

Adjustment and Attitude of Parents of Children with Mental Retardation

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The study attempts to ascertain the level of adjustment and attitude of parents of children with mental retardation. The sample consists of 50 parents (either mother or father) of children diagnosed as mentally retarded. Parental age group is 25-50 yrs. The tools used for the measurement of variables are An Adjustment Inventory, Scale of Parental Attitude Towards Mental Retardates, and a Personal Data Sheet. Subjects have been grouped on the basis of Religion, Education, Locality, and Income. The data were analyzed using Analysis of Variance (ANOVA) and t-test. The results indicated that parental religion, income, and education do not have any significant influence on adjustment variables, but there is change in parental attitude among different religious groups. Locality of parents influences only on the dimensions of social adjustment and parental attitude.

To a parent, every child is special in his or her own way. But some children have special needs that challenge parents to find ways to best prepare these children for the future and to handle any problems that may surface. Children whose emotional or physical disorders, age, race, membership in a sibling group, a history of abuse, or other factors which leads to a lengthy stay in a foster care. Common special needs conditions and diagnoses include, serious medical conditions, genetic risk factors, emotional and behavioural disorders,. 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.

There is perhaps no event more devastating to a family than a child born with a birth defect. There is no more severe test of a family's resiliency than the discovery that a child

is with an incurable disease. Each child and every family is unique. The initial response of parents and the broader community to a child with birth defects is guilt and embarrassment. On learning that their child may have a disability, most parents react in ways that have been shared by all parents before them who have also been faced with disappointment and enormous challenge.

Children's problems were formerly attributed to environment, especially their relationship with parents. Today it is believed that most disorders result from a combination of biological, and socio-psychological factors. Genetics may determine the likelihood of developing certain disorders as schizophrenia, bed wetting, and certain mood and anxiety disorders. Parenting techniques can also affect a child's behaviour.

Many factors can influence the well-being of a family. One factor is certainly the emotional and physical health of the parents. Parents

are definitely the heart of the family. They are the ones who deal with the issues associated with their child's disability and they are also required to maintain the household. Therefore, it is very important as parents, to take some time to care for oneself as individuals.

Some families are single-parent families, but for others, the relationship between the parents is a factor that can influence the family's well-being. When the parents' relationship is a strong and supportive one, it enriches family life for all members. We know from the experiences of families and the findings of research that having a child with a disability affects everyone in the family.

Current research has focused on parental dynamics in relation to the presence of a child with mental retardation. According to one view, the presence of a child with special needs causes a crisis in the family. Most clinical observations show that parents often are portrayed as exhibiting guilt, ambivalence, disappointment, frustration, anger, shame, and sorrow (Schild, 1971). Friedrich and Friedrich (1981) studied the differences between parents of mentally handicapped and non-handicapped children. The results indicated that parents of handicapped children reported less satisfactory marriages, less social support, lower physical well-being than parents of non-handicapped children.

It appears that in parents of mentally retarded children, the two significant variables are Adjustment and Attitude. An attempt is made to examine the impact of these variables on parents of mentally retarded children. Individuals with Disabilities Education Act (IDEA) defined Mental Retardation as "significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance."

Hypotheses formulated in the study are as follows,

1. There is significant difference among the three groups of subjects categorized on the basis of education for the areas of Adjustment and Parental attitude.

2. There is significant difference among the three groups of subjects categorized on the basis of Religion for The areas of Adjustment Parental attitude.

3. There is significant difference between the lower income group and higher income group for the The areas of Adjustment and Parental attitude.

4. There is significant difference between the rural and urban subjects for The areas of Adjustment and Parental attitude.

Method

Sample

The sample consisted of 50 parents (either father or mother) of mentally retarded children. Subjects were selected from parents of institutionalized children who were admitted in State Institute of Mentally handicapped at Pangappara and Institute of Cognitive and Communicative Neuro Sciences, Thiruvananthapuram. Parental age group was 25-50 years and their MR children were from both genders. Further they were selected from both urban and rural areas, and belonged to different religions and had different income levels. Classified the Sample on the basis of Education, Religion, Income, and locality.

Tools

The following tools were used for the measurement of the variables.

1. An Adjustment Inventory: Adjustment Inventory was originally developed by Bell (1934). It was adapted into Malayalam by Raju and Sananda Raj in 1992. The test is primarily meant for adults and has five sections. For

the present study, only four selected areas of adjustment have been used.

2. Scale for parental Attitude towards Mental Retardates: This scale measures the attitude of parents towards mental retarded children. The scale consists of 40 questions which were suitable to elicit responses of the parent's attitude towards their problem child.

