



PARENTING AND FAMILY ADJUSTMENT OF MOTHERS OF CEREBRAL PALSY CHILDREN AT TIRUCHIRAPPALLI DISTRICT

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ABSTRACT :

When a child is diagnosed with cerebral palsy, it is not only the parents who undergo emotional problems but also the other members in the family, who experience grief. In most families, the mother being the care giver undergoes more crises to bring up the child. **Aim:** The aim of the study is to see Parenting Cerebral palsy children and how the family is adjusting based on mothers' perspective. **Method and Materials:** The researcher selected 30 mothers of CB children at Tiruchirappalli District and the researcher has used interview method. **Results:** Though there were significant differences seen among consanguineous marriages, the respondents' educational status, and father's occupation in parenting and family adjustment, the overall results show that irrespective of all factors, exactly half of the respondents have reported a high level of parenting and family adjustment problems and the other half have reported low level of parenting and family adjustment.

KEYWORDS : Cerebral palsy, mothers, parenting and family adjustment.

INTRODUCTION

Cerebral palsy is a group of disorders that affect a person's ability to move as well as his/her posture; it is related to a brain injury or to problems with brain growth. It is caused by brain damage or abnormal brain development that happens before birth or early in life (CDC, 2018). Cerebral palsy is permanent and is not progressive. Cerebral palsy is an umbrella term for a group of neurological disorders. They permanently affect the individual's ability to coordinate movement. Abnormalities in the brain cause cerebral palsy, although often, no specific cause can be found. Cerebral palsy is usually not progressive (National Institute of Neurological Disorders and Stroke, 2018). The goal for a CP child is to perform activities of daily living and ability to communicate which may provide them with an opportunity to survive and take care of them. Love, care, parental care, and sibling care are also the need of CP children which may help them to improve their life and become a useful citizen. Numerous studies have shown that specific physical demands and experience of disappointment because of health problems of the child cause stress in parents. Birth of a



child with special needs changes the functioning of the family (Florian, Findler 2001; Hauser-Cram, 2001; Lin, 2000 & Barnett et al., 2003). If these changes are accompanied by unsuitable coping strategies, they may result in disturbed marital and other family relationships as well as professional relations, which lead to further anxiety in the family. The family with CP has to show extra care for the child. Each and everything they do must be based on the child. Parents' psychological

adjustment reflects the outcome of parents' ability to maintain a balance between the demands of stressful situations and the availability of personal. Not only the parents but also the siblings have to adjust to the environment. The whole family has to adjust and act for the favourable condition of the chronic ill child.

METHODOLOGY

Objectives: The main objectives of the present study are to study the socio-demographic profile of the family of CP children, to assess the parenting style of the mothers of cerebral palsy children, to evaluate the family adjustment to the Cerebral Palsy child, and to assess child dependency in their daily activities of life. **Method:** The researcher purposively selected 30 mothers of CP children studying in spastic society and the study is descriptive in nature. A self-prepared interview schedule was used for collecting data in respect of socio-economic and demographic profiles of the respondents. The researcher has also used "parenting and family adjustment scale" developed by Sanders et al. (2014). It consists of 30 questions rated from 0 to 3.

RESULTS & DISCUSSION

From table - 1, it is clearly understood that if the marriage type is consanguineous even if it does not make any difference in level of parenting there is a high significant difference between the levels of family adjustment.

Table – 1: 't' test between consanguineous and non-consanguineous marriage respondents with regard to various dimensions of parenting and family adjustment

S. No	Marriage type	X	S.D	Statistical Inference
A)	Level of Parenting			
1.	Consanguineous	24.00	7.416	t = -0.320
2.	Non-consanguineous	24.91	6.381	df = 28 P>0.05
B)	Level of Family Adjustment			
1.	Consanguineous	11.57	3.101	t = -4.848
2.	Non-consanguineous	19.43	3.918	df = 28 P<0.01
C)	Overall Level			
1.	Consanguineous	35.57	9.519	t = -2.148
2.	Non-consanguineous	44.35	9.451	df = 28 P<0.05

From table - 2, it is understood that there is a significant difference among the Level of parenting based on fathers' occupation which is based on income and permanency of the job.

The researcher has found that most of the parents are able to cope up their emotions and difficulties at least to some extent. Half of the respondent fall between the age group 20-30 years and most of them belong to nuclear family. Majority of the respondents have completed high school and as the educational qualification increases, the respondents' parental adoption also increases. Majority of the respondents have reported that child's birth was through normal delivery and there was no birth cry. Nearly (80%) most of the respondents had identified the illness of the child at the first year of the life. In families where, good family adjustment has been reported, the families have been more spiritual after the child's birth and everyone has reported 100 per cent financial burden, irrespective of educational qualification and age. Nearly all respondents are able to ascertain the cause of cp in the child and all have reported delayed milestone development. Everyone was found to be aware of concession in bus and train fare as most of the children have problem in mobilisation and as they were not taken to so many places most of them did not avail bus

and train concession. Respondents have reported they receive support from their neighbours. Most of the parents have put their children in institutions to make them self-reliant

Table - 2: One-way analysis of variance among father's occupation of the respondents with regard to various dimensions of parenting and family adjustment

Fathers Occupation	df	SS	MS	X	p
A. Level of Parenting					
Between Groups	3	436.50	145.50	G1=26.00	F = 4.766
Within Groups	26	793.7	30.530	G2=33.00	p < 0.01
				G3=23.15	
				G4=22.30	
B. Level of Family Adjustment					
Between Groups	3	144.83	48.277	G1=23.00	F = 2.155
Within Groups	26	582.36	22.399	G2=20.00	p > 0.05
				G3=17.69	
				G4=15.20	
C. Overall Level					
Between Groups	3	920.10	306.70	G1=49.00	F = 3.983
Within Groups	26	2002.1	77.007	G2=53.00	p < 0.05
				G3=40.85	
				G4=37.50	
G1= Government	G2 = Private	G3 = Business	G4=Daily Wages		

CONCLUSION

There are several people like grandparents, uncle, aunts, cousins, friends, partners, neighbours, teachers, and healthcare professionals support the family. It is the role of the parents to explain the reason for extra care given to CP child and this may not pave way for siblings' rivalry which raises due to feelings of insecurity and also leads to happy family environment. But whatever may be only mother parenting style influence, the family and encourages them, so they can be strong for the child. It is the role of the father to encourage mother to do her role effectively which results in healthy parenting.

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