

Study on life satisfaction of special children's parents towards online education and intervention program during the pandemic period

Deva Abinaya V^{1*}, Mridula C Jobson²

ABSTRACT

Aim: The purpose of this research is to study the life satisfaction of special children's parents and their view towards online education and intervention program received by their children during the pandemic period. **Sample and Sampling:** This study was conducted among 40 special children's parents. The Purposive sampling technique was used to select the sample for the study. **Materials Used:** Satisfaction with Life Scale (SWLS) by Ed Diener, Robert A. Emmons, Randy J. Larsen, and Sharon Griffin (1985) and specially designed questionnaire used to access the satisfaction level of parents towards online education and intervention during the pandemic period. Percentile analysis was used for the analysis of data. **Results and Conclusion:** The result showed that parents had expressed satisfaction towards life; they were neither extremely satisfied nor extremely dissatisfied about their life. The parents preferred offline education and intervention program to the online program.

Keywords: *Life Satisfaction, Online Education, Special Children, Pandemic, Developmental Delay*

The parents influence the development, socialization, and well-being of their children and children in turn affect the well-being of their parents (Frank J. Floyd, Kenta A., 1993). Particularly in case of special children, usually parents are the only constant caretakers. Parents of those children, being the primary caregivers for their children suffer more psychological distress than any other members of their families. Parents are considered as 'primary role model' for their children from whom they always observe and adapt language, attitudes, personality characteristics, actions, and behavior. Children build their personality and learn to cope with stressful situations based on their value system and ego strengths similar to their parents. The psychological impact on parent's health creates a drastic effect in their life satisfaction which in turn affects the child's health and family well-being as a whole.

¹M.Sc Neuroscience, University of Madras, Chennai, India

²Assistant Professor Christ Academy Institute for Advanced Studies (CAIAS) Bangalore, India

*Responding Author

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In India around 78, 64,636 children are born with disabilities constituting 1.7 percent of the total child population, according to “State of the Education Report for India” 2019. In both the Diagnostic and Statistical Manual of Mental Disorder and the International Classification of Disease 9th Edition, the term “special needs” describes individuals who require assistance for a disability that may be medical, mental, or psychological. Special needs range from Autism, Cerebral palsy, ADHD, Dyslexia, Dyspraxia, blindness, Deafness, and Down syndrome. The normal development of the brain can be affected by many complications such as hereditary, brain injury, genetics, and delivery complications, and others. This leads to the occurrence of abnormal cognitive, behavior, psychological and physical patterns, and also socio-emotional problems, which could be incapacitating and have a lifelong effect on the development of the child.

Childbirth is considered an important and unavoidable phase of human life. Rather than the involvement of two human beings, childbirth and its growth have more impact on the environment, culture, and society. Giving birth to a child with developmental disabilities is a huge shock creating distress for the parent on various fronts like social, family, psychological, emotional, economic, and interpersonal relationships of the parents. The impact on individual wellbeing especially the parent and child leave more painful and unavoidable scar considering ‘Life Satisfaction’. The burden and pain experienced while comparing self and child with the normal parenting population leave the parent of the special child with more suffering and pressure affecting their ‘Parenting Abilities’. Most children having ‘Developmental Disabilities’ (DDs) live with their parents limiting only with their family. An increasing number of children with more complex disabilities now survive into adulthood and sometimes close to a daily lifespan. In a comprehensive review, it had been concluded that these parents also report more stress and less satisfaction with caregiving.

Parental attitudes, emotional and reaction state, anxiety, frustration, adjustment, life satisfaction, mental health, etc. have been studied all over the world to understand the better way to overcome and cope with the situation. With every research our understanding is being enriched to help professionals, researchers, society, and parents themselves to extend a more encouraging and supportive atmosphere which aids in developing a healthier relationship with special needs children.

