



IMPACT OF PARENTAL EDUCATION AND SOCIO ECONOMIC STATUS ON ATTITUDE TOWARDS NUTRITION AND HEALTH OF THEIR MENTALLY RETARDED CHILDREN

DR VISHWANATH V M,

LECTURER,

DEPARTMENT OF HISTORY, P.G.CENTRE, HEMAGANGOTRI,

UNIVERSITY OF MYSORE, HASSAN

Abstract:

The major aim of this research was carried out to evaluate the impact of parental education on attitude towards nutrition and health of their mentally retarded children. The results of the study reveal clearly that parents' educational level and their attitude towards nutrition of mentally retarded children are associated. This study suggests that as the educational level is high the parents are more conscious regarding the nutritional aspects of their mentally retarded children.

Key Words: Parental Education, Socio Economic Status, Mentally Retarded Children

1. Introduction

Education is the most important determinant of socio economic status. Upbringing of children, proper health and hygienic practices are often affected by the level of education of parents. Nutrition has been treated as one of the most important factors underlying health status of Indian children. A big part of health problems of children is due to nutritional deficiencies (Abrol, U. 1979). There is a wide variation in the nutritional status of newborn. Substantial proportion of infants are either with low birth weight or length lower than desirable at birth or both abnormal (Gopalan and Chatterjee 1985).

Mental retardation is a multifaceted problem with medical, psychological, educational and social components. According to American Association of Mental Deficiency "Mental retardation is significantly subaverage general intellectual functional existing concurrently with deficits in adaptive behaviour and manifested during the development period" (Goel and Sen, 1983). In our society the retarded is a symbol of failure. In the society, neighbourhood and family mental retardation may be the core cause or the consequence of social dysfunction (Vohra and Sen, 1989). The problem of mental retardation is a grave one. Health and nutrition of mental retarded children are still ignored by the parents due to negative thinking, feeling of guilt and avoidance. The gravity of the problem can be understood from the fact that in India 2 to 4% of population suffer from mental retardation as revealed from the study of relevant literature (Sharma and Rita, 1999).

In spite of the gravity of the problem presented by the mentally retarded children, very few studies have been done in this field in our country. Investigation on different aspect of mental retardation are greatly needed. Impact of parental education on attitude towards nutrition and health of their mentally retarded child is yet to be properly assessed. The present study was, therefore, planned to evaluate the impact of parental education on attitude towards nutrition and health of their mentally retarded children which were present in the mentally retarded diagnosis, check-up and guidance camp held in Amravati city (M.S.) organised by NIMA Viklang Seva Sanstha Amravati. This organisation is devoted to the welfare of mentally retarded children.

2. Objectives:

- 1) To study the impact of parental education on attitude towards mentally retarded childrens' General Aspects.
- 2) To study the impact of parental education on attitude towards Nutrition of Mentally retarded children.
- 3) To study the impact of parental education on attitude towards the health of mentally retarded children.

3. Research Design:

Research was carried out to evaluate the impact of parental education on attitude towards nutrition and health of their mentally retarded children.

1) Selection of sample

The research investigation was carried out on 100 parents who were present in mentally retarded diagnosis, check-up and guidance camp held in Bangalore.

2) Tools used:

To evaluate the impact of parental education on attitude towards nutrition and health of mentally retarded children the tools used and methodologies adopted were:

- 2.1. Case Studies - Data were collected from secondary sources from the case study files of the mentally retarded children which were prepared by the Medical Experts. The contents of the case study papers were on etiology behind the mental retardation, health, history, growth pattern, family background, educational biodata, parents interpersonal relation and general look and behaviour.
- 2.2. Determination of educational level - Educational level was determined on the basis of the extent of education the parents possessed. Both the parents were given individually assigned scores using the following key.

Post Graduate and above	4
Graduate	3
Higher Secondary	2
Secondary	1
Illiterate	0

The scores obtained by both the parents were totaled and three categories were prepared as High, Medium and Low using standard deviation method which is explained in statistical techniques.

- 2.3. Scoring system - A specially developed scoring system (which was standardized earlier) was used as a tool for the collection of data on the impact of parental education on attitude towards nutrition and health of mentally retarded children.

4. Procedure:

Data were collected from the reports and case papers prepared by the medical experts specially invited in the camp. Age wise prevalence of mental retardation was determined using their case paper files. Their residential area was also noted.

Rapport was established before taking up the project and the aims of the study were made familiar. A scoring system was specially developed for the parents' investigation. The system contained several statements related to the attitude towards nutrition and health of their mentally retarded children. Five point scores were determined as follows and ranks were assigned.

- 1) Disagree
- 2) Strongly disagree
- 3) Undecided
- 4) Agree
- 5) Strongly agree

The above scoring system was introduced and then administered to the parents. They were asked to give their responses accordingly.

5. Statistical Techniques used:

For analysis of data-percentage technique, chi-square tests, coefficient of mean contingency were applied. Agewise distribution and dwelling place of mentally retarded children was done using the percentage technique. The total scores were considered and average of 100 percents (as regard to their scores) were determined. Three classes were made (Low, medium and high) considering the formula.

Above	mean +	1SD =	High
Below	mean —	1SD =	Low
Difference between high and low		=	Medium

Association between educational level and attitude towards nutrition and health of mentally retarded children was tested using X² test. Chi-square test was also used to determine the acceptance of mental retardation by the children's parents. 3 x 3 contingency table were prepared for the calculation of (C) Coefficient of mean contingency.

6. Findings of the Study

Findings are based on the analysis and interpretation of collected data as per the objectives of the study.

