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## AN EXPLORATION OF THE PROBLEMS FACED BY THE FAMILIES OF THE MENTALLY CHALLENGED CHILDREN IN THE DISTRICT OF VARANASI, INDIA

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### Abstract:

**Objectives:** To study the problems and challenges faced by the families of the mentally challenged children, and how these are co-related, interconnected, and impacted by the social, environmental, and cultural dimensions in the district of Varanasi, India. **Subjects and methods:** The proposed examination was an exploratory, qualitative documentary survey-based study. The body of data analyzed was mustered up from multiple sources, primarily from the family members and parents of the mentally challenged children through convenient and judgmental sampling spread over 6 months, and the contents were analyzed. **Results:** Various fetters and obstacles were observed for the overall development of the mentally challenged children, including challenges faced by their parents and the families. Cultural and social factors and paucity of children-centeredness programs were common. Formation of supportive communities, innovation, and partnership, health and social factors, local governance were found to be of greater importance in causing better development and recovery for the mentally challenged children. Responsive and participatory ways, children and family-centered actions, and multi-level operational methodologies can do wonders in bringing about a fix for the children and the families impacted in the district of Varanasi. **Conclusion:** Problems and challenges faced by the families of the mentally challenged children in the district of Varanasi have wide-ranging economic, social, and cultural effects; which continue for a long period of time in many locations of the district. The nature of most of the problems resembles that in many other parts of the world. The present status and higher vulnerability of these people in the domain of children mental disability suggests the need to improve economic, social, and cultural developmental methods along with focused attention to local community involvement and participation.

**Keywords:** Mental Challenge, Children, Family, Exploration, Disability, Social

### 1. Introduction

(G, Joseph, J Muthee, 2016) Mental retardation is a condition characterized by low general intellectual functioning and deficits in adaptive behavior Ndurumo (1993). The American Association on Mental Retardation definition state that mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. This disability originate before age 10 (Luckasson et al., 2002, p.1). All children are unique individuals and stereotypes or suggestions certain children are a “type” must be avoided. Deborah (1992) notes that, children with intellectual challenges exist in our communities and we should accept the challenges of living and working with them.

Special education has evolved over the years through many stages or ages. Before 17th century, people with disabilities all over the world were considered less socially and physically less capable. Children born with disabilities were not easily accepted and then were regarded as a burden to the family and to the society at large Randiki (2002). For instance, the Greek and Roman societies were highly advanced and civilized, but the treatment of children with disabilities by today’s standard would be considered cruel and barbaric. Serchreenbergs (1983) detailed account of the history of mental retardation reveals that in the city square of Sparta which placed a premium on physical strength and intellectual ability, eugenics and infanticide were common, everyday occurrences. At the same time, it was an era in which fear and superstition ran rampant. People with mental retardation were frequently thought to be filled with Satan



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and were possessed with demonic power, which often led to torture and death for practicing witchcraft. The beginning of the modern period in the history of mental retardation started in the early 19th century.

Jean- Marc Itard (1774- 1838) and Edouard Seguin (1812-1880) attempted at educating learners with intellectual challenges. They established first school for learners with mental retardation in Paris. Later, Seguin established residential facilities in United States of America. Early 20th century witnessed the development of large institutions for learners with mental retardation. However, due to overcrowding and understaffing of personnel, disillusionment, fear and pessimism set in (Morrison and Polloway, 1995).

Inclusion period is the last stage of historical development of special education. The concept of inclusion education enjoys a high profile around the world by virtue of its incorporation into the policy documents of the numerous international organizations, most notably the United Nations. Standards of UN policies such as those embodied in the UN Convention on the Rights of the Child (1989), the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) and the UNESCO (1994) Report on the education of children with disabilities (Salamanca statement) all affirm the right of all children to equal education without discrimination within the mainstream education system. Inclusion means recognizing individual differences thereby enabling them obtain a good quality life in their environment. Inclusion describes the process by which a school attempt to respond to all pupils as individuals by reconsidering its curricula organization and provision (sebba, 1996). (Biswas, 1980). A parent is the primary helper, monitor, co-coordinator, observer and decision maker for the child.

