % (n=24) belong to others causes of disability, 20 % (n=6) of the subjects in Blind group belong to genetic cause of disability, 80% (n=24) belong to others causes of disability There was no statistically significant difference between the two groups with regard to cause of disability.

Age at first recognized: None of the subjects in ID group first recognized at birth time, 6.7%(n=2) recognized at <1year of age, 26.7% (n=8) recognized at <2year first recognized, 30% (n=9) recognized at <3 year of age, 20% (n=6) belong to <4 year, 10% (n=3) belong to <5 year first

recognized, 6.7% (n=2) belong to >5 year first recognized. 40 % (n=12) of the subjects in Blind group belong to birth time first recognized, 53.3% (n= 16) belong to <1 year first recognized, 6.7% (n=2) belong to <3 year, <4 year of first recognized, <5 year of first recognized, and belong to >5 year of first recognized. There was highly significant difference between the two groups at 0.001 level with regard to age at first recognized.

Position of child: About 26.7% of the subjects in ID group belong to elder child in the family, none of the subjects belong to middle position in the family, 40% belong to younger position and 33.3% belong to other or single child. 20% of the subjects belong to elder child in the family, 10% belong to middle child in the family, and 33.3% belong to other or single child. There was no statistically significant difference between the two groups with regard to position of child in the family.

The result

Table A shows that the comparison between ID group and Blind group on Social support. The result shows that there was significant difference in the no. of supporters in the social support system between ID group and Blind group and difference is significant at 0.01level. Whereas there was no statistically significant difference between ID group and blind group in the social support satisfaction domain.

The result Table B shows that the comparison between ID group and Blind group on family burden. The result shows that there was no statistically significant difference between ID group and blind group in the family burden domain.

The result Table C shows that the comparison between ID group and Blind group on Marital quality of life. The result shows that there was no statistically significant difference between ID group and blind group in the marital quality of life domain.

The result Table D shows that the comparison between ID group and Blind group on Social stigma. The result shows that there was significant difference in the social stigma between ID group and blind group and the difference is significant at 0.05 level.

The result Table E shows that the comparison between ID group and Blind group on Self-esteem. The result shows that there was no statistically significant difference between ID group and blind group in Self-esteem domain.

Table 1: Correlation between Socio-demographic variables and Family Burden

Socio demographic variables	Financial burden	Disruption of routine Family activities	Disruption of Family leisure	Effect on Physical health Of others	Effect on mental Health of others	Subjective burden On the family
Age of Care giver	.340**	-0.093	0.067	-0.07	0.13	0.17
Education	0.135	0.073	-0.073	.283*	0.066	0.237
Marital status	-0.098	0.242	0.227	-0.05	0.078	0.186
No .of family member	-0.081	-0.015	0.11	-0.099	0.085	-0.135
Income	0.068	0.078	0.02	0.2	.265*	0.139

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

There was significant positive correlation found between financial burden and age of care giver at 0.01 level of significance.

There was significant positive correlation found between effect on physical health of others and education at 0.05 level of significance.

There was significant positive correlation found between effect on mental health of others and income at 0.05 level of significance.

There was no statistically significant correlation between other socio demographic variables like marital status, no. of family member and FBIS domain.

Table 2: Correlation between Socio-demographic variables and Social Support, Marital Quality of Life, Social Stigma and Self Esteem

Socio demographic variables	SSQN	SSQS	Marital Quality of life	Social stigma	Self esteem
Age of Care giver	0.085	0.076	0.065	-0.07	0.154
Education	-0.113	-0.138	0.128	-.327*	0.102
Marital status	0.173	0.057	.419**	0	-0.025
No. of family member	0.086	0.106	0.008	0.13	0.016
Income	.277*	.263*	0.025	0.000	0.044

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

There was significant positive correlation between SSQN and income at 0.05 level of significance.

There was significant positive correlation between SSQS and income at 0.05 level of significance.

There was significant positive correlation between Marital Quality of life and marital status at 0.01 level of significance.

There was significant negative correlation between Social stigma and education at 0.05 level of significance.

There was no statistically significant correlation between other socio demographic variables like care giver age, education, marital status, no. of family member and Social Support domain.

There was no statistically significant correlation between other socio demographic variables like care giver age, education, no. of family member, income and Marital Quality of life domain.

There was no statistically significant correlation between other socio demographic variables like care giver age, marital status, no. of family member, income and Social stigma domain.

There was no statistically significant correlation between socio demographic variables like care giver age, education, marital status, no. of family member, income and Self-esteem domain.

Table 3: Correlation between clinical variables and Family Burden

Clinical variables	Financial burden	Disruption of routine family Activities	Disruption of family leisure	Disruption of family interaction	Effect on of Physical health others	Effect on mental health of others	Subjective burden on the family
Level of Mental Retardation	-0.134	0.148	0.205	0.055	0.089	-0.17	0.071
Level of Blindness	-.613**	-0.118	-0.056	-0.226	-0.102	-.388*	-0.274
Age at first recognised	0.091	0.043	0.076	0.25	0.011	0.155	0.021

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

There was significant negative correlation between Level of Blindness and financial burden at 0.01 level of significance.

There was significant negative correlation between Level of Blindness and effect on mental health of others at 0.05 level of significance.

There was no statistically significant correlation between others clinical variables like level of mental retardation and Family Burden domains.

Table 4: Correlation between clinical variables and Social Support, Marital Quality of Life, Social Stigma and Self Esteem

Clinical variables	SSQN	SSQS	Marital scale	Social stigma	Self esteem
Level of Mental Retardation	0.096	-0.137	0.099	-0.018	0.000
Level of Blindness	0.121	0.223	0.176	0.147	0.169
Age at first recognised	0.248	-.265*	-0.03	.398**	-0.075

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

There was significant negative correlation between age in first recognized and SSQS at 0.05 level of significance.

There was significant positive correlation between age in first recognized and social stigma at 0.01 level of significance.

There was no statistically significant correlation between others clinical variables like Level of Mental Retardation, Level of Blindness and other Social Support Questionnaire domain.

There was no statistically significant correlation between clinical variables like Level of Mental Retardation, Level of Blindness, and age at first recognized and Marital Quality of life scale domain.

There was no statistically significant correlation between others clinical variables like Level of Mental Retardation, Level of Blindness and Social stigma domain.

There was no statistically significant correlation between clinical variables like Level of Mental Retardation, Level of Blindness, and age in first recognized and Self-esteem scale domain.

Concluding remarks

This particular study which is dealing with the parental attitude towards the MR children brought out several significant aspects. Indeed, the parental attitudes with respect to a MR child are not fully perfect or typical in nature as identified by the researcher. It has to be mended. Here in lies the significance of individual counseling, awareness generating programmes, group counseling, supportive therapy, psycho guidance etc. Through means of the above mentioned activities parents can develop more favorable attitudes towards their wards.

Furthermore, it is to be taken into consideration that this research study is not a complete one in any respects and there are ample opportunities for doing further studies in this particular sphere. So the steps to be taken for mending or rectifying the attitude of those parents of MR children as proposed by the researcher in the concluding part, are nothing but certain valid suggestions. They are not concrete steps or strategies which should definitely be followed by the parents and stakeholders or other institution. But if they are followed then they will at least yield to a positive result if not mend the negative attitudes of the parents of MR children fully and completely. In this inclusive setting, the attitudes of students towards their peers with disability were generally positive. Since interpersonal contact was associated with positive attitudes towards students with disabilities, interventions should be directed towards promoting interpersonal relationships in order to build an integrated society.

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