

# Influential factors on parental involvement in promoting social skills of mentally challenged children

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■ **ABSTRACT** : A correlation design used to know the parental involvement in promoting social skills of 53 mentally challenged children from 3 special schools of Hubli and Dharwad city during the year 2008-09. BASIC-MR by Peshawaria and Venkatesan (1992) was administered to assess the social skills of children. Parental involvement was assessed by using self-structured tool. Results revealed that majority of the children (37.73%) had acquired moderate level of social skills followed by 32.08 and 30.19 per cent children who fell under high and low category, respectively. Majority of parents (71.70%) fell in low involvement in developing the skills among children while none of the parents were in high level. Results also illustrated low involvement of parents regarding specific social skills, viz., acquisition of social tasks such as showing sympathy for others, when they are sad (3.8%), apologizing if he or she hurts the feelings of others (7.5%), greeting other children (9.4%) etc. None of the parents were involved in promoting communication tasks. Parents were highly involved in enhancing social activities like responding appropriately when introduced to others (17%) and in community use items viz., recognizing and naming buildings (26.4%), carefully crossing the road (18.9%), making small purchases (17%) etc. Child's age, degree of disability, associated disability, age at admission to special schools and degree of constraint had significant influence on the parental involvement. A significant positive relation between parental involvement and social skills of children indicated that parental involvement was higher in children with higher skills. It may be due to the reciprocity in interactions with more parental involvement, children respond more or *vice-versa*. Parents gain confidence in promoting social skills in children who are mildly mentally challenged than those who are moderately challenged. This implies the need for parental programmes to empower and enhance their involvement in acquisition of social skills.

■ **KEY WORDS**: Parental involvement, Mentally challenged children, Social skills

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**M**ental retardation is a condition of mental deficiency, a state of incomplete mental development of such a kind and degree that

the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision, control

or external support (Tredgold, 1937).

A diagnosis of mental retardation is made if an individual has an intellectual functioning level below average, as well as significant limitations in two or more adaptive skill areas. Because of impaired general intelligence, mentally challenged often have difficulties in coping with some life situations which require adjustments. The extent of their coping or adaptive difficulty is primarily related to the degree of intellectual backwardness, though it is also affected by society's general attitude towards persons with limited intelligence. For individuals with relatively mild deficits, the impact may be largely confined to poor academic achievement during schooling and to lower levels of job aspirations in adulthood. At more severe levels of deficit, virtually every aspect of living is affected rendering the person incapable of assuming the normal degree of independence expected of an adult in any society.

Epidemiological studies in India indicates that 2-3 per cent of children suffer from MR according to the report of the First All India Conference on Mental Retardation (1966) and Kuppuswamy (1968). Madhav in 2001 reported that the prevalence of mental retardation was observed to have a national rate of 4.2 per 1000 population. In rural community of Karnataka the prevalence was found to be 2.3 per cent (Kumar *et al.*, 2008).

Mental retardation is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child. Children with mental retardation may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer and there may be some things they cannot learn. The performance and behaviour of a normal person or even a mentally retarded person is never dependent only on his or her intellectual capacity, but on many other factors like emotional maturity, education, training and the social and cultural environment.

Parents share the responsibility of bringing up their children in a manner so that as adults they become effective members of the respective society. Parents play a crucial role in the growth and development of their children, because children spend most of their time with

their parents and they imitate and learn from them. Hence, for the development and social competence, parenting is very important. According to socio-cultural theory of Vygotsky, growth depends on children's interaction with those around them. Their interactions with adults emphasize the cultural values. Bandura's social learning theory believes that people acquire a wide range of behaviours, thoughts and feelings by observing others behaviour and these observations play an important role in lifelong learning. In spite of the mental deficiency children observe and imitate their family members, more so their parents.

