

## **Disability Impact and Family Efficiency in Parents of Mild Intellectual Impairment Children**

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### **ABSTRACT:**

Parents of children with mental retardation experience stress and burden of care. The index study was designed to compare disability impact and family efficiency in parents of children with mild intellectual impairment. Fathers and Mothers of 30 children with mild intellectual impairment were administered NIMH Disability Impact Scale and NIMH Family Efficiency Scale. The comparisons of mothers and fathers on the scales revealed that there were no statistically significant differences in the family efficiency of the parents. However, on Disability Impact Scale, mothers were found to have significantly greater impact.

**Keywords:** *Mild Intellectual Impairment Children, Parents of Mild Intellectual Impairment Children, Disability Impact Scale, Family Efficiency Scale.*

### **INTRODUCTION:**

Parents of children with disabilities undergo more than an average amount of stress ( Esdaile et al,2003).The stress associated with rearing mentally handicapped children is multifold. Problems like disturbance of routine, family leisure, family health, make steady drain on time, physical and emotional energy as well as financial resources of the parents. The presence of a child with impairment in the family calls for a lots of adjustment on the part of the parents and family members (Peshwaria and Menon,1991). Children with neurodevelopment disabilities (NDD) are at increased risk of having a sleep disorder .These tend to be longstanding, resistant to treatment and adversely affect development and health. Co-morbid sleep problems exacerbate the burden of NDD on caregivers. A large proportion of these sleep difficulties are delayed sleep phase syndrome (DSPS) and impaired sleep maintenance (ISM). Sleep onset and maintenance are closely related on physiologic grounds and commonly occur together; therefore, we included both sleep disorders under the diagnosis of circadian rhythm sleep disorders (CRSDs). Cummings et al.(1996) reported that fathers having retarded children express more depression, lower self-esteem and a sense of parental inadequacy than the fathers of healthy children. Caregivers of persons with mild intellectual impairment experience considerable burden.

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Parents of mild intellectual impairment use escape, avoidance as a mechanism of coping to reduce the burden. The responsibilities associated with caring of the children with mild intellectual impairment may influence the parents' psychological, physical and financial well being over time (Seligman and Meyerson, 1982, Ventura an Boxx,1983, Quine and paul,1985).

Presence of such a child in the family lead to unsatisfactory marital life, loss of social support, martial disharmony, and the negative attitudes among the family members (Fredric and Friedrich,1981). Most of the parents may like to keep themselves aloof from others and engage less in recreation and leisure activities. Some families face rejection or neglect from the family members, friends and relatives and hence interpersonal relationships get strained leading to loss of support; the effects however, vary from family to family depending upon quantity and quality of emotional, financial and physical support, degree o child's handicap, age or whether the child has associated problems.

### **OBJECTIVES**

The present study aimed at comparisons of disability impact and family efficiency in parents of mild intellectual impairment children.

### **METHOD**

The study was conducted at Shri Krishna Medical Hospital Karamsad.(40 parents, 40 fathers and 40 mothers ) having impairment children participated in the study. The age range of fathers was 23-65 years and the range for mothers was 20-60 years. The parents of 9 male persons and 11 female persons with mild intellectual impairment constituted the sample. 13 parents belonged to rural area and 7 were from urban areas. Following scales were individually administered on each parents.

#### **NIMH Disability Impact Scale :**

The Scale is developed by Peshawaria and menon (2000).There are 11 areas in the scale – physical care, health, career, support, financial, social, ridicule, relationships, sibling effects, specific thoughts and positive impact ; which are explored separately for mother and father.

#### **NIMH Family Efficiency Scale :**

The Scale is developed by Peshawaria and menon (2000).Ther are 15 areas in the scale – sacrifice, faith in God, financial, values, health, trust, acceptance, crisis, social support, communication, roles and responsibilities, optimism, decisions, time and independence.

Parents were interviewed thoroughly to get accurate responses to the items of the scale.

