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LEVEL OF ADJUSTMENT AND ATTITUDE OF PARENTS OF CHILDREN WITH MENTAL RETARDATION: AN ANALYSIS AT QUETTA, PAKISTAN

Psychology

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ABSTRACT

Present study attempts to determine the level of adjustment and attitude of parents of children with mental retardation at Quetta, Pakistan. The sample consists of 50 parents (either mother or father) of children already diagnosed as mentally retarded. Parental age group is 25-50 yearss. An Adjustment Inventory, Scale of Parental Attitude towards Mental Retardates, and a Personal Data Sheet were used for the measurement of established variables. Subjects were 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. Nevertheless, there was a variation in parental attitude by different religious groups. Locality of parents influenced only on the dimensions of social adjustment and parental attitude.

Key Words: Metal retardation, Parents Attitude, Religion, Adjustment Attitude

Each and every child is really special to a parent in his or her own way. However, there are some children who need very special care due to some handicap from their parents who strive hard and take it as challenge to prepare these children to face the future life challenges and overcome difficulties. It includes variety of disorders which needs a longer and adoptive care. Under prevailing circumstances, generally these special needs include established emotional and behavioral disorders, genetic risks,

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consisting of prolonged medical care. Each parent does like to have his/her child mentally, developmentally and physically perfect and flawless **(Cummings, 1976)**.

However, occasionally children possess permanent or temporary mental or physical disability. Birth with a disability or diagnosis that the child has a disability may have serious effects on their family. Conceivably there is nothing more disturbing to a family knowing that the child born with some physical or mental defect on birth. It results into even more painful test for a family discovering that the disability is incurable **(CNSDDC, 2000)**.

Every family and child is unique in many ways. The feelings and response of parents and close relatives, associated to a child with a birth defect is usually embarrassment and guilt **(Richmond et al., 1983)**. On the discovery of the disability of their child, most of the parents' response in varied ways. Usually the share and seek help from the parents who have already been facing the same difficulty **(UN, 1997)**. People with disabilities usually suffer from rejection and social stigma as a problem from their social groups and including near ones. Typically it is quite deep rooted and enriched by some cultures and religions as a sever prejudice **(Wang, 1992; Roger-Dulan, 1998).** Variety of cultural, social and psychological variables is associated in making a decision for parents whether a person becomes aware of problem and therefore agrees to cooperate **(Shaw, 1981).**

Earlier the problems of the children with normally associated with environment, significantly relationship with the parents. Nevertheless, advanced research proved that most of these disorders are the result of combined biological and psychological factors. Even genetics may control the possibility of causing certain disorders like schizophrenia, bed wetting, and certain mood and anxiety disorders. There is also a significant role of parenting techniques affecting behavior of child. Global health problems carry prominent position of childhood cognitive disabilities. Childhood cognitive disabilities does effect much negatively on the quality of life and efficiency to not only respective families but also related population at large. In developing countries, where childhood disabilities risk factors are quite prevalent and where the focus of respective population remains quite concentrating upon young, there is a grave need for public health counter strategies to deter such abnormalities **(Schild, 1971)**. Updated information on risk factors and causes are setting in these days in less developed world. Multifold factors may influence the well-being of a family. One of these factors is surely emotional and physical health of the parents **(Drew et al., 1984).**

Parents are certainly the nucleus of the family. Basically parents own the

responsibility of the child with disability along with maintenance of house hold. Consequently as parents, it is really important to take care of oneself as an individual so that they take real care of their roles and responsibilities. Single family and bonded family do influence distinctly the well-being of the family. If the parents exhibit a strong and supportive, it enriches the entire family members **(Margalit & Raviv, 1983).**

No doubt each and every child is indeed special to a parent in his or her own way. Nevertheless, there are some children who need more time, attention and care who due to their handicap badly need it. As a challenge, this way parent of these children prepares, their children to face the challenges of their life and overcome their difficulties. It is an established fact our of our experience with families and research finding that not only parents but also every family get affected by the disability of the child **(Rao, 1994)**.

Latest research has concentrated upon parental underlying forces in relation to the existence of a child with mental retardation. The presence of a child with special needs results into catastrophe in the family. Sufficient clinical observations has reported that such parents often depicted uncertainty, displeasure, helplessness, anger, embarrassment, grief, and guilt **(Schild, 1971).**

In a study conducted by Friedrich and Friedrich (1981), comparing parents of handicapped and non-handicapped children, parents of handicapped children reported less social support, lower physical well-being, less satisfactory marriage, in comparison to non-handed children. Review of literature reflects that adjustment and attitude are the two significant variables among parents of mentally retarded children. Therefore, an attempt is made to examine the influence of both of these variables on parents of mentally retarded children. Wherein according to Disabilities Education Act (IDEA) Mental Retardation has been taken as "significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance."

Following hypotheses were addressed in the present study.

