

A Study of Psychosocial Profile of Mentally Handicapped Children and Psychopathology in their Parents

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ABSTRACT

Aim: To study the socio-demographic profile of mentally handicapped children and to compare the Psychiatric morbidity in parents of mentally handicapped children with that of parents of non handicapped children. **Materials and Methods:** The sample under study consisted of 50 children of both sexes 30 of these were mentally handicapped children & 20 children were non handicapped. IQ was assessed using Coloured Progressive matrices and Goddard form board. SCID I was used to assess Psychopathology of parents. **Results:** The prevalence of consanguinity, pregnancy complications, co-morbidity (speech and seizure disorder) and psychopathology in mothers was high in mentally handicapped children as compared to non handicapped children.

Keywords: *Mentally Handicapped Children, Mental Retardation, Psychopathology in Parents of Mentally Handicapped*

At the beginning of this century, children suffered from a wide range of threatening medical illnesses, for which there was hardly any satisfactory treatment. Today, this situation has changed gradually but dramatically. Improved sanitation, diet and housing have led to general better health and resistance to diseases. Widespread introduction of vaccination programs has led to the decrease in the incidence of various diseases like polio, T.B. Small pox, etc. Improved neonatal care has reduced the incidence of birth handicaps.

It has long been established that disable and handicapped people are seen as 'different' from normal people, often being stereotyped as dependent, isolated, depressed and emotionally unstable. In turn, these public stereotypes lead to narrower range of role expectations and more restrictions on behaviors and opportunities for disabled people. Indeed, the major handicap of

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disabled people is not their specific disability so much as the attitudes of general public towards them.

Children make large demands on society in terms of money and professional shifts the emotional problems of parents are no less daunting. In these conditions, the exact course & time of deterioration may be unpredictable. Either ways parents have to cope with a treat deal of uncertainties about their child's health and future.

A common belief in this regards is that the presence of a disabled child has a negative effect on his family. This is one of the most common reasons cited to parents while recommending institutionalization for their child. This strongly indicates the negative attitude and avoidance of parents and society towards such children.

Hence, a study exploring this complex disability was taken up to understand the impact of child disability on Parents.

Aim

To study the socio-demographic profile of mentally handicapped children and to compare the Psychiatric morbidity in parents of mentally handicapped children with that of parents of non handicapped children.

MATERIALS AND METHODS

The sample under study consisted of 50 children of both sexes 30 of these were mentally handicapped children & 20 children were non handicapped.

Mentally handicapped

30 mentally handicapped children of the same group of 8-12 years attending a special school for the mentally retarded were selected. Children with accompanying physical handicapped were excluded from the study.

Non handicapped

20 non handicapped children matched on socio-demographic variables were selected from the relatives accompanying patients to various OPDs in general hospital.

A Semi unstructured Performa was prepared and administered. Observations included: - Personal data, details about illness – severity of the handicap, co morbidity present, possible biological causes as mother's age at child birth, pregnancy complications, etc.

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Instruments Used

1. Intelligence Quotient in the subjects was assessed using the Colored Progressive matrices and the Goddard Form board.
2. SCID I was used to assess the psychopathology of parents.

RESULTS

Socidemographic Profile

Table 1: Age Distribution

	8-10 yrs	11-12 yrs	Total
Mentally Handicapped	21 (70%)	9 (30%)	30 (100%)
Mild	9	3	12 (40%)
Moderate	12	5	14 (56.60%)
Severe	0	1	1 (3.33%)
Non Handicapped	13 (65%)	7 (35%)	20 (100%)

On studying the age distribution of the 2 groups, 21 (70%) of mentally handicapped & 13 (60%) of non-handicapped children were in the age group 8-10 yrs. Out of these 12 (40%) had mild retardation, 17 (56.67%) had moderate & 1 (3.33%) had severe retardation.

Table 2: Sex distribution

	Male	Female	Total
Mental Retardation	17 (56.7%)	13 (43.3%)	30 (100%)
Mild	4	8	12
Moderate	12	5	17
Severe	1	0	1
Non handicapped	10 (50%)	10 (50%)	20 (100%)

Out of 30 M.R. children 17 (56.7%) of the retarded children were males & 13 (43.3%) were females. Amongst the non-handicapped 10 (50%) were males & 10 (50%) were females.

