

ADVANCE RESEARCH JOURNAL OF SOCIAL SCIENCE

Volume 9 | Issue 1 | June, 2018 | 7-13 ■ e ISSN-2231-6418

DOI: 10.15740/HAS/ARJSS/9.1/7-13

Visit us: www.researchjournal.co.in



Affect of child related factors on family relation of mentally challenged children

■ Manjula Patil* and Arogyaasha A. Shali

Department of Human Development and Family Studies, College of Community Science, University of Agricultural Sciences, Dharwad (Karnataka) India

(E-mail: blmmanju@yahoo.co.in; arogyaashashali92@gmail.com)

ARTICLE INFO:

 Received
 : 24.11.2017

 Revised
 : 16.04.2018

 Accepted
 : 02.05.2018

KEY WORDS:

Family relation, Mentally challenged, Child factors

HOW TO CITE THIS ARTICLE:

Patil, Manjula and Shali, Arogyaasha A. (2018). Affect of child related factors on family relation of mentally challenged children. *Adv. Res. J. Soc. Sci.*, **9** (1): 7-13, **DOI: 10.15740/HAS/ARJSS/9.1/7-13.**

Copyright@2018 : Hind Agri - Horticultural Society

*Author for correspondence

ABSTRACT

The families of children with intellectual disabilities are different from person to person and family to family. The present study examined a total of 45 parents of children with intellectual disabilities fifteen villages of nine taluks of five districts of northern Karnataka as rural samples and 32 mentally challenged children enrolled from the four special schools of Hubli and Dharwad city as urban samples for the study and taken child related factors such as locality, age, gender and ordinal position of the child. Family relationship inventory (FRI): Brunken and Crites 1964 were used for the study. Results indicated that there is association between locality and the family relationship of mentally challenged children. Rural children had high family relations (33.8%) compared to urban children. When the gender is compared with the family relationship highest percentage of girls was found in medium level of family relationship. 5-12 age group children were having high family relationship as compared with the 13-18 year age group children. When order of birth is taken first born children among them high level of family relationship. Family intervention programmes need to be focused on early building and strengthening the natural support systems for the parents.

INTRODUCTION

The birth of a baby is usually anticipated with great excitement and expectations of a future filled with happiness and success. This exuberance may become muted with the birth of a disabled infant. It does not matter if the handicap is blindness, retardation or a physical abnormality. The family into which this child is born will change in some ways. Having a handicapped child born into a family and grow into adulthood is one of the most stressful experiences a family can endure.

Every parent wants his or her child to be physically and developmentally perfect. Often some children have a temporary or permanent physical or mental disability. The birth of a child with a disability, or the discovery that a child has a disability, can have profound effects on the family. But, families are a critical source of support for children with disabilities. Family members absorb the added demands on time, emotional resources, and financial resources (Baker-Ericzen *et al.*, 2005) that are associated with having a child with a disability. Yet, rewards from having a family member with a disability,

such as personal and spiritual growth, have also been noted (Scorgie and Sobsey, 2000). The view that having a child with an intellectual or developmental disability creates negative family relationship including added stress and parental depression has underpinned much of the research of the past three decades (Baxter *et al.*, 2000). Yet, research on this subject has suggested varying outcomes for families. The birth of a child with mental retardation and related developmental disabilities is an experience that few families are well equipped to cope with. Parents and siblings face a unique set of challenges and responsibilities that are often compounded by negative societal attitudes and insufficient supportive services (Seligman and Darling, 1989).

The family relationship is often the most longlasting and influential relationship of a person's life. It is unlike any other relationship in person's life because it provide physical and emotional contact at critical life stage and often outlasts relationship with both parent and other family members (Gallgher et al., 2010). Research consistently indicates that parents of individuals with a developmental disability report considerably more stress associated with child characteristics than parents with typically developing children. It is commonly believed that the adaptive functioning of a child with a developmental disability plays a significant role in the stress a parent experiences. The influence of the child's characteristics such as age, gender, ordinal position, locality and level of retardation on family relationship of mentally challenged children is discussed under the study.

MATERIAL AND METHODS

A study on "Affect of child related factors on family relation of mentally challenged children" was conducted in nine taluks of five districts namely, Dharwad and Hubli taluk of Dharwad district, Baihongal and Gokak taluk of Belgaum District, Vijayapur and Basavan Bagewadi, taluk of Vijayapur District, Mughol and Bagalkote taluk of Bagalkote District and Gadag taluk of Gadag district.

Research design:

Survey work and correlation design.