Parenting of a child with mental retardation is not an easy job, as the presence of mentally retarded child in the family leads to greater burden on the family (Peshawaria and Venkatesan, 1992). As the child grows, the physical demands placed on parents may increase. The time and physical energy required for positioning, toileting, bathing, eating and dressing may place an additional burden on parents and other family members. Parents face many problems related to social, marital, and psychological problems. If the parents do not have adequate knowledge regarding mental retardation then they may face even more problems because the state of knowledge of parents and society, in the field of mental retardation also influence the way in which mentally handicapped persons are treated by family and society.

Mentally retarded children at homes are lifelong stressors for parents. But proper handling and treatment can make them to live self sufficiently. The interactions of parents with their children with disabilities can have a profound impact on the development and progress of the child. The exposure of the child to an environment comprised of a variety of stimulation, encouragement, verbalization, provides chances for exploration and gives ample opportunities for manipulating objects. Parent's participation is expected to benefit the child, parent and family and society at large. Through Parent training programs, forming parent groups, parents can be involved to reduce stress which increases family coping and also improves relationships within the family. Certain factors may influence the parental involvement *viz.*, degree of disability of children, associated handicap with mental retardation, age at identification, age at admission to special schools, years of schooling, family size, socio-economic status, education and occupation of parents etc. To understand the extent of involvement

of parents in the training, education of mentally challenged children and in promoting social skills, the present study was conducted with the following objectives: to assess the social skills of mentally challenged children studying in special schools, to study the extent of involvement of parents in developing social skills of mentally challenged children and to determine the influence of child's characteristics, factors associated with disability, special education on involvement of parents.

## ■ RESEARCH METHODS

A correlation research design was employed as the study aimed to know the effect of parental involvement on the social skills of mentally challenged children and influence of selected factors on parental involvement. The population of the study consisted of the children attending the special schools that offers special educational programme for mentally challenged children in Hubli and Dharwad city. There were totally nine special education schools, among these 33 per cent of the total schools (3 in no.) *i.e.* two from Hubli and one from Dharwad city were selected on the basis of popularity and strength of the children. The total strength of children from these three schools was 160. Out of this, 50 per cent (80) children in the age range of 5-16 years having literate parents formed the sample. Some parents did not return the proforma and some were deleted due to the incomplete information. The final sample size was 53. Behaviour Assessment Scale for Indian Children with Mental Retardation (BASIC-MR) developed by Peshwaria and Venkatesan (1992) NIMH was used to assess the social skills of children and involvement of parent was studied by using a self structured schedule. Frequency and percentage were used to interpret the level of social skills and level of parental involvement. Karl-Pearson's product moment correlation co-efficient analysis was carried out to assess the degree of relationship and Chi-square test was employed to find out the association between social skills of mentally challenged children and parental involvement. To find out the difference between independent variables on the social skills of children and parental involvement, 't' test was used.

## ■ RESEARCH FINDINGS AND DISCUSSION

Table 1 illustrates percentage distribution of social

skills of mentally challenged children. It shows that majority of the children (37.73%) had acquired moderate level of social skills followed by 32.08 and 30.19 per cent children who fell under high and low category, respectively. Disability status of the children, potential possessed by them, training given to the children might be responsible factors in the acquisition of these social skills. Su *et al.* (2008) and Verdonshot *et al.* (2008) reported that general cognitive dysfunction impairs the daily functions in people with retardation and also affects the opportunities and services, family involvement etc.

**Table 1: Percentage distribution of children by level of social skills**

Category	Frequency	Per cent
Low (0 – 66)	16	30.19 %
Moderate (67 – 133)	20	37.73 %
High (134 – 200)	17	32.08 %

Parental involvement in promoting social skills of children is presented in Table 2a. Majority of the parents (88.68%) had expressed low involvement followed by 11.32 per cent who had moderate level of involvement while none of the parents had high involvement in promoting the social skills. The present finding is substantiated with the studies of Winton and Turnbull (1981) who revealed that parents constantly need help of school professionals. While Bjorck-Akesson and Granlund (1995) reported moderate involvement of parents but they liked to be more involved. However most of studies revealed that after parents got training, their involvement level increased which showed development of skills in the mental retardation children (Rani and Reddy, 1999; Alvey and Aeshleman, 2008).

