

Attitudes Of Parents And Behaviour Problems Of Children With Intellectual Disability

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Abstract

Present study attempts to explore the impact of parent's attitude towards disability on the behaviour problems of children with intellectual disability. The sample consisted of 50 parents of children with intellectual disability (N = 50). Data was individually collected from two major rehabilitation institutes in Hyderabad through administering Attitudes toward Disabled Persons Scale – Form O and Behavioural Assessment Scales for Indian Children with Mental Retardation (Part-B). On statistical analysis, parental attitude towards disability as predictor and the behavioural problem of children as criterion indicated a significant result ($R^2= 0.11$, $\beta= -0.33$, $F= 6.10$, $p= 0.017$). Findings reveal that children with intellectual disability are less prone to behavioural problems if the parents have an attitude that their child with intellectual disability is not different from other "normal" children. It gives insight upon the necessity to focus upon parental attitude towards disability in order to bring about changes in behaviour problems among children with intellectual disability.

Keywords: children, intellectual disability, parental attitude, behaviour problems

INTRODUCTION

The attitude of the parents represents the most important social influence that the child experiences in the earliest years. Parental attitude is a significant factor in a child's behavioural development. This applies not only to parents of typically developing children, but also to parents of children with intellectual disabilities. Some parents have the attitude that their child, having disability, is not normal and consider and treat them as 'different' while some parents see their child like any other child, even though they know that their child has certain limitations. It's not about that existence or non-existence of a disability, but about how the parents perceive it.

It has also been reported that there is an interaction between the child with intellectual disability and the family. Regarding parental attitudes, there are many influencing factors covering the interaction between the parents and their children with intellectual disability; the way parents treat their children, in turn, influences their children's attitudes toward them and the way they behave. So, the parent-child relationship is dependent on the parent's attitudes towards them. If parental attitudes are favourable, the relationship of parents and children will be far better than when parental attitudes are unfavourable (Goswami, 2013).

Children with intellectual disability are more likely to exhibit behaviour problems than are children without disabilities. Study by Purukayastha et al. (1997), of 574 subjects, revealed that nearly half of the subjects have associated psychiatric or behavioural disorder. ADHD was found in 11.1%, conduct disorder in 1.1%, temper tantrums in 3%, aggression in 0.6%, autism in 4.7% and other nonspecific behaviours in 10.8%. Psychiatric and behaviour disturbances are 3-4 times commoner in children with intellectual disability than in general population (Rutter, Tizard & Whitmore, 1970). The more severe the retardation, the higher the incidence of behaviour problems observed (Heward, 2014). Prakash, Sudarsanan & Prabhu (2007) studied on behavioural problems in children with intellectual disability and found that there was significantly higher prevalence of behaviour problems in the younger age group and there was a higher prevalence of behaviour problems in children with moderate ID than in children with mild ID. Common behaviour problems reported were 'impulsive or acts without thinking', 'cannot concentrate' and 'sudden changes in mood or feelings'. Common behaviour problems found in younger age group included - impulsive, can't concentrate, acts too young for her age, etc. and in the older group, it were - impulsive, cannot concentrate and acts too young for her age. Common behaviour problems in children with mild intellectual disability were impulsive, can't concentrate, gets hurt a lot, accident prone,

etc., and in children with moderate retardation were - can't concentrate, bite fingernails, accident prone, gets hurt a lot, etc.

A simple part of being human is that we develop attitudes towards people, objects and activities that we are exposed to in life (Scior & Werner, 2015). Attitudes are a psychological construct that relates to favourable or unfavourable evaluations of people, objects, places or activities. Attitudes are ephemeral and change over time from person to person, from group to group, and even within groups. Yet we tend to see patterns in people's attitudes. People with common characteristics or social experiences may well develop similar attitudes towards disabled people or disabilities in general. (Aiden & McCarthy, 2014). Some researchers tried to determine the parental attitudes of traditional Hindu families toward their child with intellectual disability and found that most parents accepted their disabled child with a philosophical attitude (Kamath 1951). According to Goswami (2013), attitudes towards people with intellectual disabilities in India were not as negative as in Rome and Greece. Gellman (1959) strongly believes that the practice of raising children tends to pre-determine the behaviour of adults towards people with disabilities. This concept is in line with intercultural research by Whiting (1953), which shows that parenting practices influence attitudes towards illness and disability. Many factors influence the interaction between parents and their children with intellectual disabilities. Again, the way parents treat their children, in turn, affects their children's attitudes towards them and their behaviour (Goswami, 2013).