Locality of the study:

Special schools of mentally challenged children and selected villages of different districts of the University

Jurisdiction.

Population of the study:

45 mentally challenged children from fifteen villages of nine taluks of five districts were selected as rural samples. 32 mentally challenged children enrolled from the four special schools of Hubli and Dharwad were selected as urban samples for the study.

Variables under the study:

Dependent variable: Family relationship

Independent variables: Child factors: Chronological age, gender, ordinal position, locality and level of retardation.

Tool used for data collection:

Family relationship inventory (FRI):

The family relationship scale was developed by Brunken and Crites 1964. The scale measures the parental attitudes towards the children as perceived by them. It measures three types of perceived parental attitudes.

Acceptance:

Acceptance means that the parents consider the child as a full-fledged member of the family who needs a certain degree of independence and who has the capacity to assume the responsibilities. Parents having acceptance attitude towards their children neither concentrate their attention nor overlook their children. They encourage them to fulfill their potentialities as best as they can.

Concentration:

It refers to the attitudes of the parents who devote a disproportionate amount of their time and energy to the direction and control of their children. They overprotect them through restrictions upon their efforts to explore the environment. They place heavy demands upon them to perform beyond their capacities and to achieve ambitious goals.

Avoidance:

It characterizes the disposition of parents who either neglect or reject the child. They withdraw when the child approaches for affection and love. They spend as little time as possible with the child. They fail to satisfy the child's physical needs or they openly abuse the child. In short, they manifest no positive interest in child or his activities.

Scoring:

The scale was administered to the individual child. The form has 150 items in total which were classified into three patterns of mother and father separately. The number of items measuring each pattern was given below. For every true response one mark is given and the marks scored by the respondents are summed area-wise. Table A shows the area and corresponding items belonging to that area for scoring purpose.

| Table A | A : Area v | wise sco | ore | | | | | |
|---------|------------|----------|--------|------------|-------|-------|----------|----|
| A | cceptance | e | Co | ncentratio | on | Α | voidance | |
| Father | Mother | Total | Father | Mother | Total | Total | | |
| FA | MA | | FC | MC | | FV | MV | - |
| 25 | 27 | 52 | 20 | 21 | 41 | 26 | 31 | 57 |

Further, the total items of all three components were clubbed together and total family relationship scores were obtained and they were divided in to three categories (Table B).

| Table B : Family relationship so | core |
|----------------------------------|---------|
| Category | Scores |
| Low | < 50 |
| Medium | 51-100 |
| High | 101-150 |

On pretesting the co-efficient of reliability by using split half method was found to be 0.93 which was significant.

Socio-economic scale:

The socio-economic status scale developed by Aggarwal *et al.* (2005) was employed to assess the SES of the family. Upper high and high, upper middle and lower middle and poor and very poor/BPL were merged on the bases of total score.

| Table C : Socio-economic sco | re |
|------------------------------|-----------|
| Social status | Scores |
| High | 61 − ≥ 76 |
| Middle | 31-60 |
| Poor | ≤15-30 |

Chi-square test of association was employed to know the association of child factors such as age of the child, gender of the child, ordinal position, level of retardation and they are compared with family relation.

Child characteristics selected for study:

Age of the child:

Chronological age of the child at the time of investigation is considered and classified into two groups as younger (5-12yrs) and older (13-18yrs).

Gender of the child:

Based on gender the children, they were classified into boys and girls.

Ordinal position:

On the basis of the birth order of the children in family, they were grouped into three categories such as, first born, second born and later born.

Type of locality:

On the basis of the location of residence of the children, it was grouped into 2 categories as urban and rural.

Level of retardation:

Intelligence quotients of mentally challenged children were classified as mild, moderate, severe and profound. For the urban sample the intelligence quotient of the children was collected from the school records and in case of rural sample intelligence quotient of the children was collected from records of the Anganwadies functioning in that area. Based on intelligence quotient the children were classified as given in Table D.

| Table D : Classificati | on of children base on intelligence question |
|------------------------|--|
| Category | Percentile intelligence quotient level |
| Mild | 50-70 |
| Moderate | 35-50 |
| Severe | 20 <u>≤</u> 35 |
| Profound | <20 |

OBSERVATIONS AND ANALYSIS

The findings of the study on the effect of child related factors on family relation of mentally challenged children are presented below:

Number of children selected for the study:

Totally 45 mentally challenged children were selected from fifteen villages of nine talukas from five districts of university jurisdiction. This represents the rural sample of the study.