Life satisfaction (LS) is that the way during which individuals show their emotions, feelings (moods), and therefore the way they feel about their directions and options for the other term. It is a measure of well-being assessed in terms of mood, satisfaction with relationships, achieved goals, self-concepts, and self-perceived ability to deal with one's lifestyle. Life satisfaction involves a positive attitude towards one's life instead of evaluating their current feelings. Life satisfaction has been measured with reference to economic standing, degree of education, experiences, residence, among many other topics. Life satisfaction is a cognitive sort of subjective wellbeing.

Education is vital because it trains the human mind, opens people to the rest of the world, and helps people find solutions for many world problems. Providing education and intervention to developmental delay children is mandatory and complicated. The role of the parent as a ‘secondary coach’ working along with the educator, therapist, and physician further adds to the load in shouldering with the existing economic and social burden.

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A special child struggles with many difficulties both in society and education levels. The range of mental retardation from mild to profound level is reflected by the Intelligence Quotient (IQ) 70 and below. They have a complex neural structure to appreciate many things in their life. Both the child and their parents face many struggles which declines their life satisfaction level.

The novel Coronavirus disease (COVID-19) is a newly discovered infectious disease caused by "coronavirus" - a highly infectious disease (World Health Organization, 2020). The pandemic has hit around 216 countries of the world, affecting 34,936,069 people lives across the world. (World Health Organization, 2020) India isn't left behind. India reports 6,509,916 cases and around 101,211 deaths World Health Organization, 2020.

The lives of students and parents have largely been affected by the lockdown due to COVID 19. Most governments around the world have temporarily closed educational institutions in an attempt to contain the spread of the COVID-19 pandemic. This shift in education from traditional classroom learning to 'virtual' learning could be one of the most important educational experiments so far. Home learning has emerged as a substitute to the traditional schooling methods, which should be used effective to develop essential learning skills in children with limited available resources at home.

This study was conducted to understand the life satisfaction level of the parents and their view of online intervention and education for special children during this pandemic and whether this factor affects their life satisfaction level.

MATERIALS AND METHODS

Participants

All the 40 parents chosen had a child with a developmental disability. All were caring for their child with developmental disabilities at their home at the time of the study. Selected parents have already enrolled their children in special education learning centers and institutions. This study represented parents aging above 25 years. A purposive sampling technique was used to collect these samples. Children who are all undergoing special education programs through regular education were also included in this study. Parents of special children who have never received any form of education and therapy were excluded.

Table No. 1: summarizes the demographic characteristics of the parents and children from information provided by the parents (N = 40).

S. No	Demographic Factors	N (%)
1.	Age:	
	Below 25	3(7.5)
	25 – 35	2(5)
	36-45	26(65)
2.	46-55	9(22.5)
	Marital status:	
	Married	38(95)
	Separated	2(5)
3.	Gender:	
	Male	13(32)
	Female	27(68)

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S. No	Demographic Factors	N (%)
4.	Qualification:	
	Degree and above	33(82.5)
	Pre-university	3(7.5)
	SSLC	3(7.5)
5	Not responded	1(1)
	Age of the Child	
	5-10	9(22.5)
	11-15	9(22.5)
	16-20	18(45)
	Above 20	4(10)

The above-mentioned table represented the sociodemographic factors of parents (Age, Marital status, Gender, and Qualification) and children (Age, Institution studying). In which, 65% of the parents are under the age group of 36-45 and 95% of them are married. In taking care of special children, 68% of them are female and 82.5% of the parents are well-qualified. In child characteristics, 45% of the special children of age group 16-20 are undergoing the online program.

Assessment and Measures

A Self – Assessment questionnaire to assess sociodemographic variables and satisfaction level of the online class was used along with the Standardized Satisfaction with Life Scale (SWLS) questionnaire was used. The questionnaire was prepared in the form of Google documents and the link was sent to the parents of special children through social media and the assessment was made.

Tool Used

Socio-demographic Questionnaire: The socio-demographic questionnaire form included items on parental characteristics (age, gender, educational status, marital status, and occupation), child characteristics (age, institution studying, able to assess electronic gadgets).

