



# Parenting stress among mentally retarded children with normal control

## Abstract

**Background:** Parents having a child with mental retardation experience a variety of stressors to the child's disability and are known to get impacted in many ways because of having a special child. Parents of mentally retarded children are always feeling sad at various stages of life and experiencing other emotional reactions. The cause of mental retardation is a pathological process in the brain, and characterised by restrictions in adaptive and intellectual functions. **Objective:** To assess the parenting stress among parents of children with mental retardation and parents of children with normal control. **Methods:** The sample consisted of 80 parents (40 parents of children with mental retardation and 40 parents of children with normal controls) selected from the outpatient department (OPD) of Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Ranchi and two nearby areas (Kanke and Sukurhuttu) of RINPAS by using purposive sampling technique. **Result:** Finding of this study indicated that parents of children with mental retardation were having high level of parenting stress as compared to parents of children with normal controls.

**Keywords:** Disability. Pathological Processes. Brain. Adaptive. Intellectual functions.

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## INTRODUCTION

Parenting style of mentally retarded children is more challenging in comparison to normal children. Parents' attitude to dealing with children and level of parenting stress is different because parents of mentally retarded children face more complexity in life and difficulty regarding rearing of a child in comparison to parents with normal children. Mental retardation is a kind of disability categorised with visual, hearing, and orthopaedic, but people less understood or misunderstood because of its unappreciated nature. Many research studies indicated that at the time of child's birth when parents know about the children's disabilities then they have reported acute shock, disbelief, and pain.[1]

Parenting style can be influenced by the psychological and social factors of the parent of mentally retarded children in the family. Parents with mentally retarded children always have to deal with two major issues. First is related to the child and second is related to maintenance of the household. Many research studies suggested that parents with mentally retarded children showed carelessness to give proper time for self-care. It is more required that parents with mentally retarded children eat regular meals, get proper sleep, take a short walk, and enjoy their life.[2,3] Every person has a different aspect

for mental retardation in society, but gradually thinking of people is changing and nowadays it is proved that mentally retarded children are not a burden for the family rather productive members of society.

The word 'handicapped' have various meanings in society and is attached with prejudice, discrimination, and abuse. The environment, prejudice, and culture have a great bearing on the meaning of such words.[4] Etienne Esquirol is the first medical writer who defined mental retardation as a development related problem instead of a disease which requires an onset during childhood or adolescence.[5] Parents with mentally challenged children have common psychiatric morbidity (epilepsy, depression, anxiety, experiencing high levels of stress).[6-7] The intensity levels of various psychological problems faced by the parents of mentally retarded children have direct linkages with the level of retardation of their child.[8] Parenting stress of parents with mentally challenged children are the most stress-producing. Factors in the child's characteristics demand dependence for the daily activities or finding opportunities for the child to make friends or orchestrating activities for more participation in social activities.[9] Parents of mentally retarded children are bearing financial pressures and always facing emotional pressures such as feeling ashamed or feeling

guilty.[10] A study reported higher levels of stress across all domains in parents' stress scale assessed in parents of children with developmental disabilities.[11] Parenting stress creates many problems which affect the quality of life of the child and the family members.[12] Parenting stress creates problems in both areas of clinical and social such as marital problems and child abuse.[13,14] Families of disabled children had greater stress, frequent disruption of family routines and leisure, poor social interaction, and more mental health problems as compared to families of normal children.[15]

## METHODS

The study was cross-sectional and purposive sampling technique was used for selecting samples. Total 80 respondents were selected for this study according to inclusion and exclusion criteria of the study; 40 respondents of parents of children with mental retardation were recruited from the outpatient department (OPD) of the Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Kanke, Ranchi and 40 respondents of parents of children with normal controls recruited from the community of nearby areas (Kanke and Sukurhuttu) of RINPAS. Parents mean both mother and father who is the major caregiver of children, and staying for two years or more with child.

### Aim

To examine the parenting stress of parents of children with mental retardation and parents of children with normal control.

### Inclusion criteria for parents with children of mental retardation

1. Parents staying with their mentally retarded children for more than two years.
2. Parents of children diagnosed with mild and moderate level of mental retardation as per ICD-10-DCR.[16]
3. Age range of the children six to 14 years.
4. Mentally retarded children of either sex.
5. Age ranges of parents were between 25-45 years.
6. Parents who gave written informed consent.

