

Grandparental Support for Parents of Mentally Retarded Children

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Presence of a mentally retarded child in the family becomes a source of stress. Support from other family members helps in reducing the stress. Grandparental support is an important factor in reducing stress. This study evaluates the role of grandparents in reducing the stress among parents of mentally retarded children. The 51 pairs of parents of mentally retarded children having grandparents living with them (17 families with both grandparents, 17 having only grandfathers and 17 having only grandmothers) are compared with a matched group of 51 pairs of parents of mentally retarded children having no grandparental support, regarding the level of stress caused by the mentally retarded child. Family interview for stress and coping in mental retardation (FISC-MR) developed by Girimaji, Shobha Srinath, Shekhar Sheshadri and Subbakrishna (1999) is used for assessment of stress. These two groups differ significantly regarding the total stress, indicating reduction in stress due to grandparental support. The effect of grandparental support is more evident in the areas of care stress and emotional stress, while influence of grandparental support is not found to be significant in the areas of social and financial stress. There is no significant difference among the 3 groups of parents having both grand father and grand mother, grandfather only and grandmother only. Conclusion is that grandparental support significantly reduces stress in parents of mentally retarded children.

Keywords: Mental retardation, grandparental support, parents, stress.

The very presence of a mentally retarded child in the family is a source of stress for the family. Leland and Smith (1974) while summarizing the impact of a mentally retarded child in the family, state that the crucial importance of interactions between the child and the family, and the community starts right from the birth of the mentally retarded child in the family and extends throughout the life. Crnic, Friedrich and Greenberg (1983) opined that the birth and continuing care of mentally retarded children are often stressful experiences for family members as these children's difficulties inevitably touch the lives of those around them.

It is evident that support from other family members reduces the parental stress. Moudgil, Kumar and Sharma (1985) noticed that those parents who get maximum social and emotional support from spouse and family members, parents, relatives and friends experience less stress and problems. We studied the grandparental support to evaluate how much the parent's stress reduced due to such support. Studies highlighting the importance of grandparental support in specific are discussed here. Davis (1967) found that the maternal grandmother usually plays an important role in the family. Less than one half of the families with a retarded child have effective support and in contrast, the

normal families receive effective support three quarters or more of the time. This indicates that, when the child is normal grandparental support is better. McMichale (1971) state that, a better emotional support comes from grand parents who could be trusted as they have brought up their progeny safely and the mother gets a lot of reassurance. The study by German and Maisto (1982) observed that support received from grandparents and extended family members are perceived as more valuable than from friends. Hornby and Ashworth (1994) found that 61% of grandparents were considered to have provided exactly the right amount of support for the family. Grandparents are more forthcoming with emotional support than with financial support. Maternal grandparents are more involved than paternal grandparents. 24% of grandparents are considered to have added to the subject's problems and 22% of subjects wish for a lot more support from grandparents.

Method

Sample

A set of 17 families with both grandmother and grandfather (GFGM), a set of 17 families with only GM and a set of 17 families with only GF living with the family were selected, out of those families which attended Karnataka Institute of Mental Health, Dharwad with their mentally retarded child over a period of 2 years (2002 and 2003). The criterion for selection was that the mentally retarded child was of 10 years or less age. We could get 17 such families with both grandparents (GP) living with them. So, in other two groups also we selected 17 families randomly. All the 51 families were pairs of parents (both father and mother). The other group consisted of 51 pairs of parents without having GP in their family (selected during 2004 and 2005). This sample was selected by matching child's age, IQ (based on Binet-Kamath test), presence of behavior disorder and epilepsy, parent's age

and their rural-urban status. One to one matching has been done for each case. Both groups (with GP and without GP) consisted of 29 male and 22 female mentally retarded children. Out of 51 children, 17 had no associated problems (19 had behaviour disorder, 4 had epilepsy and behaviour disorder and 11 had epilepsy), 47 families were agriculturalists, and 3 were from urban setup and 9 families had more than Rs.10 thousand yearly income. Mean age of MR children was 6.4 (SD=1.5) in with GP group and it was 7.1(SD=1.8) in without GP group. Mean age of fathers was 37(SD=3.5) and that of mothers was 31.4(SD=3.1) in with GP group and mean age of fathers was 36.1(SD=3.7) and that of mothers was 30.9 (SD=3.2) in without GP group.

