

Factors Influencing the Parental Attitude towards Mentally Retarded Children: A Case Study of Quetta City

By

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Abstract:

Mental retardation is a global issue and in Pakistan it is a stunning and disturbing certainty that around 2.5 to 3% of the total populations are mentally retarded. Mental retardation is not only a educational, psychological or biological issue in any case, it is a multi-dimensional issue of a mixture of biological, educational and psycho-social factors. These factors directly or indirectly effect the attitude of patents towards their mentally restarted children. This study aims to find out the influencing factors of parental attitude towards Mental Retardation in Quetta. The study employed both qualitative and quantitative methods. A total of 50 parents/guardians were interviewed through semi structured interview schedule. The study reveals that 76% parents have exposed their positive parental attitude. Additionally, loopholes were revealed in areas such as sanctioning of mental retardedness by parents, poor socialization, rearing and taking ownership of MR children. Increased disappointment at parent's side was observed at lower level while increased number of parents felt that they still have to play vital role in the life of such special children. The study suggests policy and operational recommendations

Keywords: Attitude, Parents, Mentally Retarded Children, Factors, Parents reactions.

Introduction:

To a parent, each youngster is extraordinary in his or her own specific manner. However, a few youngsters have extraordinary requirements that

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challenge parents to discover approaches to best set up these kids for the future and to deal with any issues that may surface. Kids whose physical or emotional disorders, age, race, enrollment in a sibling gathering, a background marked by mishandle, or other factors which leads to a long remain in a child care.

Normal specific needs circumstance and diagnoses include genuine medicinal conditions, genetic hazard factors, behavioral and emotional disorders. Each parent needs his or her kid to be developmentally and physically perfect often a few youngsters have a permanent or temporary mental or physical disability. The delivery of a baby with a disability, or the detection that a child has a disability, can have profound effects on the parent and family(S & Ravindranadan, 2007).

Cultural factors and qualities additionally fill in as factors that impact adapting, and schedules kept up by the family in its developmentally disabled child are affected by the family's values (Merrick & Kandel, 2007). Cultural objectives and good values with respect to the meaning of child rearing and the improvement of joint living direct the contents for achieving these objectives. For instance, religious values are methods for interpreting and offering importance to inability. What's more – living in a religious group regularly gives an emotionally supportive network encouraging every day adapting. However family beliefs can give negative translations of the circumstance, for example, seeing the disability as a punishment. Religious confidence is regularly seen as helpful for the family's adjustment since it gives a setting for processing and emotional interpretations and cognitive.

The social and emotional anxiety that these parents experience has been by different examiners described in the west and east. On the other stated, anxiety is not an significance in these parents many studies have exposed that (Fernandes, 2005).A mentally retarded kid in a family is generally a genuine anxiety factor for the guardians. It often requires a reorientation and reconsideration of family objectives, relationships and responsibilities (Majumdar, Pereira, & Fernandes, 2005).

There is prove that family attitude adds to anticipation in these youngsters. Limited financial resources, absence of suitable administrations, and insufficient support systems are the family framework chance factors that can add to poor prognosis (Singer & Powers, 1993). Environmental hazard factors such as absence of services and unhelpful attitudes can also have an unfavorable influence on the prognosis for a kid with learning disability (Chandramuki, Shastry, & Vranda, 2012).

Retarded Pakistan belongs to the Eastern Mediterranean region of W.H.O. having a population of 86.5 million (Current Survey, 1981) and 45% of the population is children under fifteen years. There are 8.6 million handicapped persons, of which about 4 million are children and 4 of these i.e. about one million are mentally ill (Zafar & Masheer, 1984). The studies conducted of severe mental retardation in selected populations Pakistan and India have reported extremely far above the ground prevalence estimates around the 12-24 /1,000 (6-8) (Durkin, Hasan, & Hasan, 1998)

Objectives of the Study:

The main objective of the study is to determine factors that influence parent / guardians attitude towards mental retardation

Literature Review:

Factors of Parental Attitude towards Mental Retardation:

The birth of a baby with a handicap, or the revelation that a child has a disability, can have profound effects on the family (S & Ravindranadan, 2007). How much guardians skill existential nerves as the result of having a MR kid is reliant to many elements, including the significance they accord kids and regardless of whether the impeded MR posterity is a lone children. A portion of the serious existential clashes regular to the guardians of MR kids following are included.