### Inclusion criteria for parents with children of normal controls

1. Parents are staying with child for more than two years.
2. Age range of the children six to 14 years.
3. Children of either sex.
4. Age ranges of parents were between 25-45 years.
5. Parents who gave written informed consent.

### Exclusion criteria for parents with children of mental retardation and normal controls

1. Parents of children diagnosed with severe and profound level of mental retardation as per ICD-10-DCR.[16]
2. Parents who have diagnosable and significant comorbid chronic physical illness and psychiatric disability.
3. No history of mental retardation in the families of children with normal controls.
4. Parents having physical and psychiatric illness, and substance dependence.

The materials used are listed below:

### Sociodemographic datasheet

It is a semi-structured, self-prepared proforma especially drafted for this study. It contains information about mentally retarded child's and parents' sociodemographic variables (like age, relationship, education, family types, occupation, family income, and domicile).

### The parenting stress index/short form (PSI/SF)

It is a direct derivative of the parenting stress index full-length test.[17] All items on the short form contained on the long form with identical wording. The reliability of PSI/SF is 0.79 for Paternal Distress (PD), 0.80 for Parent-Child Dysfunctional Interaction (P-CDI), 0.78 for Difficult Child (DC), and 0.90 for total stress. The validity of total stress on the full-length PSI correlated 0.94 with PDI/SF total stress, which is exceptionally high and comparable to the two-week test-retest reliability of the full-length PSI, which is 0.95.

## RESULTS

Table 1 describes the sociodemographic variables of parents of children with mental retardation and normal controls. The  $\chi^2$ /Fisher's exact test was used to compare the composition of the categorical demographic variables. In the relationship with child, the numbers of mother respondents (55.0% and 52.5%) were high in comparison to father respondents in both the groups. In domicile, the number of respondents who belonged to rural area (52.5 % and 50.0%) were higher in comparison to respondents who belonged to urban areas in both the groups. Education of the parents indicated that most of the respondents were educated up to primary level (35.0% and 32.5%) in both the groups. Results also show most of the parents were farmer (37.5% and 35.0%) in both the groups. However, there were no significant differences found in any sociodemographic variable in both the groups.

Table 2 describes the age of the parents and age of the children of the mental retardation and normal control groups. The mean age of the parents of children with mental retardation was  $35.47 \pm 7.39$  years and the normal control was  $35.65 \pm 5.59$  years. Result also indicated that the mean age of the children with mental retardation was  $9.97 \pm 2.05$  years and children of the normal control group was  $9.67 \pm 2.14$  years.

Table 3 shows the comparison of parenting stress of parents of children with mental retardation and normal control using independent t-test which indicated that there were significant differences in the domains of PD ( $p \leq 0.01$ ), P-CDI ( $p \leq 0.01$ ), DC ( $p \leq 0.01$ ), and total stress ( $p \leq 0.01$ ) in both the groups.

## DISCUSSION

The result of this study indicated that parents of children with mental retardation have high parenting stress as compared to parents of children with normal controls. The mean score of presenting stress scale was found significantly higher in the domains of PD, P-CDI, DC, and total stress of parents of children with mental retardation as compared with parents