The remainder of the paper is organized in the following manner. The research technique is presented in the "Methodology" section. The conceptual framework is presented in the "Family challenges faced by the family of a mentally retarded child" section. The data source is mentioned in the separate section along with the "Area of study". The discussion is presented in the "discussion" section. The section "Conclusion" comes to an end.

## 2. Definitional understanding

The American Association of Mental Retardation[AAMR] defines "Mental Retardation as a significantly sub average general intellectual functioning resulting in or associated with concurrent impairment in adaptive behavior and manifested during the developmental period" (R. Sreevani 2010). Page (1976) in his book Abnormal Psychology calls mental retardation as Mental deficiency. He writes that mental deficiency is a condition of subnormal mental development, present at birth or early childhood and characterized mainly by limited intelligence and social inadequacy.

## 3. Family a primary to unity bind the individuals

Family is the primary unit where individuals find their self identity and desire to live .The study clearly mentioned that young epileptic people who had negative family relationship also had poor psychosocial functioning in the community, school, vocational and recreational settings. Parents generate some hostility towards the epileptic child, because of the extra care and time required for him/her. Such hostile parental attitude could create anxiety that negatively affects the epileptic child's psychosocial adjustment and causes emotional stress that is instrumental in precipitating seizures. Other parental reactions have included horror, disbelief, guilt, fear, anger, sadness, shock, anxiety, embarrassment, confusion, depression and avoidance. These familial rejections may range from over protection to scapegoating and rejection. Emotional problems and adjustment were the major concern among the epileptics especially in developing country. Evidence suggests that stress or emotional agitation experienced by a person with epilepsy can precipitate the onset or increase the frequency of seizures.

## 4. Social exclusion of mentally challenged

Social isolation and withdrawal are also commonly reported in the psychosocial adjustment of the epileptic person. It has clearly mentioned that hospitalization may also interfere with opportunities for social interaction and



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contribute to social isolation. It has found that people with epilepsy perceived psychosocial adjustment were as severe as perceived by patient having an impairing illness like schizophrenia. In epilepsy, the stigma has been considered to be one of the most important factors that have a negative influence on the people with epilepsy and their family. Several study indicated that Stigma associated with epilepsy has been related to poor psychosocial health outcomes, such as low self-esteem, worry, negative feelings about life, and depression. It has reported that compared to people with other chronic illness, epilepsy affected people tend to keep their illness with them and very rarely discuss about their problem with their familiar persons, e.g, friends, peer-groups and neighborhood and community people (Kumar. P, 2021).

(M, Gohel, S, Mukherjee, S, Choudhary, 2011) A family who has a child with a mental retardation will experience many challenges such as “repeated physical and emotional crisis, interactive family issues, ruined schedules, and additional expenses, which can create financial burdens for a family”. It may be during these times of physical and emotional stress that parents will take out their frustrations on each other, the other children or even the child with the disability or illness. Hodapp and Zigler opined that additional help need to be given to families with mentally retarded children to avoid making families with handicaps into “handicapped families”. It is true that when there is support, the stress m experienced by parents is less. In the studies reviewed here, it is noticed that main support comes from the spouse. Moudgil, Kumar and Sharma noticed that those parents who get maximum social and emotional support from spouse and family members, parents, relatives and friends; experience less stress and problems.

Many children can adapt themselves to the presence of a disabled sibling but that they tend to adopt the attitudes of their parents towards the family situation. Jealousy and resentment may also develop, if the handicapped child requires most of his parent’s attention, leaving short tempers and impatience for the others. Since siblings may feel jealous, embarrassed and naturally left out due to the extent of attention given to the child with the disability or chronic illness. The parents require devotion of more time to mentally retarded child than normal child and this might create bad impact on the siblings.

### 5. Handling of the parents of the mentally challenged

Ordinarily, parents can take either of two courses with respect to their severely mentally retarded child: they can keep the child at home or send him to an institution, usually a state institution. The course they follow depends upon a variety of factors—their own views on parental responsibility, the doctor's opinion, costs of keeping the child at home, the reputation of the institution, possible effects on the retarded child and his siblings, and the opinions of friends, relatives, and neighbors. One of the factors to be considered in determining whether a severely retarded child should be institutionalized is the degree to which he affects adversely the members of the family. The aim of this investigation is to describe various conditions influencing the effect of a severely mentally retarded child on family integration. The conceptual scheme used in guiding the research will be described below. First, the concept of family integration will be discussed and then the process by which the mentally retarded child affects the family will be considered. This process will be described as an arrest in the life-cycle of the family. The process of arrest in the family cycle will be used to explain how such independent variables as age and sex of the retarded child, sex of the normal siblings, social status of the parents, community participation of the parents, and institutionalization of the retarded child affect family integration.

