



# REVIEW OF RESEARCH

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## INTELLECTUAL DISABILITY CHILDREN AND QUALITY LIFE OF MOTHERS WITH INTELLECTUAL DISABILITY WITH RESPECT TO CHARACTERISTICS OF CHILDREN

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### ABSTRACT

*Mothers who have children with intellectual disabilities (IDs) are often reported to have physical and mental difficulties related to caring for their children, thus affecting their quality of life (QOL). The study was conducted to better understand the quality of life (SQOL) of mothers with intellectual disabilities (ID) related to the characteristics of the children (age, gender and severity level of intellectual disability).*



**KEYWORDS:** *Intellectual Disabled Children, Quality of Life.*

### INTRODUCTION

Intellectual disability is a specific stage of functioning that begins in childhood and is characterized by limitations in intelligence and adaptive skills. Adaptive behaviour is the ability to cope with the demands of daily life and is manifested in such things as sensory-motor, communication, self-help, socialization, educational and professional skills. The most common feature of intellectual disability is the failure to achieve developmental tasks with age. These functions include maturation processes in education and social adjustment. It is also defined by an IQ score of less than 70 in addition to the deficit of two or more adaptive behaviors that affect daily normal life. The presence of such a child affects the whole family system. Many factors influence age, disability severity, gender, its etiologic and educational opportunities and parenting over time in individual behavior and program.

Parents who have children with IDs often report physical and mental distress related to caring for their children. Mothers continue to carry an unequal burden of caring for an intellectually disabled child, making them more likely to experience stress related to child rearing and often unable to engage in depression, anxiety, health concerns, social isolation and low self-esteem and other activities, reducing their social decline and having a negative effect on their QOL. Previous research findings also suggest that the more intense the level of support given to a child with a disability, the lower the caregiver's QOL. Parenting children with special needs can have an adverse effect on their general health.

Children with intellectual disabilities pose special challenges for parents. The study was conducted to gain a better understanding of the QOL of mothers with intellectual disabilities in terms of

child variables. Rehabilitation programs can be created to reduce the burden on mothers and improve their QOL.

### OBJECTIVES OF THE STUDY:

- To study the differences in the quality of life of mothers with intellectual disabilities with respect to the age of the children in the experimental and control groups in the pre-test.
- To study the difference in quality of life of mothers with intellectual disabilities in terms of the severity of intellectual disabilities in children in the experimental and control group pre-tests.
- Experimental and control groups to study differences in quality of life of mothers with intellectual disabilities in relation to the sex of the child in pre-testing.

### RESEARCH METHODOLOGY:

#### Sample and Technique:

With the help of simple random sampling method researcher has selected 60 mothers in which 30 are experimental group and 30 are control group which having intellectual disabled children's.

#### Tools:

This is a self-administered questionnaire. It includes 26 items classified into four broad domains: physical health, mental well-being, social relationships, and the environment. The scoring of items is rated on a 5-point scale.

#### Procedure of Data Collection:

The researcher contacted the individual school administration in person. The scope of the study was explained to them and their permission was sought from the parents for data collection. The researcher contacted them in person by visiting their home or institution. After establishing the right relationship, the investigator provided the equipment and filled it out. In this present paper only pre-test mean marks from both experimental and control groups are being considered to study maternal QOL in terms of child characteristics.

#### Statistical Technique:

The appropriate statistical methods used by SPSS were: T-test of students and one-way ANOVA. Descriptive statistics: in addition to those mentioned above; Descriptive statistics are: frequency distribution, average standard deviation; Percentage; and graphical figures are used to present the results.

**Table 1.1 Frequency and Percentage of Sample's demographic variables  
In Experimental and Control Group.**

Children's Variables	Categories	Experimental Group		Control Group	
		Frequency	%	Frequency	%
Children's Age	7-10 Years	05	16.67	05	16.67
	11-14 Years	12	40.00	14	46.67
	15-18 Years	13	43.33	11	36.66
	Total	30	100	30	100
Severity of ID Children	Mild	08	26.67	06	20.00
	Moderate	13	43.33	19	63.33
	Severe	09	30.00	05	16.67
	Total	30	100	30	100
Children's Gender	Male	21	70.00	23	76.67
	Female	09	30.00	07	23.33
	Total	30	100	30	100

**Quality of Life of Mothers with Respect to Characteristics of Children:****Table 1.2 Mean and S.D. of Mothers Stress with Respect to Age of Children**

Group	Mothers Age	N	Mean	SD
Experimental	7-10 Years	06	57.42	3.59
	11-14 Years	11	57.18	8.98
	15-18 Years	10	62.89	5.47
	Total	33	59.60	7.23
Control	7-10 Years	06	55.63	7.85
	11-14 Years	13	60.89	5.42
	15-18 Years	11	58.21	8.61
	Total	30	59.32	7.14

Source: Statistical Analysis

The above table 1.2 describes about the mean and S.D. of mothers stress with respect to age of the children and it was observed that the mean of quality of life of mother score between 0-100 and standard deviation of the mother with respect to the children in experimental and control group.

