

Socio - Demographic Correlates and Psychological Factors Associated with Mothers of Mentally Handicapped Children

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ABSTRACT

The response of society to its individuals with disability, especially those with mentally handicapped has varied a great deal over the human history. The mother plays a major role in the family especially as the caretaker of the mentally retarded child. It is important for the service provider to know what are the psychological problem are pose by parents and their children for whom they seek professional help and guidance . However, the present problem for investigation which intends to study the socio - demographic correlates and psychological factors associated with mothers of mentally handicapped children of mentally handicapped children. The study was carried out on 100 subject's selected using purposive sampling. The subject consisted of mentally handicapped children and their biological mother was coming to OPD of Composite Regional Rehabilitation Centre for Persons with disabilities, Sundernagar, Mandi. Himachal Pradesh. Tools used in the study were (a) Socio-demographic Data sheet (b) Family Interview Schedule for Stress and Coping in Mental Retardation (c) Behavior Assessment Scale for Indian Children with Mental Retardation. The overall analysis of the results revealed that degree of mentally handicapped with or without behavior problem did not influence mothers stress and depression. Besides this, it was found that level of mentally handicapped alone did affect coping skill and anxiety level of mothers. It can be seen that relatively high representation of male child (60%) was brought to the centre for intervention and majority of them belong to rural areas. It was also found that only one third of the mentally handicapped children attending special schools. There was significant high number of mothers (58%) to have education level of 10th and above, majority of them were house wife and fell under the category of lower middle class income group. Moreover rehabilitation related professional would be needed to hike their professional standard of services dealing with the families of the mentally handicapped children. The services offered by governments as well as NGOs have great impact on community and society.

Keywords: *Mentally handicapped, Socidemographic Factors, Stress and Coping Skills and Behavioral Problems*

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Received: November 03, 2017; Revision Received: December 01, 2017; Accepted: December 05, 2017

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All modern educated mothers plan and expected for a healthy normal child .However, mothers on being told about having a child with mentally challenged, generally reacted through variety of emotional stages e.g. shame, rejection, guilt, denial and feeling of hopelessness and helplessness. Parents may develop anxiety, depression and even fear psychosis. Mothers perceived a lot of stress because they spend most of their quality time with the child of mentally handicapped at home.

Angel Stella and P. Magdalene Virjini., (2016) studied the socio demographic factors of the subjects and the results revealed that the disabilities were more in factors like male gender forty percent, (age 16 - 18 years) , twenty eight percent in high income family. The percentage of disability was more in the nuclear family system and among the disability categories, moderate disability was more profound forty percent. Socio demographic data also revealed that the percentage of subjects who had disability were more in the Hindu religion forty eight percent. Intellectually disability subjects were more in the urban area compared to rural area and semi-urban area.

A study conducted by Marika, (1999) reported that parents especially mothers of children with disability have significantly more negative emotions and also significantly depressive symptoms.

Gallagher, et al. (2008), Dunn, Burbine, Bowers, and Tantleff- Dunn, (2001) reported the parents of children with intellectual disabilities frequently report symptoms of depression and anxiety.

Vijesh and Sukumaran, (2007), quoted that period of indifference and anger, depression, apathy and hostility among mothers of disabled children.

Coping can be seen as the role of individual or social system plays in utilizing physical, social, and psychological resources to manage a stressful situation in the environment, (Trute and Murphy 2002).

The prevalence of depression in mothers was seventy nine percents; it was more in mothers of female ID child, ID child with significant co morbidities, severer forms of retardation, and with higher levels of anxiety in the mother. The prevalence of depression in mothers of ID children in the present study seems to be much greater than those reported from the previous studies. The determination of predictors of depression among mothers of ID children may help health professionals in identifying mothers at risk. Regular screening of mothers of ID children should be included in the protocol for management as per studied carried out by Gourav C.; Krishan K.; Sharma, CS.; Jilowa, P.; Singh M.; Mahendra J.; and Om P.; (2017).

METHODS AND MATERIALS

The present study was aimed to examine socio - demographic correlates and psychological factors associated with mothers of mentally handicapped children.

