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THE EFFECT OF PARENT TRAINING PROGRAMME ON THE QUALITY OF HOME AND COMMUNITY LIVING DIMENSION OF THE CHILDREN WITH MENTAL RETARDATION

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ABSTRACT

The present study was conducted to study the effect of parent Training Programme (PTP) on the Quality of Life of the children with mental retardation. The Study was conducted on 60 Parents (Both mother and father) each in the experimental group and control group using scientific method of sample selection. The Pre– Post test Treatment designs was used to study the effect of Parent Training Programme on the parental stress of the parents having children with mental retardation so as to see its effect on the Quality of Life of their Children having Mental Retardation. Binet-Kamat (1937, 1967) Test of Intelligence (Indian Adaptation), Parental Stress Scale (Mishra, 2001) and Quality of Life Scale for Persons with Disabilities (QUALIS-PWD) developed by Mishra (2001) were used to take the observation of the participants. The observations were analyzed using analysis of covariance after satisfying the conditions of testing the assumption of control on the independent variable and homogeneity of regression to apply ANCOVA. The result showed the significant difference between the experimental group and control group on the parental stress of the participants at .05 level of significance and consequently on the Quality of Home and Community Living dimension of the of quality of life the children with mental retardation at .01 level of significance.

The definition reads "Mental retardation is a disability characterized by significant limitations, both in intellectual functioning and in adaptive behaviour, as expressed in conceptual,

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social, and practical adaptive skills, the disability originating before the age of 18 (AAMR, 2002) . A complete and accurate understanding of mental retardation implies that mental retardation refers to a particular state of functioning, which begins in childhood, having many dimensions, and affected positively by individualized supports. As a model of functioning, it includes the contexts and environment within which the person functions and interacts, requiring a multidimensional and ecological approach that reflects the interaction of the individual with the environment and the outcomes of that is with regard to independence, relationships, societal contributions, participation in school and community and to personal well being .

In India, where a majority live in rural areas, engaged mostly with traditional, semi-skilled vocations, the adapted Indian intelligence tests have limitations in assessing the exact levels of intelligence due to lack of standardization on such population because of limited availability of the specialists in respective areas of disability, distance from the residence to the assessment and certification place, lack of guidelines on the standard test and the person to be used for assessment. No indigenously established behavior norms are available.

According to the National Sample Survey Organization, Government of India conducts large scale survey for socio-economic planning and policy formulation. Most available data on the prevalence of mental retardation in the country is derived from the psychiatric morbidity surveys conducted by the mental health professionals in specific or circumscribed geographical areas or on target populations, such as rural-urban, industrial population and educational institutions. The Data obtained from various sources indicate that the prevalence rate of mental retardation is about 20 per 1000 general population while the prevalence of developmental delays is about 30 per 1000 in the 14 year-old population. In rural areas, the incidence of mental retardation is 3.1% and in urban, it is 0.9% (NSSO, 1991). The NIMH mentions that 2% of the general population is MR. Three quarters of them are with mild retardation and one-fourth is with severe retardation (Panda, 1999). Recently, National Sample Survey, 2002, organized by (NSSO) India, concluded that 92 out of 1, 00,000 in the rural and 100 in the urban area suffering from the conditions of mental retardation and the average prevalence is found to be 0.192%.

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Having a child with mental retardation is a challenging task to bring them up in the society that not only affect the stress levels of the parent, but major life decisions as well. Disability affects the ability of the parents to experience a sense of loss and social isolations because somewhere a reduction in their social network decreases the ability for the parents to cope with stress.

Further, the parenting play important role in determining child adjustment. Parent-child relationships were an important predictor of child adjustment throughout this period of development. Children who enjoyed positive relationships with their parents were less likely to engage in overt or indirect aggression, bully others, commit property offences, or affiliate with deviant peers. They also were more involved in their school work, had higher self-esteem and fewer internalizing problems, and were less likely to be victimized by others. In addition, reported fewer hyperactivity- attention problems, were more likely to use safety precautions and experienced fewer serious injuries. Children who perceived their parents as rejecting were especially likely to use alcohol, to smoke and to affiliate with deviant peers. These results are consistent with a recent analysis of data on the role of parenting in predicting behaviour problems in younger children. Miller, et al., (2002) found that harsh parenting was the primary determinant of behaviour problems for both 2-3 and 8-9 year-olds; indeed, a one-point increase on a 10-point scale of harsh parenting was related to a 50% increase in risk for behaviour problems.

Chaoand Willms (2002) found that positive parenting practices like responsive, rational, firm parenting had a variety of positive effects on children's outcomes, including levels of behaviour problems and pro-social behaviour. Moreover, the positive influence of responsive parenting on child adjustment increased with children's age. Their findings extend this work by showing that the quality of parenting continues to play a significant role in determining social and emotional adjustment as children move from late childhood to adolescence. Overall, these findings are consistent with other research on the importance of a positive parent-child relationship for adjustment (Smith and Krohn, 1995). As reported earlier, though attempting to cope with difficult and distressing child behaviour may lead parents to punish more and to be more rejecting and less warm, and parental rejection is likely to have stronger negative effects on child adjustment rather than their overturn (Simons et al., 1995).