| Table 1 : Selection | on of rural children from different villages of d | lifferent Taluks and districts | |
|---------------------|---|--------------------------------|-------------|
| District | Taluk | Village | Sample size |
| Dharwad | Dharwad | Bada | 6 |
| | | Tegur | 2 |
| | | Sulla | 2 |
| | | Kurubgatti | 5 |
| | Hubli | Tarihal | 1 |
| Belguam | Bilehongal | Devalapur | 4 |
| | | Belagali | 4 |
| | Gokak | Betageri | 2 |
| Vijapur | Vijapur | Advisomapur | 4 |
| | | Aliyabad | 4 |
| | Basavan bagevadi | Vadavagi | 3 |
| Bagalkot | Modhole | Lokapur | 2 |
| | Bagalkot | Semikeri | 2 |
| | | Gaddinkeri | 2 |
| Gadag | Gadag | Betageri | 2 |
| | Total | | 45 |

| Table 2 : Distribution of chile | dren according to | selected factors | | | | | |
|---------------------------------|-------------------|------------------|----|-----------|------------|----------|--|
| • | Urba | n (32) | Ru | ıral (45) | Total (77) | | |
| Variables | N | Per cent | N | Per cent | N | Per cent | |
| Age of child | | | | | | | |
| 5-12 yrs | 24 | 75 | 35 | 77.8 | 59 | 76.62 | |
| 13-18 yrs | 8 | 25 | 10 | 22.2 | 18 | 23.38 | |
| Gender of child | | | | | | | |
| Boys | 14 | 43.8 | 21 | 46.7 | 35 | 45.45 | |
| Girls | 18 | 56.2 | 24 | 53.3 | 42 | 54.55 | |
| Ordinal position | | | | | | | |
| First born | 15 | 46.9 | 22 | 48.9 | 37 | 48.05 | |
| Second born | 12 | 37.5 | 9 | 20.0 | 21 | 27.27 | |
| Later born | 5 | 15.62 | 14 | 31.1 | 19 | 24.68 | |
| Level of retardation | | | | | | | |
| Mild | 15 | 46.88 | 15 | 33.33 | 30 | 38.96 | |
| Moderate | 17 | 53.12 | 23 | 51.11 | 40 | 51.95 | |
| Severe | - | - | 7 | 15.56 | 7 | 9.09 | |

Totally four mentally challenged schools situated in Hubli- Dharwad city were selected and 32 children from these schools represent as urban samples. Total samples of the study comprised of 77 mentally challenged children.

Distribution of children based on child characteristics:

The background characteristics of the children selected for the study are presented in Table 2. Data on age distribution revealed that more number of children (76.62 %) belonged to 5-12 age groups and 23.38 per cent of them belonged to 13-18 age group. With respect to the urban group, 75 per cent belonged to 5-12 age group and 25 per cent of children to 13-18 age group. Among the rural group, 77.8 per cent belonged to the 5-12 age groups while 22.2 per cent belonged to 13-18 age group.

With regard to gender 45.45 per cent were boys and 54.55 per cent were girls. In urban area 43.8 per cent were found to be boys and 56.2 per cent were girls when rural area is considered 46.71 per cent were boys and

53.3 per cent were girls.

With respect to ordinal position of the children, it was observed that, maximum numbers were first born (48.05 %), 27.27 per cent were second born and 24.68 % were later born. In the urban area 46.9 were first born, 37.5 were second born and 15.62 per cent were later born. Similarly, in rural area 48.9 per cent were first born 20 per cent were second born and 31.1 per cent were later born.

The distribution of the children based on their level of retardation showed that, Among the total, about 51.95 per cent of children are in moderate level of mental retardation, 38.96 per cent of them are in mild level of mental retardation, 9.09 per cent of them in severe level of mental retardation. Between the locality in urban area, about 53.12 per cent of children are belonging to moderate level of mental retardation and 46.88 per cent were in mild level of mental retardation and none of them were in the severe level of mental retardation. In rural areas, 51.11 per cent of children were belonged to the moderate level of mental retardation followed by 33.33 per cent of them in the mild level of mental retardation and none of them were in the severe level of mental

retardation in urban area and 7 per cent of them in severe level of mental retardation in rural area.

Association between age of children and family relationship:

When age was compared with the family relationships 5-12 age group children were having high family relationship as compared with the 13-18 year age group children. A total of 76.6 per cent children are in 5-12 year age range group among them 27.3 per cent were having high family relationship and 49.4 were in medium family relationship and none were in low level of family relationship and 23.4 per cent of children were in the 13-18 year age range group among them 6.5 per cent of them were having high family relationship and 16.9 per cents were in the medium level of family relationship. The result showing that there is no significant association between the age and the family relationship (Table 3).