Sample

To achieve the objectives of the study as cited above 100 mothers suffering from the mild and the moderately mentally handicapped children associated with and without behavior problems were included in the present research.

Inclusion Criteria

1. Biological mother in the age range of 25 to 45 years.
2. Consented to volunteer for the study.
3. The IQ level of the child ranged between 35 to 69.
4. The age of the mentally handicapped child range between 5 to 10 years.
5. No other siblings suspected to have low IQ.
6. Involved in caring for her mentally handicapped child.

Exclusion Criteria

1. A mother younger than 25 years and older than 45 years of age.
2. Parents had ever history of psychiatric illness.
3. A mother having a child with multiple disabilities.
4. A mother having more than one mentally handicapped child.
5. A mother having a child with an IQ of less than 35 and more than 69.
6. Biological mother of the mentally handicapped child was not supporting her mentally handicapped child.

Tools

1. **Socio - Demographic Data Schedules:** The investigator himself designed a socio-demographic data schedule. It was divided into two sections: Section I. Mother's particulars: comprising her name, age, education, occupation, income, and religion. Section II. Child's particulars: comprising name, age, sex, education, level of mentally handicapped, IQ and score on behavior problems.
2. **Family Interview for Stress and Coping in Mental Retardation, (Girimaji 1994):** The stress experience perceived by families caring for a child with mental retardation and certain key coping strategies specific to disability employed by the families that are likely to modify the perceived stress (mediators). The FISC - MR has two major sections (I) for elicitation of perceived stress in different areas like (a) daily care, (b) family emotional stress, (c) social stress and (d) financial stress. And section (II) of meditating factors or coping (a) strategies is awareness, (b) attitudes and expectation, (c) rearing practices, (d) social support and (e) global adaptations. Section one has four areas and a total of eleven subscales, whereas section two has five areas and a total of nine subscales. The subscales on stress are rated on a 5-point scale (no or minimal stress

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to very high level) and those in the section two are rated on a 4-point scale (most favorable to most unfavorable). It had satisfactory reliability and validity and is being used both for clinical and research purposes. Total time required for administration was 20 to 25 minutes.

- 3. Behavior Assessment Scale for Indian children with Mental Retardation, (Peshwaria, 2000):** The BASIC - MR, Part B, consists of 75 items covering ten domains of problem behaviors, viz., violent and destructive behaviors, temper tantrums, misbehavior with others, self injurious behaviors, repetitive behavior, odd behaviors, hyperactive behavior, rebellious behavior, anti social behavior, and fears. The BASIC - MR has been designed to elicit systematic information on the current level of behaviors in school going children with mental handicap. Part B, The items included in the scale to assess the current level of problems in the child. The calculation of the total raw scores for all the ten domains and expresses it as total raw score (RS) for BASIC-MR Part-‘B’. A lower score indicates fewer behavior problems. The scale is suitable for mentally handicapped children between 3 to 16 years of age. Each child is scored objectively on all the items, depending on the problem behaviors being absent (score 0), present occasionally, (score 1), or present frequently, (score 2). The maximum score on this scale from all the 10 domains is 150. The construct validity of the scale was established by measuring the significant difference between the mean score at pre and post levels. This was found to be statistically significant ($p < 0.01$). Test retest reliability for the BASIC-MR part ‘B’ was found to be 0.68. The total time required to administer was 20 minutes.

Procedure

Those children who were diagnosed mild to moderate mentally handicapped based on their IQ tests by investigator himself and whose parents were willing to participate in the study were included and a sample of 100 children and their biological mothers was selected by using purposive sampling for the study at Composite Regional Rehabilitation Centre, Sundernagar - Mandi (HP) . On receiving a case from the OPD the researcher filled up the family history and personal data sheet to include a case in the study. If a case fulfilled all criteria of inclusion, the mothers was requested to volunteer for the study and requested to come for detailed work-up on subsequent appointment. On his arrival intelligence of the child was assessed on Seguin Form Board Test, Gesell’s Drawing Test and Vineland Social Maturity Scale. Sequences of administration of intelligence tests remained uniform in all the cases. A child (cases) fulfilled the criteria of IQ, his or her mother was interviewed on BASIC - MR to identify whether the subject had significant behavior problems or not. Thereafter mothers were administered stress and coping & scale in the same sequence. The data collection was continued till 100 cases were completed. It was a purposive sampling. The researcher conducted a brief interview with mothers and assessed the IQ level and associated behavior problems of the children. If a child had an IQ in the range of 35 to 69 and living with biological mother agreeing to volunteer for the study, then she was included in the study .The sampling procedure was continued till a total sample of 100 mothers has completed.