**Table 2a : Percentage distribution by level of parental involvement in promoting social skills**

Category	Frequency	Per cent
Low (22 – 29)	47	88.68 %
Moderate (30 – 37)	6	11.32 %
High (38 - 45)	0	0.00

Results of the Table 2b indicate the interrelation between parental involvement and social skills of children which showed that cent per cent children who had low level of skills fell under the low parental involvement category. Among children with moderate skills, majority of them (71.4%) had low parental involvement followed by moderate involvement

(28.6%). Whereas reverse trend was observed in case of children with high skills that means majority of them (69.2%) had moderate level of parental involvement than low involvement (30.8%). X<sup>2</sup> analysis also found significant association between the two. Further correlation analysis revealed a positive and significant relation between parental involvement and social skills of children which indicates as parental involvement increases, skills of children also increases or *vice-versa*. This indicated that parental involvement was higher in children with higher level of skills. It may be due to the reciprocity in interactions with more parental involvement children respond more and *vice-versa* and parents gain confidence in promoting social and personal skills in mentally challenged children. The findings are supported by Verdonshot *et al.* (2008) who reported that family involvement has a positive effect on community participation of persons with intellectual disability. Similar result was also found by Rani and Reddy (1999), Alvey and Aeschleman (2008); McIntyre

(2008) and Koul and Shekhar (2015) who found training of children from their parents enhance the skills.

Table 3a also illustrates a low involvement of parents regarding social skills, like in acquisition of social tasks such as showing sympathy for others, when they are sad or upset (3.8%), apologizing if he or she hurts the feelings of others (7.5%), greeting other children (9.4%) etc. None of the parents were involved in promoting communication tasks like discussing a topic for more than 3 minutes, ending conversations appropriately and very few were in tasks *viz.*, refrains (controls himself) from interrupting others when they are talking (1.9%), asking questions (7.5%) etc. The reasons may be that parents are not knowledgeable, may not be having special skills to train the children and may have accepted the children as retarded with very low expectations.

Results of Table 3b show the qualitative analysis of parents with high involvement. In social skills, parents were highly involved in enhancing social activities like

**Table 2b : Interrelation between parental involvement and social skills of children**

Variable	Parental involvement		Total (%)	Mean (SD)	<sup>2</sup>	r - value
	Low	Moderate				
Social skills of children	Low	19 (100)	-	19 (100)	96.95 (5.13)	18.233***
	Moderate	15 (71.4)	6 (28.6)	21 (100)	110.00 (10.01)	
	High	4 (30.8)	9 (69.2)	13 (100)	117.69 (10.87)	
	Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)	

**Table 3a : Qualitative analysis of parents with low involvement in promoting social skills of children**

Sr. No.	Tasks	N ( % )
<b>Social skills</b>		
1.	Discusses a topic for more than 3 minutes	0 (0)
2.	Ends conversations appropriately	0 (0)
3.	Refrains (controls himself) from interrupting others when they are talking	1 (1.9)
4.	Shows sympathy for others when they are sad or upset	2 (3.8)
5.	Apologizes if he or she hurts the feelings of others	4 (7.5)
6.	Asks question (e.g., will you play with me)	4 (7.5)
7.	Seeks friendship with others in his/her group	4 (7.5)
8.	Greets other children	5 (9.4)

**Table 3b : Qualitative analysis of parents with high involvement in promoting social skills of children**

Sr. No.	Tasks	N ( % )
<b>Social skills</b>		
1.	Recognizes and names buildings (e.g., hospital)	14 (26.4)
2.	Looks both ways before crossing the road	10 (18.9)
3.	Makes a small purchase at a food store	9 (17.0)
4.	Responds appropriately when introduced to others	9 (17.0)

responding appropriately when introducing to others (17%) and in community use items viz., recognizing and naming buildings (26.4%), crossing the road carefully (18.9%), making a small purchase at a food store (17%) etc. Involvement of the parents may be dependent on the social skills of children.

