A STUDY ON SOCIO ECONOMIC STATUS OF PARENTS OF INTELLECTUALLY DISABLED CHILDREN OF MINORITY OWNED SPECIAL INSTITUTES IN THIRUVANANTHAPURAM DISTRICT

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Abstract

Birth of a new child in a family is a time for rejoicing and celebration in a family. Parents have so many dreams and aspirations for their newly born child that birth of a child with intellectual disability can be a traumatic and shattering event for a family. The feeling of grief and loss that the family goes through is caused by realization that the anticipated normal child they had waited for nine months was never born. There is much evidence that family members experience a range of emotions in response to a diagnosis of intellectual disability including denial, shock, anger, grief, guilt, embarrassment, depression, withdrawal, ambivalence and fear of stigma. The information collected from the study will throw light to the life of intellectually disabled children as well as to the parents of the children. The data was collected from 10 minorities owned institution for intellectually disabled children and from parents of 77 intellectually disabled children.

Findings reveal that By analyzing information collected from parents of students who studies in the institutes it was found that socio economic statues of parents of children with intellectual disability have significant bearing on the statues of their disability. And it also contends that despite the national level awareness towards the disability, especially intellectually disabled, still a major section of our population is affected by such problem due to lack of information, awareness and necessary social support system in place. If we want to see our future generation free from such diseases, we need to have a clear roadmap and honest intention to execute such strategies. Only then the dream of a better future can be realized by our next generation. The parents with low level of educational and economical back ground tend to have more children with such disability because of certain degree of awareness missing from their decision making pattern in their lives.

Key words: intellectually disabled children, special educational institutes.

INTRODUCTION

Birth of a new child in a family is a time for rejoicing and celebration in a family. Parents have so many dreams and aspirations for their newly born child that birth of a child with intellectual disability can be a traumatic and shattering event for a family. The feeling of grief and loss that the family goes through is caused by realization that the anticipated normal child they

had waited for nine months was never born. There is much evidence that family members experience a range of emotions in response to a diagnosis of intellectual disability including denial, shock, anger, grief, guilt, embarrassment, depression, withdrawal, ambivalence and fear of stigma.

Intellectual disability (ID), also called intellectual development disorder (IDD), general learning disability, or mental retardation (MR), is a generalized neuro developmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ score under 70 in addition to deficits in two or more adaptive behaviors that affect every day, general living. Once focused almost entirely on cognition, the definition now includes both a component relating to mental functioning and one relating to individuals' functional skills in their environments. Intellectual disability is subdivided into syndrome intellectual disability, in which intellectual deficits associated with other medical and behavioral signs and symptoms are present, and non-syndromic intellectual disability, in which intellectual deficits appear without other abnormalities. Down syndrome and fragile X syndrome are examples of syndromic intellectual disabilities.

Intellectual disability affects about 2–3% of the general population. 75–90% of the affected people have mild intellectual disability. Non-syndromic or idiopathic cases account for 30–50% of cases. About a quarter of cases are caused by a genetic disorder. Cases of unknown cause affect about 95 million people as of 2013.

The terms used for this condition are subject to a process called the euphemism treadmill. This means that whatever term is chosen for this condition, it eventually becomes perceived as an insult. The terms mental retardation and mentally retarded were invented in the middle of the 20th century to replace the previous set of terms, which were deemed to have become offensive. By the end of the 20th century, these terms themselves have come to be widely seen as disparaging, politically incorrect, and in need of replacement. The term intellectual disability is now preferred by most advocates and researchers in most English-speaking countries. As of 2015, the term "mental retardation" is still used by the World Health Organization, which have a section titled "Mental Retardation". In the next revision, it is expected to replace the term mental retardation with either intellectual disability or intellectual developmental disorder, which already uses. Because of its specificity and lack of confusion with other conditions, the term "mental retardation" is still sometimes used in professional medical settings around the world, such as formal scientific research and health insurance paperwork.

Intellectual disability is a label given to anyone who has been assessed to have an IQ score of 70 or less on a psychological test of intelligence. However, intellectual disability affects not only performance on tests of general mental functioning, but places limitations on one’s capacity for self care, language, speaking ability, social interactions and vocational skills. There is a general agreement that a person with intellectual disability must have significantly sub average intellectual functioning; an impairment resulting from an injury, disease or abnormality that existed before age 18; an impairment in adaptive abilities.

BACK GROUND OF THE STUDY

It has been estimated that 1-2% of the world's populations have intellectual disabilities; with higher prevalence rates reported among children and adolescents and in lower income countries (Maulik, Mascarenhas, Mathers, Dua, & Saxena, 2011). The median prevalence for pervasive developmental disorders (which include autism and Asperger's syndrome) has been estimated at 6.2/1000 (Elsabbagh et al., 2012). Between 40-67% of children with pervasive developmental disorders also have intellectual disability (Baird et al., 2006; Chakrabarti & Fombonne, 2005). Given the current global fertility rate of 2.5 (Unicef, 2011), this suggests that between 1 in 50 and 1 in 20 families with children in the world include a child with intellectual disabilities. Ninety per cent of the world's children aged 0-14 live in low or middle income countries (World Bank, 2012).

The official estimates of disabled persons in India, obtained through the latest Population Census and National Sample Survey Organization's comprehensive surveys on disability, put the figure as about 21 million (roughly around 2 percent of the population) at the beginning of the new millennium. However, estimates vary across sources and a new World Bank Report on disabled persons in India, has observed that there is growing evidence that people with disabilities comprise between 5 and 8 per cent of the Indian population (around 55 – 90 million individuals). There is a common concern that disabled persons are among the most excluded ones in the development process of the country. For an effective and efficient policy intervention to improve the lots of the disabled persons, it is of utmost importance to get a clear idea of the dimension of disability in India. Although government and the public sector would have to play a key role in this endeavour, it may be neither feasible, nor desirable for them to do it all. Further, there is wide heterogeneity in the situation and the policy requirements of different groups of disabled persons in India. There are major differences in social attitudes to different types of disability, coupled with variations due to gender, class, place of residence (rural / urban) etc.

In recent years a question on disability was canvassed during the House listing Operations of 1981 Census where there was considerable under enumeration of physically handicapped persons. The 1991 Population Census did not cover disability. Again in Census 2001, question on disability was included for all the members of the households at the time of detail population enumeration. The findings of latest Population Census of 2001 on disability have been discussed here in detail with a brief mention of the observations based on 1981 Census, although the two sets of results were not quite comparable.

In the year 2001, of the persons with disability (PWD) about 75% belonged to rural areas and only 25% were from urban areas. About 58% of disabled were males while only 42% were females. For the population of the country as a whole, 2.13% were found to have one type of disability or the other.

As per Census (2001) findings, where not more than one type of disability was recorded for each PWD, about half of them were found to have visual disability, more than a-fourth had movement disability, about 10% were having mental disability, 7% had speech disability and 6% were with hearing disability. The proportions vary marginally across different sets of population categories. Although the overall estimates of total number of PWD obtained through NSS survey (2002) were not wide off the mark, there were significant variations from Population Census findings with respect to their composition by type of disability.

EDUCATION PROGRAMME FOR CHILDREN WITH SPECIAL NEED

The community at large is often unaware of the potential of children with special needs. In the popular mind, special needs are usually identified with very low expectations. Parent should believe in the value of educating children with special needs. The higher the expectations, the higher will be their acceptance in the family.

All the children with special needs must be enrolled in primary schools. After the assessment of their disabilities by a team of a doctor, a psychologist, and a special educator, in schools, the child will be placed in appropriate educational settings. Children with mild and moderate disabilities of any kind may be integrated in normal schools, severe in special schools/ remedial schools, drop outs who have problems in availing benefits of normal schools can join open schools. All the children with learning disabilities alone are first managed in the normal schools. Open and special schools also offer vocational courses also for children with disabilities.

Formal Schools

The Ministry of Human Resource Development (Department of Secondary and Higher Education) has been implementing a scheme of 'Integrated Education for the Disabled Children' (IEDC) in formal schools since 1982. The main objective of the scheme is to provide educational opportunities for the disabled children in normal schools so as to facilitate their retention in the school system. The disabled children who are placed in special schools should be considered for integration into common schools once they acquire the communication and daily living skills at a functional level.

The following types of children with disabilities must be integrated in the normal school system- formal as well as in non-formal schools. - Children with locomotor handicaps (O.H.) - Mildly and moderately hearing impaired - Partially sighted children - Mentally handicapped educable group (IQ 50-70) - Children with multiple handicaps (blind and orthopaedic, hearing impaired and orthopaedic, educable mentally retarded and orthopaedic, visual impaired and mild hearing impaired)

A three- member assessment team comprising of a doctor, a psychologist and a special educator is formed and their assessment report recommends whether a child can be enrolled directly into a normal school or should receive preparation in a special school/ or a special preparatory class in Early Childhood Education Centre(ECCE) specially equipped for this purpose.