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Statistical Analysis of the Data

The data was statistically analyzed using Parametric and Nonparametric Statistical Techniques. The descriptions of the subjects' demographic characteristics in four groups were analyzed using percentage frequency, mean, standard deviation and differences in four groups were evaluated with t test and Chi-square test.

RESULTS

The study was conducted on 100 subjects who were selected using purposive sampling. The sampling design followed 2x2 paradigms; thus there were four groups of subjects. These groups are named under Group A, Group B, Group C and Group D. The subject consisted of mentally handicapped children and their biological mothers. Final analysis of the present study was done in accordance with the aims and objective of the research. The descriptions of the four groups were as follows:

Group A: The mentally handicapped children in the age range of 5 to 10 years, with an IQ of 50 - 69 (Mild Mental Handicap), and behavior problem score less than 25 (no significant behavior problems or here after called without behavior problem) and living with biological mothers.

Group B: The mentally handicapped children in the age range of 5 to 10 years, with an IQ of 50 - 69 (Mild Mental Handicap), and behavior problems scores of 30 and above (significant behavior problems or here after-called with behavior problems) and living with biological mothers.

Group C: The mentally handicapped children in the age range of 5 -10 years, having an IQ of 35 - 49 (Moderate Mental Handicap) and behavior problem scores of less than 25 (called without behavior problem) and living with biological mother.

Group D: The mentally handicapped children in the age range of 5-10 years, having an IQ of 35 - 49 (Moderate Mental Handicap), obtaining behavior problem scores 30 and above (called behavior problem) and living with biological mothers.

Children Demographic Characteristics

Table: 1 Age Wise Distribution of Mentally Handicapped Children in Four Groups

Age Group (in Years)	Groups			
	A	B	C	D
5-6	3	6	6	10
7-8	4	4	4	7
9-10	18	15	15	8
N	25	25	25	25
Mean	8.92	8.32	8.44	7.28
SD	1.60	1.86	1.71	1.76

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t values

A vs B = 1.22; $p > 0.05$ (n.s)

C vs D = 2.36; $p > 0.05$ (n.s)

$\chi^2 = 9.24$; $df = 6$; $p > 0.05$ (n.s)

The table 1 as given above suggested that the mean ages of mentally handicapped children in four groups of the study ranged between 7.28 to 8.92 years. The groups were not found to differ significantly as far as distribution of age is concerned. The t values and χ^2 values are not significant. This indicates that ages of the children in all four groups were homogeneously distributed in the sample.

Table: 2 Sex Wise Distributions of Mentally Handicapped Children in Four Groups

Sex	Groups				
	A	B	C	D	Total
Male	14 (56%)	12 (48%)	18 (72%)	15(60%)	59
Female	11 (44 %)	13 (52 %)	7 (28%)	10 (40 %)	41
N	25	25	25	25	100

$\chi^2 = 3.09$; $df = 3$; $p > 0.05$ (n.s)

The table 2 shows the distribution of male and female in four groups of subjects. It was observed that the distribution of male and females did not differ significantly. However, male mentally handicapped children were brought to centre for management in a greater percentage as compared to female cases in general.

This difference was more marked apparently, when a child had moderate mental retardation than mild mental retardation.

Table: 3 Education Wise Distributions of Mentally Handicapped Children in Four Groups

School	Groups				
	A	B	C	D	Total
Attending	13 (52%)	5 (20%)	14 (56%)	4 (16%)	36
Not attending	12 (48%)	20 (80%)	11 (44%)	21 (84%)	64
N	25	25	25	25	100

$\chi^2 = 14.23$; $df = 3$; $p < .01$ *

The table 3 shows the status of mentally handicapped children with regards to their attending not attending special school. It was found that over 50% mentally handicapped children were attending special school, if they did not have significant behavior problems. If children had significant behavior problems; then considerably lower percentages of the children were sent to school. This difference is statistically significant beyond the .01 level.

