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Original Research Paper

Paediatrics

ATTITUDES OF PARENTS TOWARDS CHILDREN WITH INTELLECTUAL DISABLED

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ABSTRACT

The aim of the study is 1) To analysis the relationship between attitudes of the parents having children with Intellectual Disability.2) To analysis the relationship between parent child relationship and parent attitude towards on intellectual disabled children, and 3) To assess the level of impact of positive awareness and attitude towards on intellectual disabled children.

Methods- Children diagnosed with Intellectual disability and receiving special educational training, children's age ranged from 5-14 years, and from both genders. The total sample of this study will be 203 boys and girls whom were selected randomly via simple sampling procedure from clientele children who were identified and diagnosed in Shrivastava clinic, Chhindwara Madhya Pradesh. Index group (Intellectual Disabled Children) 56 male, 42 female children with their parents, and Control group 52 male, 53 female children with their parents, and subject were diagnosis and treatment randomly face to face using the psychological assessment and follow-up. The research conducted during November 2016 to July 2018.

Results- The present study shows statistically significant differences in parents attitude towards intellectual disabled children pre-test and post-test at the level of <0.05. study also shows statistically significant differences in all skill behavior domain areas after play therapy, behavior modification, cognitive based special educational training, parenting counselling, training, significant at <0.05 level.

Conclusion- In the present study shows a good parent should possess knowledge about the nature and type of intellectual disability in children. Knowledge will promote better awareness on the concept of children with intellectual disabled and developing positive attitude towards children with Intellectual disability. Better awareness (mental, physical, emotional, social) and right attitude evolve an inner urge to plan special educational programmer to meet the learning requirements of children with intellectual disability. Planning role starts from proper identification and assessment. To deal children with intellectual disability the foremost important competency is to identify and assess the level of intellectual disability in children.

KEYWORDS : Binet kamat test, BASIC-MR, ATDP, counselling and guidance

INTRODUCTION

To a parent, every child is special, but most of the people often say that what they do in their life, what is different and what makes them feel vulnerable negative attitude often influence negative perceptions and choices and negative attitude generate barriers to full participation in society, both external and internal. Most of the Indian parents who had children with intellectual disability and behavior problems and without behavior problems had significantly higher negative attitudes and hostility towards their child, and also found it difficult to accept their child, were not hopeful about their education, future or management of their behavior. Children with intellectual disability experience developmental delay, which may cause obstruction in their conceptual, social, practical and personal life skills (Schalock, Luckasson, Shogren, et al. 2007). Although children with intellectual disability may acquire some skills through parental intervention, the skills acquired may be inadequate to perform functions expected of children of their age. Consequently, a large number of children with intellectual disability have developmental and behavioral challenges, which are major stressors for parents (Floyd & Gallagher, 1997). In the development of a children personality the influence of parental attitudes is a meaningful factor. Parent attitudes constitute the main social influence that the child experiences during their earliest years. Studies have shown that there is an association between parental distress and caring for children with developmental cognitive delays (Cramm & Nieboer, 2011; Khamis, 2011). The distress parents go through caring for children with developmental delays may be linked to the presence of uncompromised behavior in such children.

PARENTS AND THE HOME ENVIRONMENT

The families of children with an intellectual disability utilize social services relatively infrequently (Olsson et al. 2015). Children with an intellectual disability have significant deficiencies in intellectual and adaptive functioning and exhibit an increased incidence of several other disorders or impairments compared with children without intellectual disability. In addition, families with a child having intellectual disability are more frequently of a lower socioeconomic status (Strømme and Magnus 2000; Emerson, Einfeld, and Stancliffe 2010; Olsson et al. 2015). In addition, some of these parents may have an intellectual disability themselves (David et al. 2013). When combined, these difficulties increase the probability that families with a child with an intellectual disability must handle daily situations that differ from those of other families with regard to daily routines, social activities, and coping skills, as well as contact with support services (Granlund and Roll-Pettersson 2001; Webster et al. 2008).