Family integration is regarded as consisting of two factors: the consensus of its members as to domestic values and a lack of role tension in the interpersonal relations between family members. The continued existence of the family as a group depends upon the successful performance of certain tasks such as socialization of parents and children, maintenance of a domicile, and economic activities. Successful performance of these tasks can be viewed as ends or values in family life. These ends are evaluated in decision-making and establishing routines and are ranked by the family members in order of preference. The preference hierarchies describe the potentialities and tendencies of future action of the individuals as family members.



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With the sharpening of differences in social concepts and their implicit norms between families with a retarded child and those without one, the distinction between supportive and no supportive community relations becomes important. Supportive persons in the community would be those who are willing to interact with the family members on the basis of the reoriented definitions of social concepts. Ordinarily, those persons and institutions stressing general values of parental obligation and love for children would reinforce the revised family norms. Religious groups and extended family would tend to support these norms. No supportive persons in the community would be those who interact with families with a retarded child primarily within the framework of the traditional or conventional social concepts. They have not revised their concepts of age and sex norms, play, growth, or the distant future. Involvement in these groups by members of families with retarded children would create doubt and anxiety over the propriety of the revised social concepts. Supportive persons in the community would thus enhance family integration in the adjustment to arrest in the family cycle. Non supportive persons would hinder the family's integration.

The number of mentally retarded children is continuously increasing in the country. They become mentally and physically dependent due to mental retardation. The families of mentally retarded children are forced to live in difficulty because of non-availability of scientific knowledge for the upbringing, care and livelihood of mentally retarded children in the country. The mentally retarded children and their families bear this torture without any fault of theirs. The families are forced to bear the unbearable cost of care and health services for mentally retarded children. Several guardians disown these children considering them as burden on the family and leave them alone on bus stands, railway stations, temples and masjids for begging.

Anti-social elements take advantage of this situation. Several welfare institutions for the mentally retarded children in the country are facing difficulty in keeping them under their protection after their having attained eighteen years of age. They need more protection and support at this point of their age. Therefore, the Government should come forward for welfare of mentally retarded children and take care of their life term livelihood. The provisions of financial assistance to the parents, guardians or caretakers will help them to bring these mentally retarded children in social mainstream and setting up of residential schools will help in addressing their special needs. The Government should take sole responsibility of mentally retarded children and provide protection to them in order to remove their dependence on social institutions in view of their plight. The provision for affording an opportunity to mentally retarded children to live with pride is expected to be made by the Government.

The Varanasi police will soon be in an Avatar of guardians for the mentally challenged children of the district. It sounds surprising but the Varanasi police are all set to take this responsibility as a part of community policing. It will be formally launched by the ADG (law and order) Arun Kumar on Saturday. This initiative is a brainchild of a deputy SP and circle officer Sadar, Rahul Kumar, who got this idea during his past posting in Noida where several parents of mentally challenged children met him with the worries about future of their wards. As per the guidelines of ministry the district magistrate becomes the legal guardian of such child after identification but cent percent identification of those children is proving a difficult task in existing system. To make the program effective the SSP decided that each beat constable will adopt two of the mentally disabled child. These cops will check the condition of beneficiaries and also progress in their health and behavior on weekly basis. The men in khaki are hoping that their initiative will ensure the availability of benefits of government schemes for these children apart from their safety. (The Times of India, 2013).

For an understanding of the behavioural and psychological problems of childhood, it is essential to know the normal patterns of child development. Every person born in this world is not similar to the other, although no two children are alike; there are general similarities in the mental and physical development of all normal children. The attitude of the society towards mentally challenged has changed in the positive direction in this modern world where people are living with increased knowledge, higher education, awareness about the complications in the field of medicine and other technological development. People have become more sympathetic and considerate. There are various Organizations, private Institutions and Government initiatives to take care of the special children with special and utmost care.