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Table: 4 Habitat (Area of Residence) Wise Distributions of Mentally Handicapped Children in Four Groups

Habitat	Groups				
	A	B	C	D	Total
Urban	11	8	11	12	42
Rural	14	17	14	13	58
N	25	25	25	25	100

$\chi^2 = 1.47$; $df = 3$; $p > 0.05$ (n.s)

The table 4 presented distribution of mentally handicapped children with regard to their habitat, that is, urban or rural. The distribution suggested that the children in the sample belonging to urban and rural areas were not significantly different in four groups of subjects. This indicated that urban-rural habitat amongst the groups was homogeneously distributed.

Table: 5 Mean and SD of Behavior Problems Score of Mentally Handicapped Children in Four Groups

Behavior Problem Score	Groups			
	A	B	C	D
N	25	25	25	25
Mean	15.24	45.08	14.08	41.16
SD	4.07	9.80	4.86	8.96

t values

A vs C = 0.92; $p > 0.05$ (n.s)

B vs D = 1.48; $p > 0.05$ (n.s)

The table 5 presents the Mean and SD of scores on Behavior Problems Scale (BASIC-MR) in four groups of mentally handicapped children. The children in A and C were those who scored less than 25 on behavior scale and B and D were those who had obtained a score of 30 and above on the same scale. Thus, the group A and C and B and D were supposed to be different. Here, it was evaluated statistically whether group A and C and B and D were significantly different or not. It was found that two groups without behavior problem that is A vs C were not significantly different. Similarly group B vs D consisting of mentally retarded children with behavior problem did not differ significantly. Thus, it could be interpreted that the sample in four group of study was unbiased and random.

Table: 6 Mean and SD of IQ Score of Mentally Handicapped Children in Four Groups

IQ Scores	Groups			
	A	B	C	D
N	25	25	25	25
Mean	58.60	57.32	41.96	40.92
SD	6.30	4.73	3.78	3.86

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t values

A vs B = 0.81; $p > 0.05$ (n.s)

C vs D = 0.96; $p > 0.05$ (n.s)

The table 6 presents the means and SDs of IQ in four groups. The first two groups A and B belonged to mild mental handicap and last 2 groups C and D belonged to moderate mental handicap. Thus, if the sample was unbiased the group A vs B and group C vs D should not have been significantly different. The statistical analysis suggested at t values for A vs B and C vs D were not statistically significant.

Table: 7 Mothers Characteristics Age Wise Distribution of the Mothers of Mentally Handicapped Children in Four Groups

Mothers Age (in Years)	Groups				
	A	B	C	D	Total
25- 29	8(32%)	10(40%)	9(36%)	10(40%)	37
30-34	9(36%)	4(16%)	8(32%)	7(28%)	28
35- 39	7(28%)	8(32%)	7(28%)	7(28%)	29
40-45	1(4%)	3(12%)	1(4%)	1(4%)	06
N	25	25	25	25	100
Mean	31.32	33.00	31.60	31.96	
SD	4.20	5.29	4.13	5.05	

t values

A vs B = 1.26; $p > 0.05$ (n.s)

A vs C = 0.29; $p > 0.05$ (n.s)

A vs D = 0.52; $p > 0.05$ (n.s)

B vs C = 1.68; $p > 0.05$ (n.s)

B vs D = 0.69; $p > 0.05$ (n.s)

C vs D = 0.29; $p > 0.05$ (n.s)

The table 7 presents distribution of mother's age in four groups of subjects. It was found that mother's age ranged between 25 to 45 years. Maximum mothers belonged to younger age group i.e. 25 years to 34 years. The mean age of four groups of subjects; however, did not differ significantly. Thus, the mothers of the subjects in the different age groups were homogeneously distributed.