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Having a mentally retarded children cause many stresses and problems, and as a crisis, has a profound effects on familial relations and reactions (Tailorand Mahoney, 2004). In particular, these children have many communication, behavioral, anger management, and hygiene problems (Seyif, 1995). These problems make sever pressures and reduce all family members', especially mothers, life quality (Emerson, 2003). Therefore, stress management helps people to identify situations that make them stressful and teaches them effective coping strategies to deal with these situations. In addition, stress management training increases individuals' abilities to reduce stress and increases their compatible behaviors in stressful conditions. This causes an increscent in public health, higher social functioning, merriment and exuberance (World health organization, 1993).

Generally, parent's awareness and knowledge regarding the Child's mental retardation and condition is lacking. Many faulty decisions relating to rehabilitation plan of the child is attributed to lack of awareness and information of the parents. This further worsens the conditions of their child and increases the stress level of the parents. And as a result further affect the quality of life of the children.

The quality of life of child/individuals with mental retardation and their families depends upon a lot on the awareness, attitudes, and beliefs of the parents, community and society at large. The society as a whole has the responsibility to ensure that the rights of people are protected and facilities for care are provided. It was observed that the effect of disability on parents having mentally retarded children and the social support available from the different resources may determine the quality of life of the parents as well as their children.

In India, Peshawaria and Menon (1991) reported that parent training programme is the only answer to create the awareness , strengthening coping strategies, issues and management of mental retardation, sexuality and marriage, myths and misconceptions and Govt. schemes and benefits so as to improve the quality of life of their MR children which is the need of an hour. Psychological interventions can contributes through improving physical, mental and social health in promoting mother's quality of life having children with mental retardation.Hajloo1and Shahi (2013) conducted a study to determine the effectiveness of stress management training on the mother's quality of life

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having children with mental retardation. The results revealed a significant difference between experimental group and control group ($P<0.05$) on the mental and social health of the family. The participants of Experimental Group showed the significant improvement in their quality of life and in the family as well.

Consequently, the quality of life of the parents and their children may be influenced by degree of disability impact via additional needs' fulfillment. Effective social support network assists the parents to cope successfully with the stress of raising a mentally challenged child besides the fulfillment of additional needs, thus preserves the parent's sense of well-being. Further, Social support network, the family support available from different resources and parent training programme moderates the effect of disability impact.

Therefore the present study was designed to study the effect of parent training programme on the quality of home and community living of the children with mental retardation with the following **objectives and Hypothesis:**

Objectives:

- To study the difference between experimental group and control group on the overall parental stress of the parents having children with mental retardation in terms of its dimensions.
- To study the difference between the experimental group and control group on the Quality of Home & Community Living (QHCL) of these children in terms of its four domains support, access, participation and satisfaction after Parent Training Programme (PTP).

Hypothesis:

1. There would be significant difference between experimental group and control group on the post test scores of parental stress after the parent Training Programme (PTP).
2. There would be significant difference between the between the experimental group and control group of the children having mental retardation on the post test scores on the Quality of Home & Community Living (QOHCL) of these children after the Parent Training Programme (PTP).

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METHOD:

The following methodology was used to conduct the present research:

Design of the Study

In the present study, Pre Test - Post Test Treatment Designs was used to study the effect of Parent Training Programme on the parental stress of the parents having Children with Mental Retardation and as well to see its effect on the Quality of Home & Community Living (QHCL) of the children with mental retardation (Table 1 and2).

Table 1
Design to study the Effect of Parent Training Programme On the Overall Stress of the Parents

	Pre-Test	**Post- Test**
Experimental Group	60 Parents (Both Father &Mother)	60 Parents (Both father & mother)
Control Group	60 Parents (Both Father &Mother)	60 Parents (Both father & Mother)

Table 2
Design to study the Effect of Parent Training Programme on the Quality of Home & Community Living (QHCL) of the CWMR.

	Pre- Test	**Post Test**
Experimental Group	60	60
Control Group	60	60

Participants: The present study involves the 120 mild level of MR Children in total 60 along with their 60 Parents (Both mother and father) each in the experimental and control group. Initially, Two Hundred mentally retarded children were selected on the basis of their Intelligent Quotient (IQ), from the special education institute working in the field of mental retardation having chronological age ranges of 15 to 25 from different districts of Haryana. Finally, 120 children in total selected randomly, 60 each in the experimental and control group from out these two hundred. Further, using purposive sampling procedure, the 60 parents (both mother and father) of these selected children

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included in the present study for parent training programme, in the experimental and 60 in the control group who gave their consent to participate in the study.

Tools Used: The Following standardized tools were applied in the present study to take the observation of the participants of both experimental and control group.

Binet-Kamat Test of Intelligence (Indian Adaptation by, Kamat, (1934, 1957 & 1967) was used to assess the Intelligence Quotient (IQ) of the mentally retarded children to identify their level of retardation.