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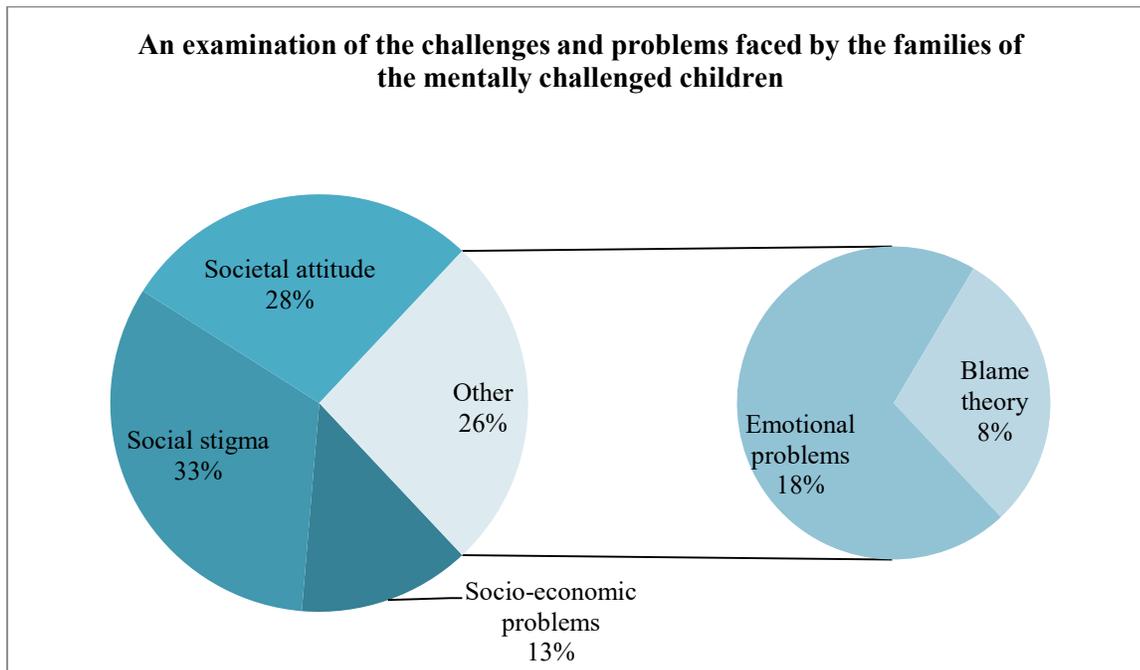
### 6. An examination of the challenges and problems faced by the families of the mentally challenged children

Table: 1

Examined Data	Frequency	Percentage
Socio-economic problems	40	13.33
Social stigma	98	32.66
Societal attitude	84	28
Emotional problems	55	18.33
Blame theory	23	7.66
<b>Total</b>	<b>300</b>	<b>100</b>

Table – 1 shows that almost 40 of respondents (13.33 percent) were found to be mindful of the socio-economic crisis faced by the families of mentally challenged children. Upwards of 55 (18.33%) of those surveyed agree that the existence of social stigma for the families does exist in the region. 84% (28%) of respondents are of the view that societal attitude can bring about categorical development in the children suffering from the mental disorders and can also better the conditions of their families, while 98% (32.66 percent) have a significant degree of mindfulness about the role of emotional problems faced by the families of the mentally challenged children in the society. However, 23 (7.66%) of respondents hold that the blame theory still dominates the social ambience for the disability of the children in the society in various versions.

Therefore, the huge majority of the respondents are estimated to bear collective mind of the socio-economic crisis faced by the families of mentally challenged children 84 ((28 percent), which is quite a significant number and also causes greater possibilities to bring about mass social solidarity and commonality among the people. The number of respondents who are estimated to be of the opinion of social stigma of mental disorder among the children are 98 (32.66 percent); which shows negative sides of making people socially experimental to handle mental disorders among children in the society.