Generally, parents tend to be over-protective. This tends to be even more so when children have an intellectual disability. This over-protectiveness and or fear from the parents or carers are manifested in different ways. Some tasks, such as getting dressed, may look difficult to intellectual disability children in his/her early life, but the same person may overcome this later on in life. However, this situation can be more complicated if the parents and carers take complete control over the person's life. The problem escalates when the intellectual disability becomes passive and adopts an attitude of helplessness, which is in turn generalised in all areas of life. These include the socialisation process, school and education, work and career, and even one's general physical and psychological well-being. Current research has focused on parental dynamics in relation to the presence of a child with intellectual disability. According to one view, the presence of a child with special needs causes a crisis in the family. Most clinical observations show that parents often are portrayed as exhibiting guilt, ambivalence, disappointment, frustration, anger, shame, and sorrow (Schild,1971). Friedrich and Friedrich (1981) studied the differences between parents of mentally handicaped and non-handicapped children. The results indicated that parents of handicapped children reported less satisfactory marriages, less social support, lower physical well-being than parents of nonhandicapped children. Similar to research on parental expectations more generally, family

factors appear to play an important role in understanding differences in parental expectations and academic performance of students with disabilities (Blackorby and Wagner, 1996).

EDUCATION

Unfortunately, children with intellectual disability might be subject to various negative attitudes and barriers within the education system. Like - lack of accessibility and resources provided in mainstream education is already a major obstacle for students with intellectual disability.

Another major challenge is the attitude of peers. Even children could have stereotypical ideas and misconceptions about intellectual disability and these children's. These could be exhibited bluntly such as calling persons with disability names (pagal, half-mind, psycho, mental handicap). It could also be manifested in another form of harassment, many children moving away from the child with intellectual disability or other disability, which is often the result of fear or lack of knowledge. The effect of this may result in feelings of insecurity and having a sense of inadequacy which may lead children with intellectual disability to experience isolation, lack of motivation, and in some cases avoiding and negating school education.

SOCIAL RELATIONSHIPS

The general social still perceives persons with Intellectual disability as different from the normal person. They are still facing the stigma of needing help.

Unfortunately, these Intellectual disability children are still facing lack of access to opportunities and experiences. As a result, they are still blocked from participating in social activities. Different causes of social exclusion include inter alia a sense of loneliness; lack of social network; feeling worthless or useless, and considered as a burden; feeling very unsafe; afraid of institutionalisation; harassment; and bullying. Persons with intellectual disability may also find it difficult to do the kind of things other young people engage in such as shopping, going to the cinema, and outdoor activity.

Intellectually disabled children still face lack of opportunities and negative false perceptions about their capabilities. These factors are leading to discrimination, thus leaving a negative effect on the persons concerned.

EMPLOYMENT

Although there have been a number of legislative measures aimed at helping children with intellectual disability to participate in the labour market, challenges are still continuously being faced because of gaps between policy and practice. In addition, children with disability still find it harder to get a job or rather experience discrimination during their job-search.

In many developing countries, in particular, they are often excluded from school and deprived of opportunities to acquire relevant vocational skills at all, presenting further disadvantages when it comes to seeking jobs. Yet, experience in many countries shows that, with the right training, support in the workplace as required, and the right opportunities, they can make valued contributions in the workplace and to a country's economy. Measures to open employment opportunities for this group of persons with Intellectual disability can build on extensive experience in recent decades in developing new approaches to training and employment.

NEEDS OF THE PARENTS

The presence of a child with Intellectual Disability in the family calls for a lot of adjustment on the part of the parents and the family members (Peshawaria & Menon, 1991). Some families cope better with the situation than others. Research has indicated that approaches that focus on meeting needs of all members of the family are more effective in helping the family to cope with the situation than approaches that focus only on the child with Intellectual Disability.

In the present study the needs of the parents refers to the needs related to the condition of the child, needs related to the management of the children, needs related to the facilitation of interaction, services, educational, vocational, emotional and social needs, physical supports, financial support, family relationship, future planning and needs related to government benefits and legislation of the parents having children with Intellectual Disability.

