



QUALITY OF LIFE OF MOTHERS HAVING CHILDREN WITH INTELLECTUAL DISABILITY WITH RESPECT TO MOTHERS' AGE, EDUCATION AND OCCUPATION

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Abstract:

Background and aim: Mother's having children with intellectual disability (ID) deficit in physical, psychological, social relationship and environment domains which tend to live a lower quality of life. There has been limited research conducted on Quality of Life (QOL) of Mothers of children with intellectual disability; thus the present study examined Quality of life (QOL) of mothers having children with intellectual disability (ID) with respect to mothers' age, education and occupation. Method: Sixty mothers were randomly selected from Thakur Hari Prasad Institute of Research and Rehabilitation for Mentally handicapped children, Hyderabad, Telangana State. QOL was assessed by using World Health Organization Quality of Life BREF / WHO QOL BREF, REV., 2012) The data were analyzed by applying appropriate statistical techniques through SPSS. Results: Results showed that there was no significant difference found in the mean quality of life scores of mothers having children with intellectual disability with respect to age, gender & severity level of ID children. Conclusion: Our finding highlighted that quality of life of all mothers was below average irrespective of their children's age, gender and severity. Thus it is recommended that rehabilitation programme can be planned to provide psycho educational support to the mother to ease the stress.

KEYWORDS:

Quality of Life of, Mothers & Intellectual Disabled children .

INTRODUCTION

Intellectual disability (ID) is a global challenge and it is one of the greatest causes of human suffering. It is an incurable lifelong disability. The birth of a baby is usually anticipated with great excitement and expectation of a future filled up with happiness and success. This exuberance may become muted with the birth of a disabled infant. The presence of such a child affects the entire family system. Parental reaction to the realization that their child is exceptional usually includes shock, depression, guilt, anger, sadness and anxiety

Intellectual disability brings the feeling of anxiety, fear, depression, and helplessness among the family member especially to the mother who spends time on intellectually disabled children. Mothers continue to carry the disproportionate burden in raising a disabled child, thereby being more prone to experience stress related to child care and often demonstrate depression, anxiety, health concerns, social isolation and low self-esteem. The child has special needs in addition to the regular needs of all children,

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and parents can find themselves overwhelmed by various medical, care to give and educational responsibilities. Parenting an intellectually disabled child is not an easy task (Peshwariya and Ganguli, 1995) among the couple, mother experience more stress than father because she is the major care taker of the Childs and strives to fulfil all the day care needs of the child.

The impact of intellectual disability also affects the quality of life of mothers. Parenting children with special needs may have an adverse effect on their general well-being (Cummings, Bayley & Rie, 1966). Mother's having children with intellectual disability (ID) deficit in physical, psychological, social relationship and environment domains which tend to live a lower quality of life. There has been limited research conducted on Quality of Life (QOL) of Mothers of children with intellectual disability; thus the present study examined Quality of life (QOL) of mothers having children with intellectual disability (ID) with respect to mothers' age, education and occupation.

OBJECTIVES OF THE STUDY

1. To study the difference in the mean quality of life scores of mothers having children with intellectual disability with respect to age of the mother in experimental and control group at pre-test.
2. To study the difference in the mean quality of life scores of mothers having children with intellectual disability with respect to the education of mother in experimental and control group at pre-test.
3. To study the difference in the mean quality of life scores of mothers having children with intellectual disability with respect to occupation of the mother in experimental and control group at pre-test.

HYPOTHESIS OF THE STUDY:

1. There is no significant difference in the mean quality of life scores of mothers having children with intellectual disability with respect to age of the mother in experimental and control group at pre-test.
2. There is no significant difference in the mean quality of life scores of mothers having children with intellectual disability with respect to education of mother in experimental and control group at pre-test.
3. There is no significant difference in the mean quality of life scores of mothers having children with intellectual disability with respect to the occupation of the mother in experimental and control group at pre-test.

RESEARCH METHODOLOGY

Place of the Study: The study was conducted at Thakur Hari Prasad Institute of Research and Rehabilitation for Mentally handicapped children, Hyderabad, Andhra Pradesh.