Siperstein, Norins, Corbin & Shriver (2005) in a study of participants over 800 people in 10 different countries, examined three main capabilities to generalise how the public perceives individuals with intellectual disabilities. One perception is that individuals with disabilities can complete simple tasks such as getting dressed and making friends but less capable of the more complex tasks such as handling emergencies. Second, people with intellectual disabilities have limited ability to make their own decisions about work, school and life. A third perception is that people with disabilities can mostly play sports with other players with intellectual disabilities, with few believing they can participate in inclusive sports. This study also focused on where people with intellectual disability should live, work and attend school. They found that most of the responses were that people with intellectual disability should live with their parents at home. However, very little decided that an institution or group home was the proper place. Also, a large population agreed that a non-mainstream workplace would help them the most. As for schools, many respondents said that people with intellectual disability should be in special schools. They also concluded that the perception of the severity of the disability impacts the perception of the living, working, and learning capabilities of individuals with disabilities.

Rangaswami (1995) examined the attitude of mothers toward their children with intellectual disability, with and without behaviour problems. The overall attitude of mothers of children with and without behaviour problems differed significantly. Mothers of these children with behavioral problems had higher negative attitudes about acceptance, education and future, home management and hostility.

Sabat, Burke, & Arango (2021) examined parenting styles and attitudes, and adaptive behaviour of children with intellectual disabilities. It was observed that both fathers and mothers tend to have an authoritarian parenting style. Overall, paternal parenting styles and attitudes were found related to children's adaptive behaviour. Teague, S. J. (2018) proposed that children's attachment quality was associated with parenting practices. But this was found among children with an autism spectrum disorder. Maternal sensitivity and structuring were also linked to attachment quality of children with intellectual disability (Feniger-Schaal, & Joels, 2018).

Phillips, Connors & Curtner-Smith (2017) found that mothers of children with Down Syndrome use less of an authoritarian and more of a permissive parenting style than mothers of typically developing children. In addition, mothers of children with Down Syndrome resorted less to reasoning/induction and verbal hostility and were more ignoring child's misbehaviour than mothers of typically developing children. Mother's expressed emotion was also found to be associated with behaviour problems in children with intellectual disability (Fragile X Syndrome and Down Syndrome) as evident from the studies of Cregenzán-Royo, Brun-Gasca & Fornieles-Deu (2018).

In the light of above facts, it is vital to understand if parental attitude towards disability influences the behavioural problems manifested by the child. The present study has the objective to examine the impact of parent's attitude towards disability on the behaviour problems of children with intellectual disability. There is a general concern that disabled people are among the most marginalised in the country's development process. For effective and efficient political intervention to improve the situation of people with disabilities, it is of the utmost importance to have a clear picture of the dimension of disability in India. There is increasing evidence that people with disabilities are more likely than non-disabled people to perceive the attitudes of others as the main obstacle to education, leisure, transport, access to public services, social contacts and accessibility outside the home. Children with intellectual disability have significant difficulties in both intellectual functioning and adaptive behaviour. Parent of such a child may have different attitudes towards their child with disability and disability in general. Studies have shown that behavioural problems are more among children with intellectual disability than among normal children. Behavioural problems may arise due to negative parental attitudes and it is vital to know if parental attitude towards disability influences the behavioural problems manifested by the child i.e., whether parent's attitude towards disability can affect their parenting process and thereby finally being evident in the behaviour of the child. Negative parental attitude towards the disabled child can prevent the parent from loving and caring and providing the adequate training necessary for enabling the child to get integrated into the society and lead a normal life. A child with intellectual disability who is not exposed to special training to learn

adaptive ways of behaviour are likely to learn or continue to with maladaptive behaviours. It is essential to explore every possible approach that may increase such a child's chances for positive adaptation. On review of literature, the researcher didn't come across any quantitative study done in India associating specifically the parent's attitude to disability and behaviour problem of children with intellectual disability. Thus, a study associating the parents' attitude towards disability and child's behavioural problems is essential so that the need of focus on parental attitude to bring about changes in behaviour problems in a child with intellectual disability can be seriously felt and understood.

METHOD

Participants: The sample was drawn randomly from the OPD blocks of two rehabilitation institutes situated in Hyderabad. The sample consisted of 50 parents (either father or mother) of children (between the age of 7 and 18 years) with intellectual disability (IQ below 70). Parents of children with autism as co-morbid condition were excluded from the present study.