AIM OF THE STUDY

- The aim of the study is to analysis the relationship between attitudes of the parents having children with Intellectual Disability.
- To analysis the relationship between parent child relationship and parent attitude towards on intellectual disabled children.
- To assess the level of impact of positive awareness and attitude towards on intellectual disabled children.

MATERIALS AND METHODS

The present research was purposed to examine the effects of positive attitude towards intellectual disabled children, and other behavioural problem in 5-14 years old male and female children.

The total sample of this study will be 203 boys and girls whom were selected randomly via simple sampling procedure from clientele children who were identified and diagnosed in Shrivastava clinic, 437 south civil lines Chhindwara Madhya Pradesh INDIA. Index group (Intellectual Disabled Children) 56 male, 42 female children with their parents, and Control group 52 male, 53 female children with their parents. The research conducted during November 2016 to July 2018.

2. SUBJECTS AND METHODS

Study design

Cross sectional study and Quasi experimental study design was utilized

Inclusion criteria - Children diagnosed with Intellectual disability and receiving special educational training, children's age ranged from 5-14 years, from both genders.

Exclusion criteria- Children with Intellectual disability (e.g., cerebral palsy, Developmental delayed and Intellectual disability), and children having a history of epilepsy.

TOOL USES

1) Binet Kamath Test for General Mental Health (BKT)- Indian Adaptation,

2) BASIC-MR- A checklist developed by National Institute for the Mentally Handicapped – Behavioural assessment scales for Indian children with Mental retardation (BASIC-MR)- Reeta Peshawaria & S. Venkatesan .

Areas Studies:

Part A- Skill Behaviours	Part B Behaviours
• Motor	• Violent and Destructive Behaviours
• Activities of Daily living	• Temper Tantrums
• Language	• Misbehaviour with others
• Reading –Writing	• Self- Injurious Behaviours
• Number-Time	• Repetitive Behaviours
• Domestic – Social	• ODD Behaviours

• Pre- Vocational Money	• Hyper-active Behaviours
	• Rebellious Behaviours

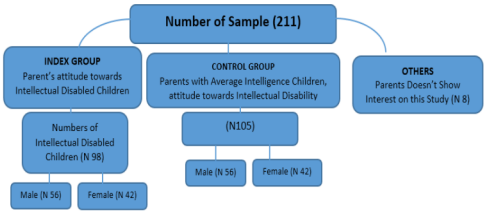
3) The Measurement of Attitudes towards Disabled Person- (ATDP) by Harold E. Yuker, J. R. Block, Janet H. Younng .The test contains items to which the subject responds by indicating the extent of his/her agreement or disagreement to each according to the following scale:

+3I agree very much
+2 I agree pretty much
+1 I agree a little
-1 I disagree a little
-2 I disagree pretty much
-3 I disagree very much

PROCEDURE OF DATA COLLECTION

For collection of data from Shrivastava clinic, 437 south civil lines Chhindwara Madhya Pradesh (INDIA). was chosen. By keeping age and gender requirements in mind the subjects were selected more than the required then the test of The Measurement of Attitudes towards Disabled Person- (ATDP), who referred by doctors for Intelligence test , Rehabilitation training , poor parenting, and scholastic backwardness, N 211 Two Hundred and eleven subjects have been selected randomly with their parents, Eight subjects parent doesn't show interest. Which consists 203 school going students (boys 108 and 95 Girls). See figure no.1.

FIGURE NO. 1 -FLOWCHART OF INDEX AND CONTROL GROUP



First of all, checklist of trails was administered on the subjects to get their original viewpoint. The subjects were randomly selected sample in Shrivastava clinic, 437 south civil lines Chhindwara Madhya Pradesh (INDIA). Intelligence Assessment (Binet Kamat Test), BASIC-MR and parents attitude assessment, counselling and guidance, each subjects took about 1-2 hrs. to respond on the entire above tools and counselling/guidance per subject. Assessment tools were administered on parents and children with intellectual disability at a time. The instructions were given to the participants "please carefully go through the instruction before proceeding with the scales, and there is no right or wrong response for the items. Your responses would be kept confidential". If they had any problems to understand the clarifications were given. A period of one year eight months was devoted for the data collection. The instructions were provided on the first page of the scale booklets which are self-explanatory. Scoring was done according to the instructions given in the manual.

