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PROBLEM BEHAVIOR AND PARENTAL EMPOWERMENT OF MENTALLY RETARDED CHILDREN

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Abstract:-Parenting child with Mental Retardation is not an easy job. They have psychological problems in form of stressors and stress reaction related to the child's disability. The present study focused on the relationship between behavior problems and parental empowerment of children with mental retardation. Materials and Methods:50 parents of children (in the age group of 4 to 18 years) with Mental Retardation were taken for the study. The Socio-Demographic details, Behavioral Assessment scales for Indian Children with Mental Retardation- Part:B and Parental Empowerment scale were administered. Results: Male has more behavioral problems than females. There is no significant relationship found between problem behavior and parental empowerment ($r = -0.26$). Conclusion:Parental empowerment may not be a significant factor in determining the problem behavior of mentally retarded children. It has implicated that parent training and family based intervention programs can help in the management of behavioral problems.

Keywords:Mental Retardation and Parental empowerment .

INTRODUCTION

Mental retardation is a lifelong debilitating developmental problem and is not a simple psychological or medical problem but an important psychosocial problem. It is a social problem of great magnitude. Parenting a child with mental retardation is not an easy job due to their problem behaviour and these children were restricted of opportunities to engage in the routine day to day normal activities. Thus they need strict vigilance to carry out the routines which lead to less autonomous engagement in the normal learning of domestic, social and self-help skills. It is a challenge and potential source of stress to the family of an individual with this condition. They also suffer from guilt, a sense of loss and disillusionment about the future. Parental stress in relation to children with intellectual disability, stressed these parents experience more stress than parents of children without disabilities [1]. Higher incidence of socio-economic disadvantage, physical illness, and mental health effects including worry, tiredness, and depression were also evident [2].

Mental retardation refers to significantly sub average general intellectual functioning accompanied by deficits in adaptive behavior and originated during the developmental period [3]. Various disorders are associated with mental retardation which includes, epilepsy, cerebral palsy, visual and hearing impairments, speech or language and behavioral problems, between 10% and 40% meet the criteria for dual diagnosis of mental retardation and a mental illness, full range of psychopathology evidenced in the general population, [4] [5] [6] [7].

A study conducted in New Delhi, India, by [8] found significantly higher prevalence of behaviour problems in mentally retarded children. They also found that behaviour problems were more in the younger age group and higher prevalence of behaviour problems were evident in moderate mental retardation when compared to mild mental retardation children. They also reviewed a study in which nearly half of the Children with mental retardation

have associated psychiatric or behavioural disorder, ADHD was found in 11.1% conduct disorder 1.1%, temper tantrums 3%, aggression 0.6%, autism 4.7% and other nonspecific behaviours 10.8% [9]. Parental empowerment is an important element in special education of the disabled. The most commonly cited definition states that empowerment is an intentional, ongoing process through which people lacking an equal share of valued resources gain greater access to and control over those resources' [10]. Health and education professionals who participate as team members, actively pursue parent-professional partnership in the decision making process of intervention strategies. The first and foremost step is to acknowledge the value of the parent professional relationship. If professionals are reluctant to or refuse to acknowledge parents as partners in the process they run the risk of alienating them resulting in a lack of interest or participation in necessary services. From this it is clear that, parental empowerment is important in special education. For this relationship to take effect, parents should be empowered. It has been seen that behavior problems are a major associated condition of mental retardation. But we can manage these problems to a great extent, if taken effort. The role of parents is highly significant in supporting, and in the management of behavior problems. The first and foremost thing is that the parent should be aware of the child's level of functionality and the associated conditions. More than any other persons, parents are the person who has good awareness about the child's behaviour problems and positives. So here the empowerment of parent regarding behavior problems of children is highly significant. So we can say that parental empowerment play an important role in the psychosocial development of the child. And such studies exploring the need are inevitable especially children with mental retardation with different types of problem behaviors.

In contrast to the above statement, a study by [1] using the Double ABCX in contrast to linear ACBX model, parent, child and school factors were modeled in relation to an outcome of parental empowerment, their reviewed studies have demonstrating a greater likelihood of behaviour problems in children with disabilities [11], they also reviewed the study by [12] in which child behaviour- related stress contributed to the prediction of empowerment. Further research has failed to find a direct effect of the stressor (aA) on the family's resources (bB) [13][14]. This Double ABCX and the ACBX model examined an outcome of family empowerment (xX) in relation to child behaviour problems (aA), stress and well-being in relation to the caregiving role (cC), and resources (bB), more specifically. This study revealed that intervention for children with disability may not influence parental empowerment directly, rather focusing on child-based interventions might reduce child behaviour problems, thereby decreasing parental stress and increasing parent coping. This may differ according to their age, sex, family economic status, their educational facilities, training etc. for a better intervention, clear understanding of the nature and extend of the problems are essential.

The present study would help professionals, parents, and teachers to understand children problem behaviors and thereby increasing their coping abilities. It is expected that findings of the study would facilitate the entire rehabilitation team involved in activities of the children with mental retardation to seek parental help and support. The findings of the study are expected to throw light into the awareness level of parents with regard to their role as parents in management of behavioral problem of their children.

OBJECTIVES

To study the problem behaviour and parental empowerment of mentally retarded children. To explore the relationship between problem behaviour and parental empowerment with respect to mild, moderate, and severe levels of retardation in children and other demographic variables.

HYPOTHESIS

There will be significant difference in problem behaviour among levels of mental retardation and parental empowerment.

There will be significant relationship between problem behaviour and parental empowerment.

