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Attitude of family caregivers towards the care of mentally challenged children: A descriptive study

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Abstract

The birth of a child with a disability, or the discovery that a child has a disability, can have profound effects on the family. Existing studies reveal that very often the parents as well as relatives have a negative attitude towards their mentally challenged children.

Objective: To assess the level of attitude of family caregivers towards Mentally Challenged Children in selected Institution, Bangalore.

Research Design: Descriptive research design was adopted for the present study.

Study setting: Nachiketa Manovikasa Kendra special school for mentally retarded, M.C. Layout Bangalore.

Tools: It consisted of two sections: Section A- Socio demographic Profile and Section B – attitude Questionnaire for family caregivers towards Mentally Challenged Children.

Results: The mean attitude score was 104.66. Also majority (62%) of the family caregivers had favourable attitude, 30% had most favourable attitude and 8% had unfavourable attitude.

Conclusion: research studies suggests that the caregiver's education programmes and community education programmes will positively influence the family caregiver's attitude. Family caregivers of Mentally Challenged Children require a help to develop a most favorable attitude towards the mentally challenged children.

Keywords: Attitude, opinion, perception, mentally challenged children, family caregivers, mental retardation and descriptive study

1. Introduction

Every parent wants his or her child to be physically and developmentally perfect. Some children have special needs that challenge parents to find ways to best prepare these children for the future and to handle any problems that may surface [1]. The birth of a child with a disability, or the discovery that a child has a disability, can have profound effects on the family. There is perhaps, no event more devastating to a family than a child born with a birth defect [1]. Diagnosis of intellectual disability in a child provokes a period of disequilibrium followed eventually by an adjustment to life with or without undue stress [2]. There is no more severe test of a family's resiliency than the discovery that a child is with an incurable disease. The initial response of parents and the broader community to a child with birth defects is guilt and embarrassment. On learning that their child may have a disability, most parents react in ways that have been shared by all parents before them who have also been faced with disappointment and enormous challenge [1]

A parent shows a series of reactions after knowing that their child is disabled. These include shock, denial, guilt, sorrow, rejection and acceptance. Questions like 'why me?' 'How can it be?' keep arising without answers. Some of them undergo tremendous guilt feelings, experience deep sorrow, have strong under expectations of achievement, may have unrealistic goals, may want to escape form reactions and ultimately turn to accept the child. All this can affect different parents differently [2]. There is evidence of punitive practices towards their mentally disabled children in both groups. In both communities, most families had shown great openness toward acquiring new skills and knowledge for handling their children with intellectual disability [3].

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Existing studies reveal that very often the parents as well as relatives have a negative attitude towards their mentally challenged children. People are often plagued with feelings of pessimism, hostility, shame, denial, projection of blame, guilt, grief, withdrawal, rejection, etc. Some people also experience helplessness, feelings of inadequacy, anger, shock and guilt whereas others go through periods of disbelief, depression and self-blame [4]. The majority of literature has highlighted the stresses and the subsequent negative consequences in caring for a mentally challenged child [4]. No family is prepared for presence of a mentally challenged child. Presence of a mentally challenged child shakes the foundation of the whole family [5]. Negative parental attitudes especially a rejecting attitude towards Mentally Challenged Children has been reported by various authors. Khatib J M, Khadi P B & Naik R K 2014, identified in his study that 26.67 per cent avoided the mentally challenged children, 1.67 per cent showed embarrassment and 1.67 per cent were abusive towards their Mentally Challenged Children. Also it was alarming to note that 45 per cent had negative feelings towards the challenged childlike cursing the child and their fate [6]. Thus the present study tries to focus on the existing attitude of family caregivers towards the care of mentally challenged children.

2. Methods and materials

2.1 Statement of the problem: A study to evaluate the level of attitude of family caregivers towards Mentally Challenged Children in selected Institution of Bangalore.

2.2 Objective: To assess the level of attitude of family caregivers towards Mentally Challenged Children in selected Institution, Bangalore.

2.3 Research Design: Descriptive research design was adopted for the present study.

2.4 Study setting: Nachiketa Manovikasa Kendra special school for mentally retarded, M.C. Layout Bangalore.

2.5 Sampling: Nachiketa Manovikasa School was selected for the study. After obtaining permission from the special schools the data collection procedure was initiated. Family caregivers were first informed of the study by the school principal and then by the researcher during a parents meeting day. After obtaining the willingness of the caregivers who fulfilled the selection criteria, 50 family caregivers were selected for the study.

2.6 Tools: It consisted of two sections. Section A- Socio demographic Profile and Section B – attitude Questionnaire for family caregivers towards Mentally Challenged Children. The researcher developed the attitude scale. Questions were designed to obtain information on parent behaviour, perceptions, reactions, values, feelings etc. There are 30 items in the attitude scale prepared in Likert type with 5-point scale as strongly agree (SA), agree (A), undecided (UD), disagree (DA) and strongly disagree (SD). The scale was prepared as statements. The scale was divided into four dimensions. They were caring, neglect, acceptance and punitive. Among these, items under caring and acceptance were positively worded and items under punitive and neglect were negatively worded.

