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### Affect of child factors on the sibling relationship of normal child with mentally challenged sibling

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#### Abstract

Ninety siblings of children with mental retardation and their parents from urban and rural areas of selected districts of Northern Karnataka and special schools for mentally retarded located in Hubballi-Dharwad city comprised the population for the study. Sibling relationship Questionnaire (SRQ) (Furman Buhrmester, 1990) was used to assess the typical sibling's perceptions of the relationship and behaviors towards their sibling with related child factors. Results revealed that among children with 13-18 year age group almost all had moderate level of sibling relationship. In case of 5-12 years age group majority of them were in moderate level of sibling relation and some were in low level of sibling relation. All first borns had moderate level of sibling relation and in case of second and later born, majority were in moderate level of sibling relation followed by low level of sibling relation. In case of children with mild and moderate level of retardation, had moderate and low level of sibling relationship. In case of profound mental retardation half of the children had low level of sibling relation. Level of retardation showed non-significant association in rural area. In case of urban area the level of retardation showed significant association with sibling relationship.

**Keywords:** Sibling relationship, mentally challenged children, child factor

#### Introduction

Sibling relationships are among the most important precursors to peer and later adult relationships (Lamb & Sutton-Smith, 1982). Siblings function to socialize and educate one another, to mediate parental attention and control, and to provide a peer-like context for intense emotional experience and power negotiation. By one year of age, children spend as much time interacting with their siblings as they do with their mothers and more time with their siblings than with their fathers (Lawson & Ingleby, 1974) [14].

Furthermore, as compared to parents and children, siblings not only spend more time together during childhood but their life-spans overlap to a greater extent as well (Brody & Stoneman, 1986) [3]. Given the lifelong significance of sibling relationships, it seems unremarkable to posit that substantial changes in the health or functioning of a sibling will affect the other(s) and that these changes may correspond systematically to characteristics of the children, the family, and the disease or disability itself.

Having a brother or sister with a chronic illness or developmental disability (CI/DD) is a risk factor for sibling adjustment problems (Sharpe & Rossiter, 2002) [12]. The issues surrounding sibling relationships change over time as children develop and the family responds to illness-related and other life experiences (Bluebond-Langner, 1996) [2].

Siblings usually provide each other with the first peer relationship. In the case of having a handicapped sibling this amount of time spent together may increase due to care giving expectations and because the disabled sibling is unable to go out (McHale *et al*, 1992) [16]. As Dunn, (1985) [4], describes it, tension can increase in proportion to the amount of time spent caring for a disabled child. The purpose of this study is to know the affect of child factors on the sibling relationship of normal child having a brother or sister with a mental retardation.

#### Material and Method

The population of the study comprised of normal siblings of mentally challenged children studying in special schools of mentally challenged of Hubballi-Dharwad. A total of 45 normal children having one mentally challenged sibling were selected as urban samples.

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For the rural area, the population consists of villages from the four districts of Northern Karnataka namely Dharwad, Belagavi, Vijayapur, Bagalkote and Gadag. A total of 45 normal children having mentally challenged child as sibling were selected. The total sample for the study constitutes 90 children. The children were contacted through home visits, and their parents and sibling were interviewed to obtain required information.

Sibling relationship Questionnaire (SRQ) (Furman Buhrmester, 1990) was used to assess the typical sibling’s perceptions of the relationship. Items are rated with a 5-point Likert scale ranging from “hardly at all” to “extremely much”. It was used for all scales except the parental partiality scale in which possible choices range from “my sibling most always gets treated better, more attention, etc.” to “I almost always get...” and scores were based on deviations from the midpoint of “about the same”. The score range from High (176-240), Average (112-175), and Low (48-111). Chi-square test of association was employed to know the association of child factors such as child’s age, gender ordinal position, level of retardation and they are compared with sibling relationship of normal children with mentally challenged dyad.