DATA ANALYSIS

The obtained data was statistically analyzed by applying descriptive (Mean, Standard Deviation, t-value) of significance of mean differences in term of various variable. We have entered all data and further Statistical Analysis was done with the help of IBM- SPSS-25 software.

RESULTS

Table 1 summarizes the characteristics of study participants. The majority (92%) of the parents and caregivers were females. In terms of marital status, 96% were married while the remaining was single parent 4%. With respect to the relationship of the caregiver to the child, 98% were the biological parents of the children while 2% were not. The parent educational of the participants was primary education 12%, SSC/ HSC 26%, Graduate 41%, Post graduate 16%, and others 5%. Occupation most of the parents are doing services 26%, Self-employed 34%, 23% parents are doing agriculture work and 17% was employed in other sectors. Parents having nuclear family are 59% and parents having joint family are 41%.However, Social economic status, low SES 17%, medium SES 77% and high SES 6%. Family history of mental illness around 11% said yes, and 89% said no. Around 59% parents are living in urban area and 41% parents living in rural area. See table no. 1

TABLE NO.1: DISTRIBUTION OF THE FAMILIES OF STUDIED INDEX GROUP (CHILDREN WITH INTELLECTUAL DISABILITY) AND CONTROL GROUP (NORMAL INTELLIGENCE) TO THEIR SOCIO-DEMOGRAPHIC CHARACTERISTICS.

VARIABLE	INDEX GROUP	CONTROL GROUP	TOTAL
	N 98	N 105	N 203
GENDER			
Male	56 (57%)	52 (50%)	108 (53%)
Female	42 (43%)	53 (50%)	95 (47%)
AGE GROUP			
5-7	22 (22%)	28 (27%)	50 (25%)
8-10	26 (27%)	25 (24%)	51 (25%)
11-13	31 (32%)	42 (40%)	73 (36%)
14 and above	19 (19%)	10 (10%)	29 (14%)
PARENTS EDUCATION LEVEL			
Primary Education	15 (15%)	9 (9%)	24 (12%)
SSC/HSC	20 (20%)	32 (30%)	52 (26%)
Graduate	39 (40%)	45 (43%)	84 (41%)
Post Graduate	18 (18%)	15 (14%)	33 (16%)
Other	6 (6%)	4 (4%)	10 (5%)
MARITAL STATUS			
Married	90 (92%)	104 (99%)	194 (96%)
Single parent	8 (8%)	1 (1%)	9 (4%)
PARENTS OCCUPATION			
Service	27 (28%)	25 (24%)	52 (26%)
Self-Employed	32 (33%)	38 (36%)	70 (34%)
Agriculture	21 (21%)	25 (24%)	46 (23%)
Other	18 (18%)	17 (16%)	35 (17%)
FAMILY TYPE			
Nuclear	56 (57%)	64 (61%)	120 (59%)
Joint	42 (43%)	41 (39%)	83 (41%)
SOCIAL ECONOMIC CONDITION			
Low	22 (22%)	13 (12%)	35 (17%)
Med	74 (76%)	82 (78%)	156 (77%)
High	2 (2%)	10 (10%)	12 (6%)
FAMILY HISTORY OF MENTAL ILLNESS			
Yes	15 (15%)	7 (7%)	22 (11%)
No	83 (85%)	98 (93%)	181 (89%)
AREAS			
Urban	60 (61%)	59 (56%)	119 (59%)
Rural	38 (39%)	46 (44%)	84 (41%)

Table no.2 indicates the mean scores with respect to parent's attitude towards intellectual disabled children and parents with average intelligence child attitude towards Intellectual disabled children. Present study shows that the mean scores of parent's attitude towards intellectual disabled children (7.734) and mean

score of average intelligence child attitude towards Intellectual disabled children (7.9081). The standard deviation of parents with intellectual disabled children is 8.1350 and average intelligence children parents attitude towards Intellectual disabled children is 5.7956. The calculated t – test value is -.481, which is equal than the table value and not significant at (p> 0.05). Both group shows positive attitude towards children with Intellectual disabled.