1. Integrated Education for Disabled Children (IEDC)

Integrated Education for Disabled Children (IEDC) in District Primary Education Programme(DPEP) – The DPEP which was launched in 1994, aims at Universalisation of Primary Education (UPE) and is operational in 271 districts in the country. Its aim can not be achieved until and unless 10% of children with special needs are integrated in the education system. With this aim, since 1998, IEDC programme has been receiving special emphasis under DPEP and endeavouring to integrate children with disabilities in DPEP primary schools. DPEP supports for the activities like community mobilization and early detection, in service teacher training, resource support, educational aids and appliances, architectural designs in schools, etc. Children with learning disabilities also get special care in primary schools under DPEP. In the other non DPEP districts the same IEDC activities will be supported by the programme of Sarva Shiksha Abhiyan (SSA) which has recently been approved.

2. Special School

This is a programme of the Ministry of Social Justice and Empowerment. Children with severe multiple disabilities who have difficulty in coping with regular schools are referred to such special schools. Most of these special schools are located in urban areas and run by voluntary organizations. A majority of them are residential schools, and boarding-lodging and other services are provided free of cost. At present more than 3000 special schools for the disabled children are functioning across the country. Out of them approximately 900 institutions are specialized for the hearing impaired, 400 for the visually impaired, 1000 for the mentally retarded and the remaining 700 are for the children with physical disabilities. 40 per cent disability of any such particular types is a benchmark for identification and certification for admission in these special schools.

It is generally agreed upon in a society such as ours that all children have a right to equal educational opportunity. Special education is based upon the premise that equal opportunity does not mean identical programs but rather it means that each child has the right to an education which will enable him to benefit to the maximum of his ability. This, in turn, benefits society in that its human resources will be more fully utilized.

Article 41of the Constitution of India (1950) embodied in its clause the "Right to Free and Compulsory Education for All Children up to Age 14 years". Many more schools for persons with intellectual disability were established including integrated schools (Sushila Ben, 1955). Notwithstanding this obligatory clause on children's mainstream education, more and more special schools were also being set up by nongovernmental organizations (NGOs) in an attempt to meet the parents' demands.

3. National Open School (NOS)

The NOS was established as an Autonomous Registered Society in 1989 with the mission to provide education through an open learning system at the school stage as an alternative to the formal system. It is specially suited to the needs of certain categories such as school dropouts, girls, mentally or physically disabled, etc. It has also developed educational materials for teaching children with special needs in their own homes. At present there are 1459 NOS study centres in the country.

It offers courses like the foundation course, notionally equivalent to class VIII level, secondary education and higher secondary courses and vocational courses. The NOS also provides the programme of Open Basic Education for Universal Elementary Education (UEE), which includes programme for the disabled children.

Purpose of Special Education

1. To modify, insofar as is possible, the interfering differences in learning characteristics of the child, and/or

2. To accommodate to these differences where modification of the child in his learning situation is not feasible or appropriate within the regular educational program. If the school program is to be effective for the mentally retarded, it not only must be broad enough to capitalize on the similarities these pupils have with other children, but it must also take account of and provide for their differences.

Comparison of Special Education with Regular Classes

Similarities.

Special education is essentially an extension of regular education and in many respects it is similar to the regular school program. Following are some of the similarities between the two programs:

1. The fundamental goals and objectives are essentially the same for both regular and special education.
2. The basic processes involved in instruction are the same in both settings.
3. The curriculum of the special classes incorporates many areas covered by the curriculum of the regular classroom.
4. The good special teacher is probably comparable in essential characteristics and abilities to the good regular classroom teacher.

Differences.

There are many aspects of the special class program which are special or different from the program in the regular classroom. These differences relate not only to the instructional methods and materials used in the special classroom but also to the amount of emphasis placed on various areas of the curriculum.

The differences are generally not categorical in the sense that they apply to or can be used only in a class for the retarded. Instead, they are differences in the sense that they are modifications and adaptations of the regular school program. For example, while attempts are made in the regular classroom to provide for individual differences, major attention is given them in the special classroom, and a considerable amount of time is devoted to individual instruction and assistance.

Some of the differences between the regular and special class programs are as follows:

1. The enrollment in the special class is usually restricted to less than half that of most regular classes. By keeping the classes small it is possible for the teacher to give considerably more attention and assistance to individual children than would be possible in the regular classroom.
2. The special teacher may find it necessary to use varieties of instructional approaches beyond the range which can feasibly be employed in the regular classroom.
3. While the special class curriculum touches on many areas included in the regular curriculum, these areas are not necessarily pursued in the same manner or covered in the same depth or scope. Decisions concerning inclusion or exclusion of curriculum content or choice of method to be used must be, as with the regular curriculum, based on the learning objectives established for each case. In the case of the retarded, however, goals tend to have a highly utilitarian focus since the attainment of more adequate life functioning can be a major triumph for them.
4. Many of the formal skills in reading and arithmetic will need to be introduced at a later time in the instructional sequence of the retarded child's program. This means that more time should be spent on developing readiness for skill acquisition

Methodology discusses the procedure or technique adopted for the conduct of the study. For every piece of work, methodology is of vital importance. The success of any research depends largely upon the suitability of the methods, tools and techniques used by the researcher in collecting and processing of data. It refers to the general strategy followed in collecting and analysing the data necessary for conducting the study.

The present study is an attempt to analyse the Socio Economic Status of Parents of intellectually disabled Children of Minority Owned Special Institutes. Methodology of the study is described in this chapter under the headings viz.

1. Objectives
2. Techniques and Tools employed for collection of data
3. Sample
4. Data collection procedure
5. Statistical Technique

1. OBJECTIVES

Objectives set forth for the study are the following

1. To examine the pattern of intellectual disability found among the children.
2. To explore the factors responsible for intellectual disability of children.
3. To study the socio economic background of the parents of intellectually disabled children
4. To understand the condition of Minority owned Special Schools in Thiruvananthapuram District
5. To give suggestions to improve conditions of Minority owned Special Schools
6. To give suggestions to improve conditions of parents of intellectually disabled children
7. To study the influence of parents socio-economic status on their children's education

2. TECHNIQUES AND TOOLS EMPLOYED FOR THE COLLECTION OF DATA

A researcher will require many data gathering tools and techniques which vary in their complexity, design, administration and interpretation. "Each tool is appropriate for the collection of certain type of evidence or information. The researcher has to select form the available tools, which will provide adequate data, he/she requires for testing of the hypotheses. In some situations, he/she may find that existing research tools do not suit his purpose and so he/she modify them or construct his or her own" (Kaul, 1997)

1. Questionnaire for Special Institutes

To collect information from special institutes questionnaire used as a tool. The questionnaire contained closed ended and open ended type of questions. The open ended questions includes dimensions such as name, ownership, number of students, number of staff, qualification of teachers, income, expense, needs. And the closed ended questions includes institution facilities

under the headings such as scholastic aspects, infrastructural aspects, transportation/ stay, health attribute responded as available or not available.

After preparing the questionnaire it was verified by experts in the field and necessary modifications were made. The final questionnaire contains 16 items. Examples of the questions with their dimension are given below

Example:-

1. Average monthly expense for students, for teachers and other staff (financial assistance)
2. Whether occupational therapy available in your institute? Available/Not Available (Institutional Facilities)

The questionnaire is given in APPENDIX I.

2. Questionnaire for Parents.

For collecting information about socio economic statues from parents the investigator used closed and open ended questions. The questionnaire included dimensions such as parent characteristics, child details, institution details, institution facilities. And the questionnaire also contained five point scaled questions about institution facilities, which are to be responded highly satisfied / satisfied / average / not satisfied / highly not satisfied.

After preparing the questionnaire it was verified by experts in the field and necessary modifications were made. The questionnaire contains 31 items

The questionnaire is given in APPENDIX II.

3. SAMPLE

The population of the study is minority owned special institutes in Thiruvananthapuram District and Parents of the institutes. The investigator used Random sampling method. The investigator tried to analyze sixteen special institutes by taking a sample of ten institutes in Thiruvananthapuram District. The parents were also selected using random sampling method. The investigator tried to study socio economic status by selecting seventy seven parents from the selected ten special institutes.

The list of special institutes in Thiruvananthapuram district is given in TABLE 1.