Disenchantment:

The societies where we live promote myths that who completely believe impracticable expectations. In our childhood we learn. Expect victory, achievement, love, status, and luxury. We anticipate shrewd guardians, lovable and loving partner, and ideal kids. Experience slowly erodes these improbable expectations or hopes of us as well as other people, prompting a lengthy arrangement of disenchantment in ourselves, in others, and in our life by and large. Our longing for perfection is regularly directed in to our kids, through whom we want understanding our baffled desires and our let down fantasy of accomplishment and satisfaction. A retarded kid is normally an unacceptable vehicle for satisfying such parental expectations; he speaks to a major disenchantment often the perfection of a lengthy arrangement of regret or disappointments. At the point when the kid symbolizes disappointment as a parent, genuine disenchantment in self is expected. On the off chance that no other kids are available, the probability of eventual accomplishment through one's youngsters is gone forever, and the father mother may seriously look for different roads to

self-progression, or may build up a sentiment of extensive hopelessness. Family members practice a range of powerful emotions in response to a analysis of mental retardation, including rejection, fear, shock, guilt, depression, embarrassment, ambivalence, withdrawal, disillusionment, and anger (Pilusa, 2006)

Aloneness:

The Man's deeply requirement for closeness is never totally satisfied. There is no real method to rise above person limits and to share emotions and observations completely with another. Often the last despairing desire of overcoming loneliness is through our kid's results of our bodies, formed in to our picture, truly expansions of ourselves. Worry with religion, the importance of life, the death tragedy, the aloneness inescapability and the relative helplessness and insignificance of man may preoccupy the guardians (Menolascino, n.d).An retarded kids may foil this expectation, due to his restricted ability to restricted closeness. Henceforth, parental sentiments of aloneness are probably going to be strengthened, and parents may believe that they have lost the last opportunity to reach closeness.

Vulnerability:

Early dreams of supremacy are soon broken as the young kid is again and again faced with his reliance on others and his weakness to adapt to the world. As he grows up and become mature, he learns that from others, too, are not supreme, including his father and mother, heroes, and teachers. injury, Pain, sickness, and disappointment all attest forcefully to individual vulnerability, the frailty of one's have power over the world, and, no doubt, the fragile or easily broken nature of life itself. Having an MR kid reactivates these sentiments of vulnerability by hurtful reminding the mother and father that his most valuable possessions, his sweet dreams, can be totally demolished, and that neither he nor anyone else can do anything about it. A person's vulnerability to mental anxiety is impacted by his or her temperament, adapting abilities and the accessible social help (Kumar, 2008).

Inequity:

From initial childhood stage we are trained to think that justice and fairness eventually prevail. the majority of people from our society have embraced an situation to life in view of the commence that "good" will achievement and that, in the improbable occasion that our legal organization falters, some best force will guarantee that legends are compensated and villains or criminal punished. At the point when

confronted with MR in his kid, the parent and guardians is overwhelmed by the enormity of the evident inequity; and his usual response is to ask, "Why, Why me?" In his desperate look for a respond to this complicated question, he is probably entertaining 2 probabilities: is he deserves the "damnation? Because of appalling "sins or the world is neither reasonable nor just. The previous option creates blame, regret, and self-recrimination; the latter endangers basic ethical moral, good, and spiritual or religious convictions.

Unimportance:

Young kids envision that they are essential numbers possessing a focal part in the plan of things, but adulthood brings the sobering understanding of person unimportance. In spite of the fact that it is obviously evident from the past that billions of individuals have lived insignificant lives and that everything except a miniature minority are fated to everlasting obscurity, we are bring up or raised some more mightily than others to hope to accomplish importance or, at least, "in sense." At the point when importance escapes us, we cooperation with our initial aspirations by looking for meaning in satisfying imperative and satisfying our social roles: wife, father, mother, husband, and so forward. The disappointment in the parental responsibility that having an MR kid regularly causes may increase sentiments of unimportance by denying such guardians one from securing their couple of chances to reach "meaning."