**Child’s age**

Sl. No.	Categories	Age(years)
1	Younger	5-12
2	Older	13-18

**Child’s gender**

Sl. No.	Gender
1	Boys
2	Girls

**Child’s ordinal position**

Sl. No.	Birth order
1	First born
2	Second born
3	Later born

**Level of retardation**

Sl. No.	Category	Per centile Intelligence Quotient Level
1	Mild	50-70
2	Moderate	35-50
3	Severe	20≤35
4	Profound	<20

**Result and Discussion**

**Table 1:** Percentage distribution of children according to the child’s characteristics

Characteristics	Category	Rural (n=45)		Urban (n=45)		Total (N=90)	
		N	%	N	%	N	%
Age	5-12 years	35	77.8	33	73.3	68	75.5
	13-18 years	10	22.2	12	27.3	22	24.4
Gender	Boys	21	46.7	23	51.1	44	48.8
	Girls	24	53.3	22	48.9	46	51.1
Ordinal Position	First borns	22	48.9	20	44.4	42	46.6
	Second borns	9	20	17	37.8	26	28.8
	Later borns	14	31.1	8	17.8	22	24.4
Level of retardation	Mild	23	51.1	21	46.7	44	48.8
	Moderate	15	33.3	22	48.9	37	41.1
	Severe	5	11.1	-	-	5	5.5
	Profound	2	4.4	2	4.4	4	4.4

The background characteristics of the children selected for the study are presented in Table 1. With regards to level of retardation among total sample majority of children were in mild level of mental retardation (48.8 %) followed by 41.1 per cent were in moderate level of mental retardation. Less percent of children (5.5 %) had severe mental retardation and 4.4 per cent were in profound level of mental retardation. Among the rural area Majority of them were in the mild level of mental retardation (51.1 %) followed by moderate level of mental retardation (33.3 %). only 4.4 per cent were in profound level of retardation and 11.1 per cent of children were in severe level of mental retardation. Similarly in urban area 46.7 per cent were in mild level of mental retardation, 48.9 per cent were in moderate level of retardation and 4.4 per cent were in profound level of mental retardation and none were found in severe level on mental retardation.

Data on age distribution revealed that more number of children (75.5%) belonged to 5-12 age group and 24.4 percent

of them belonged to 13-18 age group. With respect to the rural group, 77.8 percent belonged to the 5-12 age groups while 22.2 per cent belonged to 13-18 age group. Among the urban group, 73.3 percent belonged to 5-12 age group and 27.3 percent of children to 13-18 age group.

With regard to gender 48.8 percent were boys and 51.1 percent were girls. In rural area 46.7 percent were found to be boys and 53.3 percent were girls when urban area is considered 51.1 percent were boys and 48.9 percent were girls.

With respect to ordinal position of the children, it was observed that maximum numbers were first borns (46.6%), 28.8 percent were second borns and 24.4 were later borns. In the rural area 48.9 percent were first born 20 percent were second borns and 31.1 percent were later born. Similarly in urban area 44.4 were first borns, 37.8 were second borns and 17.8 percent were later borns.

**Table 2:** Association between age and level sibling relationship among rural and urban children

Locality	Age	Level of sibling relationship			Modified $\chi^2$
		Low	Moderate	Total	
Rural	5-12 years	7 (20.0)	28 (80.0)	35(100)	0.53 <sup>NS</sup>
	13-18 years	1 (10.0)	9 (90.0)	10(100)	
	Total	8 (17.8)	37 (82.2)	45(100)	
Urban	5-12 years	3 (6.2)	30 (93.8)	33(100)	1.14 <sup>NS</sup>
	13-18 years	2 (16.7)	10 (83.3)	12(100)	
	Total	5 (9.1)	40 (90.9)	45(100)	