TABLE 1. The list of Population institutes

No	Name of school	Taluk	Year of Establishment
1	Asraya	Nedumangad	1995
2	Balavikas Special School For Mentally Handicapped And Autistic Children	Thiruvananthapuram	1978
3	Balavihar Special School For Mentally Challenged	Neyyatinkara	1997
4	Development Centre For The Mentally Retarded	Thiruvananthapuram	1984
5	Freedom Centre	Neyyatinkara	1996
6	Grama Jyothi Natinal Institute For Differently Abled	Thiruvananthapuram	2005
7	Jeevan Prakash Child Centre	Thiruvananthapuram	1991

8	Karunya Special School	Neyyatinkara	2004
9	Agriculture And Horticultural Unit	Kattakkada	1996
10	Marion Play Home School	Thiruvananthapuram	1990
11	Mother Theresa Day Care Centre	Neyyattinkara	2004
12	Navajyothi Special School For The Mentally Challenged	Kattakkada	1996
13	Sahajeevan Special School	Thiruvananthapuram	2000
14	Snehbhavan Rehabilitation Centre	Neyyattinkara	2003
15	Shalom Special School	Nedumangad	1974
16	St. Peters School For Mentally Challenged Children	Thiruvananthapuram	1990
17	Sree Guru Raj Mission	Neyyatinkara	1989
18	Sree Karunya Mission	Neyyatinkara	2003
19	Sound Plus School For The Differently Abled Children	Chirayinkeezhu	2012
20	Souhrida Vidyalaya	Nedumangad	2001
21	St. Martha's School For Mentally Challenged	Chirayinkeezhu	2005
22	Sundarakavadam	Kattakkada	2003
23	Thanal	Thiruvananthapuram	1995
24	CH Muhammed Koya Memorial	Thiruvananthapuram	1983
25	Rotary Insititute	Thiruvananthapuram	1964
26	Teachers training Institute[CIMR]	Thiruvananthapuram	

The detail of sample institutes from which data were collected are given in TABLE 2

TABLE 2. Break up of basal sample

No	Name Of School	Ownership	NUMBER OF STUDENTS		
			MALE	FEMALE	TOTAL
1	Souhrida Vidyalaya	Christian-Penthacosth	49	25	74
2	Providence Home For Mentally Challenged Students	Christian Rc	25	40	65
3	Snehabhavan Vellarada	Christain	56	50	106
4	Sundarakavadam	Christain Lc	19	16	35
5	Gramajyothi	Christian Malankara Orthodox	34	22	56
6	St. Martha's School For Mentally Challenged	Christian	65	51	116
7	Navajyothi Special School For The Mentally Challenged	Christian	39	31	70
8	St. Peters School For Mentally Challenged Children	Christian	54	21	75
9	Marion Play Home	Christian Orthodox	119	41	160
10	Development Centre For The Mentally Retarded	Christian	134	41	175

The list of minority owned special institutes in Thiruvananthapuram District is given in Table 2.

4. DATA COLLECTION PROCEDURE

The investigator consulted randomly selected Special Institutes in Thiruvananthapuram District and questionnaire was distributed. When they completed their responses the questionnaires were collected back. The investigator also collected details of parents of the students of the institute and the investigator visited randomly selected parents and data was collected from the parents, either mother or father using the questionnaire prepared for parents.

The data was collected from 10 minority owned special institutes and from 77 parents. As the investigator collected data directly from each member, the final one was the same as that of the basal sample.

The list of minority owned special institutes visited by the investigator is given in APPENDIX IV.

5. STATISTICAL TECHNIQUES USED

Simple descriptive statistical techniques such as percentage mean and standard deviation are used for describing data.

ANALYSIS

The collected data was analyzed and the results are presented and discussed in this chapter.

In Kerala there are 278 recognized special schools all over the state. Out of the 278 schools only one is in the government sector. The balance 277 institutes comprise 26 institutes at Thiruvananthapuram District. Out of the 26 institutes 16 schools are under minority ownership. From the list of minority owned special institutes in Thiruvananthapuram District, the investigator randomly selected 10 institutes from 6 taluks of Thiruvananthapuram District.

Details of data collected from sources such as minority owned special institutes and Parents of students of the said special schools are discussed under the following headings.

1. Information collected from minority owned special institutes.
2. Information collected from Parents of students of minority owned special institutes.

1. INFORMATION COLLECTED FROM MINORITY OWNED SPECIAL INSTITUTES

A consolidated list of data collected from special institutes regarding details about ownership, formation, number of students is given in TABLE 2. In spite of the data information were collected about number of teachers and other staff, average monthly income, average monthly expense and about availability of occupational therapy, physical therapy speech therapy, medical therapy, private counseling, early intervention, parent counseling and training, parent education, leisure time activity, home training, summer camp, rehabilitation programme, PTA meeting and class PTA, guidance and counseling, sheltered work shop, temporary boarding care for vocation and emergency, assessment center, vocational training center, enough number of toilets, drinking water facility, visiting room, clinic with physiotherapy, transportation facility, hostel, placement and medical services.

All the special institutes in Thiruvananthapuram are under Christian minority ownership. There are 932 disabled students in the selected ten institutes. Out of which 594 are boys and 338 are girls.

TABLE 3. List of Number of Students

Number of Students	
MALE	594
FEMALE	338
TOTAL	932

The numbers of special teachers in the selected institute are 87. The other 156 staff includes 13 physiotherapist, 11 counselor, 15 vocational trainer, 27 ministerial staff, 53 ayah and 37 other staffs.

TABLE 4. List of Staff

STAFF	**NUMBER**
Special Teachers	87
Physiotherapist	13
Counselor	11
Vocational Trainer	15
Ministerial staff	27
Ayah	53
others	37
TOTAL	243

Average monthly expense of the selected institutes are ₹ 18, 61, 500 for students and ₹ 12, 98, 000 for staff and other expense are ₹ 6, 87,000. The total average expense for running the selected institutes in a month are about ₹ 38, 46, 500.

All the ten selected institutes are running by getting donations from various places. The managers of the selected institutes have unanimous opinion that the donations are not enough for the smooth running of the institution. Nine out of the selected ten institutes fills the income expense gap by way of loan or by way of getting money from other sources.

Six out of the ten institutes under study are having occupational therapy. Seven institutes have physical therapy. In other words sixty percentage institutes have occupational therapy and seventy percentages have physical therapy.

In the case of speech therapy, seven institutes have properly running speech therapy centers with appropriate speech therapists. Eight institutes have medical therapy and two institutes lack medical therapy.

Private counseling is present only in three out of the ten institutes. The other three have no private counseling. All the selected institutes, except four have early intervention facility and early intervention centers. That is sixty percentages of centers have early intervention facilities.

Parent counseling and training are there only at three out of the ten institutes and parent education is not available at six institutes. It is available only at four selected institutes.

In the case of leisure time activity 80% of the selected institutes have leisure time activity the students of the balance 20% institutes does not have any leisure time activity.

Home training programme is available only at thirty percentage institutes. Balance seven institutes do not provides any home training programme. Summer camp is there at only one selected institute. Ninety percentage institutes lack summer camp for students.

Rehabilitation programme, PTA meeting and class PTA are properly present or available at eighty percentages of the selected institutes. Fifty percentage institutes under study have guidance and counseling and the balance fifty percentages doesn't have guidance and counseling.

Number of toilets, availability of drinking water facility and presence of proper visiting room are satisfactory in all the ten institutes selected for the study. Clinic with physiotherapy facility is available in seven out of the ten selected institutes.

In the case of transportation facility all the ten institutes have proper transportation facility. But in most of the cases the vehicle for transportation are from rented sources.

Hostel facility is available at eighty percentage institutes and not available at two institutes under study. But in most of the cases the building of the hostel were rented. Only four out of the ten institutes under study has their own building. Placement is not available in all the ten selected institutes. Medical services are available in six out of the ten institutes. The balance 40% institutes lack medical services.