Tool

Both groups of parents were assessed for their perceived stress by using the FISC-MR: family interview for stress and coping in mental retardation, a tool developed by Girimaji et al. (1999) at NIMHANS, Bangalore, to study stress and coping in families of children with mental retardation. This scale has two parts, namely perceived stress in family and mediators or coping strategies. Only the first part has been used here. Interview has been in Kannada language for all cases. The family score has been taken considering the maximum level of stress reported by any one of the parents.

Part I- Perceived stress- This part has 11 subscales covering 4 areas.

Area I-Daily care: Subscale 1-extra inputs of care, 2-decreased leisure time, 3-neglect of others and 4-disturbed behavior.

Area II-Family emotional stress: subscale 5-personal distress, 6-marital problem, 7-other interpersonal problems and 8-effects on sibs and other family worries.

Area III-Social life: Subscale 9-altered social life, 10-social embarrassment.

Area IV-Financial stress: Subscale 11- financial implications.

Scoring- score 0 to 4(0-nil, 1-low, 2-moderate, 3-high and 4-very high).

Part II- Mediators or coping strategies consists of 5 areas – awareness and misconceptions, expectations and attitudes, child rearing practices, social support and global adaptation (9 subscales covering these 5 areas). This part is not used in the present study.

Reliability and validity of this tool- Cronbach's Alpha, a measure of internal consistency evaluated for the whole sample (N=155, data for 2 cases missing) separately for section I and II was 0.9 and 0.67 respectively. Inter rater reliability was 0.81 for any one rater and average for all 3 rates was 0.93. Test-retest reliability was 0.71 and 0.36 for section I and II respectively. Concurrent validity was 0.63. Construct validity was 0.51. Test-retest reliability for Kannada version for part I is 0.722 and for part II is 0.627(estimated by the present researchers in their pilot study).

Scores on areas of stress were equated in all areas by considering scores out of 16 in each area and thus the total is out of 64 (care and emotional stress were both out of 16, social stress was out of 8 and so multiplied by 2, and financial stress was out of 4 and so multiplied by 4 and then the total score was calculated). To find the significance of difference between the two groups, "t" test was

applied. Analysis of variance was applied to find the significance of differences regarding the 3 groups namely, grand fathers, grand mothers and both grandparents (n=17 in each group).

Parents were asked to indicate whether they were satisfied with the support available from their grandparents, and the extent of such satisfaction (mild, moderate or high). They were also asked to report if they have any problems with their grandparents. The maximum level of satisfaction expressed by any one of the parents was considered.

Results

Table-1 and Figure-1 indicate that, the two groups differ significantly ($p < 0.001$) regarding the total stress. The mean total stress score for with GP group was 24.45, whereas it was 29.94 for without GP group. This indicates that grandparental support reduces the overall stress. Grandparental support has been found to be significantly ($p < 0.001$) reducing care stress and emotional stress but not significant in areas of social and financial stress.

Table-2 and Figure-2 reveals that none of the parents were dissatisfied or having any problems with their grandparents. All were satisfied with the grandparental support and 16 (33%) families expressed mild and 35 (67%) families expressed moderate level of satisfaction. None expressed high level of satisfaction.

Table 1. Significance of differences between the parents with and without grandparents (Groups 1 and 2, N=51 in each).