Table: 8 Occupation Wise Distributions of Mothers of the Mentally Handicapped Children in Four Groups

Occupational Status	Groups				
	A	B	C	D	Total
Remunerative work	10	4	5	8	27
No remunerative work	15	21	20	17	73
N	25	25	25	25	100

$\chi^2 = 4.67$; $df = 3$; $p > 0.05$ (n.s)

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The table 8 presents occupational status of mothers in four groups of subjects. A large numbers of mothers were found to have no remunerative work status outside the house. This distribution did not differ in four groups of subjects. The Chi - Square value was not significant. Thus, occupation wise distribution of the mothers in the sample was homogeneous.

Table: 9 Education Wise Distributions of Mothers of Mentally Handicapped Children in Four Groups

Level of Education	Groups				Total
	A	B	C	D	
Illiterate	9	5	5	4	23
Up to middle	5	4	5	5	19
10 th and above	11	16	15	16	58
N	25	25	25	25	100

$\chi^2 = 3.88; df = 6; p > 0.05$ (n.s)

The table 9 presents the educational status of mothers of mentally handicapped children. A large number of mothers coming to the center, for the treatment of their mentally handicapped children were found to be educated up to class 10 and above. The distribution of the mothers in different level of education was not statistically different in four groups, as the Chi-Square value was not significant. Thus, the four groups of mothers were homogeneous as far as their education level was concerned.

Table: 10 Comparison of Means of Mothers Stress Scores in Four Groups of Mentally Handicapped Children

Groups	N	Mean	SD
A - Mildly Mentally Handicapped Without Behavior Problems	25	23.64	6.62
B - Mildly Mentally Handicapped With Behavior Problems	25	22.12	5.00
C - Moderately Mentally Handicapped Without Behavior Problems	25	24.28	6.44
D - Moderately Mentally Handicapped With Behavior Problems	25	21.88	3.73

t values

A vs B = 1.23; $p > 0.05$ (n.s)

A vs C = 0.43; $p > 0.05$ (n.s)

A vs D = 1.60; $p > 0.05$ (n.s)

B vs C = 1.33; $p > 0.05$ (n.s)

B vs D = 0.19; $p > 0.05$ (n.s)

C vs D = 1.61; $p > 0.05$ (n.s)

F groups = 1.29; $df = 3$; (n.s)

F MH = 0.04; $df = 1$; (n.s)

F BP = 3.40; $df = 1$; (n.s)

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Table: 11 Mean Score on Stress

Level of Mental Handicapped	Behavior Problems		
	Without	With	Pooled Mean
Mildly Mentally Handicapped	23.64	22.12	22.88
Moderately Mentally Handicapped	24.28	21.88	23.08
Pooled Mean	23.96	22.00	22.98

The table 10 and 11 present mother’s scores on stress scale. Statistical analysis suggested that none of the three F values were significant. Mothers of mildly and moderately mentally handicapped did not differ significantly on their stress score and stress score was found to be independent of presence and absence of behavior problem in their mentally handicapped children.

Table: 12 Comparisons of Mothers Coping Skill Scores in Four Groups of Mentally Handicapped Children

Groups	N	Mean	SD
A - Mildly Mentally Handicapped Without Behavior Problems	25	16.64	5.55
B - Mildly Mentally Handicapped With Behavior Problems	25	20.20	4.42
C - Moderately Mentally Handicapped Without Behavior Problems	25	16.08	6.46
D - Moderately Mentally Handicapped With Behavior Problems	25	14.08	5.80

t values

A vs B = 2.51; (p = .05) **F groups = 4.07; df = 3 ;(p =.01)
 A vs C = 0.33; p> 0.05 (n.s) ** F MH= 6.93; df = 1;(p =. 01)
 A vs D = 1.59; p>0.05 (n.s) F BP= 0.08; df = 1;(n.s)
 B vs C = 2.63;(p =.05)
 B vs D = 4.20;(p =.01)
 C vs D = 1.15; p> 0.05 (n.s)

Table: 13 Mean Score on Coping Skills

Level of Mental Handicapped	Behavior Problems		
	Without	With	Pooled Mean
Mildly Mentally Handicapped	16.64	20.20	18.42
Moderately Mentally Handicapped	16.08	14.08	15.08
Pooled Mean	16.36	17.14	16.75

The table 12 and 13 presents score of coping skills of the mothers of mildly and moderately mentally handicapped children with and without behavior problems. Statistical analysis suggested that the four groups differed significantly at.01 level. Groups A vs B differ significantly at.05 level and the groups B vs D differ significantly at.01 level. The group B vs C also differed significantly at 0.01 levels. The mothers of mildly mentally handicapped with behaviour problems obtained the highest score on coping skill scale, whereas mothers of moderate mentally handicapped children with behavior problems obtained the lowest score.