Sample and sampling technique: 60 mothers (30-Experimental Group, 30- Control Group) having children with intellectual disability .Simple random sampling technique was used in the selection of the sample.

Inclusive criteria: Literate, Age 18 years and above, and having intellectually disabled children aged between 6-18 years. Exclusive criteria: Single parent family, More than one child with disability and Intellectual disabled child with multiple disabilities.

Description of the Tool: World Health Organization Quality of Life BREF / WHO QOL BREF, REV., 2012): The WHOQOL-BREF, an abbreviated version of the WHOQOL-100, revised in 2012. This is a self administered questionnaire. It comprises of 26 items categorized into four broad domains: physical health, psychological well-being, social relationships and environment. Scoring the items is rated on a 5-point scale.

Validity and Reliability: Internal consistency, Cranach alpha values for each of the six domain scores ranged from .71 (for domain 4) to .86 (for domain 5), Test and retest reliability ranged from 2-8 weeks. Correlations between items at time points one and two were generally high, it ranging from .68 form the Safety facet to .95.

Translation of Questionnaire: The standard "forward-backwards" procedure is applied to translate the questionnaire from English into Telugu

Data Collection Procedure: The researcher personally contacted the special School authorities. The scope of the study was explained to them their permission was sought for collection data from the parents. The researcher contacted them personally either by visiting their homes or in the institute. After establishing proper rapport, the investigator supplied tool and got them filled.

Scoring and Data Processing: The data collected were entered in to a master sheet of the computer. Each subject of the sample was given an identification number serially numbering from 1 to 30 in experimental and 1to 30 in control group Against the identification number of each subject the data

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pertaining to that subject was entered. The data collected through the general sheet was entered first followed by the data obtained from the quality of life scale.

Classification of Data: Mothers' age has been categorized in to three group 18-30 Years, 31-45 Years and 46Years and above. Mothers' Education into two categories Under Graduate, Graduate and above similarly mothers' occupation were divided in two categories House wife, working.

Statistical Techniques used for Data Analysis: Appropriate statistical methods used by SPSS were : Student's t –test ,and One Way ANOVA .Descriptive statistics: other than above mentioned ones; descriptive statistics namely: frequency distribution, mean standard deviations; percentages; and graphical figures are used to present the results.

RESULTS, INTERPRETATION AND DISCUSSION

Results, interpretation and discussions are presented under two the following headings.

1. Distribution of samples on the basis of Mothers Variables in Experimental and Control Group.
2. QOL of mothers with respect to mothers' age, education and occupation

1. Distribution of samples on the basis of Mothers Variables in Experimental and Control Group.

Table: 1 Frequency and Percentage of Samples' demographic variables In Experimental and Control Group.

Demographic Variables	Categories	Experimental Group		Control Group	
		Frequency	%	Frequency	%
Mothers' Age	18-30 Years	06	20.00	05	16.67
	31-45 Years	19	63.33	16	53.33
	46Years and above	05	16.67	09	30.00
	Total	30	100	30	100
Mothers' Education	Under Graduate	20	66.67	17	56.67
	Graduate and above	10	33.33	13	43.33
	Total	30	100	30	100
Mothers' Occupation	House wife	25	83.33	21	70.00
	Working	05	16.67	09	30.00
	Total	30	100	30	100

Table 1 shows homogeneity among experimental and control group in all variables and sub categories.

2. QOL of Mothers with Respect to Mothers' Age, Education and Occupation

Hypothesis (i) There is no significant difference in the mean quality of life scores of mothers having children with intellectual disability with respect to age of the mother in experimental and control group at pre-test.

Table 2 Means and Standard Deviations of Mother's QOL Scores with Respect to their Age.

Group	Mother's Age	N	Mean	SD
Experiment	18-30 Years	6	56.66	1.96
	31-45 Years	19	60.89	8.16
	46 Years and above	5	58.60	7.43
	Total	30	59.66	7.26
Control	18-30 Years	5	56.60	3.59
	31-45 Years	16	59.88	8.18
	46Years and above	9	58.78	4.27
	Total	30	59.00	6.54

Table 2.shows the means QOL scores (Range 0-100) and standard deviations of identified mother with respect to the age of the mother in experimental and control group at pre test. The means QOL scores of all three age group did not differ significantly in experimental and control group at pre test.

