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**ASSESS THE LEVEL OF PARENTAL ATTITUDE TOWARDS THEIR  
MENTALLY RETARDED CHILD ATTENDING A SELECTED SCHOOL  
FOR MENTALLY RETARDED IN VADODARA**

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**ABSTRACT**

**Background of the study:** Children with a mental retardation disorder have impairment in the area of communication and social interaction and often display repetitive and non-often display. Their parents having stress a to manage their children to education and future purpose. This study has assessed the parental attitude in parents towards parents of mentally retarded children.

**Objectives:** The present study aimed to assess the parental attitude towards their mentally retarded children. **Materials and Method:** Children with a Mental Retardation spectrum disorders have impairment in the area of communication and social interaction and often display repetitive and non often display. Their parents having stress a to manage their children to education and future purpose. This study has assessed the Parental Attitude. The data for main study collection was 30 Parents. Description of the tools refers to the explanation of the content of the tool. The researcher lists the number of items and the scoring for each item in the tool. The tool used for the present study is Parenting attitude - Scale. Descriptive and inferential statistics were applied to analyses the data by using SPSS-20 software. We use purposive sampling technique. **Result:** Majority of

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parents showed positive attitude 18(60%), 12(40%) had neutral attitude and none had negative attitude towards their mentally retarded children. **Conclusion:** The present study concluded that there is more positive attitude among parents of mentally retarded child.

**Keywords: Mental retardation, parents, children, attitude**

## **INTRODUCTION**

“The genes are the bricks and mortar to build the brain, The environment is the architecture”.- Christine Hohmann”

American Association on Mental Health Retardation Defines Mental Retardation As, “A Disability Characterized By Significant Limitations Both In Intellectual Functioning And In Adaptive Behavior As Expressed In Conceptual, Social, And Practical Adaptive Skills” According to world health organization (WHO) report; people with mental retardation represent about 3% of the population of the world. India is on 2nd number in world. The overall statistical prevalence of mental retardation in India is found to be approximately 2 to 3% according to various studies reported time to time. Most of person with mental have “mild” IQ scores. This disability originates before age 10. All children are unique individuals are unique individuals and stereotype or suggestion certain children are a “type” must be avoided. Deborah (1992) notes that, children with intellectual challenges exists in our communities and we should accept them and accept the challenges of living and working

with them. Before 17th century, people with disabilities all over the world and they were not socially accepted. And they considered that they were socially and physically less capable. Children born with mental disabilities were not easily accepted and then were regarded as a burden of family.<sup>3</sup> Human being is blessed with numerous abilities, intellectual, attitudinal. But still some people is found deficient in some abilities<sup>4</sup>. Sociological, biological, and different environmental factors are responsible for disability in children they suffer from prenatal stage as a result of which they are born with several disabilities in mental and even in physical aspects. Though these deficiencies are not expected in society. But it is reality that these deficient children exist and they cannot be thrown out of the society. The society has a responsibility to take care of the specific deficiencies from which they suffer, and should give maximum efforts to consider them sympathetically and provide them the service so that they can utilize their capacity is the maximum and be a part of the mainstream society.<sup>5</sup> Birth of the baby in a

family is a time for delighting and celebration in family parents have series of thoughts and expectations for their newly born baby. This excitement may become suppressed with the birth of a disabled child. It does not matter whether the disabled are blindness, mental retardation, or physical deformity. These discrepancy between the normal baby of their imagination and actual new born baby may develop negative attitudes and parental trauma.<sup>6</sup> The parents may confront with a wide range of emotion like denial, shock, anger, grief, guilt, blame, frustration due to birth of disabled child. Parents may over protect their child and blame to self that they are responsible for the child's disability.<sup>7</sup> some parents also experience helplessness, feelings of incompleteness, resentment, shock and guilt where as others go through periods of disbelief depression, self-blame and embarrassment. Increase, demand for energy, time, and financial resources due to the child's illness add heavy burden and stress in the family. The greatest risk faced by mentally retarded children is the loss or lack of adequate children is the loss or lack of adequate relationship, parental attachment, love, and care. The child with such disabilities may have fear, anxiety, shame, or other negative feelings. These reactions usually reflect how the child has been treated by

others, especially in the family.<sup>9</sup> The way parents react to an ill child partly depends on how they perceive the illness and the practical impact of the illness on them. Similarly, parents' reaction to a child with mental retardation will depend on the parents' attitude towards mental retardation. The relationship between parent and child plays a fundamental role in the social and emotional development of the child. Parental acceptance–rejection behavior may be critical in shaping the equality of the affective bond between parent and child and is established within the specific contexts of the parent–child environment. Psychological, socio-economic, and other difficulties introduced into family life by having a child with mental disability may affect parental acceptance–rejection levels.<sup>10</sup> **AIM:** The Aim of the study was assessing the level of attitude in mental retarded children's parents.