**Table 1:** Comparison of sociodemographic variables of parents of children with mental retardation and normal control

Variables	Samples (N=80)		df	$\chi^2$ /Fisher exact test
	Mental retardation (N=40)	Normal control (N=40)		
Relationship				
Father	18 (45.0%)	19 (47.5%)	1	0.050 NS
Mother	22 (55.0%)	21 (52.5%)		
Education				
Primary	14 (35.0%)	13 (32.5%)	4	0.693 NS
Secondary	8 (20.0%)	8 (20.0%)		
Higher Secondary	11 (27.5%)	10 (25.0%)		
Graduation	6 (15.0%)	8 (20.0%)		
Post-Graduation and above	1 (2.5%)	1 (2.5%)		
Occupation				
Farmer	15 (37.5%)	14 (35.0%)	4	2.03 NS
Business	3 (7.5%)	2 (5.0%)		
Professional	4 (10.0%)	8 (20.0%)		
Housewife	6 (15.0%)	4 (10.0%)		
Other	12 (30.0%)	12 (30.0%)		
Family types				
Joint	18 (45.0%)	19 (47.5%)	1	0.050 NS
Nuclear	22 (55.0%)	21 (52.5%)		
Family income (Rs.)				
Less than 5000	14 (35.0%)	14 (35.0%)	3	0.318 NS
5000 to 10000	6 (15.0%)	7 (17.5%)		
10000 to 15000	12 (30.0%)	10 (25.0%)		
Above 15000	8 (20.0%)	9 (22.5%)		
Domicile				
Rural	21 (52.5%)	20 (50.0%)	2	0.064 NS
Semi-urban	7 (17.5%)	7 (17.5%)		
Urban	12 (30.0%)	13 (32.5%)		

N=Number, df=Degree of Freedom, NS=Not Significant

**Table 2:** Comparison of sociodemographic variables of parents of children with mental retardation and normal control

Variables	Samples (N=80)		df	t
	Mental retardation Mean $\pm$ SD (N=40)	Normal control Mean $\pm$ SD (N=40)		
Age of parent (years)	35.47 $\pm$ 7.39	35.65 $\pm$ 5.59	78	0.11 NS
Age of children (years)	9.97 $\pm$ 2.05	9.67 $\pm$ 2.14	78	0.63 NS

N=Number, SD=Standard Deviation, df=Degree of Freedom, NS=Not Significant

**Table 3:** Comparison of domains of parenting stress in parents of children with mental retardation and normal control

Domains of parenting stress	Samples (N=80)		F	t	p
	Mental retardation Mean $\pm$ SD (N=40)	Normal control Mean $\pm$ SD (N=40)			
Parental Distress	10.85 $\pm$ 4.90	7.60 $\pm$ 2.41	78	3.75	0.00*
Parent-Child Dysfunctional Interaction	37.02 $\pm$ 9.39	16.95 $\pm$ 5.7	78	11.52	0.00*
Difficult Child	41.07 $\pm$ 8.69	19.02 $\pm$ 7.67	78	12.02	0.00*
Total stress	88.95 $\pm$ 20.11	43.57 $\pm$ 11.90	78	12.27	0.00*

N=Number, SD=Standard Deviation, df=Degree of Freedom, \*Significant levels $\leq$ 0.01

of children with normal controls respectively. Many other research studies supported this findings as the parents of children with mental retardation face more difficulty in handling and controlling of children as compared to parents

of children with normal controls.[18,19] Parents of children with intellectual disability often experienced considerable stress resulting from worries and demand related to their children.[20] Parenting stress is higher in children with developmental disabilities in comparison to parents with normal children. Parents of children with developmental disability face many problems which are related to employment, family issues, less social participation while parents with normal child face problems which are related to education, physical health, and psychological well-being. Parents with mental retardation has faced some problems in their life which are related to occupation, marriage, and health related issues like depression, stress, and physical symptoms. [10,11,21] Parents of children with developmental delays experienced higher stress than parents of children without developmental delay.[10] Hence, it can be concluded that parenting stress of mentally challenged children was much higher than that of normal children.

## Conclusion

Present finding is based on the cross-sectional study to assess parenting stress among parents of children with mental retardation and parents of normal control children. Findings of this study suggested that parenting stress was higher in parents of children with mental retardation in comparison to parents of children with normal control. Motivating parents for attending seminars and workshops to enhance their coping strategies and to deal with the problems of the child successfully, exposing to the prevailing facilities that will improve their child's condition, and enhance the strategies that they can adopt to cope effectively with the stress are some of the ways to deal with the situation. Suggesting parents for frequent contacts with experts and professionals for treatment, therapy, and counselling which is more helpful for them to reduce parenting stress can be another method. Findings of this study must be suggested in policy making to provide better and specific supports for parents of children with mental retardation. Therapeutic intervention plans play an effective role to reduce parenting stress of parents of children with mental retardation which is delivered by a psychiatric social worker. New research should be conducted to measure the effectiveness of these strategies.

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