



Journal Homepage: -www.journalijar.com
**INTERNATIONAL JOURNAL OF
 ADVANCED RESEARCH (IJAR)**

Article DOI: 10.21474/IJAR01/7857
 DOI URL: <http://dx.doi.org/10.21474/IJAR01/7857>



RESEARCH ARTICLE

MENTAL HEALTH OF PARENTS OF PHYSICALLY DISABLED AND NON DISABLED CHILDREN.

Dr. Divya Jain.

Research Scholar, Department of Psychology, M.L. Sukhadia University, Udaipur.

Manuscript Info

Manuscript History

Received: 10 August 2018

Final Accepted: 12 September 2018

Published: October 2018

Keywords:-

Mental Health, Somatic Health Status,
 Physically disabled, Parents.

Abstract

The present study was carried out to compare mental health of parents of physically disabled and non- disabled children. Sample of 100 parents (50 parents of physically disabled children and 50 of non-disabled) were purposively selected from Udaipur District. Mental Health Checklist prepared by Pramod Kumar (1992) was used to collect the data. Mental health Checklist assessed both mental and somatic health status of the respondents. Results showed a significant difference across mental health status and somatic health status of respondents. Parents of non disabled are found to be having better somatic health status and mental health status as compared to parents of physically disabled children.

Copy Right, IJAR, 2018., All rights reserved.

Introduction:-

In recent years, there has been a shift in the delivery of health care services away from child-centered models toward a family-centered model. (Friesen, 1990), (Bamm 2008.), (MacKean et al, 2005), (Leiter & King et al. 2004) Parents are typically the key members of a family, and the role of parents in the rehabilitation of children with physical disabilities is increasingly being recognized. Regular and active participation by parents during all phases of treatment of children with physical disabilities is a vital part of the overall management. (Siebes et al., 2007) However, providing a high level of care that is required by a child with long-term functional limitations may affect the psychological health of the parents. (Wallander et al, 1990), (Raina et al, 2004), (Dyson, 1993) Psychological problems such as depression may limit the role of parents in the management of the child's illness. (Bartlett, 2004) Emotional distress in a parent may contribute to emotional and psychiatric distress in the child and may affect the family's ability to cope with the illness; thus, the illness may have a greater impact on the family.(Canning ,1993) Therefore, early identification of parents who are at risk of poor mental health is important because interventions directed at caregivers are likely to be more successful if they target modifiable determinants of parenting burdens and address specific parental needs. Although there are several studies reporting that parents of children with physical disabilities are at a great risk of poor mental health, (Wallander et al, 1990), (Raina et al, 2004), (A mosun et al,1995),(Brehaut et al,2004),(Florian,2001),(Lambrenos et al.,1996),(Mobarak et al.,2000),(Raina et al.,2005),(Wallander et al.,1998),(Wallander et al.1989),(Wallander et al.1989),(Wiegner & Donders,2000) most have been conducted in western countries. Parental burden may be perceived differently, depending on the regional, societal and cultural norms. Therefore, this study aims to assess the mental health of parents of children with physical disabled and non disabled.

Objective:-

To compare mental health of parents of physically disabled and non-disabled children.

Corresponding Author:- Dr. Divya Jain.

Address:- Research Scholar, Department of Psychology, M.L. Sukhadia University, Udaipur .

Methodology:-**Variables - Independent Variable: P**

arents (physically disabled and non disabled children)

Dependent Variables:

Mental Health, Somatic Health

Sample

The sample of the present study consisted of 100 parents (50 having physically disabled children and 50 having non disabled) selected purposively from Udaipur district.

Tools

Mental Health Checklist prepared by Pramod Kumar (1992) was used to collect the data. Mental health Checklist assessed both mental and somatic health status of the respondents. The test consists of 11 items, 6 mental and 5 somatic.

Procedure

The subjects were approached on their respective location with prior information. After establishing a good rapport with them was administered Mental Health Checklist. The collected data was analyzed using Mean .S.D and t-test.

ResultAnd Discussion:-

Mean S.D and t-value of scores of parents of physically disabled and non disabled children on Mental Health.