Details of availability of facilities collected from the institutes are given in TABLE 5

TABLE 5. Details of availability of facilities collected from the institutes

No	**Availability of Facilities**	**Percentage [Availability]**
1	Occupational therapy	60
2	Physical therapy	70
3	Speech therapy	70
4	Medical therapy	80
5	Private counseling	30
6	Early intervention	40
7	Parent counseling and training	30
8	Parent education	40
9	Leisure time activity	80
10	Home training	30
11	Summer camp	10
12	Rehabilitation programme	80
13	PTA meeting and class PTA	80
14	Guidance and counseling	50
15	Sheltered work shop	30
16	Temporary boarding care for emergency	40
17	Assessment center	40

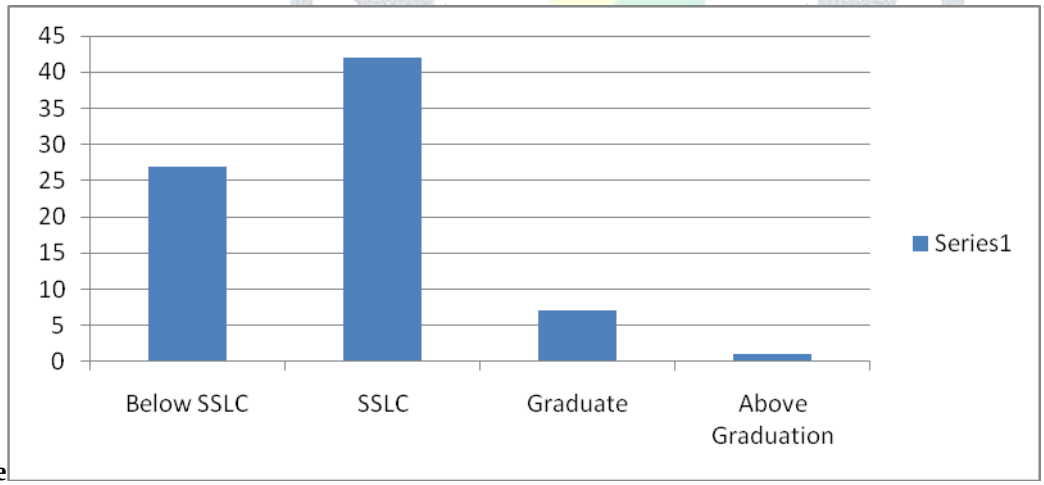
18	Vocational training center	60
19	Enough toilets	100
20	Drinking water facility	100
21	Visiting room	100
22	Clinic with physiotherapy	70
23	Transportation facility	100
24	Hostel facility	80
25	Placement	0
26	Medical Services	60

2. INFORMATION COLLECTED FROM PARENTS OF MINORITY OWNED SPECIAL INSTITUTES

Here is an analysis of socio economic status and an analysis of the reasons of sending or not sending their children to the minority owned special schools was done. The necessary data was collected from 77 parents of students of selected special institutes using a questionnaire.

Ninety percentage parents of the selected institutes are come under below poverty line [BPL] list. Out of the selected 77 parents of only nine parents are graduate or above graduates. 55% parents have education level at SSLC or below. FIGURE 1 represents educational details of sample

FIGURE 1. Educational details of sample



The average income of the parents of intellectually disabled students of the selected institute is 10,129. The mean of age of parents at the time of marriage is 25381 and at the time of birth of the child are 27.83 respectively.

Ten out of the selected seventy seven parents of the intellectually disabled children are widow/widower and fifteen of them are divorcée. Reason for divorce in eighty percentage cases are because of to the birth of the disabled children.

Seven out of the seventy seven parents married with person who have blood relation with the spouse. Fifteen out of the seventy seven parents were from urban area and sixty two of them are from rural area.

Sixty families are living as nuclear. At the same time 17 are joint family. The house hold size of disabled children of selected parents is an average of four persons per house. And an average of two children in the selected seventy seven parents is noticed.

As far as the student is considered the average age is 14. Four disabled children are at pre primary level and 16 at KG/ nursery level, eighteen at primary level twenty five at pre vocational level and thirteen are above pre vocational level.

Average monthly expense for food for the children are 1936, expense for dress, accommodation etc are 1430, expense for medical treatment are rupees 1190 and that of education are 1090 and others are 1164 having a total of 6810 rupees per month is required for the child.

Intellectual disability pattern of the children are as follows. Out of the seventy seven children twenty one have intellectual disability alone, twenty have intellectual disability with hearing impairment, fourteen have mental retardation with speech impairment, thirteen have intellectual disability with both speech and hearing impairment and the balance nine have intellectual disabilities with stunting.

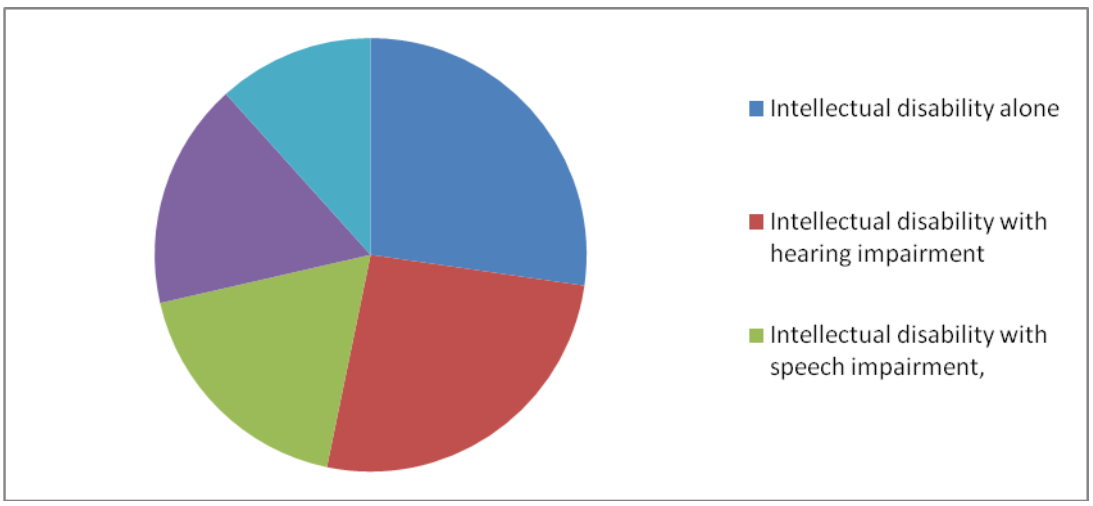
Mental retardation pattern is shown in TABLE 6.

TABLE 6. Mental retardation pattern

No.	Pattern of intellectual disability	Percentage
1	Intellectual disability alone	27.2
2	Intellectual disability with hearing impairment	25.9
3	Intellectual disability with speech impairment,	18.2
4	Intellectual disability with both speech and hearing impairment	16.8
5	Intellectual disability with stunting.	11.7
	TOTAL	**100**

FIGURE 2 represents pattern of intellectual disability of the selected sample

FIGURE 2. **Pattern of intellectual disability of the selected sample**



The birth of sixty one out of the seventy seven children is by way of normal delivery and the balance fourteen are by way of cesarean.

The Intelligent Quotient level of the students are twelve children have mild, forty one with moderate and twenty four have severe out of the total seventy seven students.

Forty eight students out of the selected total students have one or more chronic or permanent disease or have health problem. That is sixty two percentage parents are suffering because of the health problem of their child. Seventy percentages of students that is fifty four students are hostellers. The remaining twenty three [thirty percentage] are day scholars.

Cent percentage parents send their child to the concerned schools because of the reason that their houses are nearby the institutes and also because of the availability of transportation facility to the concerned schools. Affordability of fees is the reason for fifty seven out of the total seventy seven parents sending their child to the concerned institute. In the mean time availability of good and best meal or food is the reason for about fifty five percentage parents for sending their child to the selected institute. Only eight out of the selected seventy seven parents says the availability of facilities and faculties as the reason for sending or not sending their child to the institute selected.

Twelve parents are satisfied [35.29%] with the available occupational therapy in the schools were their children are studying. At the same time 64.71% parents opined average about occupational therapy. Forty three parents told that there is no occupational therapy available in their children's institute.

Opinion in case of available physical therapy are highly satisfied by 10% parents, satisfied by 35.71% parents, average by 41.43 % parents, not satisfied by 7.14% and highly not satisfied by 5.71% parents.

Satisfaction level about speech therapy is shown on TABLE 7.

TABLE 7. Satisfaction level about speech therapy

VALUE LEVEL	Frequency	Percentage
Highly not satisfied	2	3.57
Average	29	51.79
Satisfied	24	42.86
Highly Satisfied	1	1.79
Not available	21	--
Total	77	100

Value level in case of medical therapy by 59.38 % [38 parents] is average. And that of 26 parents [40.63%] is satisfied. The balance that is thirteen out of the seventy seven parents said that there is no medical therapy available in their children's institute.

Sixty parents out of the total selected seventy seven parents said about the non availability of private counseling in their respective institutes. In the speech therapy available institutes eight, three and four parent's opined average, satisfied and highly satisfied respectively.

FIGURE 3 represents value level, percentage and frequency about available early intervention.

FIGURE 3. Value level, percentage and frequency about available early intervention.