The agewise distribution of mentally retarded children is given in Table - 1.

Table - 1

Agewise classification of Mentally Retarded Children

Sl. No.	Age group	% of cases
1	1 -4	12
2	5-10	36
3	11 -15	32
4	16 – 20	16
5	Above 21	4

It was observed that maximum children belonged to the age group of 5-10 years followed by 11-15 years. It was worth nothing that very few (4%) were present belonging to age group 21 and above. Obviously, it seems that parents start neglecting their children when they attain maturity.

Mentally retarded children's locality wise classification is given in Table 2.

Table - 2

Locality wise Classification of Mentally Retarded Children

Sl. No.	Age group	% of cases
1	Urban	36
2	Semi-urban	54
3	Rural	10

Table 2 shows that 54% mentally retarded children are from semi-urban locality, followed by 36% mentally retarded children from urban locality. It might be the impact of wide range spreadup of modern information media and awareness about the welfare of mentally retarded children. Very few mentally retarded children (10%) were from rural locality perhaps due to lack of information, knowledge, negligence about mentally retarded children.

The data presented in Table 3 is on the parental attitude towards Nutrition of their mentally retarded children.

Table – 3: Attitude of Parents towards Nutrition of Mentally Retarded Children

Attitude/ Education level	Low	Medium	High	Total
Low	6	8	10	24
Medium	6	12	18	36
High	12	16	12	40
Total	24	36	40	100

It was observed that the calculated Chi-square value was 18.13 as against the table value 9.488 at 5% level of significance for 4 degrees of freedom. The calculated value is much more than the Table value. Hence, there is an association between educational level and attitude towards nutrition.

The calculated value of χ^2 was substituted in the Pearson's formula for the calculation of co-efficient of mean square contingency (C). The contingency as +0.348 which is moderate and positive.

The results of the statistics reveal clearly that parents' educational level and their attitude towards nutrition of mentally retarded children are associated. This suggests that as the educational level is high the parents are more conscious regarding the nutritional aspects of their mentally retarded children.

This may be due to the fact that the parents of mentally retarded children belonging to high educational level are exposed to more information and hence have more knowledge regarding their children's nutritional needs.

The data presented in Table 4 is on the parental attitude towards Health of their mentally retarded children.

**Table - 4
Attitude of Parents towards Health of Mentally retarded Children**

Attitude/ Education level	Low	Medium	High	Total
Low	6	6	12	24
Medium	8	10	18	36
High	10	20	10	40
Total	24	36	30	100

It was observed that the calculated Chi-square value was 18.647 as against the Table value 9.488 at 5% level of significance for 4 degrees of freedom. The calculated value is much more than the Table value. Hence, there is an association between educational level and attitude of parents towards health.

The calculated value of χ^2 (chi-square) was substituted in the Pearson's formula for the calculation of co-efficient of mean square contingency (C). It was observed that contingency was positive (+0.396).

The results of the statistics indicate that parents' educational level and their attitude towards the health of mentally retarded children are associated. This association is of moderate degree and is positive.

From this study it was clear that the higher educational level parents are more conscious regarding the health aspects of the mentally retarded children. This might be due to their contacts and discussion with high professionals, specialists and other experts in this field.

General attitude of the parents regarding their psychological acceptance of mental retardation of their child is shown in Table 5.

Table – 5: Acceptance of Parents towards Health of Mentally Retarded Children

Attitude/ Education level	Low	Medium	High	Total
Not accepted	6	18	22	46
Some what accepted	8	12	12	32
Fully accepted	10	6	6	22
Total	24	36	40	100

It was observed that the calculated chi-square value was 21.69 as against the table value 9.488 at 5% level of significance for 4 degrees of freedom. The calculated value is much more than the Table value. Hence, there is an association between socio-economic status and acceptance of mentally retarded children by parents.

The calculated value of χ^2 (chi-square) was substituted in the Pearson's formula for the calculation of co-efficient of mean square contingency (c) from the inspection table further calculation the contingency was +9.422.

It is worth noting that this association is moderate. It is a surprise that significantly more high educational level parents do not accept their children as mentally retarded. This non acceptance by high educational level parents might be due to the fact that they have to maintain their status in the society. On the contrary medium and low educational level parents are free and frank in the society and hence accept their children as mentally retarded.

7. Conclusion

Salient conclusion of the study can be drawn as mentioned below. As the age of the mentally retarded children goes beyond maturity the parents become less conscious about their children's welfare.

Semi urban parents are most alert and bring the children for the diagnostic camp followed by urban. Very few rural parents cared to bring their children for the above mentioned camp.

The educational level of the parents and their attitude towards the health and nutrition are positively associated. However, this association is of moderate degree.

Significantly more high educational level parents do not accept their children as mentally retarded, although, they are more conscious of their children's health and nutrition. This finding is quite surprising and unexpected.

Reference

1. Abrol, U. (1979). Some facts of Child Development. NIPCCD. New Delhi.
2. Gopalan, C. and Chatterjee, M. (1989). Man in India. A quarterly Journal of Anthropology Founded.
3. Goel, S.K. and Sen, A.K. (1984). Mental Retardation and Learning National Psychological Corporation, Agra.
4. Sen, A. and Chadha, N. (1989). Research in Psycho-social issue. Akshat Publications Delhi.
5. Sharma, H. and Rita (1999). Journal of Educational Research and Extension, SRKV College of Education, Coimbatore.
6. Vohra, R and Sen. A., 989). Research in Psycho-social issues. Akshat Publication. Delhi.