Psychological Anxiety:

When a kid is diagnosed as MR, it becomes hard for the parents to grow up the child. It is not just difficult regarding the youngsters with rationally impeded mentally retarded to manage difficult circumstances while rising up, but also their parents and relatives. In this circumstance the part of parents are significant to how the life of a mentally retarded kid turns out to be. To a few families the birth of a kid with or child at home is probably going to be one of the most shocking events (Islam & Islam, 2015). Many parents are able to manage with such a difficult circumstance as well as some experience psychological strain. Truth is told, parents and also the entire family experiences an assortment of 'psychological stress' related to the child's handicap. Parents and other kids in the family must experience an assortment of changes to adjust to the presence of such a child. Parents as of now have enough worry dealing with in today's world. Dealing with a kid with exceptional needs now and again builds that anxiety. Parents of MR children experience further normal measure of

psychological strain. There is no universal parental response to the additional psychological strain of bringing up an MR Child.

Parental Reactions:

MR is a shocking handicap in a complicated the world such as ours, which places great importance on intelligence and has little tolerance for departure from cultural values. Hence the awareness of mentally retarded individual as subhuman organisms is not yet common (Roos, 1977). It is not shocking, consequently, that many guardians confronted with having a mentally retarded kid, still if they are balanced, are probably going to encounter most important mental anxiety. Responses to this anxiety vary considerably from individual to individual, however there are many normal examples (Roos, 1963).

Loss of Self-esteem:

A genuine fault in one's kid might be interpreted as a fault in one's self, especially when a parent and guardian identifies directly with his kid. Our social order tends to promote the idea that kids are expansions of their mother and father and reflect on their guardian or parents. Life objectives might be suddenly and radically when it begins to be obvious that one's kid will be seen as a "loser" rather than a "winner."

Shame:

Guardians and Parents may foresee social dismissal, ridicule, or and pity associated loss of superiority. These desires are very regularly very reasonable. Social withdrawal is a typical result, just like the propensity for partner with other different guardians and parents of handicapped youngsters. Parent of a mentally retarded kid is not a simple task (Kumar, 2008).

Hesitation:

Since a retarded kid's family member absence of accomplishment and tendency toward disturbing behavior are inclined to increment parental disappointment significantly, the ambivalence ordinarily practiced toward one's youngsters is expected to be enormously strengthened toward a retarded kid. Disappointment is expected to cause irritation and bitterness, which may take to death toward the youngster and sentiments of dismissal, commonly accompanied by guilt. Conflicting movements amongst dismissal and overprotection can be normal. the presence of a kid with extraordinary necessities causes a crisis in the family. mainly clinical perceptions demonstrates that parents often are portrayed as showing

blame, disappointment, ambivalence, anger, irritation, sorrow, and shame (Islam & Islam, 2015).

Depression:

As we previously noted, chronic distress can be foreseen as a no obsessive response to having a retarded child. Ordinarily, parents are frustrated in their kid and reasonably worried about his opportunity or future. It is common that depression keeps running in families, a phenomenon involving both environmental and genetic procedures (Sim & Jane, 2009). To a few, mental impediment symbolizes the death of the kid and for this reason precipitates the kind of distress response related with the loss of someone special or loved one.

Self-sacrifice:

A few guardians devote themselves completely to his retarded kid, create incredible individual or own sacrifices for his child, and accept a "martyr" way to deal with life. Relatives or family disturbance, including disregard of other kids and conjugal clashes, may accompany this pattern.

Defensiveness:

Father and mother both may become super-sensitive to understand opprobrium of their MR kid and react with belligerence and resentment. In extraordinary cases, they may disagree with the presence of retardation, justify the kids deficiencies, and look for professional point of view to prove their own conviction that "there is truly nothing wrong" with him. It is not amazing, in this manner, that the majority of parents confronted with having a mentally retarded child, even if they are well balanced, are probably going to practice most important mental anxiety or psychological stress (Roos, 1977).

Methodology:

The idea of the study is descriptive; along these lines, it requires a mix technique approach in order to reach into the deepness of the problem. Both qualitative and quantitative information examination was directed for this study by collecting and analyzing primary and secondary data. Secondary data was recovered from a large number of research journals, books, internet websites, government reports and NGOs reports. While primary data was assembled from 50 parents and family members of mentally retarded children by applying arranged questionnaire, focus group discussions and separate interviews respectively combined with observation as tools for information collection. The universe of the study

was Quetta city. The primary information was collected from different institutes for Special Education in Quetta. While applying many techniques of sampling in order to make sure the reliability and validity of the finding. The assembled primary information was analyzed through latest version of SPSS which assists in getting the results and reaching valid conclusions.