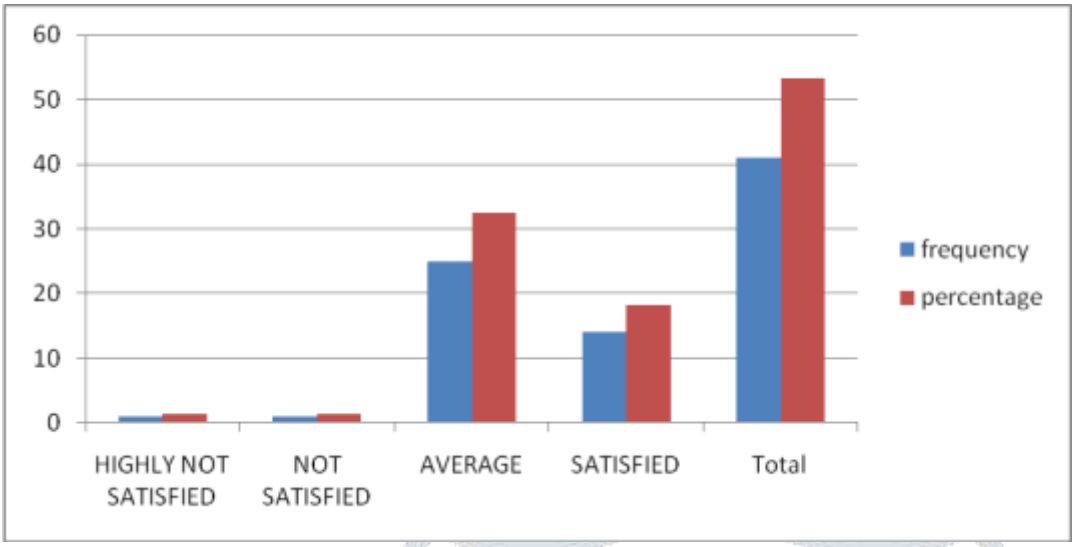
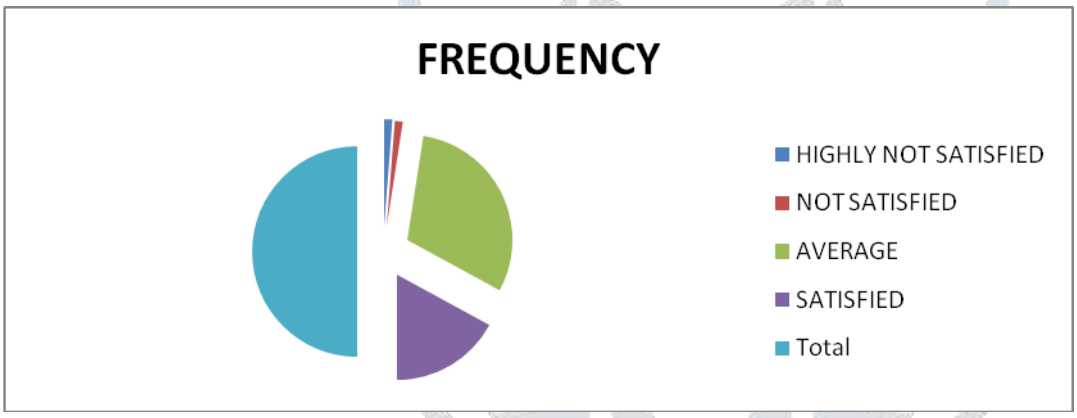


FIGURE 4 represents value level, percentage and frequency about available parent counseling and training.

FIGURE 4. Value level, percentage and frequency about available parent counseling and training.



The satisfactory level in the case of parent education is highly not satisfied for one parent, not satisfied for two parents, average for nine parents, satisfied for seventeen parents having percentages 3.4, 6.9, 31 and 58.6 respectively.

In the case of leisure time activity 1.7%, 53.4%, 41.4% and 3.4% opined not satisfied, average, satisfied, highly satisfied respectively.

Home training programme is highly satisfactory by one, not satisfied by three, average by sixty seven point seven percent and satisfied by sixteen parents. As already said summer camp is available only at one out of the selected ten institutes, the parents of students of the said institution were satisfied with the facilities provided by way of home training by them. It is same in the case of summer camp also.

Three out of the selected seventy seven samples are satisfied with rehabilitation programme. At the same time thirty four people's opined average, thirty one opined satisfactory with rehabilitation programme.

TABLE 8 below shows satisfactory level about PTA meeting and class PTA.

TABLE 8. Satisfactory level about PTA meeting and class PTA.

VALUE LEVEL	Frequency	Percentage
Not satisfied	9	12.9
Average	17	24.3
Satisfied	44	62.9
Not available	7	--
Total	77	100

62.8 percentage parents are satisfied with the available guidance and counseling. Whereas 32.6 percentages are have average satisfaction. At the same time 4.7 percentage are not satisfied with the available guidance and counseling

As we already discussed that sheltered work shop is available only in a few institutes the satisfactory level is a mixture of highly not satisfied [11.8%], average [41.2] and highly satisfied [47.1].

Out of the present temporary boarding care for vocation or emergency parents were not satisfied, averagely satisfied and satisfied in the ratio of 5:13:11, which can be expressed as percentage as 17.2, 44.8 and 37.9.

Average satisfaction is 56.2% and satisfaction is 43.8% in the case of assessment centre by the selected parents.

Out of the twenty nine parents, their children's institute has vocational training centre showed average satisfaction by seventeen and satisfaction by twelve of them.

Forty eight percentages each opined average and satisfied about the available toilet in the selected institutes. At the same time three out of the seventy seven selected parents are not satisfied with the toilet. At the same time sixty out of the selected seventy seven parents are satisfied with the available drinking water facility and twenty two percent of them highly satisfied.

Visiting room available in concerned institutes is not satisfied by 18 percentages, averagely satisfied by forty five and satisfied by thirty seven parents. At the same time parents showed the following satisfactory level in the case of availability of enough number of class rooms [not satisfied-7, average-25, satisfied-37 and highly satisfied-8].

FIGURE 5 represents value level, percentage and frequency about available clinic with physiotherapy.

FIGURE 5. Value level, percentage and frequency about available clinic with physiotherapy.

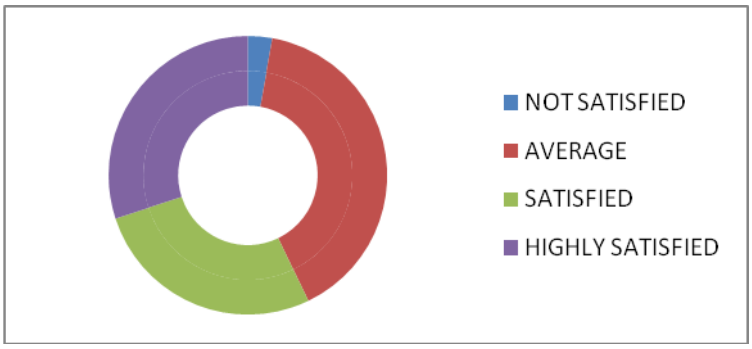


TABLE 9 below shows satisfactory level about transportation facilities.

TABLE 9. Satisfactory level about transportation facilities.

VALUE LEVEL	Frequency	Percentage
Highly not satisfied	4	5.2
Not satisfied	15	19.5
Average	37	48.1
Satisfied	12	15.6
Not available	9	11.7
Total	77	100.0

Available hostel facility is satisfied by 27.7, averagely satisfied by 36.9 and satisfied by 35.4 percentages of the selected parents. At the same time about the availability of medical services 17 [45.9%], 19 [43.2%] and 1[2.7%] parents respectively are averagely satisfied, satisfied and highly satisfied.

Descriptive Statistics on satisfactory level of available items are shown on TABLE 10

TABLE 10. Descriptive Statistics on satisfactory level

Descriptive Statistics			
	N	Mean	Std. Deviation
Occupational therapy	35	3.2571	0.74134
Physical therapy	70	3.3714	0.96566
speech therapy	57	3.3333	0.83095
Medical therapy	64	3.4062	0.49501
Private counseling	15	3.7333	0.88372
Early Intervention	32	3.6875	1.0298
Parent Counseling and training	41	3.2683	0.63342
Parent education	29	3.4483	0.78314
Leisure time activity	58	3.4655	0.5987
Home training programme	62	3.1774	0.58741
Summer camp	9	4	0
Rehabilitation Programme	68	3.4118	0.57912
PTA meeting and class PTA	70	3.5	0.71728
Guidance and Counseling	43	3.5814	0.58686
Sheltered work shop	17	3.7059	1.40378
Temporary boarding care for vacation or emergency	29	3.2069	0.72601
Assessment Centre	32	3.4375	0.50402
Vocational training Centre	29	3.4138	0.50123
Enough TOILET	77	3.4416	0.57339
Drinking water	77	4.2208	0.41749
Visiting room	77	3.1818	0.72051

Enough Number of class rooms	77	3.5974	0.79901
Clinic with Physiotherapy	70	3.8143	0.98235
Transportation facilities	77	3.0909	1.01543
Hostel	65	3.0769	0.79663
Medical Services	37	3.4865	0.80352

On the whole the descriptive statistics on satisfactory level for 35 numbers of parents about occupational therapy has a mean of 3.25 and standard deviation .74. And that of physical therapy of 70 [mean] .96 [standard deviation]. By going through the descriptive statistics table we can understand that for early intervention, sheltered work shop, transportation facility standard deviation is more than one having mean 3.68, 3.70, and 3.09 respectively. Standard deviation and mean for 77 parents for number of toilet, drinking water facility, availability of visiting room, availability of enough number of class rooms are .57 and 3.44, .41 and 4.22, .72 and 3.18, and .79 and 3.59 respectively. For speech therapy and medical therapy for 57 and 64 numbers mean are 3.33 and 3.40 and standard deviation .83 and .49.

