

A Study on the Challenges Faced by Parents of Differently Abled Children in West Bengal

Dr. Sucheta Paul, Assistant Professor, Department of Social Work, St Xavier's University, Kolkata

Ms. Sreya Paul, Student, Semester IV, Department of Social Work, St Xavier's University, Kolkata.

Abstract

Special needs parenting refers to the specific approach and strategies that parents apply to support and care for a child who is differently abled. These children face physical, emotional or learning difficulties that require tailored accommodations, therapies and educational plans. Parents face unique challenges in providing for the needs of such children. Parenting children with special needs often requires additional skills, education, resources (material and non-material) and support (from one and all) to effectively cater to the specific needs of the child. Government support, empathy and understanding from social institutions can help in the development of an inclusive society. The objectives of the current study were to understand the psycho-social, economic and treatment related challenges faced by parents of differently abled children of West Bengal. Social exclusion, poor treatment facilities, financial difficulties, inaccessible transportation facilities, lack of awareness about government schemes and programmes, concern about the future of the child and his/her lifelong dependency were some of the challenges faced by the respondents. Working mothers faced difficulties in continuing with their jobs while fathers lost wages and declined promotions. Proper implementation and revision of existing policies and programmes, awareness generation about government benefits, availability of diagnostic, treatment and rehabilitation services within easy reach were identified as needs by the respondents.

Keywords: Differently abled children, Parents, Challenges

Introduction

Raising a child is a transformative experience, one filled with joy, challenges and responsibilities. However, for parents who have children with disabilities, challenges are significantly amplified. Disabilities affect a child's ability to perform everyday tasks or interaction with their environment. **Vaghela and Bodla (2024)** found that rural parents in India struggled with limited availability of specialized services, delayed diagnosis and a lack of awareness, leading to difficulties in securing early intervention for their children. In contrast urban parents had better access to resources but faced financial constraints as specialised services were often expensive. Social stigma and isolation further exacerbated their challenges. Despite government assistance the financial burden was a concern. **Antwi (2023)** mentions that parents faced limited employment opportunities due to demands of caring for their disabled children, further compounding their economic strain. Family support, spirituality, and personal resilience helped parents to navigate their challenges. **Kumar and Singh (2023)** found immense caregiving burden and stress faced by mothers raising differently-able children. **Balbo and Bolano (2023)** revealed that mothers bore the primary care-giving burden and experienced a greater decline in health compared to fathers. The study highlighted that child disability is an overlooked source of health disadvantage for parents. **Kapoor and Pradhan (2022)** found that parents often lacked awareness about ASD before their child's diagnosis, leading to delays in seeking treatment. Parents, especially mothers, faced immense emotional and financial burden due to full time care needs of the child. Many mothers had to leave their jobs to focus on caregiving, which led to increased stress and financial strain for the families. Parents sought social support, modified lifestyles and joined parents' groups for support. **Bashir et al., (2022)**, found that mothers faced role overload while managing multiple roles as caregivers and financial providers. Societal judgement and cultural norms further isolated them. Mothers relied on their families, friends, religion and personal resilience for coping. **Francina et al., (2018)** found that parents especially mothers, reported the primary care giving burden, which affected their emotional and physical well-being. Emotional support from family and society was largely absent causing burnout of the caregivers. The parents expressed their concern about their child's future. **Padmashree (2018)** revealed professional sacrifices, emotional stress, time management and societal pressure were some of the challenges faced by parents of differently abled children. According to **George (2017)**, feeling of guilt, inadequacy and depression were common among parents of special children. Some

parents reported difficulty in taking their children to social functions. While some parents exhibited resilience and acceptance, others continued to grapple with societal and familial pressures. Financial burdens aroused due to specialized education and therapy, with institutions charging high fees added to parental stress.

Methodology:

The objectives of the study were-

- To understand the psycho-social challenges faced by the respondents.
- To understand the challenges relating to the treatment of the child by the respondents.
- To understand financial challenges faced by the respondents.
- To understand the sources of support of the respondents.

The presence of a child with disability in a family presents unique set of challenges that profoundly affect the lives of parents. Despite growing societal awareness of disability rights, inclusivity and sensitivity, parents face multiple challenges in raising special children. Understanding parental challenges may help policy makers plan support systems for supporting and empowering them. The rationale of the study lies in amplifying the voices of these parents. The researchers purposively selected three Non-Governmental Organisations working with the differently abled in South Kolkata, Uluberia and Joka of West Bengal. The researchers have used purposive sampling and snowball sampling methods for selection of respondents. Purposive sampling has helped to select participants with differently abled children and snowball sampling has helped to reach out to more respondent. The total number of respondents were 40. Children between 7 and 18 years were included in the study. The primary data was collected through semi-structured interview schedules. The secondary data was collected from journals, websites and existing research papers. The researchers have adopted a mixed method for the study. The researchers faced certain limitations while conducting the study. Most organisations working with differently abled children were unwilling to share beneficiary details with the researchers. Those who co-operated did so after multiple requests. Many parents refused to be interviewed. Talking about emotional issues, sharing personal issues were difficult for the respondents.

Findings

Table 1: Demographic Details of the Respondents

Variables	Mothers	Fathers	Total Frequency	Percentage
Age in years				
31-40	17	8	25	62.5
41-50	4	8	12	30
51-60	1	2	3	7.5
Education				
No formal education	2	1	3	7.5
Primary education	3	4	7	17.5
Secondary education	0	0	0	0
Higher Secondary Education	1	4	5	12.5
Graduation	10	4	14	35
Post Graduation	6	5	11	27.5
Marital status				
Still married	21	18	39	98
Divorced	1	-	1	2
Occupation of the respondents				
School teacher	9	2	11	27.5
Home maker	5	-	5	25
Tailor	4	-	4	10
Beautician	1	-	1	2.5
Agricultural worker	2	3	5	25
Factory worker	1	3	4	10
Electric shop owner	-	2	2	5
Business	-	1	1	2.5
Service	-	7	7	17.5
Income of the respondents				
No income	4	-	4	10
Income below Rs 10,000	8	-	8	15
!0,001-20,000	5	8	13	32.5
20,001-30,000	3	6	9	22.5
30,000 and above	2	4	6	15

Table 1 shows the demographic details of the respondents. All respondents of the study were above the age of 30 years. 92.5% were below the age of 50 and 7.5% were above the age of 50. Ageing was a foreseeable challenge for those above 50 years of age. They would gradually develop physical /emotional difficulties themselves adding to their existing set of challenges. It is important that some support services (residential institutions /respite care services/ ayaya canters who would provide care givers) are designed for them and their children. 7.5% respondents did not have formal education and 17.5% had only primary education. Lacking in education and exposure such respondents would face additional difficulties raising special children, One (2%) respondent- a mother, was divorced. Her challenges of raising a special child would be immense. The occupational details shows that some respondents (mothers) were unemployed and others were into different kinds of jobs. Most of the respondents worked in the unorganised sector. Unorganised workers would not have retirement benefits and the financial burden of having a differently able child would be immense for them. The income of some parents were below Rs !0,000. Such families would find it difficult to run household expenses and then meet the needs of their special child.

Table 2 Details of the Children of the Respondents

Variables	Frequency	Percentage
Age in years		
7-10	20	50
11-14	15	37.5
15-18	05	12.5
Gender		
Male	25	62.5
Female	15	37.5
Types of disability		
Autism Specturm Disorder	10	25
Cerebral Palsy(CP)	4	10
Loco motor Disability	2	5
Visual Impairment	4	10
Hearing Impairment	4	10
Spinal Bifida	1	2.5
Learning Disability (LD)	4	10
Intellectual Disability (ID)	9	22.5
Multiple Disability	2	5
Type of School Enrolled in		
Special School	29	72.5
Mainstream Private School	6	15
Mainstream Government School	5	12.5

Table 2 shows that 62.5% of the children were boys and 37.5% were girls. The data may imply that respondents with male children took more initiative in seeking treatment than those with girl children. The children of the respondents suffered from different types of disabilities.72.5% children went to special schools, 15% went to mainstream private schools and 12.5% of the children went to mainstream government school.

Table 3: Special Needs of the Children of the Respondents

Special Needs	Frequency	Percentage
Special Education and Educators	40	100
Different Therapies	10	25
Activity Classes	10	25
Medicines	7	17.5
Regular Doctor Consultation	6	15
Assistive Devices	7	17.5

The needs of the children as shared by the respondents were special education and educators (100%), different therapies (25%), activity classes (25%), medicines (17.5%), regular doctor consultations (15%) and assistive devices (17.5).

Table 4: Psycho-Social Challenges Faced by the Respondents

Initial response to the child’s disability	Mothers	Fathers	Frequency	Percentage
Felt very sad	10	1	11	27.5
Felt guilty and hopeless	4	0	4	10
State of confusion	0	7	7	17.5
Felt worried and stressed	2	0	2	12.5
Felt completely shattered	2	1	3	7.5
Lack of acceptance	2	0	2	2.5
Feeling of frustration	0	7	7	17.5
Frequency of emotional stress in care giving				
Often	20	11	31	77.5
Sometimes	2	6	8	20
Rarely	0	1	1	2.5
Emotional challenges faced by the respondents				
Frustration	6	0	6	15
Constantly worried	2	1	3	7.5
Emotionally drained	3	0	3	7.5
Overthinking about child’s future	5	0	5	12.5
Constant pressure and anxiety	0	10	10	25
A state of continuous sadness	2	0	2	5
Social stigma/isolation/discrimination faced by the respondents				
Often	15	10	25	62.5
Sometimes	7	6	13	32.5
Rarely	0	2	2	5
Ways adopted to manage stress				
Took professional help	2	2	4	10
Studied about child’s condition	3	1	4	10

The table above shows the psycho-social challenges faced by the respondents. Parents experienced mixed emotions when they learnt about the medical condition of their child. 27.5% experienced sadness. There was confusion (17.5%), feeling of frustration (17.5%), worries and stress (12.5%) guilt and hopelessness (10%), feeling of being shattered (7.5%) and lack of acceptance (2.5%) regarding the disability of the child. 77.5% of the respondents said that they were emotionally stressed due to care giving. Some emotional challenges experienced regularly by the respondent were frustration (15%), constant worry (7.5%), a state of continuous sadness (5%), emotional draining (7.5%), overthinking (12.5%) about the child’s future and constant pressure and anxiety (25%). Most of the respondents (62.5%) faced social stigma, 32.5% experienced it sometimes and 5% rarely faced it. However, despite problems only 10% respondents reported seeking professional help and another 10% did self-study to understand their child’s condition.

Table No 5. Perpetrators of Social Stigma

Perpetrators	Mothers	Fathers	Frequency	Percentage
Neighbours	4	4	8	20
Family members including parents and in-laws	9	6	15	22.5

School teachers	3	3	6	15
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Respondents-being parents of differently abled children faced stigma both at home and outside. Parents (of the respondents) and family members (22.5%) at home, neighbours (20%) and schoolteachers (15%) were the perpetrators of social stigma.

Table No-6.: Source of Information regarding Treatment

Variables	Mothers	Fathers	Frequency	Percentage
Source of information regarding treatment facilities				
Paediatrician	15	12	27	67.5
Obstetrician	4	3	7	17.5
ASHA workers	2	2	4	10
NGOs	1	1	2	5

Respondents were unaware about the special needs of their children including the kind of treatment that they required. Parents received such information mostly from Paediatricians (67.5%), Obstetricians (17.5%) ASHA workers (10%) and NGOs (5%).

Table 7: Challenges Faced by the Respondents Regarding Treatment

Variable	Mothers	Fathers	Frequency	Percentage
Absence of healthcare services in the locality	15	10	25	62.5
Insufficient treatment services	13	13	26	65
Difficulty in deciding on the right therapist	2	3	5	12.5
Difficulty in fixing appointments	6	7	13	32.5
Non-availability of medicines	2	0	2	5
Difficulty in balancing household responsibilities and medical appointments	4	0	4	10
Difficulty in balancing paid work and medical appointments	2	5	7	17.5
Distance travelled for treatment/therapy				
Less than 30 km	2	3	5	12.5
31-40 km	3	2	5	12.5
41-50 km	3	2	5	12.5
More than 50 km	14	11	25	62.5
Difficulties with the mode of transportation	6	3	9	22.5

Respondents shared multiple difficulties in availing treatment facilities for their children. Absence of health care services in the locality (62.5%), insufficient treatment facilities (65%), fixing appointments with doctors/therapists (32.5%) difficulty in balancing paid work and medical appointments (17.5%), choosing the right therapist (12.5%) managing household work and medical appointments (10%) and-unavailability of medicines (5%) were reported by the respondents. Since treatment services were unavailable in the locality, 62.5% respondents had to travel for more than 50 kms to reach service providers.12.5% travelled less than 30 kms.12.5% travelled between 31-40 kms and another 12.5% travelled between 41-50 kms. 9% of the respondent faced difficulties with the mode of transportation.

Table No.8: Government Support Received by the Children

Received Support	Mothers	Fathers	Frequency	Percentage
Yes	4	3	7	17.5
No	15	13	28	70
Awaiting	3	2	5	12.5
Total	22	18	40	100

Researchers found that only 17.5% of the children received government assistance and 12.5% have completed the application process and awaiting the receipt of assistance.

Table No 9: Financial Challenges and Coping Mechanisms of the Respondents

Financial situation	Mothers	Fathers	Frequency	Percentage
Did not face financial difficulties	5	3	8	20
Affected significantly	7	10	17	42.5
Taken loan	5	3	8	20
Sold gold ornaments	5	2	7	17.5
Total	22	18	40	100

Findings revealed that 20% of the parents, did not face financial difficulties. 42.5% were significantly affected but could manage with available resources. 20% had to take loans and 17.5% sold their gold ornaments to provide for their children.

Table No.10: Impact of Caregiving on Employment and Income of the Parents

Impacts	Mothers	Percentage (Total Mothers=22)	Fathers	Percentage (Total Fathers =18)
Left Employment totally	10	45%	-	-
Reduced Working hours	6	27%	-	-
Shifted to a part time job	6	27%	-	-
Taking too many leave	-	-	13	72.2
Refusing promotions	-	-	4	22.2
No impact on job	-	-	1	5.6

Mothers are primary care givers for their children. Special children need additional care. The researchers found that 45% of the mothers left their jobs as they had to care of their special child. 27% mothers had to reduce their working hours and 27% had to shift to part time jobs. The challenges faced by fathers were different.72.2% of fathers took more leaves than permitted by their employers and 22.2% fathers gave up promotions (to avoid relocations). All situations resulted

in reduced income and loss of financial resources for the family. 5.6% of fathers were unaffected by the caregiving responsibilities of the child.

Table No.11: Financial Challenges Anticipated by the Parents

Challenges Foreseen	Mothers	Fathers	Frequency	Percentage
Financial crisis due to lack of savings	11	13	24	60
Increase of treatment costs in future	2	3	5	12.5
Fear of lifelong dependency of the child	6	1	7	17.5
State of confusion regarding the future	3	1	4	10

Parents (60%) shared that they were unable to save now and did not know how to meet financial demands once they retire. They were worried about increasing cost of treatment (12.5%), and lifelong dependency of their children (17.5%). Some parents (10%) were unable to think about the future.

Table 12: Sources of Support for the Respondents

Sources of Support	Mothers	Fathers	Frequency	Percentage
Parents	16	6	22	55
In-Laws	16	13	29	72.5
Spouse	21	18	39	97.5

Respondents shared that their spouses were their biggest source of support (97.5%) followed by in-laws (72.5%) and parents (22%). Mothers received more support from their parents and in-laws than the Fathers.

Case study-1

Mrs. Ratna Dasgupta, a 58-year-old government schoolteacher, residing in Jadavpur, South Kolkata, has a 18 year old daughter diagnosed with Autism Spectrum Disorder (ASD). Mrs Dasgupta balances her professional life and personal challenges of raising a special child. She recalls being completely broken upon learning about her daughter’s condition. As a teacher it was painful for her to witness the progress of other children, while her daughter struggled hard. She felt frustrated and helpless. The lack of acceptance from her in laws (who distanced themselves from her and her husband) added to her distress. Neighbours and relatives make inappropriate comments for which she avoids social functions like marriage, birthday parties, get-togethers etc. leading to social isolation. However, Mrs Dasgupta’s parents, her husband and her workplace have been her biggest support throughout. For her the most important challenge is the child’s hyper-activity. The family has no financial challenges at present but they remain worried about the future. Her journey is marked by resilience, emotional endurance, and strength amidst a largely unsupportive social environment.

Case Study- 2

Monosri Kar, a part time college lecturer, lives with her husband and two children in Moulali, Sealdah. Her eldest son has specific learning disorder, and ADHD. Mrs Kar got twins from her first pregnancy. One of the twins died 13 days after birth. The other child was diagnosed with learning disorder and ADHD. When she first learnt about her child’s condition she was deeply hurt. She felt “emotionally drained” and cried for days. However, after her second pregnancy things got a little better when she delivered a healthy child. She started coping with the stress. She faces discrimination and social stigma from her relatives. Her sister-in-laws who compares their children with her differently able son. They advise her to abandon her special child and focus only on the second child. Mrs Kar’s husband is supportive and helps her to manage household responsibilities and care of the children. According to Mrs Kar, it is difficult for a middle class family to bear treatment costs of special children. Her child’s condition has affected the household expenses and she is worried about her second child. Mrs Kar added that because of her child’s condition she is unable to do a full time job which could have been of great financial help to the family. The main financial challenge that she sees in future is lack of savings. She is worried about financial security in old age.

Case Study-3

Mr. Bijoy Das, a 48-year-old factory worker, lives with his wife and a differently abled son in Uluberia, Purba. His son suffers from mild intellectual disability and impairment in legs. The child goes to a special school and his special needs are therapies, assistive mobility, and intellectual skill building. Bijoy shared that he was completely shattered when he first learnt about his child's disability. He remains worried and goes through severe emotional stress. According to him, being with the child, providing daily care to the child is very stressful. Relatives have distanced themselves from the family. They are not invited to family functions. Bijoy and his family receive no support from the neighbourhood. They feel discriminated and stigmatised socially. He shared that in spite of government schools having provision for Children with Special Needs, the school first refused admission to his son. It was very humiliating for him and his wife. Bijoy has to travel more than 45kms for his child's treatment which is both expensive and time-consuming. He shared that his earnings are spent for the treatment of his child. He barely has money to meet other expenses. Though the child receives monthly disability assistance, it is barely enough. According to Bijoy, the government should increase the amount of assistance given to the differently abled. Bijoy is unable to join his work place on time and avails more leaves than those allotted to him. He is worried and fears about his son's future and how he will financially provide for him in the future.

Case Study-4

Mr. Subrata Bag, a 53-year-old service holder from Howrah, lives with his wife, mother, and son who has autism spectrum disorder (ASD). The child cleared his Higher Secondary examination in 2025 and is looking forward for higher studies. The respondent shared that he was unaware about autism and was tensed after knowing his child's condition. The respondent sometimes felt emotionally stressed but motivated himself thinking that he would have to stay strong for his family. He supports his wife, telling her that they would have to survive for the sake of their only child. The respondent received support from his joint family which helped him and his wife to accept their challenging situation. His neighbourhood was unsupportive. Neighbours advised against educating the child. The respondent has to regularly travel with his child to Kolkata for treatment. He has to bear huge expenses for travelling, treatment, therapies, and activity classes. Mr. Bag follows a strict family budget, has sacrificed his dreams of possessing a car and buying a big flat. He has declined promotions in his work place to stay with his child in Kolkata. He has to take frequent leaves from office for the treatment of his son. This has affected his career growth. He feels confused about his child's future and worried about upcoming financial challenges. The respondent suggested that the government should increase the amount of financial aid that the government provides to the differently abled. He said that many differently abled children do not receive government aid. Government should find ways to reach out to them.

Case Study-5

Mrs. Amina Khan, 35 years old, an illiterate mill worker lives in Uluberia with her husband and son. The son suffers from Cerebral Palsy. The son is enrolled in a school but is barely able to attend school. He requires an all-time aide, regular physiotherapy, and speech therapy. When the respondent first learnt about her child's condition, she was heartbroken. She still feels sad and emotionally stressed seeing her son constantly struggling with daily life activities. She and her husband often have arguments regarding the high medical expenses of the child and the sharing of care-giving responsibilities. Their relatives do not talk to them and neighbours mock them saying that the child is a result of past sins. The respondent has to travel with her child to Kolkata for medical advice as medical benefits are not available in her locality which is both time-consuming and expensive. The boy receives a disability pension but Mrs. Khan shared that it was meagre compared to the expenses. A significant portion of the respondent's income goes towards her son's treatment, leaving little for other necessities. The respondent has lessened her working hours because of her care-giving responsibilities. It has adversely affected her earnings. The care-giving responsibilities have adversely affected her health. She is worried about future medical expenses.

Discussion-

Most of the respondents were in the age group of 30-40 years and from semi-urban and urban areas. Over 60% of the respondents were graduates and post-graduates, which shows that education alone is not sufficient in shielding families from psycho-social or economic vulnerabilities. The researchers found that educated families also faced discrimination and stigmatisation. The children whose parents were interviewed were largely male (60%) which may imply that parents

of female children do not reach out to non-governmental organisations for support. Children go to special schools and around 27% goes to government schools where there is no special school in the locality. The researchers found that irrespective of the type of disability, parents faced similar kind of psycho-social, financial and treatment related challenges. Diagnosis of disability in children posed profound emotional and psychological distress for both mothers and fathers. A striking observation was that mothers experienced more emotional toll than fathers. Fathers who were less expressive during the interview reported that there was confusion and anxiety, particularly around the future security of the child, aligning with gendered roles where men are perceived as financial providers. For mothers, caregiving responsibilities were deeply internalized and often accompanied by blame from in-laws, lack of social support, and strained family dynamics, intensifying their emotional burden. Fathers reported that they barely received support from their parents. Interestingly, however 98% of the respondents reported strengthened marital bonds, indicating that shared adversity possibly fostered greater cohesion between spouses. A pervasive theme across respondents was social stigma and discrimination, particularly from extended family members or relatives, and neighbours. There are embedded societal prejudices against disability. Parents including both mothers and fathers have reported that they are not invited in family functions like marriages or rice ceremonies. Even during Durga puja or Diwali the local club doesn't invite them ultimately resulting in the social isolation of the parents. The lack of community support further contributes to parent's sense of isolation, especially for mothers, who were often held responsible for the child's condition. This reinforces prevailing gendered blame narratives in disability discourses in India. In schools Teachers lacked sensitivity and made discriminatory remarks. It was found that parents, especially fathers, felt that there was no use of seeking professional help like counselling as it would not better their situation in any way. The study found that there was stigma associated in accessing mental health services. Parents relied on internet sources to understand their child's disability. It was reported by some mothers that their husband's became more prone to smoking in order to cope up with the stress, affecting their own health in the long run. The study revealed that treatment related challenges were multifaceted and heavily influenced by geographical, institutional and logistical constraints. Over 50% of the respondents travelled more than 30-40 kms to access treatments, indicating a centralization of disability-related services. Travelling caused fatigue, loss of work/leave and increased financial strain and affected continuity of treatment. Treatment related financial challenges created cumulative economic burden for the families. Fathers reported loss of wages due to inflexible hospital timings, while mothers struggled with dual burden of housework and caregiving, leading to physical and mental exhaustion. Understaffed government facilities, long waiting hours, poor therapist availability and uncertainty in service delivery caused problems for the parents. Only 17% of the respondents received any form of government aid, and even that was reported to be minimal and inadequate. The study found that respondents were dissatisfied with government services. The financial impact of raising a differently-abled child was profound and often life-altering. Fathers, seen as primary earners, reported taking loans, and mother selling of their gold ornaments, reflecting how families often resorted to desperate measures to meet costs. Moreover, mother's employment opportunities were deeply compromised. Many had to quit jobs, reduce working hours and shift to a part time jobs due to care giving responsibilities. Fathers refused promotion (to avoid relocation) opportunities due to child care commitments. Such adjustments affected earnings and professional growth. For most of the respondents household savings were non-existent and daily expenses were difficult to manage. Fathers expressed deep anxiety, regarding long term financial security, especially concerning their child's lifelong dependency. Mothers appeared to be emotionally confused and conflicted regarding the financial challenges.

Suggestions and Conclusion

In order to address the psycho-social challenges faced by parents of differently abled children, awareness generation programmes on causes of disability, the needs of the differently abled, the potentials they have etc should be conducted. Government along with the non-government sector can undertake awareness generation programmes using both traditional and new media. Government policies and programmes, laws that give protection to the differently abled including reservations in educational institutions and in jobs should be widely circulated for the awareness of one and all. Grassroots workers like ASHA workers, ANMs, Anganwadi workers can help both in dissemination of information and in awareness generation. Appointment of social workers and counsellors at the Primary Health Centres can be helpful in addressing the psycho-social challenges faced by parents of differently abled children. Counsellors/Social workers may help in removing the stigma attached with disability and the stigma attached to seeking counselling support for mental health issues. Parents can be counselled to accept their situation and work for the self sufficiency of their children to the extent possible. Achievements of the differently able individuals at the local, district, national and

international levels should be widely circulated to help lay people understand the capabilities of the differently abled and change their attitudes towards them. The challenges faced by the parents regarding treatment facilities needs to be addressed. Essential medical services should be made available at the Primary Health Centers. Specialized services should be made available at the Sub-divisional hospitals. Appointment of committed medical, and paramedical staff should be done at the earliest. The doctor patient ratio needs to be improved. There is need of appointment of more para medical staff to avoid overcrowding and delay in service delivery. The procedure for the issue of UDID cards should be simplified to avoid harassment of the differently abled and their parents. Families with differently able children faced financial challenges in meeting the special needs of their children. Such families should be provided with regular financial assistance. Existing programmes like Manabik programme of the Government of West Bengal should be implemented effectively and the amount of assistance should be increased keeping in mind the current prices. Public transportation services should be redesigned for the differently able to access them. A reduction in expenses for the care of the differently abled would make life easier for their parents. The Government along with the NGOs should introduce respite care centers for the parents of the differently abled. Such centers will help parents get some rest while their child is taken care of by professionals. Creation of part time jobs in the economy may be helpful for mothers. They can join such jobs and contribute to family finances. It will also improve the mental health of the mothers. The researchers found that parents received support from their spouses, parents and in laws. So, the institution of family needs to be strengthened so that they can rightly assist their differently abled family members reach their fullest potential. To conclude, the researchers would like to state that a pro-active government and a committed civil society can go a long way in addressing the challenges of parents with disabled children and build a more inclusive and empathetic world. Raising a differently-abled child would not feel like a battle fought alone.

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