Stress	Mean		SD		t value
	Group1	Group2	Group1	Group2	
Care Stress	4.431	7.275	2.184	1.909	7.00**
Emotional Stress	4.059	6.157	1.240	1.654	7.25**
Emotional Stress	8.667	8.980	2.026	1.975	0.79
Financial Stress	7.294	7.529	2.360	2.063	0.54
Total Stress	24.45	29.94	7.048	6.426	5.76**

** $p < 0.001$.

Figure-1: Mean stress score for with GP and without GP groups in 4 areas and total stress

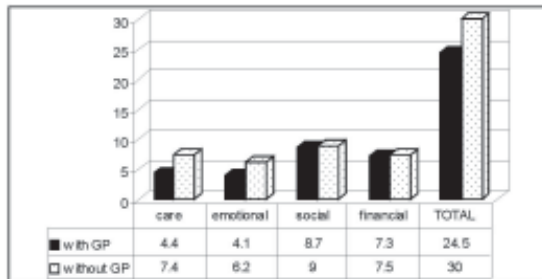


Figure-2: proportion of parents reporting mild and moderate level of satisfaction with grandparental support in the 3 groups (No one reported high level of satisfaction).

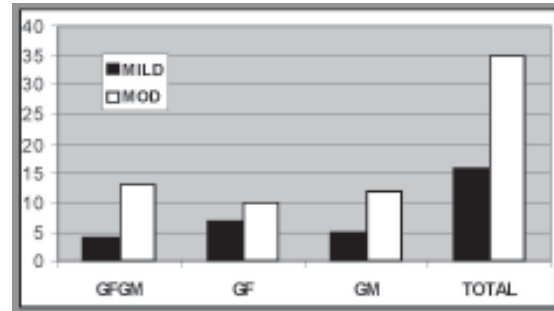


Table-2: Level of satisfaction with grandparental support reported by the 3 groups.

Level of Satisfaction	GFGM	GF	GM	Total
Mild	4	7	5	16
Moderate	13	10	12	35
High	0	0	0	0
Total	17	17	17	51

Analysis of variance does not suggest any significant differences (Table-3) between the three groups of parents with 'grandfather and grandmothers' (GFGM), 'grandfathers only' (GF) and 'grandmothers only' (GM).

Table-3: Significance of difference in stress between the 3 groups (GFGM, GF & GM; N=17 in each group).

Areas	Mean				SD				t- value
	GFGM	GF	GM	Total	GFGM	GF	GM	Total	
Care	3.756	5.235	4.294	4.431	1.751	2.386	2.229	2.139	0.1384
Emotional	3.941	4.356	3.882	4.059	1.029	1.412	1.269	1.247	0.4923
Social	8.235	9.059	8.706	8.667	2.223	2.249	1.572	2.039	0.5025
Financial	7.294	7.529	7.059	7.294	2.544	2.401	2.249	2.401	0.8498
Total	23.24	26.18	23.94	24.45	4.024	5.247	5.517	4.972	0.2083

t- values are not significant.

Discussion

Results indicate that grandparental support reduces stress in parents of mentally retarded children. Studies by Davis (1967), German and Maisto (1982) and Hornby and Ashworth (1994) support the results obtained in the present study. In general, it has been considered that grandparents support parents, but, sometimes they may be causing problems also by their overprotective or overindulgent

attitudes. Hornby and Ashworth (1994) reported 24% of grandparents as adding to the problems of parents. In the present study such indications are not found. All parents reported positive grandparental support. Even though high level of satisfaction was not reported by any one, all parents were satisfied (33% reported mild and 67% reported moderate level of satisfaction with the grandparental support). It is evident that grandparents are very helpful in caring for the

retarded child, because they directly participate in the caring and hence reduce the parental care stress. Grandparental support reduced care stress and emotional stress. McMichale (1971) found emotional support from grandparents and in the present study also we see similar tendencies. Grandparental support did not reduce the social stress, probably because social stress depends more on factors outside the family. Financial stress was independent of grandparental support and the reason may be that, most of the grandparents show financial dependence rather than support to the family in our society. There were no significant differences between the three groups of parents with 'grandfather and grandmothers', 'grandfathers only' and 'grandmothers only'. We expected lower stress in the group who had grandfather and grandmothers, but results did not support this expectation.

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