As far as private counseling is considered for 15 items standard deviation is .49 [mean-3.73]. The mean for parent counseling and training [N=41], parent education [N=29], PTA meeting and class PTA [N=70] are 3.26, 3.44 and 3.5 having standard deviation .63, .78 and .71.

Conclusion

From the analysis of information collected from selected minority owned special institutes even though the presence of enough number of toilet, availability of drinking water and presence of visiting room are present in the institutes, the special institutes faces lack of vehicle for transportation, lack of well settled, self owned hostel and lack of availability of funds for smooth functioning of the institutes hinders helping disabled child to provide better and good education.

By analyzing information collected from parents of students who studies in the institutes it was found that socio economic statues of parents of children with intellectual disability have significant bearing on the statues of their disability. Most of the parents are come under Below Poverty Line. The availability of food, hostel facility etc is the main reasons for sending their disabled child to the institutes where they were studying. The parents with low level of educational and economical back ground tend to have more children with such disability because of certain degree of awareness missing from their decision making pattern in their lives. Most of the parents were divorced by their spouse because of the birth of the disabled child.

SUMMARY, CONCLUSION AND SUGGESTIONS

The present study entitled “A Study on Socio Economic Status of Parents of intellectually disabled Children of Minority Owned Special Institutes in Thiruvananthapuram District” made an attempt to study socio economic status of Parents of intellectually disabled children in the context of the institutes was they were studying. The present study conducted on minority owned special schools of Thiruvananthapuram District.

In the first chapter of the study the investigator made an attempt to study about the background of the study, made a comparison of special school with regular schools. The first chapter described about statement of the problem, definitions of key terms, objectives, methodology, scope and limitations of the study.

In the second chapter a literature is provided with the current theoretical and scientific knowledge about the review of particular problem, and resulting in a synthesis of what is known and not known. The review of literature is classified under headings such as theory related to the present study and studies related to the present study.

Under the third chapter of the study methodology of the study is described in five distinct headings such as objectives of the study, tools and techniques employed for the collection of data for the study, Sample used for collecting data, the procedure used for collecting data and statistical techniques used.

The collected data was analyzed and the results are presented and discussed in the fourth chapter of the study.

This Chapter, ie fifth chapter provided an overview of the significant aspects of the study viz, study in retrospect, major findings of the study, suggestions for further research.

This Chapter provided an overview of the significant aspects of the study viz, study in retrospect, major findings of the study, suggestions for further research.

1. STUDY IN RETROSPECT

The present study is entitled as **"A Study on Socio Economic Status of Parents of intellectually disabled Children of Minority Owned Special Institutes"**

2. OBJECTIVES

The present study on intellectual disability in minority owned special institues was carried out with the following objectives:

1. To examine the pattern of intellectual disability found among the children.
2. To explore the factors responsible for intellectual disability of children.
3. To study the socio economic background of the parents of intellectually disabled children
4. To understand the condition of Minority owned Special Schools in Thiruvananthapuram District
5. To give suggestions to improve conditions of Minority owned Special Schools
6. To give suggestions to improve conditions of parents of intellectually disabled children
7. To study the influence of parents socio-economic status on their children's education

3. METHODOLOGY OF THE STUDY

Sample

The present study used normative survey method and sample for it was using random sampling method. The investigator tried to analyze sixteen special institutes by taking a sample of ten institutes. The parents were also selected using

random sampling method. The investigator tried to study socio economic status by selecting seventy seven parents from the selected ten special schools

Tools and Techniques Used

To collect information, the investigator used the following tools

a. Questionnaire for Special Schools

b. Questionnaire for Parents

4. MAJOR FINDINGS OF THE STUDY

1. All the selected minority owned special schools are under the owner ship of Christian minority
2. A total number of 932 students are studying in the selected minority owned special schools out of which 594 are male and 338 are female students.
3. The numbers of special teachers in the selected institutes are 87. The other 156 staff includes 13 physiotherapist, 11 counselor, 15 vocational trainer, 27 ministerial staff, 53 ayah and 37 other staffs.
4. Out of the total expense 34 % is for students, 48% for staff and balance 18% is for others.
5. All the selected schools were running by way of getting donations from various sources such as person, institutes, societies etc. In the absence of such donations the schools will not run properly. All except one selected institute runs by way of taking loans from banks, other financial institutions etc.
6. All institutes face a gap of income – expense for running the institution. They were in need of income sources for smooth running of the institution.
7. Six out of the ten institutes under study are having occupational therapy. Seven institutes have physical therapy.
8. In the case of speech therapy, seven institutes have properly running speech therapy centers with appropriate speech therapists.
9. Eight institutes have medical therapy and two institutes lack medical therapy.
10. Private counseling is present only in three out of the ten institutes. The other three have no private counseling.
11. All the selected institutes, except four have early intervention facility and early intervention centers.
12. Parent counseling and training are there only at three out of the ten institutes and parent education is not available at six institutes. It is available only at four selected institutes.
13. In the case of leisure time activity 80% of the selected institutes have leisure time activity the students of the balance 20% institutes does not provide any leisure time activity.
14. Home training programme is available only at thirty percentage institutes. Balance seven institutes do not provides any home training programme.
15. Summer camp is there at only one selected institute. Ninety percentage institutes lack summer camp for students.

16. Rehabilitation programme, PTA meeting and class PTA are properly present or available at eighty percentages of the selected institutes.
17. Fifty percentage institutes under study have guidance and counseling and the balance fifty percentages doesn't have guidance and counseling.
18. Number of toilets, availability of drinking water facility and presence of proper visiting room are satisfactory in all the ten institutes selected for the study.
19. Clinic with physiotherapy facility is available in seven out of the ten selected institutes.
20. In the case of transportation facility all the ten institutes have proper transportation facility. But in most of the cases the vehicle for transportation are from rented sources. They were facing a number of problems because of the lack of vehicle in the institutes.
21. Hostel facility is available at eighty percentage institutes and not available at two institutes under study. But in most of the cases the building of the hostel were rented. Only four out of the ten institutes under study has their own building. They needs funds to set up hostel building for their own.
22. Placement is not available in all the ten selected institutes.
23. Medical services are available in six out of the ten institutes. The balance 40% institutes lack medical services.
24. Ninety percentage parents of the selected institutes are come under below poverty line [BPL] list. These parents faces lack of finance for completing day to day needs of their children. Most of the disabled children needs a huge amount for their medical treatment, medicine purchases etc.
25. Out of the selected 77 parents of only nine parents are graduate or above graduates. 55% parents have education level at SSLC or below.
26. The incomes of the parents are not enough for the family.
27. Ten out of the selected seventy seven parents of the intellectually disabled children are widow/widower and fifteen of them are divorcée. In most of the cases the reason for the divorce is the birth of the disabled children.
28. Seven out of the seventy seven parents married with person who have blood relation with the spouse.
29. It was observed that in most of the cases early marriage of women resulted in child with mental retardation.
30. 50% parents gave birth within one years of their marriage while it was after two years for another 26 percent of the parents and balance 24% more than two years.
31. The study revealed that the mentally-retarded children in the study area were born after an average of one years of their parental marriage. Large majority 79.2% of the intellectually challenged children were born from normal delivery.
32. Fifteen out of the seventy seven parents were from urban area and sixty two of them are from rural area.
33. Sixty families are living as nuclear. At the same time 17 are joint family.
34. The house hold size of disabled children of selected parents is an average of four persons per house.