	Parents of physically disabled		Parents of Nondisabled		' t-value'
	Mean	S.D	Mean	S.D	
Mental Health	25.72	4.46	17.10	2.90	11.45*

Significant at *p> 0.05 level

From the result, it is clear that, significant difference was found between parents having physically disabled and non- disabled children on mental health, the mean scores for parents of physically disabled children is 25.72 with S.D of 4.46 and mean scores for the parents of non- disabled children is 17.10 with S.D of 2.90. The t value is 11.45, which is significant at 0.05 level. The score of parents of non disabled children was significantly lower than parents of physically disabled children. It indicates that parents of physically disabled have poor on mental and somatic health status. Parental distress was found to be significant reason of parental lower mental health. Social behavior towards parents of physically disabled child may affect the level of mental health and somatic health. Societal stigma towards disable is much negative, so social support may indirectly affect level of parent's mental and somatic health. Mental health of parents were significantly affected by low income, religious beliefs, extra care of their child, spending lots of time with their disabled and less time spend with other activities becomes a mental crisis for parents, which is also one of the reasons for low level of mental health in parents of physically disabled children in comparison to parents of non disabled children.

The result behind the psychological factors whether child-related factors that negatively affected parental mental health were poor walking ability, dependency on others to perform activities of daily life, and younger age. Parent-related factors that negatively affect parent's mental health were low income, no religious beliefs, and high level of parental distress, parent-child dysfunctional interaction, and having difficult child. The most significant reason of parental lower mental health was found to be parental distress.

Similar results were reported in earlier studies show Hung et.al. (2010) in his study on mental health of parents having children with physical disabilities found that parents of children with physical disabilities were at risk of poor mental health. Perceived parental distress is the most important factor affecting parental mental health. Similar results were obtained by Malhotra and Khan (2012) in his study showing parents of children with MR and autism seem to display a higher burden and a significant impairment in their quality of life.

Suggestions

Our study suggests that parents of physical disabled children were at risk for mental health. In dealing with the mental health needs of parents who seem to display a higher burden and a significant impairment in their mental and somatic health status having children with physical disabilities, clinicians should take care to evaluate the particular reactions of each parent and provide adequate intervention in cases where negative effects are evident or persist over time while taking such findings into account. Referral of these parents for treatment may prevent the development of more severe symptoms, which may interfere with effective parenting. Social support and different coping strategies should be developed to respond positively to individual changing needs and in buffering parents from the stress of having a child with disability. New research should be conducted to measure the effectiveness of these strategies. In addition, effective and sustainable psycho-social programs are needed to provide necessary support for the special needs of the children and their families.

Conclusion:-

Parents of non disabled are found to be having better somatic health status and mental health status as compared to parents of physically disabled children. Parents of children with physical disabilities were at risk of poor mental health. Perceived parental distress is the most important factor affecting parental mental health. Strategies to reduce parental stress should be developed to prevent deterioration of parental mental health.

Acknowledgment:-

I feel great pleasure, pride and satisfaction in presenting the research paper on “Mental health of parents of physically disabled and non-disabled children” I feel short of words in expressing my indebtedness and sincere thanks to my esteemed industrious guide, Dr. Kalpana Jain, Professor and Head, Department of Psychology, M.L.S. University, Udaipur (Raj.). I express my sincere thanks to all the parents, who had patiently cooperated in agreeing to be a part of sample of this study.