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The mothers of mildly mentally handicapped and moderate mentally handicapped children were found to be significantly different in their coping skills. The mothers of mild mentally handicapped children obtained high score on coping skills indicating that relatively they, have poor coping skills as compared to mother of moderate mentally handicapped children. It is just possible that, when the child is mildly mentally handicapped, the mothers are over conscious and in the effort; their skills are more realistic than ambitious.

DISCUSSIONS

The psychological components of the mothers of mentally handicapped children have assumed been considerable significance in the rehabilitation program of the handicapped. Weaker the psychological assets of the mothers, poorer would be the outcome of rehabilitation strategies program of the child. It is with this significance the present study was undertaken.

The main objective of the present study was to know the demographic variables of the mothers of unfortunate children and to understand their concern about their handicappedness. The knowledge of these factors would help the personnel, officers, staffs and rehabilitation's workers to help them in ways that are more acceptable to them, near to their concept and easy to practice at home.

The family consists of both the parents and their offspring. Who is more significant Mother of Father? Both are important but will depend upon, the purpose which we are talking about. The father is more important for the training of super ego. The mother is more important for providing harmonious development and growth of the child. The mother is usually more aware of her child's assets and liabilities, strong and weak points, abilities and disabilities, liking and disliking etc. It is therefore, in clinical studies that the mother's information about her child is much more relied upon. In the present investigation, therefore mothers were interviewed and investigated.

The mentally handicapped children in the range of 5 to 10 years were chosen in the study. At the younger age group consistency in the IQ assessment is little low. It is a time period when a child is in a school and if, he is not competitive; the teachers do recognize this and may report to parents who subsequently might become aware of disability and inability of the child. On becoming aware they might try to seek help from professionals.

The four groups of sample in the study were based on child IQ and associated behavior problems. The mothers of severely and profoundly retarded children were not included in the study. The family of severely and profoundly mentally handicapped children generally resigns itself to fate with no sight of help except hope for a miracle.

It is the mothers of mildly and moderately retarded children who could visualize a solution and were keen to avail, whatever they could for the sake of their wards.

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Mentally handicapped children brought by their mother fell in under the age group of 5 - 10 years .With over 50 percent in the age group of 9 -10 years the mean ages were 8.92, 8.32, 8.44 and 7.28 years,(table: 2). This is obvious, as it is the age when children start their studies in school. It was found that over fifty percent mentally handicapped children attended school, if they did not have a significant behavior problem. If they had behavior problems, then a considerably lower percentage of children were sent to school, (table: 4) Our findings are almost similar to the findings of Aggarwal, (1990).

A striking finding emerged in this study that at Composite Rehabilitation Centre, Sundernagar, either sex of the mentally handicapped children brought to centre did not differ significantly, (table:3). Rutter, (1970), reported that almost all varieties of psychiatric problems were more common in male children than in female. It is just possible that because of the government's propaganda of equality in sex, their attitude towards the child might have been changing. This could also be because of topographical variations in the sample and sampling procedure. The mother of the hilly areas becomes more worried about the child's handicapped conditions irrespective of their sex. A female child poses more problems to the rural family because of social perspective.

Fifty eight, (58%) percent of the subjects belonged to rural area and only forty - two (42%) percent of the subjects belonged to urban areas, (table: 5), this finding was similar to the study carried out by Chritianson et al, (2002). But they are almost opposite to the prevailing notions that urban subjects readily avail facilities for any type of problems. The present study conducted at Composite Rehabilitation Centre, Sundernagar, which has been encouraging and motivating subjects even in remotest areas, to come and avail the facilities for redressing the problems of handicapped. The results of the study speak voluminously about untiring efforts of the professionals in motivating the subjects to reach the Centre and avail the facility. The significant finding of the study, therefore, was that the rural people could be motivated irrespective of their rural/ urban habitat and the sex of the disabled.