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## 7. Study Area

According to the 2011 census, Varanasi district has a population of 3,676,841, This gives it a ranking of 75th in India (out of a total of 640). The district has a population density of 2,399 inhabitants per square kilometer (6,210/sq mi). Its population growth rate over the decade 2001-2011 was 17.32%. Varanasi has a sex ratio of 909 females for every 1000 males, and a literacy rate of 77.05%. Varanasi is a district in the north Indian state of Uttar Pradesh, with Varanasi city as the district headquarters. It is also called Kashi. According to Hindu and Buddhist mythologies, it is one of the sacred places of pilgrimage for Hindus and Buddhists. It is believed that Lord Shiva along with Parvathi as Vishwanatha and Vishalaakshi reside there to bless devotees. It is surrounded by Mirzapur district, Jaunpur district, Ghazipur district, Chandauli district, and Bhadohi district. The Ganga (Ganges) river flows through the district. It is considered by Hindus to be a sacred and pure river, having the ability to wash away sins when people take a dip in it. Part of the Varanasi division, the district occupies an area of 1,535 square kilometers (593 sq mi) and as of the 2011 Census of India, it had a population of 3,676,841.

## 8. Data Sources

The quantitative and qualitative data gathered is centered on "problems faced by the families of mentally challenged children, social stigma, acceptance, self blame, and linkage with Indian belief and societal system." Rather, data on mentally challenged children, family challenges faced, , socio – economic problems, behavioral problems, social exclusion of mentally challenged children as direct stumbling blocks to the development of mentally challenged children and their families can be found in a plethora of studies, mostly in one or two categories. I used careful description evaluation and contrast to check the authenticity of a variety of quantitative and qualitative documents. Extent analysis, mentally challenged children and families socioeconomic repercussions are among the walking texts of these archival data, which combine dispersed landscape, topography, and socioeconomic dimensions with specific time spans. The information was gathered from a variety of sources, including individual members of various groups, the state health department, parents and family members of mentally challenged children, NGOs, CBOs, community stakeholders, social workers, health workers, and a variety of other people who appeared to be involved in various social, economic, political activities in order to promote betterment and development in society. The second set of facts and figures came from non-governmental groups, community-based organisations, government statistics, public-private partnership data, past studies, research publications, completed projects, and a variety of other secondary sources. In addition to the aforementioned sources, public authority records have survived in great quantities and in a wide diversity.

## 9. Methodology

The exploratory analysis method was employed in this paper. An exploratory examination is a qualitative research method that becomes useful in formulating hypotheses or testing hypotheses, simultaneously keeping the fact in mind that the research has a little knowledge on the subject under investigation, and various theories prevailing around. To begin, I mustered up certain ideas from prior research in the literature and established a candid interpretative definition on the children mentally challenged and their families in the Varanasi district, families socio – economic conditions, social exclusion of the children, and self blame in the families, as well as their effects on the overall enhancement of the children disabled and family development in the Varanasi district. I discuss some of the positives of long term possibilities of development for the mentally challenged children and their families in the Varanasi district, and for the rest of the communities, and thus arriving at both new and valid conclusions.

### Problems Faced By Parents of Mentally Challenged Children

Whether the special needs of the child are minimal or complex, the parents are inevitably affected. They may receive assistance from family, friends and the community or the paid caregivers but it is difficult task of maintaining balance in the home. Parents with special children go through psychological, emotional, spiritual and physical trauma all throughout during their lifetime. There are various problems faced by parents of such special children.



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*Acceptance:* When the parents are informed by the child specialist, doctor or a counselor, they are not ready to accept that the child is special. It is too painful for most parents to accept. Since many of them find it difficult to accept, they live in a phase of denial and try to find solution or cure for this incurable problem by visiting many doctors or sometime they may also go to the black magicians or fortune tellers to find out why it has happened to them or whether they have any solution for the problem. Their dreams and aspiration for their child is shattered once they come to know that they cannot do anything rather they need to accept the fact that their child is a special child.

*Self-blame:* Most of the parents develop guilt and sometime they start thinking whether they have committed any mistake that their child has to suffer. They wonder if God is punishing them for their past sins. Sometime they may also get into depression if they think that their sins are the reason for their child to suffer.

*Social Stigma:* Having mentally retarded or special child in the family is something to be ashamed. Many parents do not go out for any public gathering or celebrations by the family as they fear that the neighbours, relatives and other known people might make cruel remarks about the child or may make them feel more with their sympathies targeting the condition of the child. This sometimes make the parents feel guilty about their past and might feel isolated and without any support from the family, relatives or the community.

*Behaviour Problems:* Special children are unable to concentrate, aggressive in nature and stubborn and parents of such children find it difficult to hand such behaviour problems of the children. Patience can wear thin for parents especially mothers who have to manage both household chores and outside jobs. Children of such intelligence will not know why the parents are angry with his/her behaviour.