35. An average of two children in the selected seventy seven parents is noticed.
36. As far as the student is considered the average age is 14.
37. Four disabled children are at pre primary level and 16 at KG/ nursery level, eighteen at primary level twenty five at pre vocational level and thirteen are above pre vocational level.
38. Out of the total expense for the disabled children 28.4 percentage is for food, 21 percentage for food, accommodation etc, 17.5 percentage for medical treatment, 16 percentage for education and the balance 17.1 for other purposes.
39. Out of the seventy seven children twenty one have intellectual disability alone, twenty have intellectual disability with hearing impairment, fourteen have mental retardation with speech impairment, thirteen have intellectual disability with both speech and hearing impairment and the balance nine have intellectual disabilities with stunting.
40. The birth of sixty one out of the seventy seven children is by way of normal delivery and the balance fourteen are by way of cesarean.
41. The Intelligent Quotient level of the students are twelve children have mild, forty one with moderate and twenty four have severe out of the total seventy seven students.
42. Forty eight students out of the selected total students have one or more chronic or permanent disease or have health problem. That is sixty two percentage parents are suffering because of the health problem of their child.
43. Seventy percentages of students that is fifty four students are hostellers. The remaining twenty three [thirty percentage] are day scholars.
44. Cent percentage parents send their child to the concerned schools because of the reason that their houses are nearby the institutes and also because of the availability of transportation facility to the concerned schools.
45. .Affordability of fees is the reason for fifty seven out of the total seventy seven parents sending their child to the concerned institute.
46. Availability of good and best meal or food is the reason for about fifty five percentage parents for sending their child to the selected institute.
47. Eight out of the selected seventy seven parents says the availability of facilities and faculties as the reason for sending or not sending their child to the institute selected.
48. By analyzing information collected from parents of students who studies in the institutes it was found that socio economic statues of parents of children with intellectual disability have significant bearing on the statues of their disability.
49. The study contends that despite the national level awareness towards the disability, especially intellectually disabled, still a major section of our population is affected by such problem due to lack of information, awareness and necessary social support system in place. If we want to see our future generation free from such diseases, we need to have a clear

roadmap and honest intention to execute such strategies. Only then the dream of a better future can be realized by our next generation.

50. The parents with low level of educational and economical back ground tend to have more children with such disability because of certain degree of awareness missing from their decision making pattern in their lives.
51. Lack of finance can be cited as one of the factors that continue to threaten effective development of special educational institutes.

SUGGESTIONS

1. Make awareness about intellectual disability, reason for causes etc in all parts of the country.
2. Make provision for social security, social support etc to the parents of intellectually as well as all the disabled children.
3. Make provision for giving job to any of the parents of intellectually disabled children to look after the child without any difficulty.
4. Provide monthly grand for food, accommodation, medical treatment etc to the disabled children and provide them properly.
5. Ensure community mobilization and participation to make the disabled a social citizen.
6. Provide necessary vocational training free of cost to the disabled.
7. Make provision to start early intervention centers at primary health centers.
8. Provide parent counseling and training though local self government bodies.
9. Make provision to start assessment centers for disabled.
10. Make provision to give free transportation facilities to disabled and one of the people accompany the disabled.
11. Make provision to develop status of minority institutes.
12. Provide financial assistant for purchasing land, building hostel, purchasing vehicles etc to the institutes
13. Make provision to the institutes to give food to the disabled.
14. Make provision for placement of the disabled in various places.
15. In order to make equality in all respects it is necessary to make adjustments to provide equal infrastructural facilities in all special schools.
16. It is necessary to provide health insurance scheme to all disabled person irrespective of poverty limit.
17. It is essential to increase amount provided as per 'Niramaya Health Insurance Scheme'
18. It is necessary to provide skill and vocational training to disabled persons as well as their parents.
19. It is very essential to provide vocational training other than making candles, tailoring and to make necessary marketing to facility to the products made by the disabled persons.
20. Make arrangements for research in the field especially in the case of vocational training, skill development, etc.
21. State Government should increase financial assistance provided to parents of disabled state government employees.

22. Make provisions to start Labour Bank to intellectually disabled, by giving training, enlisting the trained etc.
23. It is essential to provide rehabilitation aids and appliances to the persons with disabilities living in tribal and interior areas in different parts of the country. And to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation by reducing the effects of disabilities and enhance their economic potential.
24. Make provisions to start occupational Therapy Evaluation and Intervention such as activities of daily living, learning/studies, work, play, leisure, social participation, accessibility and environmental modification, assistive technology [one of the methods used to adapt the environment and includes modifications of hardware, software and various combinations thereof (such as a virtual keyboard, a touch screen, a motorized wheelchair, switch systems, computer programs and internet sites, adapted content amount, or voice output devices)] among Persons with Intellectual Disability in all institutes for disabled. Goals of the therapy must be to improve the functional abilities of the client, including both gross motor and fine motor skills, achieving developmental mile stones, enhancing the cognitive-perceptual abilities and activities of daily living.
25. Physiotherapy (PT) assists in the attainment and retention of improved physical function to better enable a person to undertake their daily activities and participatory roles. Physiotherapy outcomes can be achieved through alterations in physiological and learning processes involving the cardio-respiratory, musculo skeletal and neurological systems. Physiotherapy treatment interventions include but are not limited to muscle exercise and rehabilitation, strengthening and stretching, training of specific skills, aquatic therapy, gait education, helping to decrease the risk of falls and improving balance strategies. Therefore it is essential to provide physiotherapy treatment facilities in all institution for disabled.
26. Children and adults with an intellectual disability may need assistance with following and understanding directions, using and understanding spoken and written language, learning new information, understanding detailed information, completing tasks/documents etc. Communication strategies can be used to facilitate communication with a person with an intellectual disability. When communicating with a person with an intellectual disability, it is important to acknowledge that each person is an individual and should be approached as such. Speak clearly- using simple language, check for understanding by asking them to repeat instructions several times, break each task into steps and illustrate each step, don't assume they will transfer knowledge gained in one task or another, use visual cues (pictures or graphics) where possible etc. The need for speech therapy is therefore a must in all special institutes. Therefore it is necessary to make arrangements to start speech therapy in all institution for disability and there by post at least one speech therapist in it.
27. As far as medical therapy is considered there was in need of three main types of provision:

    • Medical facilities (e.g. medical inspection room required by School Premises Regulations, first aid room)

    • Therapy rooms to support health care and children's access to education (e.g. physiotherapy, hydrotherapy)

• Administration spaces for multi-agency professionals (e.g. offices, case conference and meeting rooms)

28. Parent counseling also need to be provided in institution for disabled because the emotional impact of mentally handicapped children in our social community has brought about constructive individual and group action by parents seeking to understand, to live with, and to plan for the problems presented by children who have been denied a normal life experience.
29. The early intervention services are needed to be provided in special schools for children at risk/developmental delay from birth to three years. The children are assessed for different developmental aspects such as motor, language, cognitive. Self-help and social skills. Play way method can be imparted to stimulate the developmental functioning of the children. A home based program is also can be prepare and explained to parents to follow the same.
30. Parents everywhere have done a great deal for their disabled children. However it is necessary to provide counseling services for the parents to leave to struggle with their own mixed feelings about rearing and planning for their child.

As the investigator conducted the study with the above objectives he/she examined the pattern of intellectual disability such as intellectual disability alone, intellectual disability with hearing impairment, intellectual disability with both speech and hearing impairment and intellectual disability with stunting found among the intellectually disabled children. And the investigator also tried to explore factors responsible for intellectual disability such as parent's age at the time of marriage, at the time of child birth, type of birth, order of birth, weight during birth etc.

To attain the objective of socio economic status of parents of intellectually disabled children the investigator tried to collected information related with socio economic status such as income, occupation, education, parents living status etc. As the study related with minority owned special schools the investigator tried to understand the condition of special institutes giving main emphasis to infrastructural facilities available in the institutes.

As the objectives of the study includes giving suggestions to improve conditions of minority owned special schools and to improve conditions of parents of intellectually disabled children, the investigator made attempt to give the above said particulars. On the whole the investigator attained all the objectives set forth for the study.

This study has focused on relevant issues related socio economic statues of parents of intellectually disabled children of minority owned special schools in Thiruvananthapuram District. Socio economic status of most pf the parents of the said category are very poor as we can say that they cannot able to connect the two ends of life together. The availability of food, hostel facility etc is the main reasons for sending their disabled child to the institutes where they were studying. The parents with low level of educational and economical back ground tend to have more children with such disability because of certain degree of awareness missing from their decision making pattern in their lives. Most of the parents were divorced by their spouse because of the birth of the disabled child.

As far as minority owned special institutes are considered even though the presence of enough number of toilet, availability of drinking water and presence of visiting room are present in the institutes, the special institutes faces lack of vehicle

for transportation, lack of well settled, self owned hostel and lack of availability of funds for smooth functioning of the institutes hinders helping disabled child to provide better and good education.