TABLE NO.2: PAIRED SAMPLES STATISTICS OF PARENTS ATTITUDE TOWARDS INTELLECTUAL DISABLED CHILDREN INDEX GROUP AND CONTROL GROUP

Variable	Parents Attitude towards Intellectual Disabled Children		Parents with Average Intelligence child Attitude towards Intellectual Disabled Children		95% Confidence Interval of the Difference				
Attitude towards Intellectual Disabled Children	Index Group		Control Group						
	Mean	Std. Deviation	Mean	Std. Deviation	Lower	Upper	t	df	Sig. (2-tailed)
	7.734	8.1350	7.9081	5.7956	-.889	.542	-.481	97	0.631

This indicates that there is no significant difference between both groups. The study suggested that both group are showed positive attitude towards intellectual disabled children. Index group around (49%) parents with intellectual disabled children showed negative attitude, and (51%) showed positive attitude, and control group (41%) parents with average intelligence child showed negative attitude towards intellectual disabled child, and (59%) showed positive attitude. See table no. 3

TABLE NO.3: COMPARISON OF SCORE OF ATTITUDE TOWARDS INTELLECTUAL DISABLED CHILDREN IN DIFFERENT INTELLIGENCE RANGE

Variable		Profound		Severe		Moderate		Mild	
		Below 20		20-34		35-49		50-69	
	Boys	2		18		14		22	
	Girls	1		10		20		11	
Parents Attitude									
Negative		1		17		12		18	
Positive		2		11		22		15	
Age Group		Male	Female	Male	Female	Male	Female	Male	Female
5-7Years		1	0	6	2	5	1	4	3
8- 10 Years		0	1	3	2	3	8	7	2
11-13 Years		1	0	4	4	0	9	8	5
14-16 Years		0	0	5	2	6	2	3	1

Table-4 shows that the inter correlation between family needs and parental attitude is high. There is a significant positive relationship between parental attitude and needs of the parents having children with Intellectual Disability. The present study found that, the high positive attitude and needs of parents having children with Intellectual Disability. Present study also found that parents having medium positive attitude towards their children with profound and severe Intellectual Disability. Parental needs like; knowing about the child, getting information on dealing with the emotions of the child, training for the discipline which is acceptable by the society, services, and government benefits. The findings further revealed that parents having high positive attitude towards the children with mild or moderate Intellectual Disability expressed needs like; training the children in activities of daily living, education, planning their child's future and understanding their child's legal rights. The main finding of the study showed that there is a significant relationship between parental attitude and needs of the parents. Parents having children with Intellectual Disability also having positive attitude then their needs will be more. There are few studies which are supporting and/or contradictory to present findings. The parents are the first and most important teachers for children, as they play the role of teaching during interaction with children (Lin, 1996)

TABLE NO. 4- PAIRED SAMPLES STATISTICS OF PARENTS ATTITUDE TOWARDS INTELLECTUAL DISABLED CHILDREN PRE TEST AND POST TEST Paired Samples Statistics

Paired Samples Statistics					
	Mean	N	Std. Deviation	Std. Error Mean	
Parents Attitude towards Intellectual Disabled Children	Pre Test	78.414	98	23.49624	2.37347933
	Post Test	89.50	98	20.002	2.020

Paired Samples Test									
Paired Differences							t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Parents Attitude towards Intellectual Disabled Children	Pre-Post Test	-11.085	15.6520	1.581100	-14.223760	-7.947667	-7.011	97	.000