*Physical exhaustion and stress:* Physical exhaustion can take a toll on the parents of a mentally retarded child. The child may be needed a close watch to avoid any inadvertent self-harm such as falling down from the stairs or walking on the street. Sometimes the child needs to be monitored closely for bathing, feeding, moving around in the house or around, or even changing of diaper and clothes. This is a difficult task for someone who is overweight and not in a position to handle himself /herself. These additional responsibilities can take a physical toll on a parent, leading to exhaustion. This can be a cause of burnout to the parents.

*Socio –Economic Problems:* Socio economic problem faced by the parents like low social status, stigma, social isolation negligence, lack of facilities, low financial status, lack of social contact, independence. Children with disabilities are often not seen as full citizens of society. They are unfit to do any jobs in the society and so they are considered as burden to the society or useless and unwanted persons in society. These problems bring down the coping ability of the parents. Raising a child with a mentally retarded may be more expensive then raising a typical child. These expenses can arise from medical equipment and supplies, medical care giving expenses, private education tutoring, adaptive learning equipment or specialized transports.

*Marital/Family Problems:* Having a child who is mentally retarded places greater strain on a family. Due to the extra tasks that have to be done to take care of the child, parents feel overworked, stressed out and unhappy. The marital relationship can become strained if the parents have different approaches in dealing with the child or if one parent has to take care of the child all the time. Sometimes the mothers might feel that they are not getting enough support from their husbands in taking care of the child and fathers might feel that the wives are unnecessarily worried and too protective of their child.

*Helplessness:* Helplessness of the parents comes both from a lack of knowledge regarding the retardation and a lack of information about the resources available for mentally retarded. Many parents find it difficult to take care of the child and they are not aware of the assistance by the Government and various NGO's for the welfare of the mentally retarded children. Helplessness also arises from insensitive handling of the case by the mental health professionals who might not have enough time to assistance the families and give them psycho-education.



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*Emotional Problems:* Parents of mentally retarded children face lot of emotional problems like stress, fear of taking care of their children after their death, fear of losing them, fear of the people who make these children victim of abuse sexually or physically. Some of the parents commonly experience a gamut of emotions over the years. They often struggle with guilt and sometimes they may feel that they are reason for their child to be the victim of their selfishness. This guilt can harm the parents' emotional health if it is not dealt properly. Most of the parents have dreams of their child before it is born. They want their child to be a star in the competitive world but when they see the child with disabilities their dreams are shattered and they cannot compromise with the reality. Such parents either become protective of their child or develop a total neglect towards that child.

*Worry about the future:* one of the main concerns of parents with mentally retarded children is about how their child will be taken care of when they die. They feel that no one else can take care of their child with same love and care that they have and they are scared about how their child will be able to manage to survive in the world. Sometimes they try to accumulate the wealth in the name of the child but that does not take the worry they have about the future of the child.

*Unrealistic expectations:* many times, parents of mentally retarded child are dissatisfied with the slow progress their child is making in learning new things like any other normal child. They try to push harder to force the child to learn quicker and try to be on par with other children. However, the child can only learn to the best of his/her ability and not more than that. When parents have unrealistic expectations of what their child can achieve, it leads to disappointment not only for them but also in the child who does not understand what he/she is doing wrong.

*Societal attitude and responses:* Somewhat stereotyped view of mental retardation by the society makes vulnerable in the parents self perception. Parents often feel both misunderstood by the society at large and ashamed of them and so they try to be away from public in order to avoid the humiliation of tag that they have a mentally retarded child. (Kumar, 2021) "Incarnated social facts" with distinctive characteristics, particular and precise manners of acting, behaving, thinking, and organizing social actions, manifestations with troubleshooting, rescue, and life maintaining and promising possibilities and capacities and these incarnated social facts can enable the society to treat mental disability in a healthy way.

