



A STUDY ON ATTITUDE OF PARENTS HAVING CHILD WITH DISABILITY ON THEIR CHILD CONDITION

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Abstract

Parents frequently over-protect their child and feel guilty that they are responsible for the child's disability. Various studies have focused on stressors associated with caring for children with disabilities, and the deleterious effects on parents' well-being. There is evidence that family attitude contributes to prognosis in these children. Limited financial resources, lack of appropriate services, and insufficient support systems are the family system risk factors that can contribute to poor prognosis. Environmental risk factors such as lack of services and negative attitudes can also have an adverse influence on the prognosis for a child with learning disability. A sample study to find out the attitude of parents having children with disability on their child condition attending services at NIEPMD was conducted. Samples of 20 parents having child with disability attending services at NIEPMD were selected by using convenient sampling method. 65% of the respondent have agree that they got mental distress when neighbour/relative speech negatively about their child condition. 60% of the respondents have not said that child condition will not help to fulfil daily activity of their child. 25% of respondents have agreed that they get mental stress during child condition will not help to fulfil the daily activity of their child. 75% respondents are not able to concentrate effectively on their work in their work place as their child condition. 15% of the respondents have not agreed that parents are properly adjusted toward the condition of their child. 65% of the respondents have felt hesitation to participate in any family/social function as their child is disabled. 70% of the respondents expressed chances are given to their child to take part in the family function/events to improve the social condition of their child.

Introduction

Children are the perfect extension and expression of a couple's love and caring. The emotional preparation for expectant parents is usually shaped by a glamorous image of the baby, a kind of ego ideal. The discrepancy between the perfect child of their fantasy and the real child may be the cause for negative attitudes and parenting stress. Often a range of emotions, such as denial, guilt, blame, frustration, anger and despair, sweep through the parents as they are confronted by their children with disability. Loss of hope for the 'perfect child' causes grief, and over time the feeling is heightened by loneliness, isolation, and exhaustion.

Parents frequently over-protect their child and feel guilty that they are responsible for the child's disability. Various studies have focused on stressors associated with caring for children with disabilities, and the deleterious effects on parents' well-being. There is evidence that family attitude contributes to prognosis in these children. Limited financial resources, lack of appropriate services, and insufficient support systems are the family system risk factors that can contribute to poor prognosis. Environmental risk factors such as lack of services and negative attitudes can also have an adverse influence on the prognosis for a child with learning disability.

Review of Literature

Indian mothers in Rao's (2001) study frequently used the word 'inconvenience' to talk about their child's disability. When explored in detail, it emerged that mothers preferred to talk of the 'inconvenience' rather than use the term 'mental retardation', which had a negative and stigmatising connotation for them. They also found it easier to describe their child's intellectual or physical disability to other people using this word rather than diagnostic terms. This 'inconvenience' was considered to be present in the context of the environment. For instance, 'inconvenience' was used in the context of a difficulty that a child was having with a specific task or in a specific area because of environmental factors, such as lack of appropriate/suitable transport or others' lack of understanding of the child's needs. In short, it was not the individual who was held responsible for lacking that skill; rather it was their environment that was held responsible for the 'inconvenience'. The mothers were of the opinion that the 'inconvenience' or the difficulty did not extend to all areas of the child's activities and there were other tasks that the child could easily accomplish. The child's 'inconveniences' were not only considered as something specific rather than global, but were also considered as changeable. The significance of the 'inconvenience' was dependent on how much understanding and support the child received from the family and the ingenuity of parents in providing such support. Rao's (2001) study had a small sample but her extensive interviews and participant observations offered new insights. Her sample was however biased as only mothers who took an active role in facilitating the inclusion of their children with intellectual disabilities within their families and communities were recruited. Therefore, the results cannot be generalised to mothers to whom this does not apply. Neither did Rao take into account the influence of education and socio-economic status on mothers' attitudes.



Juyal (2002) and Upadhyaya and Havalappanavar (2008) found mild to moderate levels of stress in Indian parents of children with intellectual disabilities with mothers experiencing higher stress levels than fathers. Although mothers were more protective towards their daughters, both studies found them to be more dominating and to hold more negative attitudes towards their child with an intellectual disability than fathers, who were more accepting, especially if the child was a female. Upadhyaya and Havalappanavar (2008) also found that these negative attitudes were increased in mothers whose children displayed behavioural problems. Moreover, both parents reported moderately high financial stresses. Overall, higher stress levels were found in those parents who were aged above 35 years, had young children (age not specified by authors) with intellectual disabilities, had more than one child with intellectual disabilities and were of low socio-economic status. The child's gender, severity of disability or parental educational level did not predict parental stress though

Morgan and Tan (2011) explored the parental beliefs regarding disability causation in their children with cerebral palsy in Cambodia. Twenty-four parents or primary caregivers were interviewed. Of them, 15 were mothers, four were fathers, two were grandmothers, one was an aunt and two were non-relative caregivers of children with disabilities. The researchers found that 10 participants had "no idea as to why their child had a disability" (p. 2116). Eight of the respondents believed the cause to be at least partially biomedical (i.e., vaccinations, the mother's health and nutrition during pregnancy, or trauma), and eight believed it to be at least partially related to traditional factors (i.e., karma or spiritual forces).

Objectives

- To find out parental attitudes towards condition of their children with disability
- To know the socio economic profile of the family

Methodology

Present Research work constitutes **Descriptive Design** and data were collected from 20 parents who attended services at NIEPMD were selected as respondents by using **Convenient Sampling Method** and data were collected through **Interview Method** as a tool of Data Collection. After collecting data from respondent, data were analyzed by using SPSS to achieve the objective of the study.