In the present study shows that parent's positive attitude is so important for intellectual disability children's life , and the parents attitude impact on child physical and mental growth , children's can independently make any action within this skills and the following small step to which a child should be trained. The development of skills like- motor coordination, daily living, language development, reading –writing, number –time, social pre-vocational money ,and behaviour . Current study shows after training and develop positive attitude towards intellectual disabled children for parents, study shows numbers of changes in skills development and behavior. In motor development Pretest mean (2.03), and posttest (6.77)and t-value is -14.145, significant at 0.05 level, Activity of daily living Pretest mean (9.56) ,and posttest (9.40) and t-value is 0.229, not significant at 0.05 level, Language Pretest mean (3.62), and posttest (5.83) and t-value is -7.024, significant at 0.05 level, on reading and writing Pretest mean (3.61), and posttest (7.462)and t-value is -6.799, significant at 0.05 level, Number and time Pretest mean (3.961), and posttest (10.64) and t-value is -9.357, significant at 0.05 level, Domestic –social Pretest mean (4.60), and posttest (7.257) and t-value is -4.658, significant at 0.05 level, and Pre-vocational money concept Pretest mean (4.8551), and posttest (10.055) and t-value is -10.472, significant at 0.05 level. The influence of attachment appears to extend beyond the mother–child relationship. Researchers from many developmental perspectives agree that affective events during childhood, particularly within child–caretaker relationships, strongly influence the nature and the quality of an individual's adulthood relationships (Bowlby 1979; Maccoby 1980; Main et al. 1985; Collins & Read 1990).See table no. 5

TABLE NO. 5- PAIRED SAMPLES STATISTICS OF INTELLECTUAL

DISABLED CHILDREN REGARDING THEIR SKILL BEHAVIOR, AS REPORTED BY THEIR PARENTS PRE & POST TEST AFTER SPECIAL EDUCATION, GUIDANCE THERAPY.

Paired Samples Statistics					
	Mean	N	Std.	Std. Error Mean	
Motor	Pre Test	2.07	98	1.581	.160
	Post Test	6.77	98	3.062	.309
Activities of Daily living	Pre Test	9.56	98	3.850	.389
	Post Test	9.401	98	5.7425	.5801
Language	Pre Test	3.629	98	1.8960	.1925
	Post Test	5.835	98	2.20624	.224010
Reading-writing	Pre Test	3.6102	98	2.5320	.25577
	Post Test	7.462	98	4.7804	.4829
Numbers-Time	Pre Test	3.961	98	1.9058	.19251
	Post Test	10.6428	98	6.8311	.690046
Domestic-Social	Pre Test	4.6020	98	2.6721	.26992
	Post Test	7.257	98	4.6650	.4712
Pre Vocational Money	Pre Test	4.8551	98	1.4158	.14302
	Post Test	10.055	98	4.59948	.464618

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Motor	Pre-Post Test	-4.694	3.285	.332	-5.352	-4.035	-14.145	97	.000
Activities of Daily living	Pre-Post Test	.1602	7.0672	.7139	-1.2567	1.5771	.224	97	.823
Language	Pre-Post Test	-2.2061	3.09346	.314094	-2.829657	-1.58271	-7.024	96	.000
Reading-writing	Pre-Post Test	-3.8520	5.6085	.566553	-4.976492	-2.72758	-6.799	97	.000
Numbers-Time	Pre-Post Test	-6.6816	7.06876	.714053	-8.098831	-5.26443	-9.357	97	.000
Domestic-Social	Pre-Post Test	-2.655	5.64326	.570055	-3.786 50	-1.523699	-4.658	97	.000
Pre Vocational Money	Pre-Post Test	-5.2000	4.9155	.496543	-6.185 50	-4.21449	-10.472	97	.000

DISCUSSION-

The aim of the current study was to assess parental attitudes towards their children with Intellectual disability. The results clearly showed differences in parental perceptions related to the gender of these children. Present study shows parents feeling- anxiety, guilt, insecurity, emotional instability, self-pity and hopelessness. In a study by V. Ravindranadan and Raju, S. (2007) mentioned that some parents may still feel ashamed of their wards with retardation and consider them as a burden. Other study researchers tried to seek the parental attitude of traditional Hindu family towards their mentally retarded child and found that – that most parents accepted their retarded child with philosophical attitude (Kamath 1951). Vidhya Ravindranadan and Raju,S (2007) study indicated that parents have a negative attitude towards their children with mental retardation.