E-learning characteristics: Online school activity and their convenience and effectiveness, parent/ therapist relationship and burden of the disease (emotional stability of parent, time spend towards the child), including future hope (either regular or online mode of education)

Satisfaction with Life Scale: The life satisfaction scale is developed to research the person’s emotions, feelings, and attitudes of one’s life during a specific period ranging from negative to positive. **Life satisfaction** is also a vital indicator of mental health (Pilar Matud, Bethencourt, & Ibañez, 2014). Satisfaction with Life Scale (SWLS) by Ed Diener, Robert A. Emmons, Randy J. Larsen, and Sharon Griffin (1985) was accustomed to analyze the satisfaction level of the parent of special children who is all attending online mode of education during this pandemic period. It’s supported a 7-point Likert style response scale (1: strongly disagree to 7: strongly agree) with the things summed to provide a final score ranging from 5 (minimum life satisfaction) to 35 (maximum life satisfaction).

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Ethical Considerations

Parents were explained about the study. Parents were assured that all information was confidential and they would not be identified in any reports. Moreover, they would prefer skipping answering non-mandatory questions. With complete consent finished the questionnaire and responses were submitted to the researchers.

Data Collection Procedure

A link for the questionnaire was sent to a certain number of parents with an information letter about the study containing assurances of confidentiality as noted above. Parents who were willing to participate completed the questionnaire which totaled up receiving 40 responses. Although no accurate record was made from the number of parents who had been approached to need part in the study.

RESULTS

Statistical analysis was performed using The Statistical Package for the Social Sciences for Windows, Version 22.0. The percentile method was used to analyze.

Table No. 2 presents the mean scores across all parents on the five measures that were the focus of the study, along with details of the minimum and maximum scores. The satisfaction measures tended to be skewed towards greater satisfaction whereas the stress scores were distributed normally.

Table No. 2. Explains the Satisfactory level of parents

Satisfaction with Life Scale	N (%)
Extremely satisfied	3(7.5)
Slightly satisfied	14(35)
Satisfied	16(40)
Dissatisfied	1(2.5)
Slightly dissatisfied	5(12.5)
Extremely dissatisfied	1(2.5)

This Table portrays the life satisfaction level of parents of special children, the predominant emotions experienced by the parents are as follows extremely satisfied – 3 (7.5%), Slightly satisfied – 14(35%), Satisfied – 16 (40%), Dissatisfied – 1 (2.5%), Slightly dissatisfied – 5(12.5%) and, Extremely dissatisfied – 1(2.5%). This states that the majority of the parents were satisfied with their life and least are either dissatisfied or extremely dissatisfied about their life.

Table No. 3 Explains the percentile of survey questions used to analyze the satisfactory level of online class during the pandemic.

S. No	Questions	Yes N (%)	No N (%)	No Response N (%)
1	Are you satisfied with the time spend with your child during pandemic?	35(90)	4(10)	1(1)
2	Is your concern about your child’s problem bothering your health?	20(50)	20(50)	0(0)
3	Understanding your child’s emotional feelings is improved?	38(95%)	2(5)	0(0)
4	Participation of other family member in	26(65)	14(35)	0(0)

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S. No	Questions	Yes N (%)	No N (%)	No Response N (%)
5	taking care of child is satisfactory? Satisfactory level of understanding child's difficulty is improved?	31(77.5)	9(22.5)	0(0)
6	Level of satisfaction has improved in spending time with Child in recreational activities?	29(72.5)	11(27.5)	0(0)
7	Satisfactory level of parent-therapist relationship/ conversation /Therapy about your child's development through online?	27(69)	12(31)	1(1)
8	Satisfactory level of participation of your child's school activity through online?	26(67)	13(33)	1(1)
9	Are you and your child able to access electronic gadgets?	30(75)	10(25)	0(0)
10	Do you follow time management for an online program?	29(76)	9(24)	2(2)
11	Do you feel following online instructions and implementing them are convenient to follow?	28(72)	11(28)	1(1)
12	If your child doesn't perform well during an online session, do you feel demotivated?	15(38)	24(62)	1(1)
13	Do you feel online sessions are effective and satisfactory for your child?	26(67)	13(33)	1(1)
14	Do you feel e-learning education can be useful in the future for special children?	14(36)	25(64)	1(1)
15	Will you prefer to continue the online mode of education?	16(41)	23(59)	1(1)
16	Would you like to send your child to an offline mode of education after this pandemic?	37(92.5)	3(7.5)	0(0)