3. Results

Section I: Sociodemographic data

Table 1: Frequency and percentage of age, gender, marital status, religion, educational status of family caregivers

n=50

S. No.	Variable	f	%
1	Age		
	a.27 -32	7	14%
	b.33-38	17	34%
	c.39-44	17	34%
2	d.45- 50	9	18%
	Gender		
2	a. Male	14	28%
	b. Female	36	72%
3	Marital status		
	a. Married	45	90%
	b. Widow	5	10%
4	Religion		
	a. Hindu	48	96%
	b. Muslim	2	4%
5.	Educational status		
	a. SSLC and Higher Secondary	3	6%
	b. PUC	5	10%
	c. Graduate	28	56%
	d. Post graduate	5	10%
	e. Diploma	9	18%

The family caregivers were well distributed across the age spectrum. In the present study 14% of the family caregivers belonged to the age of 27-32, 34% of them were between 33yrs -38yrs, 34% of them belonged to the age group of 39-44yrs and 18% of them belonged to the age group of 45yrs – 50yrs. Majority of the caregivers were found in the age group of 33-38 (34%) and 39-44(34%). Among the family caregivers 28% were males and the remaining 72% were females. Majority of 90% of the family caregivers were married, 10% of the caregivers were widows. 96% of the family caregivers were Hindus, 4% of the caregivers were Muslims. 6% of the family caregivers studied up to higher secondary and SSLC, 10% of them studied up to PUC, 56% of them were graduates, 10% of them were post graduates and 18% of them studied up to Diploma. Majority of the caregivers were graduates (56%).

Section II

Level of attitude of family caregivers on the care of mentally Challenged children: The objective of the present study was to assess the level of attitude of family caregivers towards Mentally Challenged Children.

Table 2: Maximum score, mean scores, mean percentage and standard deviation of attitude scores of the family caregivers

S. No	Variable	Experiment group		
		Maximum score	Mean	Standard deviation
1	Attitude	150	104.66	15.406

Group	Level of Attitude					
	Unfavorable attitude		Favourable attitude		Most favourable attitude	
	f	%	f	%	f	%
Experimental	4	8	31	62	15	30

Level of attitude of family caregivers on the care of Mentally Challenged Children

There were 30 items in the attitude scale prepared in Likert type with 5-point scale as strongly agree (SA), agree (A), undecided (UD), disagree (DA) and strongly disagree (SD). The total score one could obtain 150 and the minimum score is 30. There are 13 negative items and 18 positive items. The mean attitude score was 104.66. Also majority (62%) of the family caregivers had favourable attitude, 30% had most favourable attitude and 8% had unfavourable attitude.

4. Discussion

Approximately half of the family caregivers 34% participated in the study were between the age group of (33-38yrs). A higher percentage of the family caregivers were in the age group of 33-38yrs. A lesser percentage of family caregivers, 14% were in the age group of 27-32yrs. These findings were consistent with study conducted by Radojichich D D 2014 where in the mean age of the mothers participated in the study was 35.6 years^[7] and by Awadalla H I, Kamel EG, Mahfouz EM, Mohamed AM and El-Sherbeeney AM, 2010 where the mean age was 39.2 (SD 5.3) years^[8]. These study findings were contradicting to the study conducted by Jafta 2008 where a majority of 30.6% of the parent's age were above 50 years^[9] and Chirwa, Esther 2009^[10]. Also dissimilar with Jacob D 2012 where in (68.33%) were in the age group of 39 years and above^[11]. Also dissimilar with Sikandar K, Pranati P, Sinmayee D 2015 in which most 27(54%) of the caregivers were found in the age group 41-50 years^[12].

Majority of the family caregivers around 72% who participated in the study were females. Whereas a less percentage of the family caregivers (28%) were males. The present study finding is consistent with a study conducted by Thengal N 2013^[4] where in a majority of 56% of the caregivers were females and with Radojichich D D 2014 where in a majority of 76% of the respondents were females^[7].

In the present study also shows that majority (62%) of the family caregivers had favourable attitude, 30% had most favourable attitude and 8% had unfavourable attitude. The study finding is supported by Mevada A Vyas J & Patel H 2009 wherein 71.50% of respondents had positive attitude towards their exceptional children^[13]. Similar findings was revealed by Revathi 2012 where a high number of Parents found to have positive attitude towards their children^[14]. Thengal N 2013 also revealed that the parents and family members have positive attitude towards Mentally Challenged Children in both the districts. They do not have feelings of embarrassment towards their Mentally Challenged Children^[4]. Similar finding was reported by Radojichich D D 2014, 82.9% of all parents have a positive attitude towards people with disabilities^[7]. Also Govender N 2002 identified 82% of the mothers in study had positive attitude in the pre-test and 2% had very positive attitude^[15].

This finding is dissimilar with a study conducted by Venkatalashmi H and Navya S 2013 in pre-assessment data revealed that parents of both control and experimental group have negative attitude towards their Mentally Challenged Children^[16].

5. Conclusion

The present study identifies that majority of the family caregivers had favourable favourable attitude, 30% had

most favourable attitude and 8% had unfavourable attitude. Also research reviews of the studies shows that there is a varying attitude among the family caregivers of Mentally Challenged Children. It often requires a reorientation and re-evaluation of family goals, responsibilities and relationships^[4]. Future research may be taken to intervene the family to change the favourable attitude and unfavourable to most de favourable attitude. Also research studies suggests that the caregiver's education programmes and community education programmes will positively influence the family caregiver's attitude. Family caregivers of Mentally Challenged Children require a help to develop a more favorable attitude towards the mentally challenged children.

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