Every parent dreams about their child being 'perfect' in all respected domains. When the child in the range of Intellectual disability, the disappointed parents develop negative attitudes towards the children. Some of them become over-protective and fail to make realistic demands on the children. The family needs psycho-educational inputs and help in identifying the child's strong points. In present study shows many children's with intellectual disabled are average in various creative activities, such as music, dance, drama, sports, drawing, painting, etc.

In this regard, clinical psychologist, social worker, special educators, pediatrics, and parents should have a better understanding of children's abilities and mental health. Professionals need to sensitise parents and school teachers, so that the children's self-esteem and coping strategy could be enhanced. Before they can be actively involved in rehabilitation programmers, professionals need to know how well the parents understand their child's mental, physical, emotional, and social growth. If parents' concerns are carefully assessed and interpreted, mental health professionals can make appropriate decisions as to how each family can be help, based on their identified needs.

Mental health professionals while working with families should strengthen the social network and support systems, which would help them overcome the stress and negative attitude towards their children with Intellectual disability. Research has found a strong association between supportive social networks (School, Neighbors, teachers, peer group, other family members) and the most important parents positive attitude towards Intellectual disabled children.

It is found that most parents generally lack opportunities to share their experiences and gain support from friends and even extended family members. Many health professionals like clinical psychologist, social worker, special educators, and pediatrics, such network support groups have helped parents in gaining confidence, improving self-esteem and assertiveness, training and guidance for developed skills and enhancing feelings of control. Training and guidance will helps parents to improved confidence and sense of well-being engendered by an increased sense of self-worth, may positively affect parenting attitude and bring attitudinal changes towards children with Intellectual disability. Supportive study of Anna Karin Axeslsson , (2014) showed that Children and adolescents with PIMD are dependent on support obtained through their environment. The identified strategies, individually adapted through awareness and knowledge by the parents and the personal assistants, provide important evidence to assist our understanding in gaining understanding about how to improve participation in family activities of children and adolescents with profound intellectual and multiple disabilities (PIMD).

However, there is currently little direct or indirect evidence to demonstrate that increased self- esteem, self-acceptation, confidence or more extensive social have a positive effect on the parenting of children with intellectual disability; and positive attitude influence parents to do better work on children and present study shows numbers of positive changes in skills development . Children with disabilities can have the opportunity to engage in social interaction more frequently and thereby be positively influenced in developing their social skills (Wendt, 1999). This is especially true for the development of communication skills (Fisher & Meyer, 2002). Axelsson and Wilder (2013) studied the frequency of occurrence of family activities (which are opportunities for participation) and child presence in these activities. The study revealed that there is a significant relationship between parent's positive attitude towards intellectual disability children and skill development.

CONCLUSION-

In the present study shows a good parent should possess knowledge about the nature and type of intellectual disability in children. Knowledge will promote better awareness on the concept of children with intellectual disabled and developing positive attitude towards children with Intellectual disability. Better awareness (mental, physical, emotional, social) and right attitude evolve an inner urge to plan special educational programmer to meet the learning requirements of children with intellectual

disability. Planning role starts from proper identification and assessment. To deal children with intellectual disability the foremost important competency is to identify and assess the level of intellectual disability in children.

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LIMITATIONS

The study was conducted with a small sample and it was a time-bound study. Due to this, the researchers have focused on parents attitude towards children with Intellectual disability who came for consultation during the study period. Hence, the generalization of the findings has limited application. However, it has the implication that working with parents can bring about a change in attitude towards their children with Intellectual disability.

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