Results and Discussion

Anova was applied to find out the mean difference of the Adjustment variables and Parental attitude on religion. The results show that there is significant difference among the three religious groups on the variable Parental attitude. The result is given as follows: $F(2,47) = 5.422$; $P < 0.01$. The F-ratio of 5.422 is found significant at 0.01 level. It indicates that

the parental attitudes towards their child with mental retardation can be affected by religious beliefs. The people belongs to different religious groups may perceive the life situations differently. Attitudes related to familial, social , emotional, etc can be vary according to the religious beliefs. Other interactions were found not significant on religion. The different areas of Adjustment were found more or less same among the different religious groups.

Anova was done to find out the mean difference of Adjustment variables and Parental Attitude on Education. But the difference were not statistically significant. It shows that the education of parents does not influence parental adjustment and attitude towards their children with mental retardation.

Table 2: Rural Urban Comparision of Mothers of Mentally Retarded Children in areas of Adjustment and Parental Attitude

Variables	Groups	N	Mean	SD	t-value
Family Adjustment	Rural	34	29.912	5.029	-1.028
	Urban	16	31.625	6.407	
Emotional Adjustment	Rural	34	30.117	3.616	1.004
	Urban	16	29	3.794	
Health Adjustment	Rural	34	30.618	5.985	-1.735
	Urban	16	33.687	5.498	
Social Adjustment	Rural	34	33.676	8.409	2.038*
	Urban	16	29.937	4.538	
Parental Attitude	Rural	34	136.206	17.461	-3.122**
	Urban	16	154	21.459	

* $p < 0.05$ ** $p < 0.01$

The t-value obtained for the variables, Family adjustment, Emotional adjustment and Health adjustment indicate that rural and urban mothers had no significant difference. But the t-value is significant at 0.05 level for the variable social adjustment and the t-value is significant at 0.01 level for the variable parental attitude.

Rural and urban parents show attitude difference towards the child with retardation and their social adjustment also get affected. Society plays an important role in the upbringing of mentally retarded child. Some parents may feel ashamed of their children with retardation and consider them as a burden. Others may consider it as their duty to take

care of such children. This may depend on how the society views children with mental retardation. Here the findings also support the influence of rural and urban social

background that can be a differentiating factor among parents of children with mental retardation.

Table 3: Income wise Comparison of Mothers of Mentally Retarded Children in different areas of Adjustment and Parental Attitude

Variables	Group	N	Mean	SD	t-value
Family Adjustment	Below 3000	25	30.20	6.311	-0.331
	Above 3000	25	30.72	4.668	
Emotional adjustment	Below 3000	25	30.24	3.017	0.923
	Above 3000	25	29.28	4.237	
Health Adjustment	Below 3000	25	31.36	6.102	-0.282
	Above 3000	25	31.84	5.920	
Social Adjustment	Below 3000	25	33.48	8.426	0.935
	Above 3000	25	31.48	6.583	
Parental Attitude	Below 3000	25	140.88	19.45	-0.350
	Above 3000	25	142.92	21.68	

The results indicate that the t-value obtained on the basis of income for all the study variables are statistically insignificant.

The results have indicated that parental attitude is the only variable which shows a significant difference among the subjects grouped on the basis of religion. There exist no significant difference among the groups of subjects on the basis of education in all the variables. The results also imply that there exists significant difference between rural and urban parents only in social adjustment and parental attitude and not in other variables. The subjects of lower and higher income did not show any significant difference in none of the variables.

Behari and Ruchi (1995) conducted a study on maternal attitude and child rearing practices of mentally retarded children. The sample

consisted of 60 mothers, of which 30 are less educated and low socio-economic class (group1) and 30 well educated upper middle class mothers (group2). The study investigated the attitude of mothers towards their mentally retarded sons in 23 areas of child rearing . the result revealed significant differences between group 1 and group 2 in respect of 7 areas of child rearing practices.

However, Rao, (1994) conducted a study on " Behaviour disorders in moderately mentally retarded children and the relation to parental attitude". The sample comprised of parents of 60 moderately mentally retarded boys and girls. The findings of this study indicated that parents have a negative attitude towards their children with mental retardation.

The most important implication of this study is the need for uplifting the parent's social and

psychological well-being. It is expected that it will help the parents to deal effectively with their children having problem.

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Received: October, 13, 2006

Accepted: December, 12, 2006

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Journal of Personality and Clinical Studies

Bi-annual

A Publication of the Association of Clinical Psychologists, Delhi

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