Findings of the research study by Chandorkar and Chakraborty (2000) also showed that, parents of school aged children had higher prevalence of psychological problems than parents of adolescents.

| Age | Family relationship | | | | | | | | | | |
|-------|---------------------|----|----|-------|----|------|----|-------|--------------------|--|--|
| _ | Lo | ow | Me | edium | H | igh | | Гotal | _ | | |
| | N | % | N | % | N | % | N | % | _ | | |
| 5-12 | - | - | 38 | 49.4 | 21 | 27.3 | 59 | 76.6 | ·377 ^{NS} | | |
| 13-18 | - | - | 13 | 16.9 | 5 | 6.5 | 18 | 23.4 | 311 | | |
| Total | - | - | 51 | 66.2 | 26 | 33.8 | 77 | 100 | | | |

NS=Non-significant

| Table 4 : Assoc | ciation between | gender of ch | ildren and fam | ily relationship | | | | | | | |
|-----------------|---------------------|--------------|----------------|------------------|----|------|----|------|---------------------|--|--|
| Gender | Family relationship | | | | | | | | | | |
| | Lov | v | Medi | um | Hi | gh | To | otal | | | |
| | N | % | N | % | N | % | N | % | _ | | |
| Boys | - | - | 24 | 31.2 | 11 | 14.3 | 35 | 45.5 | 0.157 ^{NS} | | |
| Girls | - | - | 27 | 35.1 | 15 | 19.5 | 42 | 54.5 | 0.137 | | |
| Total | _ | - | 51 | 66.2 | 26 | 33.8 | 77 | 100 | | | |

NS=Non-significant

| Gender | | | | Family | relationship | | | | \mathbf{X}^2 |
|-------------|----|---|----|--------|--------------|------|----|-------|----------------|
| | Lo | w | Me | dium | Н | igh | 7 | Γotal | Λ |
| | N | % | N | % | N | % | N | % | |
| First born | - | - | 25 | 32.5 | 12 | 15.6 | 37 | 48.1 | |
| Second born | - | - | 17 | 22.1 | 4 | 5.2 | 21 | 27.3 | 6.39^{NS} |
| Later born | - | - | 9 | 11.6 | 10 | 13 | 19 | 24.6 | |
| Total | - | - | 51 | 66.2 | 26 | 33.7 | 77 | 100 | |

NS=Non-significant

Association between gender of children and family relationship:

When the gender is compared with the family relationship it is shown in Table 3b, highest percentage of boys (31.2) and girls (35.1) found to have medium level of family relationship followed by high level of family relationship. Among the females 19.5 per cents were in the high level of family relationship and 35.1 per cents were in medium level of family relationship.

A study conducted by Orsmond and Seltzer (2000) showed that families with female children with mental disabilities scored higher than families with boys in the care-giving, companionship, and positive affect aspects of the relationship (Table 5).

Association between ordinal position of children and family relationship:

When the ordinal position was compared with family relationship the results revealed that there was no significant association between the ordinal position and the family relationship. Total of 48.1 per cent of them were first born children among them 15.6 per cent were in high level of family relationship and 32.5 per cent were in medium level of family relationship. 27.3 per cent were second born children among them 5.2 per cent were in high level of family relationship and 22.1 per cent were in medium level of family relationship. 24.6 per cent were later born among them 13 per cent were in high level of family relationship and 11.6 per cent were in medium level of family relationship.

Association between type of locality of children and family relationship:

Result of the Table 6, revealed that there is association between type of locality and the family relationship of mentally challenged children. The results indicating that, rural children had high family relations (33.8%) compared to urban children. 41.6 per cent of urban children were in medium level of family relationship and none were found in low level of family relationship.

Association between level of mental retardation and family relationship:

Results with relation to level of mental retardation and family relationship showed that, majority of the children fell under the moderate level of retardation (40.3%) having medium family relation followed by severe retardation (32.5%). About 19.5 per cent of children had high family relationship with moderate and severe retardation. On statistical analysis, the association was found significant at five per cent level indicating that the parents should develop positive attitude towards the disability and provide necessary care for the optimum development of children (Table 7).