Table: 3 Summary of ANOVA of Identified Mothers' QOL Scores with Respect to their Age.

Group	Source	SS	df	MS	F	p
Experimental Group	Between groups	88.34	2	44.17	0.828	0.448
	Within groups	1440.32	27	53.34		
	Total	1528.66	29			
Control Group	Between groups	41.49	2	20.74	0.467	0.632
	Within groups	1200.50	27	44.46		
	Total	1242.00	29			

Not Significant at 0.05 ;(p>0.05)

Table 3 shows that obtained p- values are more than α level of 0.05. Hence, calculated both F-values are not significant at 0.05 levels which evident that the QOL scores does not affect by the age of mother. Therefore, the null hypothesis that there is accepted. Thus, it can be concluded that the identified mother did not show the statistically significant difference in mean QOL score with respect to their age. The reason may be whatever the age of identified mothers she pays less attention in their own health aspects; they experience irregular sleep, isolating themselves from social activities, high level of stress results low quality of life.

In relation to above finding Panday and Fatma (2016) concluded that quality of life among parents of mentally retarded have no effect by their age. Gomez (2003) elicited that there was no correlation between Quality of life of parent having children with special needs with respect to age of the mothers.

Hypothesis (ii) There is no significant difference in the mean quality of life scores of mothers having children with intellectual disability with respect to education of mother in experimental and control group at pre test.

Table 4: Means, Standard Deviations, df and 't' Value of Mothers' QOL Scores with Respect to their Education.

Group	Mothers' Education	N	Mean	SD	t	df	p
Experimental Group	Intermediate and below	20	57.45	6.69	2.587	28	0.015*
	Graduation and above	10	64.10	6.52			
Control Group	Intermediate and below	17	55.64	6.83	3.448	28	0.002*
	Graduation and above	13	63.39	4.94			

Significant difference at 0.01 level ;(p<0.01)

Table 4 shows the obtained p- values are more than α level of 0.05. Hence, calculated both t-values are not significant at 0.05 levels which evident that the QOL scores affected by the education level of mother. Therefore, the null hypothesis is rejected.

Thus, it can be concluded that QOL scores affected by the education levels of mother, Mothers with higher education status had better QOL compare to undergraduate mothers .level of QOL percentage is low in the undergraduate literate mother because of the lack of awareness about the condition. High educated parents were aware of attending seminars and workshop to enhance their coping strategies and to deal with the problem of the child and her life successfully.

Gomez (2003) elicited that there was no correlation between Quality of life of parent having children with special needs with respect to education of the mothers.

Hypothesis (iii) There is no significant difference in the mean QOL scores of mothers having children with intellectual disability with respect to occupation of the mother in experimental and control group at pre -test.

Table 5. Means and Standard Deviations, df and t-Value of Mother's QOL Scores with Respect to their Occupation

Group	Variables	N	Mean	SD	t	df	p
Experimental Group	House wife	25	59.56	7.56	0.177	28	0.861
	Working	5	60.20	6.26			
Control Group	House wife	21	58.33	7.46	0.775	28	0.445
	Working	9	60.56	6.47			
Not Significant at 0.05 level (p>0.05)							

Table 5 shows the obtained p- values are more than α level of 0.05. Hence, calculated both t-values are not significant at 0.05 levels which evident that the QOL scores did not affect by the occupation of the mother. Therefore, the null hypothesis is accepted.

It may be because the mothers who are working feels guilty for not spending adequate time with the child whereas mother who is housewives spend more time with child and felt restricted in pursuing their social and leisure activities and experienced more stress. In relation to above findings Panday and Fatma(2016) noticed that occupation of mothers of mentally retarded children did not affect QOL of mothers .

CONCLUSION

Our finding highlighted that quality of life of all mothers was below average irrespective of their children's age, gender and severity. Thus it is recommended that rehabilitation programme can be planned to provide psycho educational support to the mother to ease the stress.

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