2. Parental Stress Scale for the Parent's having Children with Mental Retardation developed by Mishra (2001) was used to measure the parental stress.

3. Quality of Life Scale for Persons with Disabilities (Mishra, 2001) was used to measure the Quality of Home & Community Living (QHCL) dimension of the children with mental retardation.

PROCEDURE:

Firstly, children and parents of both the experimental and control groups were exposed to pre test and their scores on home and community living and parental stress were recorded respectively. After that the Parent Training Programme Module was developed based on the observation of the parents on their Parental Stress Scale (PSS). After that Parent Training Programme was conducted for the experimental group in regular interval (quarterly) for two days (each day for 06 hours) throughout one year for the parents. They were exposed to different training modes throughout modes i.e. by lectures method, providing written materials, audio-video presentation, individual and group counseling, role plays Group discussion, brain storming sessions, the activities etc. Finally, post –test was conducted for both the experimental and control groups of children and their parents and their scores were recorded on their home and community living and parental stress respectively.

RESULT AND DISCUSSION:

After satisfying the condition of 'control' on the independent variable i.e. pre test, (F = .081) and homogeneity of regression (F = .400) i.e. there is no significant difference between the

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experimental and control group on their scores of pre test and homogeneity of regression, analysis of covariance was applied on the post test scores of both experimental and control group and found the significant difference (F= 4.50*) between the experimental group and control group on their scores of parental stress(See Table 3). Thus the result of the present study clearly indicated the decline in the parent stress of the experimental group (M= 102.40) than in the control group (M = 106.75). Hence, the result of the present study confirms the hypothesis 1 and do find support from the earlier studies available in the literature (Koegel, et al. 1998; McGaw et al. 2002; Smith, et al. 2002).

Table 4
The F Value showing the Difference between Experimental and Control Group on the post Test scores of their Parental Stress

Source	Sum of Squares	df	Means square	F value
GROUPS (Post Test scores)	39.23	1	39.24	4.50*
Error	11405.57	117	97.48	
Total	1336551.50	120		

***P >.05 level of significance**

Further in order to see the effect of parent training programme on the quality of home and community living dimensions of the children with mental retardation of both the experimental and control group analysis of covariance was applied after satisfying the conditions of applying ANCOVA i.e., 'control' on the independent variable i.e. pre test, (F = .053) and homogeneity of regression (F = .219). The result showed (See Table 5) the significant difference (F = 42.40**) between the experimental and control group on the post scores of these children on the quality of home living condition and thus, showed the significant improvement in the experimental group (M = 21.02) than (See Table 6) in the control group (M = 19.30).

Table 5
F Value table of the post test scores of the groups (Expt. & Cont.) on The Quality of Home and Community Living.

Source	Sum of Squares	df	Means square	F value
GROUPS (Post Test scores)	88.109	1	88.109	42.405**
Error	243.104	117	2.078	
Total	49392.875	120		

**** p< .01 level of significance.**

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Thus the result of the present study clearly indicate the significant improvement in the quality quality of home and living and community living of the children in the experimental group than in the control group and hence confirms the hypothesis 2 of the present research.

Table 6
Mean Value of the groups (Expt. & Cont.)
in the Post Test scores on Quality of Home and Community Living

Dimensions of Quality of Life	Mean Values (Post Test)	
	Experimental Group	Control Group
Quality of Home & Community Living (QOHCL)	21.02	19.30

The results of the earlier study do support the result of the present research. Anthony et al (2007) in an investigation asserted that training stress management techniques to parents of mentally retarded children resulted in reduction of social avoidance style, negative attributions to the child, and improvement of affective relations and enhancement of parents' mental health as well as their children. Trostre (2001) showed that teaching strategies for effective coping with mental pressures to parents of mentally retarded children had positive effects on reduction of their stresses and mental health improvement of both the parents and children with mental retardation. Kraemer, et al., (2003) have studied on Quality of Life of Young Adults with Mental Retardation during Transition. They examined 188 young adults with moderate or severe mental retardation using Schalock and Keith's (1993) Quality of Life Questionnaire (QOL-Q) for the primary outcome measure. Result revealed that young adults who had left high school had significantly higher quality of life scores than those who were still attending school. This study also reveals importance of family and environment-related variables which plays a greater role in the quality of life of the children with mental retardation. Stephanie, et al., (1997) studied the Correlates of the Quality of Life of Adults with Severe or Profound Mental Retardation. This study measure the quality of services for individuals with mental retardation / developmental disability, professionals and consumer outcome related to life style. In this study variables contributing to quality of life for 60 adults with severe or profound disabilities who resided in ICF/MR community based homes for 4 to 5 persons were examined. Using

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the Quality of life Index, they studied interrelations among personal life style characteristics of adults and community home program characteristics with quality of life factors. The result reveals that R effect size (.571) involving total scores on the Quality of Life Index as the criterion variable was large and statistically significant.

Hence, the result of the present study confirm the effect of parent training programme on the parental stress of the parents having children with mental retardation which consequently resulted in the higher level of their Quality of Home and Community Living dimension of their children having mental retardation.

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