The mentally handicapped children in Groups A (Mild mentally handicapped without behavior problems) and C (Moderate Mentally handicapped without behavior problems) were those who scored less than 25 on behavior problem scale and B (Mild mentally handicapped with behavior problem) and D (Moderate mentally handicapped with behavior problems) were those who had obtained scored of 30 and above on the same scale. Thus, the Groups A and C and B and D were supposed to be different, (table: 6), and were found to be statistically different.

The mothers represented distinctly the groups of mild and moderate mentally handicapped. The reason being the IQ of mildly and moderately mentally handicapped children was found normally distributed in the study. This inference drawn was based on the mean of the IQ of mildly and moderately mentally handicapped children. These means are almost center of the range, (table: 7).

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Fifty - eight, (58%) percentage of the mothers had an education of 10th and above, (table: 10). This indicated that the Government Policy of increasing literacy in females is catching up. Similar arguments have been postulated by Singh & Dagar, (1980).

Stress of the mother was not found to be significantly dependent upon the degree of mentally handicapped or with or without behavior problems. The F values were not statistically significant, (table: 18 and 19).

There had been a number of cases studied by Shammu, (1999), Tangri & Verma, (1992), indicating that stress is related to the degree of mentally retardation. In the present study, however the mothers of mildly and moderately mentally handicapped children did not differ significantly. This could be because of the fact that researcher did not included mothers of the whole ranges of mentally handicapped.

Coping skills were found to be significantly poorer in the mothers of mildly mentally handicapped children as compared to the mothers of moderately mentally handicapped children. The presence or absence of behavior problems in their mentally handicapped children however, did not influence their coping skills, (table: 20 and 21). It is just possible that when the child is mildly mentally handicapped, the mothers are over conscious and in this efforts their skills becomes poorer, whereas mothers with moderate mentally handicapped children might have learnt to resigned the to God and therefore, their coping skills are more realistic than ambitious. The major coping skills adopted by mothers in our present study were found to be general awareness about mentally handicapped child, expectations from the child, and attitudes towards the child management, child rearing practices, social support and family adaptation.

In the light of the obtained results and discussion of the present study, it could be concluded that mother's psychological variables used in the research played a significant role in determining the entire rehabilitation process for the mentally handicapped children. The overall, analysis of the results revealed that degree of mentally handicappedness with or without behavior problems did not influence mothers stress. Besides this, it was found that types of mentally handicapped alone did effect in coping skills and the anxiety levels of the mothers.

Implications of the Study

1. The efforts should be made to bring mentally handicapped children by their mother at an earlier age to the child guidance clinic for holistic rehabilitation training.
2. Stress level of mother of mentally handicapped children is treated either through psychological intervention or drug therapy.
3. The coping skills of the mother of mentally handicapped children addressed by rehabilitation counselor or rehabilitation psychologist.

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4. The home based training program of the parents especially mothers of mentally handicapped children could be advocated to train their handicapped child at home in playful manner.

Limitations and Suggestions for Future

The present study suffers from certain limitations which need to be overcome in future researches. A few limitations followed by suggestions, of these studies are as follows:

1. The present sample involved only mothers in the study. Effect of the father also needs to be evaluated.
2. The present study is limited to IQ range of mildly and moderately mentally handicapped children. Effects of severe and profoundly mentally handicapped children also need to be evaluated.
3. The age range of children was restricted from 5 to 10 years. Effect of older adolescents also needs evaluation.
4. The age ranges of mothers were restricted to 25 to 40 years. Effects on older mothers cannot be ignored.
5. The present sample size of 25 in each group of mentally handicapped children and their mothers were also small.
6. The present study did not evaluate the cost effectiveness of the results.

Acknowledgments

The author and his team appreciate all those who have participated in the studied specially mothers of mentally handicapped children and provided genuine adequate help to make possible the research procedure.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Singh S, Singh A R & Singh S (2017). Socio - Demographic Correlates and Psychological Factors Associated with Mothers of Mentally Handicapped Children. *International Journal of Indian Psychology*, Vol. 5, (1), DIP: 18.01.078/20170501, DOI: 10.25215/0501.078