Materials: The socio-demographic data sheet was used to record the relevant information of the participants and their children. Both the parent's details (such as age, gender, educational qualification, occupation, marital status, number of children, family type, socio-economic status and locality) and the child's details (such as age, gender, birth order, IQ level, educational status, treatments undergone and other physical or neurological conditions) were recorded systematically in the data.

Attitudes toward Disabled Persons Scale – Form O was developed by Yuker, H. E., Block, J. R. & Young, J. H. in 1970. It has 20 items and is rated on a Likert-type scale. The response ranges from +3 to -3 (without a 0 point) where +3 means 'I agree very much', +2 means 'I agree pretty much', +1 means 'I agree a little', -1 means 'I disagree a little', -2 means 'I disagree pretty much' and -3 means 'I disagree very much'. A high score indicates that the respondent perceives disabled persons as being not very different from non-disabled persons and a low score indicates that the respondent perceives disabled persons as different from normal persons. A test-retest reliability of +.73 was found for this scale.

Behavioural Assessment Scales for Indian Children with Mental Retardation (Part-B) was developed in 1992 by Peshwaria, R. and Venkatesan, S. It has 75 items which are grouped into 10 domains. Three levels of severity or frequency of the problem behaviours that is Never (N) which is scored 0, Occasionally (O) which is scored 1, and Frequently (F) which is scored 2. The total of 75 items will be calculated. Higher the score, higher the severity of behavioural problems. Test-retest reliability of 0.68 was found.

Procedure: Cross-sectional assessment of the study variables was employed. The data was collected individually from two major rehabilitation institutes in Hyderabad in a period of 3 months. The objective of the study was explained to the participants. The confidentiality of the information was assured in all cases. Those consented to participate in the study were given the questionnaires. The study-specific measures were administered. Clarifications and interpretations were given need-based. The order of administration of the questionnaires was constant for all the participants. Each session lasted approximately 30 to 40 minutes. The instruction for administration and scoring were strictly followed, and care was taken to ensure that incomplete response sheets were not used for final analysis. The data was coded and entered in the software-based data sheet for statistical analysis.

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RESULTS

Using the statistical software and procedures, collected data were statistically analysed. Descriptive statistics was employed to understand the demographic data. Correlation method was used to determine the degree of association between variables. Regression analysis was used to understand whether one variable predicted the other.

Table-1: Socio-demographic characteristics of study population (Parent's details).

| Variable | Mean (SD) | Percentage |
|---|--------------|------------|
| Age | 35.46 (6.76) | |
| Gender | | |
| Male | | 34.0 |
| Female | | 66.0 |
| Education | | |
| 10th and below | | 50.0 |
| Above 10 th | | 50.0 |
| Occupation | | |
| Employed | | 40.0 |
| Unemployed | | 60.0 |
| Marital Status | | |
| Staying together | | 88.0 |
| Staying alone | | 12.0 |
| No. of Children | | |
| One | | 12.0 |
| Two | | 64.0 |
| Three and above | | 24.0 |
| Family | | |
| Joint | | 36.0 |
| Nuclear | | 64.0 |
| Socio-economic Status | | |
| Low | | 50.0 |
| Middle | | 50.0 |
| Locality | | |
| Rural | | 28.0 |
| Urban | | 72.0 |
| History of substance abuse in either parent | | 16.0 |

Table-2: Socio-demographic characteristics of study population (Child's details).

| Variable | Percentage |
|--|------------|
| Child's Age | |
| 7 to 10 years | 68.0 |
| 11 to 18 years | 32.0 |
| Child's Gender | |
| Male | 58.0 |
| Female | 42.0 |
| Child's Birth order | |
| First-born | 64.0 |
| Later born | 36.0 |
| Child's IQ level | |
| Mild | 60.0 |
| Moderate | 30.0 |
| Severe and profound | 10.0 |
| Child's Education | |
| Illiterate | 16.0 |
| Normal school | 28.0 |
| Special school | 56.0 |
| Treatments underwent by the child | |
| Medication | 82.0 |
| Behaviour modification | 44.0 |
| Speech therapy | 54.0 |
| Physiotherapy | 40.0 |
| Occupational therapy | 20.0 |
| Special education | 56.0 |
| Faith healing | 8.0 |
| Other Conditions (Current / Past) in the child | |
| Epilepsy | 46.0 |
| Cerebral palsy | 4.0 |
| Hearing problem | 2.0 |
| Visual problem | 8.0 |
| Speech problem | 50.0 |
| Head injury | 4.0 |