Table 4 represents the influence of child’s characteristics on parental involvement, which revealed that higher percentage of parents of younger children (82.6%) had low involvement than moderate involvement (17.4%). Similar trend was also observed in case of parents of older children. Equal number of parents (19) of both younger and older children categories fell under the low level of involvement where as in moderate level, higher number of parents belonged to children with older age than younger. However the association of age of children with parental involvement analyzed by t2 test revealed non-significant association. But age of children was positively correlated with parental involvement indicating that as age increases parental involvement also increases. Further on comparison of mean scores the results revealed that older children had higher mean score (110.53) than younger children (102.87) and it was also found to be significant at five per cent level of significance.

The results also exhibit that majority of both male and female children had low parental involvement. Among moderate category, males were more in number (9) than females (6). However association between gender and parental involvement was found non-

significant. The comparison of mean scores revealed that female children (108.75) had higher parental involvement than male children (106.27). But, the results of ‘t’-test revealed non-significant differences. This may be due to the fact that as the children grow, parents wanted their child to be independent in personal and social skills or may be due to late detection of the condition. It is very difficult for parents of young children with disabilities to read their child’s cues accurately and to understand their needs. The experience in upbringing gives confidence among parents to train them. So they get involved in developing the skills of mentally challenged children. The result is contradictory with the findings of Ricci and Hodapp (2003), Neely-Barnes *et al.* (2008) and Ly (2008) who revealed that more parental involvement was observed in children of younger age. This may be because of early detection.

Table 5 indicates the influence of factors associated with disability and special education on parental involvement. The results revealed that 2/3 rd of parents of children with mild degree of disability had moderate level of parental involvement whereas among moderate and severe disability, majority of the children fell under low parental involvement constituting 87.50 per cent and 100 per cent, respectively and X<sup>2</sup> value showed significant association between degree of disability and parental involvement. A significant negative correlation was found indicating that as severity of children increases, parental involvement decreases. Further comparison of mean scores revealed that parents of

**Table 4 : Influence of child’s characteristics on parental involvement**

Child’s characteristics		Parental involvement		Total (%)	Mean (SD)	χ <sup>2</sup> (‘r’- value)	‘t’- value/ F
		Low	Moderate				
Age	Younger (5-10 years)	19 (82.6)	4 (17.4)	23 (100)	102.87 (9.00)	2.384 (0.367**)	-2.409*
	Older (10-16 years)	19 (63.3)	11 (36.7)	30 (100)	110.53 (13.05)		
	Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)		
Gender	Male	24 (72.7)	9 (27.3)	33 (100)	106.27 (10.51)	0.046 NS	-0.725NS
	Female	14 (70.0)	6 (30.0)	20 (100)	108.75 (14.29)		
	Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)		
Ordinal Position	First Born	26 (72.2)	10 (27.3)	36 (100)	106.69 (11.30)	2.245 NS	1.143NS SE-3.59
	Middle Born	4 (100)	-	4 (100)	100.75 (9.11)		
	Last Born	8 (61.5)	5 (38.5)	13 (100)	110.62 (14.12)		
	Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)		
Sibling Status	Only Child	7 (70.0)	3 (30.0)	10 (100)	108.40 (13.75)	0.018 NS	0.346 NS
Status	With Siblings	31 (72.1)	12 (27.9)	43 (100)	106.93 (11.72)		
	Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)		

\* and \*\* indicate significance of values at P=0.05 and 0.01, respectively

NS=Non-significant

mildly retarded children had higher mean score (116.69) than moderately (107.63) and severely retarded (94.77). 'F' value was also found to be highly significant indicating parents had high involvement in case of mild children than moderate and severely retarded children.