## 10. Conclusion:

It can be straightaway concluded that the district of Varanasi has a paucity of economic, cultural, social and political opportunities to combat the problems and challenges faced by the parents and families of the mentally challenged children; together with the right sociological and cultural lower backup mechanism to ameliorate its tempo and flow towards an actual path of improvement, because of the truth the people here lived in isolation for decades and could not take part in nearby making plans, economically and socially hard and touchy places additionally took a big tool and delivered to the pandemonium of the existing muddle, and culturally and economically left in the back of ambience; socially due to the reality the families of the mentally challenged children were not mainstreamed; economically because of the fact they were underprivileged; and politically because of the reality their collective voice changed into unheeded. The findings from this have an observed presenting occasion and effect eventualities with diagnosed risks, complemented via probabilistic chance manipulate techniques as a foundation for the mainstream of the families of the mentally challenged children and their overall growth within the district by really apt utilization of available possible sources to enjoy better health and growth for the children and the families of the mentally challenged children in the district of Varanasi, and purpose higher possibilities.



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## Reference

- Biswas, M. (1980). Mentally retarded and normal children: A comparative study of their family conditions. Sterling Publishers, New Delhi.
- Deborah, D. (1992). Introduction to special education. University of New Mexico.
- G. Joseph, J Muthee, “Role of Parents in the Education of Mentally Retarded Learners in Selected Schools in Madaraka Zone, Kiambu County, Kenya,” *Journal of Education and Practice* 7/3 (2016), pp. 1-4.
- Hodapp R.M & Zigler E. Commentaries on Birenbaum and Cohen. *Mental Retardation*,2, 1993. L. Shetty, S. Menezes, “A study on the problems faced by the parents in handling the mentally challenged children in Mangalore District,” *Global Journal of Interdisciplinary Social Science* 2/1 (2013), pp. 1-4.
- M, Gohel, S, Mukherjee, S, Choudhary, “Psychological impacts on the Parents of mentally retarded children in Anand District,” *healthline* 2/2 (2011), pp. 62-64.
- Morrison,G., & Polloway, E. (1995). *Mental retardation in E. Meyer & T. Skirtic (eds.), Special education and Student disability (4th ed.)* pp. 213-269. Denver: Love.
- Moudgil A.C. Harmesh Kumar & Sushma Sharma. Buffering effect of social emotional support on parents of mentally retarded children. *Indian Journal of Clinical Psychology*, 1985.
- Ndiku, J. M. (2007). The issue of poverty in the provision of quality education in Kenya secondary schools. *Educational research review* vol. 2(7), pp 157- 164.
- Ndurumo, M. (1993). *Eceptional children: Developmental consequences and interventions*.Longman.Kenya.
- P. Kumar, “Psychology aspects of epilepsy: A Brief Overview,” *International Journal of Research in Economics and Social Sciences* 5/7 (2015), pp. 2-7.
- Page, James D. (1976). *Abnormal Psychology*. New Delhi: Tata McGrew – Hill.
- R.Sreevani. (2010). *A Guide to Mental Health and Psychiatric Nursing*. Jaypee Brothers Medical Publishers (P) Ltd: Tata McGrew – Hill.
- S. Kumar, J. Srivastava, “Concretizing social solidarity during the Covid – 19 pandemic: An exploration for Durkheimian mechanical solidarity,” *International Journal of Multidisciplinary Educational Research* 10/7 (2021), pp. 44-47.
- Scheerenberger, R. (1983). *A history of Mental retardation*. Baltimore: Paul H. Brookes.
- Sebba, J. (1996). *Developing inclusive schools*. University of Cambridge Institute of Education, No. 31, pp.3.
- The Mentally Retarded Children (Welfare) Bill, 2616, Bill No. 104 of 2016
- The Times of India (2013). Varanasi police to act as guardians for mentally challenged kids. [https://timesofindia.indiatimes.com/city/varanasi/Varanasi-police-to-act-as-guardians-for-mentally-challenged-kids/articleshow\\_b2/20800522](https://timesofindia.indiatimes.com/city/varanasi/Varanasi-police-to-act-as-guardians-for-mentally-challenged-kids/articleshow_b2/20800522).
- The Times of India 2013 June, The Mentally Retarded Children (Welfare) Bill, 2016.
- United Nations (1989). *Convention on the right of the child*, New York: UN.
- United Nations (1993). *Standard rules on the equalization of opportunities for persons with disabilities*. New York: UN.
- United Nations Educational, Scientific and Cultural Organisation (1994). *The Salamanca Statement and Framework for action on special needs education*, Paris. UNESCO.