## RESULTS AND DISCUSSION

The group were compared through t-test. The results are presented in following Table 1 :

Table 1 : Mean, S.D. and t-values of Family Efficiency and Disability Impact

Measure	Grouping	N	Mean	Std. Deviation	t-value
Family Efficiency	Mothers	20	28.45	3.73	.554
	Fathers	20	27.85	3.08	
Disability Impact	Mothers	20	46.90	6.29	2.431*
	Fathers	20	41.35	8.04	

\*significant at .05 level

The results reveal that family efficiency of both fathers and mothers is affected due to presence of a child with mild . Both the parents are adversely affected by the disability of their children. However, the comparison of mothers and fathers on disability impact revealed that mothers are affected more than the fathers.

The areas of impact tapped by the index scale are : physical care of the child, health related problems, career adjustment, loss of support, financial difficulties, social restrictions, embarrassment/ridicule, relationships, sibling effect, specific thoughts and positive impact.

Sing et al.(2002) while studying the impact of mentally challenge children on family observed that parents are adversely affected by the children. They found that mothers felt more stress in emotional area. Mehta et al. (2008) studied the parenting stress of the parents of mentally challenged children. It was observed that the parenting stress was parent in most of the parents; however, mothers felt more stress than fathers. Beckman (1991) also reported that in comparison to control group parents of children with disabilities have more depression, mainly in mothers. Vashishtha and Rani (2008) identified the stress factors in mothers of mentally retarded children. They observed that the mothers of such children had higher stress factors related to hospital, finances, disease, family, child and psychological factors. The results of the index study are in accordance with prior researches. These results are in expected direction because the mothers remain more active in the child's care and bear most of the burden associated to child's physical care.

## CONCLUSION

Since the family efficiency of the mothers of mentally retarded are affected adversely, they need to be counseled and trained more to enable them to cope up effectively with the situation.

REFERENCES

1. Beckman, P.J. (1991) Comparison of mother's and father's perception of the effect of young children with and without disabilities. *American Journal on Mental Retardation*, 95, 585-595.
2. Cummings, S.T., Bayley, H.C. and Rai, H.E.(1966) Effects of the child's deficiency on the mothers of mentally retarded, chronically ill, and neurotic children. *American Journal of Orthopsychiatry*, 46,246-255.
3. Turk J. Melatonin supplementation for severe and intractable sleep disturbance in young people with genetically determined developmental disabilities: short review and commentary. *J Med Genet* 2003; **40**:793–796. Crossruff, CAS, Web of Science®PubMed,
4. Mindell JA, Emslie G, Bulmer J *et al.* Pharmacologic management of insomnia in children and adolescents: consensus statement. *Pediatrics* 2006; **117**:e1223–e1232. Crossruff, Pub Med, Web of Science®
5. Campbell SS, Murphy PJ, Van Den Heuvel CJ *et al.* Etiology and treatment of intrinsic circadian rhythm sleep disorders. *Sleep Med Rev* 1999; **3**:179–200.
6. Crossruff, Pub Med, CAS, Web of Science®
7. Jan JE, Freeman RD. Melatonin therapy for circadian rhythm sleep disorders in children with multiple disabilities: what have we learned in the last decade? *Dev Med Child Neurol* 2004; **46**:776–782. Crossruff, Pub Med, Web of Science®
8. Smits MG, Van Stel HF, Van Der Heijden K *et al.* Melatonin improves health status and sleep in children with idiopathic chronic sleep-onset insomnia: a randomized placebo-controlled trial. *J Am Accad Child Adolesc Psychiatry* 2003; **42**:1286–1293. Crossruff, Pub Med, Web of Science®
9. Potocki L, Glaze D, Tan DX *et al.* Circadian rhythm abnormalities of melatonin in Smith–Magenis syndrome. *J Med Genet* 2000;**37**:428–433. Crossruff,, Pub Med,, CAS, Web of Science®
10. Jan JE, Wasdell MB, Reiter RJ *et al.* Melatonin therapy of pediatric sleep disorders: Recent advances, why it works, who are the candidates and how to treat. *Curr Pediatric Rev* 2007; **3**:214–224. Crossruff, CAS