1. There exists a significant difference between urban and rural subjects regarding various sub-categories of Adjustment and Parental attitude.
2. Three categories / groups of respondents would have a significant difference on the basis of Religion on various sub-categories of Adjustment and Parental attitude.
3. On various sub-categories of Adjustment and Parental attitude, there lies significant difference among three groups of subjects on the basis of education level.

4. There is exists substantial variance between the lower income group and higher income group on various sub-categories 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 Complex for Special Education Brewery Road, Quetta. 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. Classification of the Sample was based upon Education, Religion, Income, and locality.

TOOLS

Following tools were used for the measurement of these variables.

1. An Adjustment Inventory: Adjustment Inventory, originally developed by Bell (1934). It was adapted into Urdu Language in 2010 by Tahir. 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 used to measure the mean variance of the Adjustment variables and Parental attitude on religion. The results exhibited that there is significant difference among the three religious groups on the variable Parental attitude. Results as follows: $F(2,47)= 5.422$; $P< 0.01$. The F-ratio of 5.422 is found to be significant at 0.01 levels. It specifies that the parental attitudes towards their child with mental retardation may be affected by religious beliefs. The people belonging to different religious groups may perceive the life situations otherwise. Attitudes related to familial, social, emotional, etc. can also differ conferring to the religious beliefs. Other interactions were found not significant on religion. However, the different areas of Adjustment were found more or less same among the different religious groups.

To find out the mean difference of Adjustment variables and Parental Attitude on Education, ANOVA was used. However, the difference remained statistically insignificant. It means that the education of parents does not affect parental adjustment and attitude towards their children with mental retardation **(Garret, 1999)**.

Table 1: Comparison of Mothers of Mentally Retarded Children in areas of Adjustment and Parental Attitude (Rural & Urban).

Variables	Groups	N	Mean	SD	t-value
Family Adjustment	Rural	34	29.922	5.029	-1.028
	Urban	16	31.635	6.407	
Emotional Adjustment	Rural	34	30.217	3.616	1.004
	Urban	16	29	3.794	
Health Adjustment	Rural	34	30.518	5.985	-1.735
	Urban	16	33.657	5.498	
Social Adjustment	Rural	34	33.776	8.409	2.038*
	Urban	16	29.947	4.538	
Parental Attitude	Rural	34	136.246	17.461	-3.122**
	Urban	16	154	21.459	

*p< 0.05 ** p< 0.01

The t-value obtained for three variables including, Family adjustment, Emotional adjustment and Health adjustment indicated 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 showed attitude difference towards the child with retardation and their social adjustment also get affected. It means that society plays a vital role in the upbringing of mentally retarded child. Several parents may feel ashamed of their children with retardation and deliberate them as a burden. However, others may consider it as their duty to take care of these handicapped children. This view may depend on how the society interprets children with mental retardation. These findings also support the influence of rural and urban social background which can be a discriminating factor among parents of children with mental retardation.

Table 2: Comparison of Mothers of Mentally Retarded Children in different areas of Adjustment and Parental Attitude (Socioeconomic status wise)

Variables	Group		N	Mean	SE t-value
Family Adjustment	Below 3000	25	30.19	6.311	-0.331
	Above 3000	25	30.37	4.688	
Emotional adjustment	Below 3000	25	30.34	3.017	0.923
	Above 3000	25	29.29	4.237	
Health Adjustment	Below 3000	25	31.37	6.102	-0.282
	Above 3000	25	31.89	5.920	
Social Adjustment	Below 3000	25	33.58	8.426	0.935
	Above 3000	25	31.49	6.583	
Parental Attitude	Below 3000	25	140.89	19.45	-0.350
	Above 3000	25	142.98	21.68	

The t-value obtained on the basis of income for the whole study variables remained statistically insignificant.

Overall the results have showed that parental attitude was the only variable which showed a significant difference among the subjects grouped on the basis of religion. There exists no significant difference among the groups of subjects on the basis of education on all the variables. The results also suggest that there exists significant difference between rural and urban parents only on social adjustment and parental attitude. There was not any significant difference on any of the variables among subjects against lower and higher income.

The sample of the study conducted by Behari and Ruchi (1995) on maternal attitude and child rearing practices of mentally retarded children consisted of 60 mothers, of whom 30 were less educated and with low socio-economic class (group1) and 30 well educated upper middle class mothers (group2). The study examined the attitude of mothers towards their mentally retarded sons on 23 areas of child rearing practices. The result yielded significant differences between group 1 and group 2 on only 7 areas of child rearing practices.

However, the study conducted by Rao (1994) on "Behavior disorders in moderately mentally retarded children and the relation to parental attitude", wherein sample size comprised of parents of 60 moderately mentally retarded

boys and girls. The results of this study showed a negative attitude of the parents towards their children with mental retardation.

As a conclusion, the most vital insinuation of current study is to uplift 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 of mental retardation.

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