Table 3: Type of family

	Joint	Nuclear	Total
Mental Retardation	3 (10%)	27 (90%)	30 (100%)
Mild	1	11	12
Moderate	12	5	17
Severe	1	0	1
Non handicapped	4 (20%)	16 (80%)	20 (100%)

On studying the type of family 3 (10%) of mentally retarded, and 4 (20%) of non-handicapped children belonged to joint family. The rest i.e. 27 (90%) of mentally handicapped children & 16 (80%) of non-handicapped children belonged to nuclear family.

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Table 4: Consanguinity

	Present	Absent	Total	P-Value
Mental Retardation	15 (50%)	15 (50%)	30 (100%)	MR Vs NH P>0.05
Mild	5	7	12	
Moderate	9	8	17	
Severe	1	0	1	
Non handicapped	6 (30%)	14 (70%)	20	

On studying the prevalence of consanguinity in these groups, 15 (50%) of mentally retarded children & 6 (30%) of control were born of consanguineous marriage.

No significant different was found in the prevalence of consanguinity amongst the 2 groups.

Table 5: Mothers Age

	<= 30	>30	Total
Mental Retardation	23 (66.66%)	7 (23.33%)	30 (100%)
Mild	8	4	12
Moderate	14	3	17
Severe	1	0	1
Non handicapped	17 (85%)	3 (15%)	20 (100%)

23 (66.66%) of mentally retarded and 17 (85%) of non-handicapped children were born when mothers age was less than 30 yrs. whereas 7 (23.33%) of mentally retarded & 3 (15%) of non-handicapped were born when now these age was more than 30 yrs.

Table 6: Pregnancy complications

	Present	Absent	Total	P-Value
Mental Retardation	15 (50%)	15 (50%)	30 (100%)	MR Vs Control P< 0.05
Mild	5	7		
Moderate	9	8		
Severe	1	0		
Non handicapped	3 (15%)	17 (85%)	20 (100%)	

Pregnancy complications were present in 15 (50%) of mentally retarded and only 3 (15%) of non-handicapped children.

Amongst the mentally retarded children 1 each only had prenatal or postnatal, 7 had natal, and 6 had more than 1 type of birth complications. In non-handicapped children, all 3 had natal complications.

The incidence of pregnancy complication was significantly more in mentally retarded as compared to non-handicapped.

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Table 7: Co morbidity (Speech defect, Seizure disorder)

	Present	Absent	Total
Mental Retardation	21 (70%)	9 (30%)	30 (100%)
Mild	6	6	12
Moderate	14	3	17
Severe	1	0	1
Non handicapped	0	20 (100%)	20 (100%)

20 (70%) of mentally retarded children while none of the non-handicapped children had medical co morbidity.

Amongst the mentally retarded children, 17 had speech defect, 1 had seizure disorder while 3 had both.

Psychoathology in Parents

Table 8: Fathers Psychopathology

	Present	Absent	Total	P-Value
M.H.	9 (32.1%)	19 (67.9%)	28 (100%)*	MR Vs NH >0.05
N.H.	4 (20%)	16 (80%)	20 (100%)	

* 2 Fathers expired

Fathers of mentally retarded children had higher incidence of psychopathology as compared to fathers of non handicapped children.

Amongst father of M.H. children, 3 had dysthymia, 1 had anxiety disorder & 5 had alcohol dependence. Amongst fathers of non handicapped children, 2 had alcohol dependence, 1 each had anxiety disorders and dysthymia.

On comparison of incidence of psychopathology in fathers, none of the group significantly differed.

Table 9: Psychopathology of Mother

	Present	Absent	Total	P-Value
M.H.	18 (60%)	12 (40%)	30 (100%)	MR Vs NHP <0.05
N.H.	3 (15%)	17 (85%)	20 (100%)	

On comparison, psychopathology of mothers of mentally handicapped children was significantly high as compared to mothers of non handicapped children.

Amongst mothers of mentally handicapped children, 12 had dysthymia, 5 had anxiety & 1 had depression. Amongst the non handicapped group, 2 had anxiety and 1 had depression.

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CONCLUSION

Mothers of handicapped children had higher psychiatric morbidity as compared to the mothers of non handicapped children; whereas the same trend was not observed amongst fathers.

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