NS-Non significant

Figure in parenthesis indicate percentage

Results (Table 2) revealed that in rural area higher proportion of the children who were in the age group of 5-12 years had moderate level (80.0%) followed by low level of sibling relation (20.0%). Similarly, children with 13-18 years age group most of children (90.0%) were in moderate level and 2.2 percent of them in low level of sibling relationship. In urban area majority of children (93.8%) from the age group of 5-12 years were in moderate level and 6.6 percent were in low level of sibling relationship. With respect to children in the age group of 13-18 years, 83.3 percent of them in the moderate level followed by 16.7 percent of were in the low level of sibling relationship. However chi square analysis showed non-significant association between the age of child and sibling relationship. Among children with 13-18 year age group almost all had moderate level of sibling relationship and only few were in low level of sibling relationship and none were in high level of sibling relation. Among 5-12 years age group majority of them were in moderate level of sibling relation and some were in low level of sibling relation. There was no significant association between the age of the child and sibling relation in both rural and urban area. The findings are in line with the research conducted by Lvigne and Ryan (1979)<sup>[13, 17]</sup> younger sibling of disabled child is at greater risk of maladjustment than those of older. Similar findings were observed by Tew and Lawrence (1973)<sup>[19]</sup> reported that younger siblings may shows regressive and attention seeking behavior. Ryan (1979)<sup>[13, 17]</sup> younger sibling of children with spina bifida at greater risk than older sibling. Lobato, (1993) reported that certain factors increase vulnerability among young siblings (under 8 years of age). Their unawareness about the condition of their brothers or sisters may lead to greater misunderstanding this may impact on the sibling relation.

**Table 3:** Association between gender and level of sibling relationship among rural and urban children

Locality	Gender	Level of sibling relationship			Modified $\chi^2$
		Low	Moderate	Total	
Rural	Boys	3(14.28)	18(85.71)	21(100)	0.32 <sup>NS</sup>
	Girls	5(20.83)	19(79.16)	24(100)	
	Total	8(17.8)	37(82.2)	45(100)	
	Urban	Boys	21(91.3)	2(8.7)	
Girls	19(86.4)	3(13.6)	22(100)		
Total	40(88.9)	5(11.1)	45(100)		

NS-Non significant

Figure in parenthesis indicate percentage

A close examination of Table 3 shows that in rural area, 85.71 percent of boys were found in the moderate, followed by 14.28 percent of them in low level of sibling relationship. Same trend was observed among the girls also. In case of urban area among boys majority of them (91.3%) were in low and 8.7 percent of them were in moderate levels of sibling

relationship. Similarly in girls 86.4 percent of them were in low followed by 13.6 percent in moderate level of sibling relationship and none were in high sibling relationship. However statistical analysis showed non-significant results in rural and urban children. Gender as a biological and sociological factor contributes to the variations in the sibling relationship of children. However in the present study the gender showed non-significant association with sibling relationship in both rural and urban area but on comparison of mean scores shows that boys were better on sibling relationship than the girls in rural area and in case of urban children no difference in the mean scores of boys and girls was observed. However Orsmond and Seltzer (2000) showed that sisters scored higher than brothers in the care-giving, companionship, and positive affect aspects of the sibling relationship. Brothers' sibling relationships were conditioned by the gender of the sibling with mental retardation. Brothers of brothers with mental retardation had a more favorable emotional response than did brothers of sisters. Reviews of Gazi and Blacher (2011)<sup>[5]</sup> found that target adolescents' gender did not matter for typically developing (TD) adolescents. However, for intellectual disability (ID) adolescents, mothers reported more warmth for boys than girls. In the same vein, Akiyama *et al.*, (1996)<sup>[1]</sup> found that boys with brothers who have mental retardation had high positive feelings about their sibling but few negative feelings. Boys showed the opposite pattern towards sisters with mental retardation, but the pattern for girls was the same for brothers and sisters.

**Table 4:** Association between ordinal position and level of sibling relationship among rural and urban children

Locality	Ordinal position	Level of sibling relationship			Modified $\chi^2$
		Low	Moderate	Total	
Rural	First borns	-	22(100)	22(100)	10.97**
	Second borns	3(33.3)	6(66.7)	9(100)	
	Later borns	5(35.7)	9(64.3)	14(100)	
	Total	8(17.8)	37(82.2)	45(100)	
Urban	First borns	2(10.0)	18(90.0)	20(100)	1.76 <sup>NS</sup>
	Second borns	3(17.6)	14(82.4)	17(100)	
	Later borns	-	8(100)	8(100)	
	Total	5(11.1)	40(88.9)	45(100)	

Figure in parenthesis indicate percentage

\*\*Significant at 0.01 level

NS-Non-significant

Table 4 shows that in rural area, all first borns (100%) were found in moderate level of sibling relationship. Among

second borns 66.7 percent were in moderate level followed by 33.3 percent were in low level of sibling relation. Among later borns 64.3 percent of them in moderate level followed by 35.7 percent were in low level of sibling relationship. Chi-square analysis showed significant association between the birth order and sibling relation.