BIBLIOGRAPHY

1. Adhikari, Tulshi k. Study on knowledge and attitudes of family members towards mentally retarded children. 2009; P 386.
2. Batshaw ML. Children with disbility. 4th edition. USA: Paul H. Brookes publishing company 1997.
3. Baird, G., Simonoff , E., Pickles, A., Chandler, S., Loucas, T., Meldrum, D., & Charman, T. (2006). Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP). Lancet, 368, 210-215.
4. Elsabbagh, M., Divan, G., Koh, Y., Kim, Y. S., Kauchali, S., Marcín, C., . . . Fombonne, E. (2012). Global prevalence of Autism and other Pervasive Developmental Disorders. Autism Research, 5, 160– 179
5. Farheen A, Sanjay Dixit, S b Bansal, Veena Aesikar. Indian Journal for the practicing doctor. 2008; Vol 5: p 130-134.
6. Gathwala. Indian Journal of Community children. 2004; Vol 47: P 55-58.
7. Gorski M Buczkowska. Article Teeth 7 Perodentium status of moderately mentally retarded children and the health awareness of their parents. 2007. p 92-93.
8. http://censusindia.gov.in/
9. http://statsinfoindia.weebly.com/national-sample-survey-officensso.html
10. https://en.wikipedia.org/wiki/Intellectual_disability
11. http://www.svayam.com/pdf/Persons_With_Disabilities_Act_1995%5B1%5D.pdf
12. http://epathshala.nic.in/wp-content/doc/NCF/Pdf/special_ed_final1.pdf
13. http://planningcommission.nic.in/reports/sereport/ser/stdy_ied.pdf
14. http://www.ede.sagepub.com/content/volume30/issue2/
15. http://www3.interscience.wiley.com/journal
16. http://www.lib.umd.edu/drum/bitstream
17. http://www.aifo.it/english/resources/online/apdrj/.../mental-retardation.
18. http://www.informahealthcare.com
19. Kermanshahi. Journal of developmental and physical disabilities. 2004; Vol 15: P. 317- 326.
20. Marshal DT. Families and mental retardation- New directions in professional practice. London: Praeger 1992.
21. Maulik, P. K., Mascarenhas, M. N., Mathers, C. D., Dua, T., & Saxena, S. (2011). Prevalence of intellectual disability: A meta-analysis of population-based studies Research in Developmental Disabilities, 32, 419-436.

22. Mita Majumdar, Yuonne da silva Pereira. Indian journal of Psychiatry. 2004; Vol 47: P 144-147.
23. Nancy Burns, Susan K Grove. Understanding nursing research. 4 edition. Kundli: Sanat publishers; 2007. P. 135-156
24. Narayan. Journal of intellectual disability research. Vol 37. 2008. P. 161-168.
25. Nicholas L. Introduction to psychology. South Africa, UCT Press 2003.
26. Olshansky, S. (1966) Parent responses to a mentally defective child. Ment. Retard., 4, 21-23.
27. Platt S. Measuring the burden of psychiatric illness on the family: an evaluation of some rating scales. Psychol Med 1985; 15 : 385-394. 5. Grad J, Sainsbury P. Mental illness and the family. Lancet 1963; 544-547.
28. Roos, P. (1963) Psychological counseling with parents of retarded children. Ment. Retard., 1, 345-50.
29. Thiyam Kiransingh, Vishal Indla, Ranmasubha Reddy. Indian journal psychological medicine. 2008; Vol 30: P 98-104.
30. Unicef. (2011). The State of the World's Children 2011: Adolescence - An Age of Opportunity. New York: UNICEF.
31. Upadhyay G R, Havalappanavar N. B. Journal of the Indian academy of applied psychology. 2007; Vol 33: P 47-51.
32. World Bank. (2012). World Development Report 2012: Gender Equality and Development. Washington: World Bank.
33. Valerie Leiter, marty Wyngaarden. Journal of disability policy studies. 2004; Vol 15: P 24.
34. Vidhya ravindranadan, Raja S. Journal of Indian acdemy of applied psychology. 2007; Vol 33: P 137-141.
35. Wolfensberger, W. (1969) The origin and nature of our institutional models. In R. B. Kugel & W. Wolfensberger (Eds.), Changing patterns of residential services for the mentally re- tarded. Washington, D.C.: The President's Committee on Men- tal Retardation.

Appendix. I

QUESTIONNAIRE TO PARENTS

I. PARENT CHARECTERISTICS

CHARECTERISTICS	FATHER	MOTHER
NAME		
OCCUPATION		
INCOME		
EDUCATION		

AGE –AT THE TIME OF MARRIAGE(YEARS)		
BORN OF FIRST CHILD AFTER MARRIAGE(YEARS)		

A. Parent living status : Single
Widow /widower
Divorcee
Living together (single or together)

B. Is there any blood relationship between father and mother
YES ( )
NO ( )
IF YES SPECIFY

C. Domicile : Rural
Urban

D. Type of family : Nuclear
Joint

E. Household Size :

F. Number of children :

Is there any person other than the child having retardation?
YES ( )
NO ( )
If yes , relation with the children

II. CHILD DETAILS

A. Name :

B. Age :

C. Birth order : first,
Between
last

D. Education : Pre primary
K.G./Nursery
Primary
Pre Vocational
Above

E. Weight at Birth (kg)

F. Age while Disability Noticed

G. Average expense of your child/month
i. Food :
ii. Dress, accommodation etc :
iii. Medical treatment :
iv. Education :
v. Others :
vi. Total :

H. Mental Retardation Pattern
i. mental retardation alone ( )
ii. mentalretardation with hearing impairment ( )
iii. mental retardation with speech impairment ( )
iv. mental retardation with both speech and hearing impairmen ( )
v. mental retardation with stunting ( )

I. Nature of birth : Normal
Caesarean

J. IQ level : Mild
Moderate
Severe

K. Does the child have a permanent/chronic disease/health problem?
YES ( )
NO ( )

INSTITUTION DETAILS

A. Name of institution :

B. Reason for selecting this school for your child

House Nearby :
Facilities and faculties :
Fees :
Religious factor :
Food :
Hostel :
Transport
Others

C. ARE You satisfied with the school facilities:

YES ( )
NO ( )

IV. **INSTITUTION FACILITIES**

	Not available	Available	If available			
			Highly satisfied	satisfied	Not satisfied	Highly not satisfied
Sheltered work shop						
Temporary boarding care for vacation or emergency						
Leisure time activity						
Home training programme						
Summer camp						
Parent education						
Hostel						
Assessment Centre						
Early Intervention						
Vocational training Centre						
Parent Counseling and training						
Placement						
Clinic with Physiotherapy						
rehabilitation Programme						
PTA meeting and class PTA						
Guidance and Counseling						
Medical Services						
Occupational therapy						
Physical therapy						
speech therapy						
Medical therapy						
Private counseling						
Toilet						
Drinking water						
Visiting room						

Appendix II

QUESTIONNAIRE TO INSTITUTES

I. INSTITUTION DETAILS

A. Name :

B. Ownership

	Ezhava	nair		
Hindu				
Christian	RC	LC		
Muslim	sunni	mujahid		
Parsi				
Sikh				
others				

C. Number of students

	Male	Female	Total
Mental retardation alone			
Mental retardation with hearing impairment			
Mental retardation with speech impairment			
Mental retardation with both speech and hearing impairment			
Mental retardation with stunting			

a. Number of staff

special teachers	
physiotherapist	
counselor	
vocational trainer	
ministerial	
ayah	
others	
Total	

b. Qualification of special teachers (put √)

Sl No.	Name of Teacher	D Ed/B Ed	M Ed	graduate	Post graduate	Diploma	Others

c. : if others give details :

II. FINANCIAL ASSISTANCE

A.

Average monthly expense			
For students	For teachers and other staff	others	**Total**

B. Average income

Grants received from various institution	
Free medical checkup grant	
Others	
TOTAL	

C. Whether the income enough for the smooth running of the institution :

YES ( ) NO ( )

If no how do you fill the gap:

III. INSTITUTIONAL FACILITIES

A. Teacher pupil ratio of the institution

Pre primary :
K.G./Nursery :
Primary :
Pre Vocational :

	Available	Not available
Scholastic aspects		
Occupational therapy		
Physical therapy		
speech therapy		
Medical therapy		
Private counseling		
Early Intervention		
Parent Counseling and training		
Parent education		
Leisure time activity		
Home training programme		
Summer camp		
rehabilitation Programme		
PTA meeting and class PTA		

Guidance and Counseling		
Infrastructural aspects		
Sheltered work shop		
Temporary boarding care for vacation or emergency		
Assessment Centre		
Vocational training Centre		
Toilet		
Drinking water		
Visiting room		
Number of class rooms		
Clinic with Physiotherapy		
Transportation/stay etc		
Transportation facilities		
Hostel		
Vocational attributes		
Placement		
Health attribute		
Medical Services		

IV. Give details of other facilities you like to install in the future:

Facilities	Possible Expense

V. Is there any possibility of becoming the institution aided institution

YES ( )

NO ( )

VI. What are the advantages of becoming the institution aided

VII. What are needed for of becoming the institution aided institution

VIII. Being a minority institution, do you find any difficulties/challenges in working in the present environment: