

Gauging The Experience Of Mothering: A Sociological Investigation On Mothers Raising Children With Difference

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Research Article

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Myriads of sociological concepts within feminist literature exist that consider mother, motherhood and mothering to be a major part of their debate in positing the status of women in motherhood as an institution. *“Of women born: Motherhood as experience and Institution”* (1986) by *Adrienne Rich* is the best known literature on motherhood and mothering till date, though the institution of motherhood has been replaced with the experience of mothering in depicting the real challenges the women confronts with and empowerment that they earn overcoming these challenges. *Lauri Umansky* in *“Motherhood Reconceived”* (1996) ascertained two contending feminist views on motherhood. The first one views motherhood as a social compulsion or socially and culturally expected and accepted reality for women. This view claims that motherhood is an institution that practice women’s oppression and can be seen as a compromise that women make. The second view motherhood having a binding element that connects women. Understanding motherhood this way removes the element of patriarchy from the institution of motherhood. Umansky (1996) adopted the distinction made between “the patriarchal institution of motherhood and a non-patriarchal experience of mothering” made by *Andrienne Rich* in while he explored the difference between motherhood and mothering (O’Reilly, 2004:02).

The paper finds mothering to be the corner stone on which the life experiences of mothers can be well put than employing motherhood. Motherhood as an institution is driven by patriarchal ideologies that consider mothers to be naturally meant to bear and nourish children. The institution of motherhood involves an inclination on natural biological capacity of a woman to bear child and hence she is considered to be the soul care-provider of the child/children. To look at mothering from the conceptualization of motherhood indicates disciplining a mother in the ways the cultural ideology of the society in general, and patriarchy in particular, want them to be. Thus the care provision of the children sole by mothers is not the demand from the children themselves, but of the ideology that holds the institution of motherhood. How a mother is disciplined along the lines of expected societal and cultural roles is best understood by two related and important concepts of *“Intensive Mothering”* (Hayes, 1996) and *“Gaze of Others”* (Ruddick, 1989).

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The term *Intensive Mothering* was coined by *Sharon Hayes* in the book “*The Cultural Constructions of Motherhood*” (1996), where she conceptualized motherhood from three perspectives- first, that considers mother as the primary care-worker of the child; second, that mothering a child entails intensive and exclusive investment of time, energy and resources; and third, that mothers prioritize their role in mothering the children while compromising and compensating their role as a paid employee. “The methods of appropriate child rearing according to the ideology of intensive motherhood,” Hayes concludes, “are constructed as child-centered, expert-guided, and emotionally absorbing. (O’Reilly, 2004:06)

Sara Ruddick (1989) maintained that mothers remain engulfed by the societal and cultural constructed expectations of being a good mother and consequently comes under the “fear of gaze of others”. This often urges the mother to compensate on her own preferences of values, beliefs, understanding and priorities. Every other person coming across the mother, extends his/her judgements about the mother. “Fear of the gaze of others,” she continues, “can be expressed intellectually as inauthenticity, a repudiation of one’s own perceptions and values”. (O’Reilly, 2004:7-8)

Mothering entails an experience, a practice and even performance a mother exercise within a social reality given to her. However, this reality must not be justified to be anything given rather as something that can be altered assigning new meanings to the already existing practice that alters the performance consequently. As a result the whole life-experience is reformed and parallel the exercise of it in real life gets transformed. To distinguish motherhood from mothering the same philosophy stands right. When the mothers find the age-old ideology of good mothers (i.e full time presence at home, sacrificing career goals to meet child-care demands, to set nurturance of children and family care-functions at top of her priority list) that sustained the institution of motherhood, as dysfunctional to their newly taken up role as a professional, career oriented women, they alter the reality so long has been experienced by mothers and set a different experience on the whole that revise the reality through which mothering has been viewed so long. Mothering in this sense provides empowerment to mothers to challenge the institution of motherhood.

Mothering children with invisible differences

For this research the intellectual and developmental differences have been considered. Learning disability refers to retardation, disorder, or delayed developments that are expressed through language, speech, mathematical, or motor skills. A wide range of disorders are coded under the label of Learning Disability. Children with learning disabilities show difficulty in reading, writing and conducting activities that relate to the psycho –motor functionality of the body and cognitive skills. The most common form of learning disability is popular as Dyslexia, in which children faces difficulty in identifying and recognizing words or has interrupted reading that lacks fluency. Evidences are equivocal that ADHD (Attention Deficit Hyperactive Disorder) is basic to many learning disorders. Children who have ADHD lacks in their attention to any activities they encounter. In school works and activities children with ADHD might make careless mistakes. Their main problem remains being extremely un-attentive. They show difficulty in organizing or managing tasks that are assigned to them and gets easily deviated and distracted due to lack of concentration. Children with ADHD often show hyperactive symptoms

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that do not let them to sit, stand or play in a continuous manner or in similar set up and feel restlessness almost all the time.

The maladaptive behaviour present in children with LD is due to neurodevelopmental disorder; social-cultural ecosystem or ill-upbringing of mother is not in any way responsible for such disability to happen in children. Mothering children with LD becomes a more difficult task for mothers as they need to provide extra effort both in time, care and energy in managing the needs of these children, than they had to do if the children were devoid of any medical deficit as like any other normal child. The challenging task in handling children with LD is that they do not show any trace of disability which can be physically specified. The difficulty with these children lies in visual-motor coordination and in coordinating various tasks that involves motor action and response. Their disability is manifested through their response to extraneous stimuli and maladaptive behaviour. These excess efforts become further more challenging when the mothers of the LD (Learning Disabled) are employed in paid labor market. Mothering children with LD is completely different and more challenging that mothering a regular child. The requirement and need of constant supervision demands more time and energy from the mothers. As primary care-giver mother are expected to play the role of care-giver, nurturer, therapist, emotional support and are supposed to manage all the needs of the children that includes managing appointments with professionals, therapists, being play mates, and so forth.

Conceptualization and objective of the paper

Mothering can be and has been conceptualized by diverse historical trajectories and meanings. Mothering entails an experience that get its meaning not by the way how mothers feel in raising their children but by their interaction with activities they are involved with raising them. The concept of mothering earns its meaning when viewed under the lens of the then motherhood ideology. Thus the meaning of mothering changes with the changing ideology of motherhood. One such popular ideology is that of “intensive mothering” where mothers are idealized to be self-sacrificing for the fulfilment of the need of their children. Under this ideology mothers are expected to play the role of nurture provider, care-giver extending both material and emotional support towards their children. But this become a harder task when it comes to raising children with Learning Disability as it demands more time and dedication from the part of a mother. Children who suffer from such disability, needs special attention and care from the one who looks after him/her. The contemporary motherhood ideology demands such care giving function from nobody other than the other of that child. It is believed that that only a mother can fulfill the emotional and material demand of the child. The current paper tries to investigate how mothers with children detected with Learning Disability comprehend their role and how they cope with the demands expected from them of being a mother. The paper would discuss and go on analyzing whether mothers see to this function as one which has been imposed on them by the general social norm that wants to fit them within the wider ideology of motherhood. The physical presence of mother becomes very important for a child with Learning Disability, as mother, to the child becomes the care-giving and understanding figure with whom the interaction of the child becomes easier. The question that might be raised here is why only mothers? Why not fathers or any other family members have been given emphasis to in meeting the requirements (emotional and physical) for the LD children? The possible answer to this is the major responsibility in meeting needs of the LD child is fulfilled my mothers, say whether it is feeding the child, or taking him/her to toilet. The mother stands out as the empathetic sensitized figure

for the child to whom the child feels secure to rely and express upon. It is not that only mothers can become such dependent body for the child, but any person who develop close bondage both physically and emotionally with these children can become such dependent figure on whom the child may resort to. The paper thus intends to investigate whether it is the mother, or father or the family members who become such dependent figure for the child? Or even if the mother becomes the only reliable person, then the task is to locate whether they get any assistance from spouse (father of the LD child) and other family members in care-giving activities to the LD child.

Mothering practice is and had always been put under surveillance by certain standard social norms of what is understood by good mothers. Mothers themselves often try to evaluate their mothering practices against those wider social yardsticks. Mothers know what it means to be a "good" mother, and "do" motherhood by engaging in practices, such as reading to children at bedtime, that are widely seen as symbolic of good parenting. Mothers are subject to surveillance in both public and private spheres, and can be held accountable if they fail to give mothering performances that fit these ideals. (Gengler, 2011). Judgments that follow from the surveillance of one's mothering—whether one's mothering is good or bad, lacking, or unacceptable—can come both from authorities (i.e.; doctors, teachers and social service workers) and other mothers. (Gengler, 2011). The paper at hand was extended to find whether mothers who do not fit to such yardstick feel alienated from mothering practice? Do the mothers undergo a feeling of marginalization both inside familial context and also in external social conditions having got to know that they are breaking through the given standards of being a good mother? This applies the best for mothers who are engaged in the paid labor market. Their work demands a good amount of involvement in their professional front which by default lessens their time to be devoted to mothering job. The care demand from mothers becomes more essential when it comes to rearing children with Learning Disability. The children detected with LD demands a constant supervision from part of the mother (parents) and other family members on each and every move and activities the child is into. Playful therapy has been suggested by much therapeutics as these children often can express themselves through play or other activities than directly in words. The employed mothers (who are in paid-labor market) finds it difficult to set priorities say, handing a urgent client meeting at the moment when the LD child is to brought back home from school. The unpredictable behaviour and sudden impulsive response to extraneous stimuli brings anxiety for mothers, especially when they are physically absent on the very moment due various professional commitments or job demands. The paper has tried to investigate whether the mothers undergo stigma that they are unable to stand with the good mothering standards and feel marginalized both within and outside familial context, or do they try to alter their presumed notions on motherhood ideology and come up with ways to redefine it in their own terms of meaning, providing altogether a different social reality, quite distinct from the one already socio-culturally mediated by standard role of mothering children.

The context in which motherhood ideology have been developed has undergone a shift in both private and public front. Earlier the standards of motherhood and mothering practice were evaluated for mother who mainly stayed at homes, devoid of any kind of engagement in paid labor sector. But with greater involvement of women in paid labor market has created context where many women who are mothers are involved professionally in the market. This has also marked a shift in the family orientation where earlier women were seen to the sole care-giver to all the family members. The shift in role of such mothers who are engaged in paid labor market

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calls for assistive institution contributing much for mothers to sustain their function of being a mother. The paper has intended to find out whether mothers who have children with learning disability gets assistance in balancing the role of a mother and as an employee in the paid employment sector. The paper seeks to find out whether the others take assistance from external institutions or care-providers other than family members to ease their task of mothering?

The paper, thus has intended investigate-

- i. How do the mothers contribute in the care- work in raising children with learning disability?
- ii. What kind of experiences do mothers encounter both within and outside the familial context?
- iii. To see whether and in what manner do mothers receive assistance from other family members or institutions.

Orientation of the paper

The current paper would go about examining how mothers comprehend motherhood and cope their role as mothers in raising children with Learning Disability. The study is based on empirical data collected from amongst a sample of 50 mothers. The sample selection has been based on fulfillment of the following criteria to keep the study apt for generalization.

- i. All samples (Mothers) are from Kolkata
- ii. All samples are from middle –class background
- iii. All of them are working in the paid –labour market in diverse professions with remuneration ranging from 30,000-55,000
- iv. All mothers have children detected with Learning Disability and are aged between 5-12 years.

Qualitative research orientation was selected for the purpose of analyzing data. In depth interview was conducted for the same. Data was gathered truly basing on unstructured interviewing and was cross verified by a set of close ended questionnaire. The age of the children varied from 5-12 years, all of whom have been diagnosed with LD (Learning Disability). All of them are into schools- special schools, where they are trained to learn the mainstream expected behavioral norm. The samples were selected by the method of non-probability purposive sampling technique in conjunction with snow-ball sampling technique. Individual mother has been the unit of analysis for the study conducted.

All the 50 samples of mothers are represented from diverse professional background that accounted for school teachers (17); college lecturers (4); teacher in special school(3); Front office and back office service provider(13); beauty professionals(2); nursing (6); Banking professional (2), lawyer (1); LIC agent(2) (*table 1*). The educational qualification of the mothers ranged from graduation to Phd. Some even have professional degrees as per their professional requirements (*table 2*). All the respondents reside within Kolkata. Their marital status varied with majority being divorced, though others are either living separately or are living with their spouse, with cases where mothers left or had to come out of the marital bond after the detection of their child with learning disability (*table 3*). Majority of respondents are living in a nuclear

household, except one case where she lives with her extended family, and in few case the mother is staying in her paternal home with the child (*table 4*).

RESULTS AND FINDINGS

I. The dependent figure:

All mothers confessed that they are the most dependent figure for their child's nurturance and care. This dependence does not come only from familial expectation of mothering. Rather it stems from the child's dependence on his/her mother as a figure who can satisfy all the emotional and material needs. 65% of the respondents have mentioned that they are the sole responsibility holder of the child for any kind of need the child goes through. Children with LD demand a constant supervision form mothers for any kind of activities the child is into.

In 3% of cases mothers have confessed that the excessive effort, both in managing time and energy has left them with limited time for themselves. To certain extent the demand of over-care required by their children has restricted their autonomy and independence.

II. Managing the dependence:

Functioning as a professional and that of being a mother is found mutually exclusive, compensating one for the other. Being mothers of children with learning disability demands more care from their part, often leaving them with the option of dissolving their professional front. All the respondents under investigation are employed in paid labor market. They all are professionals in their own field of work. Table 1 gives a detailed description about the kind of professions they are within. All of them are located in Kolkata. All the mothers share a professional commitment that is needed to fulfill along with the care-work of their LD children. The mothers shared a common story where managing LD children, house work and professional mandate become contending to one another. At times they even demand compensating/compromising one for the other.

12% of the mothers who are in medical professions (nurse by designation) are accounted to be most vulnerable. Night shifts are not uncommon to this profession. They often find it to be unmanageable to care for their children who need them the most, when they are obliged both professionally and morally to look after the patients under them, to provide care-work to them at the expense of the one needed for their child. The following dialogue would enlighten the situation better-

“.....on one such occasion when I was on duty to my night shift in emergency unit, call came from my home that my son has locked him up in the bathroom and unable to open the lock (very common disorder in LD where the children fail to coordinate their rational with material objects). I was confused what to do, as I was under emergency duty, and my patient needed a constant supervision and adequate numbers of staff were not present that day to replace my duty. I had to call a next door neighbor to break-open the door....”
- (Sulagna Patra)

Instances are many where mothers find themselves in such flux. One mother who works a s a beauty professional narrated one instance where she was appointed for a bride make-up and had to take her daughter (with LD) with her, as on that very day her maid has not come. This was not at all entertained from the part of the bride's family. She herself was not able to concentrate on

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her job as her daughter kept on running out of her sight, becoming restless and intruding to the games and play of other children present. on that day though everything went well, the next day it came to her as a stern warning to accompany her daughter in any of the out-door assignments given to her.

There are similar stories to mothers who are engaged as in banking and legal sectors as their professions demand them to devote a fixed time to their job-involvements. This fixed time job involvements cut cross the time they otherwise require to spend with their children needing special care and attention. The mothers thus, need to spend the after-office time with their children providing to their special and different needs, leaving aside time for their own, their health and leisure. Almost all mothers complain that their health is often sacrificed in balancing the office and care-work for their children.

34% of the school teachers and 4% of the mothers who are engaged as LIC agent claim that though difficult to manage, but their professional nature and school timings allow them with the autonomy they require to manage both.

III. The experience of marginalization:

It has been reported that family stress results from lack of extension of social support from family, friends and society at large. This often has resulted in social isolation for the family. One of the respondents who is a teacher by profession said that-

“...We could not talk about our child’s disability to anybody, even with our extended family members. Whenever we have discussed about it, my physical incapability and ignorance during pregnancy was highlighted every time. Some extends unwanted sympathy. I feel somewhat I am somebody out of the universe. This has led us to limit our presence in many social gatherings.”
- (*Soma Mukherjee*).

40% of the respondents maintained that for the care giving function of their children they were held to be the sole responsible figure. The unequal distribution of the care-giving function makes the task more difficult for the mothers to balance both work and child-care function. In many cases the mother’s work involvement and job commitment left them to cut short the time they were to devote to their children with LD. This has put the mothers into question with the socially expected intensive mothering role. This does stand with the motherhood ideology of being good mothers. This becomes clear with a remark from one of the respondent who is banking professional. She said-

“I always try to make a balance between my work and family life. When at home, I chose to spend a good amount of playful time with my son, who is suffering from Learning Disability. I play all the expert recommended games as prescribed by my child’s doctor when I come back from bank. But sometimes when I chose to take some time off for myself either by visiting a theatre or a movie, many a times I have been questioned about my responsibility.”
-(*Sunita Chanda*)

In two of the cases the mothers reported their feeling of marginalization when compared to mothers of children without any kind of disability. They feel that they are called off in many

social gatherings and functions. People assume that they won't be able to participate in such gatherings as their involvement in child-care is more intensive compared to other mothers whose children do not suffer from such disability.

IV. Impact on intra-familial relationships:

To examine the second objective of the paper first we need to resort to the fact that the detection of the children with LD changed the mother's marital and household status in many instances with a few exceptions. Table (3) and Table (4) provide a clear picture where 64% of mothers live separately with their LD child getting a legal divorce from spouse. All mothers within this 64% accepted the fact that diagnosis of their children with LD was directly or virtually the major reason leading to their divorce. In all of this case the husbands blame the mothers for maladaptive behaviors of their children in spite of knowledge that LD is related to neurological disorder that has nothing to do with socio-cultural ecosystem or ill up-bringing of the child. Even in case when they accept the understanding, the mothers are held to be responsible for such genetic disorder manifested in their child. As a husband of a schoolteacher (one of the respondent) briefed to her wife-

"...should have taken good care during pregnancy, should have eaten healthy stuffs, should have thought of better things to avoid this misfortune cursed on us." - (Malabika Sarkar)

8% of the respondents live separately without taking a divorce on legal basis. This is mainly due to the fact that they have another child who is healthy and normal without any unhealthy mental conditions. In one such case the father and other in-laws and family members think that growing the two children together when one child is diagnosed with LD, might be emotionally harmful for the healthier one. It was even made clear that excessive attention of the mother to the LD child would affect the other one who is normal emotionally. This dilemma led to many family quarrels and created anxiety within family. After two years and 8 months of struggle the mother decided to live separately with the LD child. The story was found common to this 8 % case.

V. Combating the stigma:

The compensating dual role encouraged mothers to shift to alternatives. New agencies -special schools and specially *trained* child-care provider- have to a certain extent succeeded in making the mothers balance well in the wheel. Finding it difficult to manage the excess care-work needed for a LD child, the professional mother took resort to professional houses and agencies to deal with it, than leaving their career in between to fulfill the obligations of care work. Mothers are found to heavily rely on special or training schools that take the major responsibility to look after the LD child, guiding him/her through proper channels to respond, and to express them in proper way to get understood by others. As a whole they work for the overall development of the children to put back him/her to mainstream social order. The school timings help the mother to tally with their professional commitment, to co-ordinate their jobs accordingly being freed of the anxiety and tension for the care and nurturance of the children throughout the span they are in office.

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Extending care-work for child with LD proved to gratifying in many instances. Findings have shown that few mothers have experienced positive feelings and moments of pleasure once they knew about the disease. The feelings of positivity are achieved by mothers once they learnt and developed the skills to manage the behaviour of their children. 84% of the mothers responded that they have earned a new sense of responsibility in managing the special children with special needs. They agreed that the training imparted to them by the medical professionals often organized by the special schools into which their child are engaged, have intrude within them a newfound identity.

Within the curriculum set within these special schools and training centers for the special children, programs are included where provision are made for mothers' training and counseling, and also formation of mother's associations. The constant training and counseling programs help the mother to gain information about the know-hows of the impairment their children are diagnosed with; provide them with the confidence that they capable enough to deal with their children to manage their demands without altering in any of the dimensions of their life, even their career. Through these associations he mothers keep contact to each other, organize talk programs and even events where they get platform to unite themselves and works as a support system for other mothers in the association. A mother who herself is a teacher in a special school pointed that-

"..only special mothers can manage special children. Not everyone has the capacity to deal with the need and requirements of these children. God choses special mothers fit for the job to raise theses special/gifted children...I feel blessed to have my daughter in my life whose innocence provide me with the life I am living with. She has become my identity." –(Niva Sanyal)

VI. External Assistance outside the familial institution:

The assistance from spouse and other family members were not accounted for in 98% of cases that led the mothers to either live separately with their husbands or had to come out of their marital bond. 22% of the cases were found where mothers live separately with their husbands in nuclear household away from the in-laws. The reason that made the mothers to take such decision was non-cooperation from the family members. The mothers are employed in paid labor market and had to leave home with the LD child left behind on the confidence of other members of the household. In many instances the LD child was ignored as they are in most cases incapable to express their need and remain unexpressive. The mothers find this compensating with the health of their children. One mother who is a legal practitioner narrated-

"... leave apart taking care of his diet, they don't even bother to ask my son how is he, whether he is fine or not. They say that my son is disobedient as he does not obey their command say, to put a glass, or bring a book. And this is a result of faulty socialization he is getting from me. So I should leave my job and start to take care of my child to be a good mother" – (Saheli Mukherjee)

In most cases the family members blame the mother's involvement with job and held that proper up-bringing and spending more time with their children will improve their maladaptive behaviour and responses. The mothers reported that the family members are not ready to accept that the child is suffering from a mental disorder as his/her disability is not visible but only

manifested through behaviour and responses. And in cases where they accept that a disability is present they label it by the tag of “mad” as many mothers report their family members specify their children by that very term. Where the mothers leave separately with their husbands (22%), 4 of them agreed that their husbands share a major part of the responsibility of daily chores and care work for the LD child. Even they assist the child in taking part in various therapeutic plays they have been prescribed to by doctors/councilors, and also in completing their school works. But the rest of the mothers complain about the absence of their husbands in spending time with their LD child, helping him/her in their school works though they often share the household responsibility. Jyoti Dutta, a banking professional and mother of a girl child with LD conveyed-

“...my husband helps me in my household jobs like placing plates in place after washing, keeping the clothes in wardrobe, washing clothes in washing machine etc. but when it comes to helping my daughter with her school work, making her write a dictation, sitting with her to play scrabbles to improve her spelling sense, my husband leave it all up to me. He says that the amount of patience required would be impossible for him to manage. Moreover, he said that he cannot take the pain every time to realize that he is a father of a child who is not normal....”

Relying on these findings it was found that in spite of the fact that the assistance from husbands and family members are not sufficient for mothers to manage their daily chores which sometimes accounts for a mental or emotional non-cooperation, the mothers did not compensate their professional life at the expense of their scope to stand out as a good mother. “The fear of the gaze of other” has not been functional to these women, as they did what they thought right for them. The mothers are all struggling and successfully managing both the excess care-work for their LD children along with meeting the professional goal, discounting the socio-culturally expected mothering role within the institution of motherhood. Mothers are altering the ways in which mothering has been so long defined and have given meaning leading to the perseverance of the institution of motherhood, that to feminist scholars like Rich, is the center for patriarchal oppression and exploitation. Mothers now see mothering to be an experience having capacity to modify and alter the long sustained patriarchal ideology designed in the vein of expected socio-cultural norms of the society at large.

Conclusion

Mothering as an experience involves challenge for a mother coming outright from professional side, job demand, clinging to career goals and family obligations. But contemporary mothers have succeeded well in managing the dual responsibility both public life and providing the needed care-work for their children, especially when they are special children detected with Learning Disability. Rather mothers have rejected to accept that their role being a mother becomes significant under the lens of their other role that gives them the identity of a woman, a wife, a professional and a responsible Citizen.

The mothers did not compensate their career goals at the cost of attending their LD children; rather they have come up with newer ways by which they could handle both home and office. The reliance over special schools and training centers provided the mother with the most needed autonomy at their professional front. The training programs imparted by these training schools to

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mothers, have generated a newer level of confidence and self-reliance to mothers here they feel much emancipated as mothers as also as women through mothering the special children.

Tables

Table1

Profession	F	Percentage (%)
School Teacher	17	34%
College lecturer	4	8%
Teacher in special school	3	6%
Front office/Back office executive	13	26%
Beauty Professional	2	4%
Nurse	6	12%
Banking Professional	2	4%
Lawyer	1	2%
LIC Agent	2	4%

Table2

Educational qualification	F	Percentage (%)
PhD	4	8%
M.A. (L.L.M.)	1	2%
M.Sc.(Nursing)	6	12%
M.A.	16	32%
M.Com (Accountancy)	3	6%
B.A. (B.PED)	3	6%
B.A. (General Honours)	17	34%

Table3

Marital Status	F	Percentage (%)
Divorced	34%	68%
Separate with divorce	4	8%
Married	12	24%

Table4

Household Status	F	Percentage (%)
Mother (with LD child) living with spouse and In-Laws in a single household	1	2%
Mother (with LD child) living with spouse in a separate household	11	22%
Mother (with LD child) living in a Separate household	4	8%

Without Divorce		
Mother (with LD child) living separately getting a divorce	34	68%

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