**Table 1.3 ANOVA Test of Mother Stress with Respect to Age of the Children**

Group	Source of Variation	SS	df	MS	F	p
Experimental Group	Between groups	232.15	3	116.17	2.419	0.109
	Within groups	1289.35	26	48.09		
	Total	765.34	29			
Control Group	Between groups	114.02	3	56.731	1.126	0.345
	Within groups	1365.66	26	50.619		
	Total	1480.00	29			

Not Significant at 0.05 level ( $p > 0.05$ )

The above table 1.3 shows that the obtained P-values are higher than the  $\alpha$  level of 0.05. Therefore, both calculated T-values are not significant at the 0.05 level which explains why the quality of life score was not affected by the age of the child. Therefore, the null hypothesis is accepted. Thus, it can be concluded that the youngest child of the identified mother is more experienced quality of life than the older child. This may be because the younger child will need more time to help with the activities of daily life, thus affecting the parent's quality of life.

**Table 1.4 Mean and SD of Mothers Quality of Life Scores with Respect to Severity of Disability of Intellectual**

Groups	Severity of Intellectual Disability	N	Mean	SD
Experimental	50-69	9	59.62	5.59
	35-49	11	62.21	6.37
	20-34	10	56.19	8.30
	Total	30	59.31	6.89
Control	50-69	7	60.51	5.75
	35-49	17	60.29	6.05
	20-34	6	53.21	10.46
	Total	30	59.09	7.14

Source: Statistical Calculation

The above table 1.4 shows the quality of life score (range 0-100) and the mother's standard deviation in terms of the degree of intellectual disability in the experimental and control groups. A closer look at the average quality of life values reveals that mothers who have children with severe intellectual disabilities have poorer than two-tenths of their children compared to others.

**Table 1.5 Summary of ANOVA of Mothers QOL with Respect to Severity of Disability of Intellectual**

Group	Source of Variation	SS	df	MS	F	p
Experimental Group	Between groups	211.20	2	105.60	2.164	0.134
	Within groups	1317.46	27	48.79		
	Total	1528.66	29			
Control Group	Between groups	217.71	2	108.86	2.164	0.134
	Within groups	1262.28	27	46.75		
	Total	1480.00	29			
Not Significant at 0.05 ;( $p>0.05$ )						

Source: Statistical Calculation

The above table 1.5 shows that the obtained p-values are higher than  $\alpha$  level of 0.05. Therefore, both F-values calculated are not significant at the 0.05 level which explains why the quality of life score does not affect children's disability at the intensity level. Therefore, the null hypothesis is accepted. Thus, it can be concluded that the identified mother did not show a statistically significant difference in the quality of life score in terms of the level of severity of intellectual disability. This may be due to the fact that the mother is gradually making changes in the behaviour and activities of her children in the problems of daily life.

**Table 1.6 Mean, SD, df and 't' value of Mother's Quality of Life with Respect to Children's Gender**

Groups	Variables	N	Mean	SD	t	df	p
EG	Male	22	59.40	5.30	0.214	28	0.829
	Female	10	60.18	10.98			
CG	Male	22	58.70	7.30	0.299	28	0.770
	Female	08	59.80	6.88			
Not Significant at 0.05 ;( $p>0.05$ )							

Source: Statistical Calculation

Table 6 shows that the obtained P-values are higher than the  $\alpha$  level of 0.05. Therefore, both T-values calculated are not significant at the 0.05 level which explains why the sex of children does not affect quality of life. Therefore, the zero hypothesis is accepted. Thus, it can be concluded that the identified mother did not show a statistically significant difference in the stress score with respect to the sex of the child; Parents spend a lot of time caring for their children regardless of gender, assess them, therapy or seek medical treatment, as a result of which their social life is disrupted and their standard of living is reduced in this area.

### CONCLUSION:

Our findings show that the life expectancy of all mothers is lower than average, regardless of the age, gender and severity of their children. Hence the urgency to develop a wellness program for stress management and improving their quality of life for moms.

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