**OBJECTIVE:**

- To assess the parental attitude towards their mentally retarded children.
- To find association between parental attitude towards their child with selected demographic variables

**MATERIAL AND METHODS:**

Quantitative research approach with descriptive research design was used to conduct the study. The School as study setting

were selected on the basis of availability of number of parents, giving permission to conduct the study and convenience in term of distance. Purposive sampling technique was adopted to select 30 parents from kalrav special school, Vadodara. Parental attitude scale used to assess the level of attitude. Ethical approval for conducting the study was taken from Sumandeep Vidyapeeth Institutional ethics committee (SVIEC), Vadodara. Administrative approval and permission were taken from concern authorities of selected school, Vadodara. The consent form was prepared for the study participant regarding their willingness to participate in the research study. The research tool for data collection it consists two sections:

### **Section 1:** Demographic data

The section included socio demographic variable such as parents age group, education level, occupation family income, family type, family history of Mentally retarded, total number of children.

### **Section 2:** Parenting Attitude Index Scale

Parenting attitude index scale used to assess the attitude level in parents of Mentally retarded children. The tool is total 12 questions that would help to evaluate the attitude level parents of Mentally retarded children. Total 12 marks questions scale in strongly agree,

agree, not sure, disagree, strongly disagree. Each questions have 5 marks. A score is considered as if it is a 0-50 is indicate positive attitude, if it is between 51-100 is indicate neutral attitude, if it is between 101-150 is indicate negative attitude,

## **RESULTS AND DISCUSSION**

**Table 1** indicates the majority participants were Father 23.3% and 76.7% were female participants and majority participants were 35-38 Year of age 56.7% and 30-34 Year 20% and 39-43 Year 23.3%, in the education level majority participants were Post graduate 36.7% and Graduate 33.3% and Diploma 30%, the occupation status where majority participants were Private occupation 56.7% and Business 20% and Government 23.3%. In their monthly family income, the majority were 21,000-50,000 Rs And <20,000 Rs And >51000 Rs Family income. Moreover, majority participants were belonging to Joint Family 56.7% and Nuclear Family 43.3% on other hand majority participants were family history Mental retardation 60% and 40% have No history of Mental retardation.

### **SECTION-2**

**To find the association between level of stress parents of autism children with their selected socio demographic variables**

**Table 2** depicts the association between parental attitude towards their mentally

retarded children with selected demographic variables which was tested by using chi-square test. Results showed that parents, age group of parents, educational status, occupation, family income, family type and

Family history of mental retardation were statistically found non-significant at  $p < 0.05$  level of significance with parental attitude towards their mentally retarded children.

**H1 is fail to accept**

**Table 1: Frequency and percentage distribution of sample according to their demographic Variables (n=30)**

Sr No.	Demographic data	Categories	Frequency	Percentage
1	Parents	Mother	23	76.7%
		Father	7	23.3%
2	Age Groups	30-34 Year	6	20%
		35-38 Year	17	56.7%
		39-43 Year	7	23.3%
3	Educational Level	Graduate	10	33.3%
		Post Graduate	11	36.7%
		Diploma	9	30%
4	Occupation	Government	7	23.3%
		Private	17	56.7%
		Business	6	20%
5	Family Income	<20000 Rs	12	40%
		21000-50000 Rs	17	56.7%
		>51000 Rs	1	3.3%
6	Family type	Joint	17	56.7%
		Nuclear	13	60%
7	Family history of mental retarded	Yes	18	40%
		No	12	96.7%

**Table 2: Data on Association between the Parents stress level with selected demographic variable**

Demographic Variable	Parental attitude					
		Positive	Neutral	X <sup>2</sup> value	df	P value
Parents	Mother	13	10	0.497	1	0.481 <sup>N</sup>
	Father	5	2			
Age Group	30-34 Year	3	3	0.641	2	0.726 <sup>NS</sup>
	35-38 Year	10	7			
	39-43 Year	5	2			
Education Level	Graduate	6	4	0.303	2	0.859 <sup>NS</sup>
	Post Graduate	6	5			
	Diploma	6	3			
Occupation	Government	3	5	5.053	2	0.080 <sup>NS</sup>
	Private	13	3			
	Business	3	7			
Family Income	<20000 Rs	5	4	5.102	2	0.078 <sup>NS</sup>
	21000-50000 Rs	13	4			
	>51000 Rs	0	1			
Family Type	Joint	7	7		2	0.880 <sup>NS</sup>
	Nuclear	5	5			
Family history of mental retardation	Yes	11	7		1	0.547 <sup>NS</sup>
	No	7	5			

## DISCUSSION

In this study, it highlights that parental attitude regarding mental retardation children. 30 sample where 60% parents of mental retardation child having positive attitude, 40% of parents of mental retardation child having neutral attitude and 0% of parents of mental retardation is having negative attitude.

## CONCLUSION

The Present study assessed the level of attitude of parents among the mental retardation children at Kalrav special school, Vadodara and found that majority of the parents were having positive attitude. After the attitude assessment of parents of mental retardation children, the study concluded that parents having a positive stress.

## CONSENT

As per international standard or university standard, parents written consent has been collected and preserved by the author(s).

## ETHICAL APPROVAL

The study was approved from ethical committee of Sumandeep Vidyapeeth institutional ethical committee and ethical approval number is SVIEC/ON/NURS/BNPG19/D20055.

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