Table-3: Regression analyses for variables predicting the behavioural problems of children with intellectual disability

| Predictor | Regression Values | | | | | ANOVA | | |
|-----------------------------|-------------------|-------|-------|---------|-------|-------|------|-------|
| | R ² | B | SE B | β | t | Sig | F | Sig |
| Attitude towards disability | 0.11 | -0.48 | -0.19 | -0.33 | -2.47 | 0.017 | 6.10 | 0.017 |

Regression analysis was done to predict the behavioural problems of children with intellectual disability. Attitude towards disability as predictor and the behavioural problem of children as criterion indicated a significant result ($R^2=0.11$, $\beta = -0.33$, $F=6.10$, $p=0.017$).

DISCUSSION

The results described above suggested that parents' attitude towards disability was a significant predictor of the behavioural problem exhibited by children with intellectual disability ($R^2 = 0.11$, $\beta = -0.33$, $F = 6.10$, $p = 0.017$). The necessity of working on improving the parent's attitude to bring about changes in behaviour problems of children with ID is hereby evident. Previous studies revealed that very often the parents have a negative attitude towards their child with disabilities. The finding of the present study, suggesting an opposite direction of influence to what found in the study of Rangaswami, K (1995) where parents of children with intellectual disability accompanied by behavior problems had higher negative attitude, reveals that the parents' attitude towards disability influences the behaviour problems in children with mental retardation. This means that children with intellectual disability are less prone to behavioural problems if the parents have an attitude that their child with intellectual disability is not different from other "normal" children. Parents with a positive attitude towards disability, i.e., those with an attitude that their child is similar to normal children, are more likely to believe that a normal life is possible for their child and therefore explore ways to make them adaptive to the environment. This provides more chances for children of such parents to undergo various training and gain better ways of living which in turn provides more opportunities for learning adaptive behaviours. A parent with negative attitude believes and treats their child as "a different child" and get along with it accepting that they are "different", less effort being made to bring change in the child's behaviour. Parents with negative attitude might also indulge in over-involvement or to the other extreme i.e., rejection towards the child. This can bring about a direct negative influence on the child's behaviour leading to high level of behaviour problems.

Addressing stigma and discrimination at the family or community level can have a significant impact on the lives of such children. One of the best ways to make this possible is to show communities what these children are capable of, such as attending school, getting job and having a role in the community. Change should begin from family. Working on improving the parent's attitude towards their child with intellectual disability is the stepping stone towards making this possible. The need and benefit of inclusive approach is underlined. The study can be taken forwarded with more sample representation exploring the pattern specific to various levels of intellectual disability.

CONCLUSION

Disability is not an impairment itself, but rather also involves attitudes and environmental barriers. It can be said to be a social issue which results from the interaction between people, with long-term physical, mental, intellectual or sensory impairments, and various barriers that could hinder their full and meaningful participation in society on an equal basis with others.

Attitudes are seen to play a key role in achieving equality because they may translate into behaviour towards individuals and groups. Negative attitudes can have negative consequences such as discrimination and hate crime. Negative attitudes, or perceived negative attitudes, towards people with disabilities can become a barrier to the inclusion of those with disabilities into the society, and to achieving their full potential. Children with intellectual disability are often at greater risk of violence and exploitation than their non-disabled peers.

The relationship between people's attitudes, their knowledge and their behaviour is complex. One assumption frequently made is that certain attitudes are due to ignorance or misinformation and therefore, if attitudes are to be changed, people must be educated through the provision of information. Another assumption is that behaviour should be changed first, and attitudinal change will follow. Legislation can lead to people with negative attitudes changing their behaviour and changes in behaviour can lead, in time, to changes in attitudes. Which is the better way for attitudinal change has to be more thoroughly studied.

While there is some evidence that public attitudes toward people with intellectual disability are shifting in a positive direction, the need for a change is clearly apparent, as studies have consistently shown that people with intellectual disability remain highly stigmatised. It is known that a shift to a more positive attitude results in greater acceptance of inclusion and thus may have a direct impact on the quality of life for a person with mental retardation. Through this study it has come to our knowledge that this shift can even influence the behaviour problem manifested in the child with intellectual disability. Much greater number of in-depth researches is still required for greater precision and clarity.

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