Summary of Main Findings

Satisfaction with caring was generally positive in parents and thus evidence from the above-mentioned table no. 3, 90% of the parents are satisfied with the amount of time they spend with their children. In the parental characteristics, a satisfactory level of understanding of a child's emotional feelings and child's difficulty is improved by 95% and 77.5% respectively. 50% of the parent feels that their mental health is affected by the child's problem. 65% of parents feel that they are satisfied with the involvement of other family members. In the case of spending time in recreational activities, 72.5% of them are satisfied. 69% of parents feel that their parent/therapist relationship is developed through online. 75% of children can assess electronic gadgets like mobile phones and laptops. The Satisfied level of participation of your child's online school activity is improved by 67% of the parent. 76% of parents follow time management for the online class and 72% of them feel online instructions are convenient to follow. 62% of parents don't get demotivated when their child didn't perform well during an online class. 67 % of parents feel online classes are effective and satisfactory for their children. For future hopes, 64% of parents felt that e-learning is not always the right solution for special children and 59% of them didn't prefer to continue the online mode of education because some of the individuals need personal and one-on-one attention. Hence, 92.5% of parents prefer to send their children to the traditional model of education after this pandemic period.

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DISCUSSION

The present study had a variety of novel features. Fathers as well as mothers were recruited. Parents of special children have an extra commitment in growing up their children in this society. Parents of special children face higher stress and pressure, as compared to parents of Normal Children. Parents have continued to struggle among meeting the household work, job, and disabled child's extra needs. Because of multiple conflicts and day to day stress, they have more health-related problems and psychological issues as compared to mothers of normal children. Inability to perform routine work, poor interpersonal relationships, marital conflicts, additional responsibilities, and financial crisis affect the life satisfaction of parents. The study incorporated children from age group from 5 to 20 with different confirmed disabilities who attended various centers. Previous literature has suggested that parental satisfaction and stress vary according to the diagnostic label given to the child; However, Parents of special children suffer in overcoming burden and pressure which impacts the life satisfaction level among them. This study revealed around 40% of parents have the satisfaction of life, 35% of the parent has slight satisfaction of life and 7.5% of them have extremely satisfaction of life, among the sample size of 40. The sample included in the study neither fall in extremely satisfied or dissatisfied. This shows the positive approach and coping strategies they adopt to see life through a mirror of satisfaction and positivity.

This study was designed to explore the impact of lifelong caregiving which families need to provide to sons and daughters with disabilities. Two aspects might be examined and compared: older parents and older children with younger parents and younger children. This may reflect the extra challenges parents face as their children seek greater independence and mature sexually.

Providing education and intervention for special children already considered challenging has become more challenging for parents to occupy the children with them managing the family handling the financial crisis during the pandemic, supporting, managing time, and providing training during a pandemic when the whole family had to manage and handled is not an easy task. Finally, the satisfaction level of a parent from the therapy or education received by the child among all difficulties through was not to the level and satisfaction received through the offline class was preferred.

This study sets a background to understand the problems faced by the parents and children with developmental disorders to face the future online mode of education and intervention. This helps the educator to understand the problem from the root level so that planning intervention and designing education programs can consider the problem faced by parents who have to support the child has a second educator and therapist and physician.

CONCLUSION

It is imperative that parents receive the support needed to sustain their motivation and satisfaction with caregiving if their quality of life which of their children with disabilities is to be enhanced. Hopefully, this study will be a precursor and stimulant to further research into the needs of family cares and future online education

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Conflict of Interest

The author declared no conflict of interest.

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