Results and Discussion:

Socio-economic profile of respondents' families (SES)

Table 1 Socio-economic profile of respondents' families

S#	Family Characteristic	Min	Max	Ave
1.1	Average family size*	9	22	12
1.2	Age of Mentally retarded Child	9	16	13
1.3	Monthly family income**	30000	110000	65000
1.4	Monthly family expenses**	35000	95000	60000

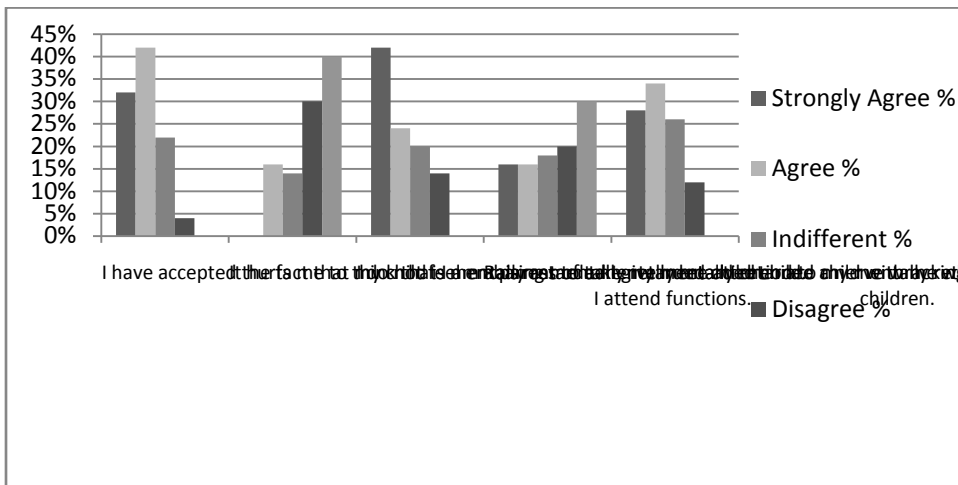
Source: Field survey*Age in years**Income in PKR

The socio economic data of the survey reveal that most of the families of mentally retarded children belong to lower-middle class family. Majority families were joint in nature while among the parents; fathers were main source of income. These parents/guardians were either self-employed or had private employment. The ratio of education among parents in general and mothers in particular was very low. As shown in table No. 1, the average size of family was 12 according to field survey. Additionally, it was found that the average age of mentally restarted children was 13 years with minimum of 9 years and maximum of 16 years. Since economic conditions of families of mentally retarded family have been assessed as poor which is also reflected in the findings of field data that show that the average family monthly income is Rs. 65000/- while the average family monthly expenses are Rs. 60000/-.

Parental Attitude of MR Children:

The study planned to elicit information on family members’ and parents’ reactions, behavior, values, feelings perceptions etc. which is the classification of attitude used in this study. The responses of respondents were observed on value Likert scale (*Strongly agree, Agree, Indifferent, Disagree, Strongly Disagree*) against each indicator.

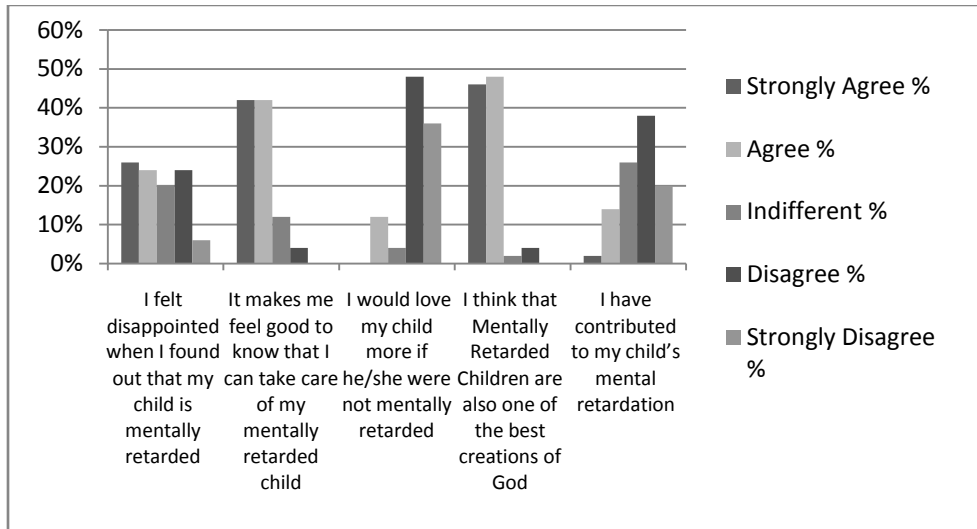
Figure 1 : Graphical presentation of Parental Attitude of MR Children



