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## **Role of Parental Involvement in Training Children with Intellectual Disability**

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## **Parents and Children with Intellectual Disability**

### **Abstract**

The principle aim and objective of this study was to find out the stress of the parents and their involvement in training children with intellectual disability. The study was conducted on twenty parents (ten mothers and ten fathers) having children with intellectual disability. Data were collected through semi-structured interview by using 'NIMH Disability Impact Scale' with informed consent. The quantitative analysis of the checklist was done. Results indicate that in the area of physical care, loss of support and sibling effect has scored high, that represents the higher stress among parents in nuclear family. The author suggests that the results of this study may provide directions for the establishment of rehabilitation services (such as counseling) in the future for the parents of the children with intellectual disability.



### **Introduction**

The present study has been designed to study the stress of the parents and their involvement in training children with intellectual disability. Parents of the children with intellectual disability experience stress because of the unusual needs they face on the account of the disability in their children in parenting. Parenting a child with intellectual disability is not an easy job (Peshawaria, 1992). Parents having a child with intellectual disability experience a variety of stressors and stress reactions related to the child disability (Orr. et al., 1993). Parents are known to get impacted in many ways because of having a child with intellectual disability in their family. These includes, parents feeling sad, depressed at various stages of child's life and experiencing other emotional reactions in the family. Specially if the child is female and belongs to lower economic group and has disability like intellectual disability, parental involvement and stress is reported more (Peshawaria et al., 1995; Shin et al., 2006; Verma and Kishore, 2009). Although there will be individual differences, it is well documented that the responsibilities associated with the care of children with disability may affect parents psychological, physical and financial well-being overtime (Seligman & Meyerson, 1982). Hence, it's a great challenge to parents in training their children with intellectual disability. Therefore, the objective of this present study was to find out the stress of parents and their



involvement in training children with intellectual disability with respect to the type of family.

### **Methodology**

#### **Sample:**

The sample of the present study consisted of twenty parents having only one child with intellectual disability. Out of twenty parents, ten were selected from joint family and rests ten were from nuclear family, ten parents were having male child and ten parents were having female child, ten families from high income group and ten from low income group. Each and every parents were contacted personally in the clinical setup. The purpose of the study was explained and they were requested to give their frank and appropriate responses.

#### **Tool:**

In this study of stress, "NIMH Disability Impact Scale (Peshawaria et al., 2000)" was used to assess the stress of the parents having children with intellectual disability. This scale was developed by National Institute for the Mentally Handicapped, Secunderabad, for the purpose of "Intervention and Support Programmes for the Parents having child with intellectual disability". The items were rated on this scale, 0 – no impact, 1 – less impact and 2 – high impact. Higher the scores show greater impact.



### **Procedure:**

Parents meeting the inclusion criteria were selected in this study with informed consent. The data was collected through semi-structured interview by using NIMH, Disability Impact Scale, after establishing rapport. Parents were requested to answer each statement freely without any hesitation and they have ensured the secrecy of their response.

### **Statistical Analysis:**

Statistical analysis was done by using SPSS for Windows (Version – 12) and ‘Man-Whitney- U’ test was done as per the basic assumptions.

**Results:**

Table-1: Shows the stress of the parents having child with intellectual disability in different areas

Areas	Family type	N	Mean Rank	Sum of Ranks	Mann-Whitney 'U'
Physical care	nuclear	10	15.20	152.00	3.00 **
	joint	10	5.80	58.00	
	Total	20			
Health	nuclear	10	12.20	122.00	33.00
	joint	10	8.80	88.00	
	Total	20			
Carrier	nuclear	10	11.40	114.00	41.00
	joint	10	9.60	96.00	
	Total	20			
Loss of Support	nuclear	10	15.50	155.00	00.00 **
	joint	10	5.50	55.00	
	Total	20			
Finance	Nuclear	10	10.45	104.50	49.50
	joint	10	10.55	105.50	
	Total	20			
Social	nuclear	10	8.10	81.00	26.00
	joint	10	12.90	129.00	
	Total	20			
Embarrassment	nuclear	10	9.30	93.00	38.00
	joint	10	11.70	117.00	
	Total	20			
Relationships	nuclear	10	11.50	115.00	40.00
	joint	10	9.50	95.00	
	Total	20			
Sibling effect	nuclear	10	14.65	146.50	8.50 **
	joint	10	6.35	63.50	
	Total	20			
	nuclear	10	9.60	96.00	