Among urban area majority of first borns in moderate level (90.0%) followed by 10 percent were in low level of sibling relationship. In case of second borns 82.4 percent of them in moderate level and 17.6 percent of them in low level of sibling relation, in later borns almost all of them in moderate level of sibling relationship. Statistical analysis revealed no significant association between ordinal position and sibling relationship. Birth order of the child in the family affects the way parents relate to him/ her, the experiences they share. All first borns in the rural area had moderate level of sibling relation and in case of second and later borns majority were in moderate level of sibling relation followed by low level of sibling relation. So when the sibling of the first borns used to be mentally challenged their level of sibling relation is better as compared to second and later borns. Significant difference was noticed in birth order and sibling relationship in rural children. Results are in line with study conducted by Inam and Zehra (2012) [10] who observed that younger siblings of mentally retarded children were found to be having more problems in their social adjustment than the elder sibling of mentally retarded children. Reviews of Hannah and Midlarsky (2005) [9] showed that younger sibling of children with intellectual disability provided more custodial care (such as bathing, dressing, babysitting, and feeding) and emotional support to their siblings than younger siblings of typical comparison children. In urban area children birth order have no significant association between the sibling relations.

**Table 5:** Association between level of retardation and level of sibling relationship among rural and urban children

Locality	Level of retardation	Level of sibling relationship			Modified $\chi^2$
		Low	Moderate	Total	
Rural	Mild	2(8.7)	21(91.3)	23(100)	7.01 <sup>NS</sup>
	Moderate	5(33.3)	10(66.7)	15(100)	
	Severe	-	5(100)	5(100)	
	Profound	1(50.0)	1(50.0)	2(100)	
	Total	8(17.8)	37(82.2)	45(100)	
Urban	Mild	-	21(100)	21(100)	18.76 <sup>**</sup>
	Moderate	3(13.63)	19(86.36)	22(100)	
	Severe	-	-	-	
	Profound	2(100)	-	2(100)	
	Total	5(11.1)	40(88.9)	45(100)	

Figure in parenthesis indicate percentage

\*\*Significant at 0.01 level NS-Non-significant

Among rural children in mild level of mental retardation 91.3 percent of children were in moderate level of sibling relationship and only 8.7 percent of them were in low level of sibling relationship. Children with moderate level of mental retardation most of them (66.7%) were in the moderate level followed by 33.3 percent of them were in low level of sibling relationship. In case of severe mental retardation all children were in moderate level and for profound mental retardation half of the children were in moderate and low level of sibling relationship (50%).Chi-square analysis revealed the non-significant results.

In urban area children with mild level of mental retardation all of them were in moderate level of sibling relationship. In case of moderate level of mental retardation majority of children were in moderate level (86.36%) and 13.63 percent were in

low level of sibling relationship. In case of severe mental retardation all of them were in low level of sibling relationship. Chi-square analysis showed the significant association with level of retardation and sibling relationship. In case of rural area children with mild and moderate level of retardation, had moderate and low level of sibling relationship. In case of profound mental retardation half of the children had low level of sibling relation. Among urban area also same trend was observed that children with mild and moderate degree of disability had moderate and low level of sibling relationship. However in the present study level of retardation showed non-significant association in rural area. In case of urban area the level of retardation showed significant association with sibling relationship. Gohel *et al.* (2011) [6] examined various sibling effects shared by parents of mentally retarded children and found that there was no significant association between type of mental retardation and sibling effects. Gold (2000) who noted low levels of relationship in adolescent siblings of children with higher level of autism. Grossman (1972) also found that siblings are more adversely affected by more handicapped children. The siblings experience of having a brother or sister with autism and moderate to profound mental retardation who reported more behavior problems that were difficult to handle. (e.g., siblings experience of being subjected to physical violence during childhood and youth).

**Conclusion**

Age of the children and the gender of the children showed non-significant association with the sibling relationship. Older children showed higher sibling relationship than the younger children in both rural and urban children. Ordinal position has the significant association with sibling relationship among urban children ordinal position had no significant influence on sibling relationship. Among urban children level of retardation showed significant association with sibling relationship. Level of retardation showed non-significant association with sibling relation in rural children.

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