The results of the Table 5 also depicts that parents of children with associated disability were in higher number (30) than children with only mental retardation, who fell under the category of low parental involvement while almost equal number was observed in case of moderate category. But X<sup>2</sup> test revealed non-significant association. While 't'-test revealed significant differences between the two. Parents of children with only mental retardation had higher mean scores (113.87)

than of children with associated disability (104.58). This may be due to the reciprocal interactions between parents and their children with the behaviour of each participant affecting the behaviour of the other (Chamberlain and Patterson, 1995) and Chowdhury and Raut (2015). Mean differences showed that children with milder disability had higher involvement. The findings are in congruency with Guralnick *et al.* (2008) who reported higher communication and interaction with higher cognitive and language levels of children with mild developmental delays. The reasons may be same that there is reciprocal relationship between parents and children and as severity increases parents are not able to train the child because of poor interaction of mentally retarded child. It may

**Table 5: Influence of factors associated with disability and special education on parental involvement**

Factors associated with disability and special education			Parental involvement		Total (%)	Mean (SD)	F <sup>2</sup> ('r' - value)	't'- value/ F
			Low	Moderate				
Factors associated with disability	Degree of disability	Mild (51-75 IQ)	4 (25.0)	12 (75.0)	16 (100)	116.69 (10.68)	25.280***	21.405*** SE 1.86 CD 5.155
		Moderate (31-50 IQ)	21 (87.5)	3 (12.5)	24 (100)	107.63 (9.77)		
		Severe (<30 IQ)	13 (100)	-	13 (100)	94.77 (3.27)		
		Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)		
	Associated disability	Only mental retardation	8 (53.3)	7 (46.7)	15 (100)	113.87 (13.63)	3.477 <sup>NS</sup>	2.686**
		Associated disability	30 (78.9)	8 (21.1)	38 (100)	104.58 (10.34)		
		Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)		
	No. of associated disability	No associated disability	8 (53.3)	7 (46.7)	15 (100)	113.87 (13.63)	3.540 <sup>NS</sup>	3.554* SE-3.15 CD-8.73
		One associated disability	21 (77.8)	6 (22.2)	27 (100)	104.37 (8.65)		
		Two and more disabilities	9 (81.8)	2 (18.2)	11 (100)	105.09 (14.17)		
Total		38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)			
Age at identification of disability	Early (<3 years)	33 (76.7)	10 (23.3)	43 (100)	105.91 (10.95)	2.860 <sup>NS</sup>	1.664 <sup>NS</sup>	
	Late (>3years)	5 (50.0)	5 (50.0)	10 (100)	112.80 (15.15)			
	Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)			
Factors associated with special education	Age at admission to special school	Very early (0-3 years)	1 (100)	-	1 (100)	95 (-)	3.134 <sup>NS</sup>	3.144* SE-2.193 CD-6.078
		Early (3-6 years)	19 (76.0)	6 (24.0)	25 (100)	106.32 (10.01)		
		Slightly late (6-9 years)	13 (76.5)	4 (23.5)	17 (100)	103.82 (12.97)		
		Late (9-12years)	5 (50.0)	5 (50.0)	10 (100)	116.40 (11.46)		
		Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)		
	Years of schooling	<1 year	8 (72.7)	3 (27.3)	11 (100)	102.45 (13.82)	1.756 <sup>NS</sup>	1.356 <sup>NS</sup> SE-3.52
		1-3 years	16 (80.0)	4 (20.0)	20 (100)	106.55 (8.77)		
		3.1 – 5 years	7 (58.3)	5 (41.7)	12 (100)	112.33 (14.00)		
		5.1 years and above	7 (70.0)	3 (30.0)	10 (100)	107.60 (12.41)		
	Attendance of children in school	Regular	34 (72.3)	13 (27.7)	47 (100)	107.09 (11.22)	0.084 <sup>NS</sup>	-0.206 <sup>NS</sup>
Irregular		4 (66.7)	2 (33.3)	6 (100)	108.17 (18.37)			
Total		38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)			
Combined effect of disability and special education	Degree of constraint	Mild constraint	11 (55.0)	9 (45.0)	20 (100)	112.05 (11.30)	4.414* (-0.403**)	2.389*
		Moderate constraint	27 (81.8)	6 (18.2)	33 (100)	104.27 (11.60)		
		Total	38 (71.7)	15 (28.3)	53 (100)	107.21 (12.00)		