References:-

1. Amosun SL, Ikuesan BA, Oloyede IJ, (1995). Rehabilitation of the handicapped child--what about the caregiver? *P N G Med J*, 38:208-14.
2. Bamm EL, Rosenbaum P, (2009). Family-centered theory: origins, development, barriers, and supports to implementation in rehabilitation medicine. *Arch Phys Med Rehabil*, 89:1618-24.
3. Brehaut JC, Kohen DE, Raina P, Walter SD, Russell DJ, Swinton M, O'Donnell M, Rosenbaum P, (2004) . The health of primary caregivers of children with cerebral palsy: how does it compare with that of other Canadian caregivers? *Pediatrics*, 114:e 182-91.
4. Bartlett SJ, Krishnan JA, Riekert KA, Butz AM, Malveaux FJ, Rand CS, (2004) . Maternal depressive symptoms and adherence to therapy in inner-city children with asthma. *Pediatrics*, 113:229-37.
5. Canning EH, Hanser SB, Shade KA, Boyce WT, (1993) . Maternal distress and discrepancy in reports of psychopathology in chronically ill children. *Psychosomatics*, 34:506-11.
6. Dyson LL., (1993) Response to the presence of a child with disabilities: parental stress and family functioning over time. *Am J Mental Retard*, 98:207-18.
7. Florian V, Findler L, (2001). Mental health and marital adaptation among mothers of children with cerebral palsy. *Am J Orthopsychiatry*, 71:358-67.
8. Friesen BJ, Koroloff NM., (1990). Family-centered services: implications for mental health administration and research. *J Ment Health Adm* , 17:13-25.
9. Hung JW¹, Wu YH, Chiang YC, Wu WC, Yeh CH., (2010). Mental health of parents having children with physical disabilities. *Chang Gung Med J.*, 33(1):82-91.
10. King S, Teplicky R, King G, Rosenbaum P., (2004). Family-centered service for children with cerebral palsy and their families: a review of the literature. *Semin Pediatr Neuro*, 11:78-86.
11. Kumar, P. (1992). Mental Health Checklist. National Psychological Corporation. 4/230, Kacheri Ghat, Agra-282 004, India.
12. Leiter V., (2004). Dilemmas in sharing care: maternal provision of professionally driven therapy for children with disabilities. *Soc Sci Med*, 58:837-49.
13. Lambrenos K, Weindling AM, Calam R, Cox AD. , (1996). The effect of a child's disability on mother's mental health. *Arch Dis Child*, 74:115-20.

14. Malhotra S.*, Khan W.*, Bhatia M, S. **.,(2012). Quality of Life of Parents having Children with Developmental Disabilities. Department of Psychology, Jamia Milia Islamia, Department of Psychiatry, UCMS & GTB Hospital, Delhi. *Delhi Psychiatry Journal*, 15 (1):171-176.
15. MacKean GL, Thurston WE, Scott CM.,(2000). Bridging the divide between families and health professionals' perspectives on family-centred care. *Health Expect* 2005; 8:74-85.
16. Mobarak R, Khan NZ, Munir S, Zaman SS, McConachie H. Predictors of stress in mothers of children with cerebral palsy in Bangladesh. *J Pediatr Psychol*, 25:427- 33.
17. Raina P, O'Donnell M, Rosenbaum P, Brehaut J, Walter SD, Russell D, Swinton M, Zhu B, Wood E.,(2005). The health and well being of caregivers of children with cerebral palsy. *Pediatrics*, 115:e626-36
18. Raina P, O'Donnell M, Schweltnus H, Rosenbaum P, King G, Brehaut J, Russell D, Swinton M, King S, Wong M, Walter SD, Wood E.,(2004). Caregiving process and caregiver burden: conceptual models to guide research and practice. *BMC Pediatr*, 4:1-13.
19. Siebes RC, Wijnroks L, Ketelaar M, van Schie PE, Gorter JW, Vermeer A., (2007). Parent participation in pediatrics rehabilitation treatment centers in the Netherlands: a parents' viewpoint. *Child Care Health Dev*, 33:196-205.
20. Wiegner S, Donders J.,(2000). Predictors of parental distress after congenital disabilities. *J Dev Behav Pediatr*, 21:271- 7.
21. Wallander JL, Varni JW.,(1998). Effects of pediatric chronic physical disorders on child and family adjustment. *J Child Psychol Psychiatry*, 39:29-46.
22. Wallander JL, Pitt LC, Mellins CA.,(1990). Child functional independence and maternal psychosocial stress as risk factors threatening adaptation in mothers of physically or sensorially handicapped children. *J Consult Clin Psychol*, 58:818-24.
23. Wallander JL, Varni JW, Babani L, Banis HT, Wilcox KT., (1989). Family resources as resistance factors for psychological maladjustment in chronically ill and handicapped children. *J Pediatr Psychol*, 14:157-73.
24. Wallander JL, Varni JW, Babani L, DeHaan CB, Wilcox KT, Banis HT.,(1998). The social environment and the adaptation of mothers of physically handicapped children. *J Pediatr Psychol*, 14:371-87.