Thoughts	joint	10	11.40	114.00	41.00
	Total	20			
Positive Impact	nuclear	10	9.05	90.50	35.00
	joint	10	11.95	119.50	
	Total	20			
Socio-economic status	nuclear	10	11.25	112.50	42.50
	joint	10	9.75	97.50	
	Total	20			

(\*\*)

The characteristics of children revealed that the gender of the children with intellectual disability was controlled for this study (10 male & 10 female) to compare the similarities and differences of occurrence of stress. The mean age of children was 10.37 years and majority of the children had moderate intellectual disability (45%) followed by mild intellectual disability (35%) and rests were severe intellectual disability (20%).

Parental characteristics revealed the seventy percent fathers were educated up to secondary level (70%) followed by twenty percent were graduate or above (20%) and rest were illiterate (10%). Majority of the fathers were in private job (50%) followed by thirty percent skilled labour (30%) and rest twenty percent in government job (20%). Fifty percent (50%) mothers were passed primary school followed by thirty percent (30%) illiterate and rest twenty percent graduate or above (20%). Ninety percent mothers were housewife (90%) followed by ten percent in private job (10%).



The quantitative analysis of the checklist was done and Table-I above shows that in the area of physical care, loss of support and sibling effect has scored high, that represents the higher stress among the nuclear family. Most of the parents stated that the training of child with severe and moderate intellectual disability required more patience and time and accordingly the stress of the parents goes high whose child is diagnosed as severe or moderate intellectual disabled.

### **Discussions:**

The presence of a child with intellectual disability in the family needs a lots adjustment on the part of the parents and other family members (Peshawaria and Menon, 1991). Data





analysis of parents resulted in the emergence under the different feelings. The present study revealed that the nuclear family having more stress as compare to joint family in the area of physical care of parents (Peshawaria and Menon, 1991; Dyson, 1997). This reflect that less number of peoples were present in nuclear family so more demand on few people to give physical care so that more impact in physical domain. In the area of 'loss of support' it was found that nuclear family was lacking as compare to joint family. Perhaps, less number of people was present in the nuclear family and spending more time with the child with intellectual disability that reflects parents were getting less time for social engagements.

The present study revealed that the sibling effect among the nuclear family was more as compare to the joint family due to the less number of models were available in the family to take care of their normal children (Byrne and Cunningham, 1985). The reason could also be that parents were much involved with their disabled child so that they may not be getting extra time to spend with their normal children. The findings of the study provide some directions to establish rehabilitation services and to identify some challenges for the service providers. In order to increase family involvement in the rehabilitation of their members, the service providers need to plan for family support programmes, which are useful for the parents. Such programmes need to be tailored to meet the individual needs of each family. Some guidelines



can be drawn from the findings of the present study to make these programmes more meaningful. Family support programmes need to improve the skills of parents to cope up with physical, financial and emotional needs. Counselling aimed at increasing acceptance of a mentally retarded child in the family, especially by siblings, and at resolving family problems will be very useful. Parents will also need to be helped to develop personal skills and internal coping mechanisms which may equip them better to deal with situations arising from having a child with intellectual disability. It is also suggested that parent training programme need to be conducted on regular interval so that the parents can be equipped with training modules in handling their children with intellectual disability effectively. So, it is seen that more the parents are involved in training of their children with intellectual disability will enhance the skill of their children.



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