Source: Field survey

While doing this examination the researcher has taken into consideration the urban populace, of a city like Quetta, belonging to middle class group and has explain the significant aspects related to the study which was examination during classification and investigation of the information. In this research it is observed that 27 out of 30 guardians have demonstrated their demonstrated parental demeanor which is over 50 % of the total score set for this research. The rest of the 3 have indicated unfavorable parental demeanor, which is underneath 50 % of the total score set for the research. Those guardians who have scored above 50% don't have 100% positive parental demeanor.

Figure 2 : Graphical presentation of Parental Attitude of MR Children



Source: Field survey

Also, one reason of such unfavorable parental demeanor is that they are constantly malcontent about their financial condition. They are of the suggestion that if they had more cash they could have spent more on their mentally retarded children kids. As far as treatment of a rationally retarded kid is concerned, it is possible that they are accepting unique treatment in contrast with their siblings. Aside from these the guardians are seen to be more productive with respect to them. In that kind of case it is considered as an unfavorable parental attitude show towards them, in the field of psychiatry. In an examination Attitude of Parents of Children with Mental Retardation indicate that many parents may feel embarrassed about their wards with retardation and consider them as a burden. In this specific study it is observed that the guardians of MR Children in an around of the city of Quetta also consider their kids to be burdened. In ordinary situation we discover the other way around occurring. Regarding misery showed by the parents it is to be thought about that sadness of the parents is very dangerous for the mother and father both for the children too. Because of misery analyst to reach a persuading conclusion by methods for doing a comparative study. Such comparative research would have helped in the mainstreaming of the MR Children substantially more logically and scientifically. Their mainstreaming would be sustainable and more comprehensive. The shame, generalization thinking which are in the people with deference incapacitated children can be wiped out.

handicapped and MR kids are revile or load on parents, any kind of work they cannot do, which in conditions very dishearten their parents/ guardian and the guardian or parents consolidate no expectation about their protected and safe feature. This is absolutely a biased and negative manner which is exposed on behalf of the guardian and parents. It is the time that these kinds of un favorable and unfavorable thinking and feelings must be wiped out from the guardians and parents by showing them correct way and secure their bright future in the light of hope.

Conclusion:

This specific examination which is dealing with the parental attitude towards the MR Children drew out a few critical aspects. No doubt, the parental attitudes with regard to mentally retarded kids are not completely perfect or commonplace in nature as recognized by the researcher. It has to be mended. Here in lies the importance of person advising, group analysis, consciousness organize programs, psycho guidance, helpful therapy etc. Through methods for the previously or above mentioned exercises guardians can grow more positive attitudes towards their area. In addition, it is to be taken into examination that this exploratory study is not an entire one in any regards and there is adequate chance for doing more examinations in this specific circle. So the steps to be taken for repairing or correct the attitude of those guardians of MR kids as suggest by the researcher in the finishing up or final part, are only sure substantial recommendations. They are not strategies or actual steps which must be followed by the stakeholders and parents or other organization. Other than if they are followed in that case they will at the minimum afford to a favorable outcome in case not mend the unfavorable attitudes of the guardians and parents of retarded kids completely and totally.

Recommendation / Suggestion:

For individuals who are not completely sensitized about the phenomenon which we called MR and can't acknowledge to be the parents or guardians of a MR kids, for them encourage is obligatory. The social workers must play a significant part in such kinds of sensitization: They must act like auxiliary in such groups and help them to find out available resources of the group of people which might be utilized for (i) Sensitizing the stakeholders and the populace of the community with regard to MR. (ii) for the treatment of the MR KIDS. At that point no one but we can discover a general public in which the birth of a MR KID would not be examine as a revile. She/he then they would be acknowledged in the family, especially like another common kid.

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