A study conducted by Upadhyay and Singh (2009) in Varanasi city depicts that parents of moderately retarded children when compared to mildly retarded children score higher for all psychosocial problems associated with providing care to children such as family problems, psychological problems, physical problems,

| Table 6 : Associ | iation between t | ype of localit | y and family | relationship | | | | | | | |
|------------------|---------------------|----------------|--------------|--------------|----|------|----|------|---------|--|--|
| Variable | Family relationship | | | | | | | | | | |
| | Lo | ow | Me | edium | Н | igh | 7 | otal | | | |
| | N | % | N | % | N | % | N | % | | | |
| Rural | - | - | 19 | 24.7 | 26 | 33.8 | 45 | 58.4 | 27.91** | | |
| Urban | - | - | 32 | 41.6 | - | - | 32 | 41.6 | | | |
| Total | _ | - | 51 | 66.2 | 26 | 33.8 | 77 | 100 | | | |

^{**} indicates significance of value at P= 0.01 level

| Mental | | | Family r | elationship | | | To | otal | X^2 |
|-------------|----|---|----------|-------------|----|------|----|------|--------|
| retardation | Lo | w | Med | ium | Hi | High | | | |
| level | N | % | N | % | N | % | N | % | |
| Mild | - | - | 6 | 7.8 | 1 | 1.3 | 7 | 9.1 | |
| Moderate | - | - | 31 | 40.3 | 9 | 11.7 | 40 | 51.9 | 15.4** |
| Severe | - | - | 25 | 32.5 | 5 | 6.5 | 30 | 39.0 | |
| Total | - | - | 62 | 80.5 | 15 | 19.5 | 77 | 100 | |

^{**}indicates significance of value at P=0.01 level

social problems, school adjustment problems, financial problem, child rearing and management problem and professional advice problem (Malhotra and Sharma, 2013). Majority of parents has disability impact as a result of social restriction and loss of support from relatives, in laws, friends and neighbours more than half of parents felt that their health suffered because of mentally retarded child. Severity of mental retardation was found to be significantly related with physical care, loss of support, specific negative thought.

Conclusion:

Parents of boys were found to have more accommodative, concentration and less avoidant relation. Significant relation was obtained for family relationship between urban and rural children. Mean values were found to be higher for rural children. Parents of younger age group and first born children were found to be less accommodative, concentrative and avoidant relation.

Parents have enormous emotional problems and suffer from mental worries because of having a child with mental retardation. Family intervention programmes need to be focused on early building and strengthening the natural support systems for the parents.

REFERENCES

- Aggarwal, O.P., Bhasin, S.K., Sharma, A.K., Chhabra, P., Aggarwal, K. and Rajoura, O.P. (2005). A New Instrument (Scale) for Measuring the Socioeconomic Status of a Family: Preliminary Study. *Indian J. Community Med.*, **30** (4).
- Baker-Ericzen, M.J., Brookman-Frazee, L. and Stahmer, A. (2005). Stress levels and adaptability in parents of toddlers with and without autism spectrum disorders. *Res.* &

- Practice Persons with Severe Disabilities, **30**(4): 194-204.
- Baxter, I., Anand, S., Alan Fung, W.L., Isaacs, B. and Baum, N. (2000). Family quality of life: Canadian results from an international study. *J. Develop. Physical Disabilit.*, **15**(3): 207-230.
- Brunken, R. J. and Crites, J.O. (1964). An inventory to measure the parental attitude variable in Roe's theory of Vocational choice. *J. Counsel Psychol.*, **11**: 3-12.
- Chandorkar, H. and Chakarborty, P.K. (2000). Psychological Morbidity of parents of mentally retarded children. *Indian J. Psychiatry*, **42**(3): 271-274.
- Gallagher, L.G., Thomas, F., Webster, M. and Veronica, M. (2010). Residential history and children. *Environ. Health Perspectives*, **118**(9): 378-379.
- Malhotra, A.K. and Sharma, A.K. (2013). A study to assess the disability impact on parents of children with mental retardation studying in two special schools of Delhi. *Indian J. Prev. Soc. Med.*, **44**(1-2): 25-34.
- Orsmond, G. I. and Seltzer, M.M. (2000). Brothers and sisters of adults with mental retardation: gendered nature of the sibling relationship. *American J. Ment. Retd.*, **105**(6):486-508.
- Scorgie, K. and Sobsey, D. (2000). Transformational outcomes associated with parenting children who have disabilities. *Mental Retardation*, **38**: 195-206.
- Seligman, M. and Darling, D.B. (1989). Ordinary families, special children: A systems approach to childhood disability. The Guilford Press: New York
- Upadhyay, S. and Singh, A. (2009). Psychosocial problems and needs of parents in caring mentally retarded children. The impact of level of mental retardation of children. *Indian J. Soc. Sci. Res.*, **6**(1):103-112.