\*, \*\* and \*\*\* indicate significance of values at P=0.05, 0.01 and 0.001, respectively

NS: Non-significant

also be because of expertise skills required for handling greater degree of disability. The more complicated the condition /disability, parents may feel less equipped to train / handle them. The findings are in line with Deslandes *et al.* (1999) who reported that parents of special education were less involved than with general education students.

Regarding number of associated disabilities, parents of children with one disability were higher in number (21) followed by two or more disabilities (9) and children with no associated disability (8) fell under the category of low parental involvement and parental involvement decreased as number of associated disabilities increased among moderately involved parents. However, statistically it was not found to be significantly associated. Whereas ANOVA test revealed significant difference between the two. Critical difference value (8.73) showed significant difference between parents of children with only mental retardation and both categories of associated disabilities but mean scores was not found significant between one (104.37) and two or more associated disabilities (105.09).

The Table 5 also exhibits majority of parents (76.79%) of children from early identified category had low parental involvement than 23.3 per cent who fell under moderate category of involvement. Equal percentage (50%) of parents of children belonged to late identified category and had low and moderate level of involvement. However, the association was not significant. The comparison of mean scores revealed that parents of late identified children had higher involvement (112.80) than early identified (105.91). But 't'-test analysis showed non-significant differences.

Table 5 also presents influence of factors associated with special education on parental involvement. Regarding age at admission to special school, results found that cent per cent of parents of children who got admission very early had low involvement. Nearly equal per cent from both slightly late and early categories and 50 per cent from late category fell under low level of parental involvement. Whereas in the moderate level of involvement, higher number of parents were observed in early admitted children (6), followed by late (5) and least in slightly late category(4). But chi-square analysis found a non-significant association. The comparison of mean scores showed that parents of late admitted children had higher mean score (116.40) followed by

early (106.32), slightly late (103.82) and 'very early' categories (95). This difference was statistically found significant stating no difference between the ages at admission to special school with parental involvement. Results also showed that higher number of parents of children (16) who had 1 to 3 years of schooling had low involvement than those who had less than one year of schooling (8) and equal number (7) contributed by both categories *viz.*, 3.1 to 5 years and 5.1 and above years of schooling. Not much difference was found in the number of parents of children with different years of schooling in the category of moderate level of parental involvement. Association between years of schooling and levels of parental involvement was found non-significant. The F-value also revealed that there was no significant difference between the two. However parents of children who had 3.1 to 5 years of schooling had higher mean score (112.33) followed by 5.1 years and above (107.60), 1 to 3 years (106.55) and least was observed where children had less than one year of schooling (102.45). Majority of the parents of children (72.3%) who were attending school regularly had low involvement followed by the moderate category of involvement (27.7%). The result also shows a similar trend in case of parents of irregular children. However statistically it was not found significantly associated. The comparison of mean scores revealed less difference between the parents of children who were regular and irregular in attending the schools. The 't'-test analysis was also found non-significant.

Regarding the combined effect of disability and special education (degree of constraint) under the category of low parental involvement a higher number of parents were seen in the category of children with moderate constraint (27) and only 11 in 'mild' constraint, while in case of moderate level of involvement reverse trend was observed. The association was found significant through chi-square analysis. Similarly a significant negative correlation was found indicating that as degree of constraint increases, parental involvement decreases. Further, the comparison of mean scores revealed that parents of children with mild constraint had higher involvement (112.05) than moderate constraint (104.27). The difference was also found statistically significant.

Hence, there is need to involve the parents in the training of the children with mental retardation which

can be enhanced by giving training to parents, imparting knowledge about the potential of children.

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