METHODOLOGY

The study consisted of 50 mentally retarded children and their parents. The samples were randomly selected from different special schools of Kottayam district, Kerala, India. Parents of mentally retarded children attending special school education and parents those who were willing to participate in the study by signing an informed consent were included. Parents of children met any criteria for autistic disorder, other neurological conditions like cerebral palsy and seizures were excluded. Sociodemographic data sheet was prepared to collect the general information from the participants viz: parent age, gender, economic status, gender of the child, and the level of retardation of the child were recorded with the help of the special education teacher. The behavior problems and parental empowerment were assessed from the parents. The Behavioral Assessment scales for Indian Children with mental retardation (BASIC – MR) Part – B [7] was used to assess the various behavioural problems in children with mental retardation. The test-retest reliability coefficient for the BASIC-MR, part-B was found to be 0.68.

Family Empowerment scale [15] is designed to measure the empowerment based on a two dimensional definition of empowerment; level of empowerment (including family, service system and community levels of empowerment activities) and the expression of empowerment (including attitude, knowledge and behavior). The internal consistency alphas for the family, service system and community subscales were 0.88, 0.87 and 0.88 respectively. The test retest reliability coefficients of stability over a several week period were 0.83, 0.77 and 0.85 for the family, service system and community subscale.

RESULTS

With regard to problem behaviour, 18% of the retarded children belong to very low category, 58% belongs to the low category and the remaining 24% belongs to the average category of problem behaviour. Majority of the children (76%) belong to either low or very low behavioral problems. The mean value of problem behavior of high economic status group is 36.56, middle economic status is 38.87 and for low economic status group is 44.32. The standard deviation score for the high, middle and low socio economic status is 18.04, 16.63 and 18.22 respectively. While comparing the children gender on problem behavior the 't' value is 3.163** and ($P < 0.01$) which is greater than that of table value, hence indicating significant difference in the problem behaviour based on the gender. The mean value of males is 46.37 and for females 31.75. This shows male population with mental retardation has more behavioral problems than females. The mean value of problem behavior of mild retarded children is 30.24; moderate is 54.89 and for severe retarded children is 34.93. The standard deviation score for the mild, moderate and severe category is 9.02, 16.23 and 14.89 respectively. To find out whether there exists significant difference ANOVA technique was done, the value of 'F' ratio is 15.83 indicating statistically significant difference among these groups in problem behavior in relation to mild and moderate levels of mental retardation at 0.01 levels. i.e., the problem behavior differs between the mildly retarded children and moderately retarded children. There is a significant difference in parental empowerment of mentally retarded children in relation to middle and low economic status $P < 0.01$ level with mean difference 3.13** revealed that the parental empowerment differs between middle and low economic status. Parental empowerment with respect to parent gender 't' value is 2.517* ($P < 0.05$) indicating significant difference in parental empowerment with respect to gender of the parent. The mean value of males is 105.91 and for females are 86.28. From this we can see that the mean value of females is less than that of males. That means the parental empowerment score of male parent is much higher than female parent. Analyzing the variance of parental empowerment with respect to level of retardation the 'F' ratio is 29.57** ($P < 0.01$) which is significant. This shows that the level of retardation is a significant factor, for the empowerment of parents. There is significance in relation to mild and moderate level of retardation at 0.01 levels with the mean difference of 29.44** which indicates the parental empowerment differs between the mild and moderately retarded children. There is significant difference in parental empowerment of mentally retarded children in relation to mild and severe level of retardation with the mean difference of 52.74** revealed that the parental empowerment differs between the mild and severely retarded children. There is significant difference in parental empowerment the mean difference value of 23.30** ($P < 0.01$) indicating the parental empowerment differs between moderate and severely retarded children. Considering the mean values, it can be seen that the mean value is high for the mild category. This means that parental empowerment is high in parents of mildly retarded children, compare to parents of moderate and severely retarded children. While analyzing the relationship between problem behavior and parental empowerment of mentally retarded children, the obtained correlation value is -0.26 which is not significant at 0.05 levels. This reveals that, there is no relationship between problem behavior and parental empowerment.

DISCUSSION

It is revealed in the present study the existence of difference in problem behavior in relation to mild and moderate levels of mental retardation, the problem behavior differs between the mild and moderate mentally retarded children which is similar to the findings of [8] behaviour problems were more in the younger age group and higher prevalence of behaviour problems were evident in moderate mental retardation when compared to mild mental retardation children. With regard to socioeconomic status parental empowerment differs between middle and low economic status. Parental empowerment differs with respect to level of retardation i.e. the parental empowerment differs between the mild and moderately retarded children and also between mild and severely retarded children. Parental empowerment is high in parents of mildly retarded children, compare to parents of moderate and severely retarded children. As a final and concluding finding it is revealed there is no relationship between problem behavior and parental empowerment which is supported by the study intervention for children with disability may not influence parental empowerment directly, rather focusing on child-based interventions might reduce child behaviour problems, thereby decreasing parental stress and increasing parent coping [1].

CONCLUSION

There is significant difference in problem behaviour among various levels of mental retardation. Parental empowerment is high in parents of children with mild mental retardation and it also varies with respect to socioeconomic status difference exist between middle and low socioeconomic status of parents. The results also highlight in general there is no relationship or influence of problem behaviour on parental empowerment. The study has implications in terms of parent training and family based intervention programmes can help in the management of behavioral problems. A comparative study could be conducted on the problem behavior and parental empowerment in children with mental retardation from residential and non-residential schools. Longitudinal work would be using in large sample size, assessment of therapeutic modalities for parents coping behavior and the follow up assessment of treatment outcome.

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