Data analysis and Interpretation

65% of the respondents belong to the age group of 20-30 years, and rest of them are in the age 31-40 years. 90% of the respondents are Hindu and the others 10% of the respondents are Christian. 55% of the respondents belong to OBC, 30% of the respondents are MBC and rest of 15% of the respondents are SC. 80% of the respondents are coming from urban area and remaining of 20% of the respondents are from rural area. 40% of the respondents are earning Rs below 6000 and above Rs 15000 respectively and rest of 20% of the respondents are earning Rs. 6000-15000. 30% of the respondents' child have been affected by ASD, 15% of the respondents' child have been affected by Cerebral Palsy and CP+MR respectively, 10% of the respondents' child have been affected by Mental Retardation and remaining 5% of the other respondents' child have been affected by LD, SD, MR+ADS, MR+ASD, ADHD, MR+DS respectively. 75% of the respondents are living in nuclear family and rest of 25% of respondents are living in joint family. 50% of the respondents are having 4-6 family members in their family, 30% of respondents are having more than 6 family members and remaining 20% of the respondents are having 1-3 family members. 60% of the respondents have said that their child is interested to communicate with others and rest of 40% of the respondents have said that their child is not interested to communicate with others. 95% of the respondents have told that extra support and care were need to their child and remaining 5% of the respondents have expressed that extra support and care were not need to their child.

55% of the respondents have expressed that their child condition is not affecting the family members to fulfil their daily activities and rest of 45% respondents have expressed that their child condition is affecting the family members to fulfil their daily activities. 70% of the respondents expressed that chances are given to their child to take part in the family function/events to improve the social condition of their child and rest of 30% of the respondents have not expressed that chances are given to their child to take part in the family function/events to improve the social condition of their child. 60% of the respondents have get angry when their child is not cooperated with them and rest of 40% of the respondents have not get angry when their child is not cooperated with them. 65% of the respondents have not felt hesitation to participate in any family and community function and remaining 35% of the respondents have felt hesitation to participate in any function. 95% of the respondents have agreed that therapeutic service will help to improve gradually the condition of their child and rest of 5% of the respondents have not agreed. 65% of the respondents have agreed that they got mental distress when neighbour/relative speeches destructively about their child condition and remaining 35% of the respondents have not agreed. 40% of the respondents have said that child condition will not help to fulfil daily activity of their child and rest of 60% of the respondents have not said. 25% of respondents have agreed that they get mental stress during child condition will not help to



fulfil the daily activity of their child, and 15% of respondents have not agreed. 75% respondent are not able to concentrate effectively on their work in their work place as their child condition and remaining 25% of the respondents are able to concentrate effectively on their work in their work place as their child condition.

65% of the respondents have agree that their child shows smile during their child is cheerful, 10% of the respondents agree that their child shows hand flapping, dancing, and hugging and rest of 5% respondents agree that their child show through clapping. 45% of the respondents have agree that their child express angry state through crying, 35% of the respondents have agreed that through beating, 20% of the respondents have agreed that through pulling others hair and rest . 85% of the respondents have expressed that their child have good relationship with their sibling and family members and rest of 15% of the respondents have expressed that their child don't have god relationship with his/her sibling and family member. 85% of the respondents have agree that parents are properly adjust toward the condition of their child and remaining 15% of the respondents have not agreed that parents are properly adjust toward the condition of their child.

Major Findings

60% Of the respondents have said that their child is interested to communicate with others 95% of the respondents have told that extra support and care were need to their child. 45% respondents have expressed that their child condition is affecting the family members to fulfil their daily activities. 70% of the respondents expressed chances are given to their child to take part in the family function/events to improve the social condition of their child. 60% of the respondents have felt angry when their child is not cooperated with them. 65% of the respondents have felt hesitation to participate in any family/social function as their child is disabled. 65% of the respondents have agreed that they got mental distress when neighbour/relative speeches destructively about their child condition. 40% of the respondents have said that child condition will not help to fulfil daily activity of their child. 25% of respondents have agreed that they get mental stress during child condition will not help to fulfil the daily activity of their child. 40% of the respondents have not expressed that impact will take place among their family members due to their child condition is not good. 75% respondents are not able to concentrate effectively on their work in their work place as their child condition. 65% of the respondents have agreed that their child shows smile during their child is cheerful. 45% of the respondents have agreed that their child express angry state through crying. 85% of the respondents have expressed that their child have good relationship with his/her sibling and family members. 15% of the respondents have not agreed that parents are properly adjust toward the condition of their child

Discussion and Conclusion

The main objective of the present study is to assess the parental attitude toward their child with disability and their condition. The result of the study indicate that most of the parents of children with disabilities have positive attitude towards their child condition and many of the parents expressed that they have good approach to take caring of their child and also they properly adjusted with their child.

Parents should not feel hesitate to participate in any family/ relative functions with their child, if they feel hesitate the process of social interaction with others will affect. Parents have to treat their child as normal child somewhat it will help to develop self confident of the child with disability and themselves. Parents have to teach some basic activity for child in their home and create suitable environment which help to develop their social condition.

Limitations

The study was conducted with a small sample and it was a time-bound study. Due to this, the researchers have not focused on children with specific disability who came for attending services during the study period. Hence, the generalisation of the findings has limited application. However, it has the implication that working with parents can bring about a change in attitude towards their children with specific disability.

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