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Impact of disabled child in the family

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Abstract

This report centers around the impact of the presence of a debilitated kid in a family and in specific on its demographically important results in a relative system. Couples who back an impaired youngster are all the more regularly unsteady, all the more frequently forego their ripeness expectations, all the more often experience the ill effects of monetary troubles, show more conventional sex job game plans, are all the more often in terrible wellbeing, and have lower prosperity than families without incapacities. The outcomes are likewise unique for moms and fathers: fathers of incapacitated kids have less passionate trades, while moms will in general endure more regarding social contact. Sentiments of void, forlornness and dismissal are more average of moms with crippled youngsters. This report adds to the current writing by indicating that relative huge scope reviews on themes other than inability, (for example, the Sex and Generation reviews) can be a serious rich wellspring of data on the family life of handicapped kids.

Keywords: Disabled Child

Introduction

The entire fabric of family life is profoundly affected by the presence of a disabled child in the family. The family is usually thrown into a state of disequilibrium by stress of illness that accentuates potential problems in family adjustment and social relationships.

Parent child relationships are complex. These relationships are different in the case of disabled children as compared to the normal children. In an effort to adjust to this situation parents usually go through a range of potential emotions from anger, despair guilt and often courage (Cunningham 1979, Turnbull and Turnbull 1985) [16]. Parent child relationships are complex. Their relationships determine the parental care different in case of disabled children as compared to the normal children. Parental reaction determines the parental attitudes towards the disabled child which are of paramount importance. Most parents report much concern and anxiety about the child's future that generally leads to faulty patterns of child rearing like infantilising and over protective attitudes of mothers, extreme parental criticism, rejection and hostility which in turn cause emotional problems in children (Rutter *et al.* 1977, Ferguson & Ferguson, 1989, Sen Gupta *et al.*, 2000) [14, 5, 15]. Burcaglia (1985) [3] found that it was the usual care giving demand that seems to represent the dominant source of problems or stress in the family.

The investigators opined that the social burden felt by the parents of disabled children and their attitude towards the disability would have an impact on temperament of the handicapped and vice versa. Thus, the present investigation was undertaken with the aim to study the children's temperament in relation to parental attitudes and social burden felt by the parents.

Sample

The sample comprised mothers of 150 physically disabled children in the age range of 8 to 15 years. The physically disabled children suffered from Orthopedic handicap and were of normal intelligence. The subjects were assessed on psychological intelligence tests*. Majority of the subjects in the sample belonged to Chandigarh and adjoining areas within radius of 100 kms*

*Intelligence tests used for physically disabled subjects were:-

Malin's Intelligence scale for Indian Children (1969), Sequin Form Board (Pershadetal., 1970). The test appropriate to potential of the subjects were given.

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Tools

1. Social Burden Scale (Pai & Kapur, 1981) [12]. This scale consists of 24 items measuring financial burden, disruption of family routine activities, disruptions of family leisure, disruption of family interaction, effect on physical health of others and effect on mental health of others. Reliability figures range from 87 to 90.

2. Parental Attitudes Scale (Bhatti & Narayanan, 1979) [2]. The scale consists of 56 items measuring (a) Orientation of parents towards child rearing. (b) Knowledge of handicap. (c) Attitude towards handicap, and (d) Attitude towards management of handicap. The test retest reliability coefficient is 72.

3. Temperament Measurement Schedule (Malhotra, 1984). It contains 45 items pertaining to sociability, Emotionality, Energy and Distractibility.

Results and discussion

Correlations of Parental attitudes and social burden felt by mothers with the temperament of children were computed for the physically disabled.

The correlations shown in Table I indicates that orientation towards child rearing has a positive correlation with sociability ($r = .234, p < .01$) and energy ($r = .264, p < .01$) characteristics of the physically challenged children. Significant results show that higher the orientation towards child rearing, more energetic and sociable is the child.

Table 1: Correlation of temperament of the child with orientation towards child rearing of physically handicapped children

Temperament of the child	Orientation towards child rearing
Sociability	.234**
Emotionality	-.138
Energy	.264**
Distractibility	.128

In the Indian background, it has long been established that disabled and handicapped people are seen as different from normal people, e.g., as dependent, isolated and emotionally unstable. These public stereotypes lead to narrower range of role expectations and more restrictions on behaviour and opportunities for the disabled children. If a physically disabled child responds with a quantum of energy, it increases the hope and expectations of their mother and reinforces them to participate more in the rearing of such a child. More the physically disabled child is responsive more the mother would consider her role to be important. Conversely, more the mother has a positive orientation towards child rearing more the child is encouraged to be active and energetic. Such mothers would like their disabled children to participate in the family activities as much as they are capable of. The mothers who are already passing through a phase of grief and shock for producing a disabled child, would be somewhat relieved of such feelings, in case the child shows some positive behaviour (Reddy & Reddy, 2003) [13]. It motivates the mothers to avert feelings of neglect and reject and even prevent institutionalization. It has been observed that the families meet the problems in a realistic and productive manner feeling less burden even financially (Table 2, $r = -.254, p < .01$). The strain involved in having had to meet various professionals to avail to services found in the community leads to adaptation process smoothly and quickly. Struggle to come to the terms with their children's disability clearly seen in negative correlation with perceived burden of the mother in Table 2 ($r = .361, p < .01$)

Table 2: Correlations between temperament of the child and social burden felt by mothers of physically handicapped children

Social burden	sociability ph	Emotionality ph	energy ph	Distractibility ph
Financial burden	-.254	-.169	-.120	-.079
Disruption in family income	.079	.012	-.018	.098
Disruption in family interaction	.131	-.097	-.019	-.141
Disruption in family leisure	.151	.268**	-.136	.125
Effect on physical health	-.096	.364**	.068	-.016
Effect on mental health	-.124	.064	-.186	.298**
Perceived burden	-.361	-.185	-.062	.028

**P < .01

Several investigators (Farber 1975, Fox 1977, Gallagher, 1983, Hornby, 1995) [4, 6, 7, 8] have stressed on the social and family problems associated with the presence of disabled children. Many families feel socially restricted and isolated.

Table 2 shows that the effect of physical health of the mother is positively correlated ($r = .364, p < .01$) with emotionality of physically handicapped children, i.e. more crying and unfriendly the child, more effect on physical health of the mother. It could be due to the fact that a physically disabled child with negative mood would demand more time and energy of the mother. The child clings mostly to the mother who gets tired and this affects her physical health. Emotionality of the child would also affect her mood and that would, in turn affect her physical health. As a sole nurse in most cases, the mother will often has to give inordinate amount of attention and has less opportunity for relaxation and personal interaction with the other members in the family. Table 2 ($r = .268, p < .01$)

In our Indian system, mothers carry out the bulk of house care and child care in most of the families and child care is mainly conceived as mother care. While coping with these unavoidable needs of the handicapped children. She suffers poor mental health. Distractibility temperament of disabled children further aggravates the situation and affects the mental health of the mother Table-2 ($r = .298, p < .01$).

We conclude that rehabilitation of a disabled child encompasses not only the individual care but also rehabilitation of the family unit in its totality. It is, therefore, of utmost important to study the different types of factors or problems faced by the family members in the bringing up of disabled children so that adequate preventive and remedial measures can be taken by the various personnel concerned in rehabilitation.

In such situation, vocational guidance and training will provide a new hope to the physically challenged children and their parents both. Nevertheless, this is the reality we need to work with. We may concentrate on strengthening the strong positive areas so that it can to some extent compensate for the weak areas.

Our aim is to increase the positive influences in order to nullify the negative repercussions and also as to approximate the family influences to the desired positive level.

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