

Psychological correlates of wellbeing in mothers of children with intellectual disability

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ABSTRACT

Children are the perfect extension and expression of a marital relationship. The emotional preparation of expecting parents are usually shaped by an ego ideal image of a baby, discrepancy between the perfect child of their fantasy and the realisation of an exceptional real child may bring about dramatic changes in social life, expectations, plans, work life, subsided from mainstream, financial status as well as psychological health and well-being of parents specially mothers. Present study was conducted specifically to highlight the impact of gender and level of intellectual disability on self-esteem, self-efficacy and psychological well-being among mothers of intellectually disabled and non-intellectually disabled children. Results revealed gender impact and level of intellectual disability of child on psychological well-being and self-esteem of mothers. The study also identified certain group of mothers who are more in need of psychological support and guidance and suggests the necessity to realize supportive actions on the whole family by community participation for management of disabled children and their caregivers.

Keywords: intellectually disability, wellbeing, mother, care giver

INTRODUCTION

Birth of a baby creates a hedonic environment for the whole family, especially for parents, and may bring many changes in the structure and functioning of a family. Children are the perfect extension and expression of a marital relationship. Expecting parents usually have an ideal image of a baby, discrepancy between the perfect child of their fantasy and the real child may be the cause for negative attitudes and parenting stress.¹⁻²

By passing time when the child misses milestones of development, parents, looking forward to a 'healthy-happy baby', undergo a process of mourning. Parental reactions to the realization that their child is exceptional usually include shock, depression, guilt, anger, sadness, and anxiety. During this phase of shock to sadness to reorganization, there is a great deal of heterogeneity in parental adaptation to child's disability.³ The sufferer child as well as their families faces host of problems - psychological, financial, mental as well as social isolation as

these children are generally perceived as 'mad' or 'insane' due to their subnormal intellectual functioning.⁴⁻⁵ The common perception exists that mentally retarded children are social outcasts, due to the stigmatizing consequences of the process of labelling.⁶ Different personality constellations and family structure, functioning support system and few demographic forces are responsible in handling each of these feelings differently and to stay in certain stages longer than others.⁷⁻¹¹

Previous studies have reported that mothers of children with intellectual disabilities (ID) are more likely to show signs of psychological distress and have lower well-being than mothers of 'typically developing' children.^{8,12-13} Many factors can influence the well-being of a family. One factor is certainly the emotional and physical health of the parents especially the mothers who are the heart of the family. They are the ones who deal with the issues associated with their child's disability like impeded child development, higher rate of child psychopathology and behavioural problems, decisions to seek out-of-home caring for the child, therapeutic services and also to maintain the household at the same time.¹⁴⁻¹⁵ Therefore, it is very important as parent for her, to maintain her own well-being and take some time to care for oneself as an individuals.

One of the important coping resources is general or specific beliefs, which include a sense of mastery or self-efficacy. Low levels of self-esteem and mastery were associated generally with increased depression in the review of caregivers of persons with dementia.¹⁶ In a study by Avison et al.¹⁷, the buffering role

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of mastery was found to differ between different groups of caregivers. Enhancing a sense of mastery or self-efficacy empowers individuals and is therefore a particularly sustainable type of support. This is also true for the mothers of children with intellectual disability.

Intellectual disability is generally used to describe the children who develop and learn slower than the normal children. Hence, they struggle to survive in their personal and social lives without any support. Children need good care and education in order to take their places in society. These needs are provided primarily by the family, especially by the mothers. Therefore, it is important to determine the difficulties that a mother encounters during the education and care of a disabled child. The current study was conducted to determine the difficulties of mothers with intellectually disabled children, and the effects of a demographic factors gender along with level of disability on these difficulties.

THE AIM OF THE STUDY

Present study was conducted to highlight the impact of gender and level of intellectual disability of the child on self-esteem, self-efficacy and psychological well-being among mothers of intellectually disabled children and compare it with mothers of non intellectually disabled children.

OBJECTIVES OF THE STUDY

To examine the relationship between self-esteem, self-efficacy and wellbeing of mothers of children with intellectual disability and without intellectual disability.

To examine the impact of gender of child on the self-esteem, self-efficacy and well-being of mothers of children with and without intellectual disability.

To investigate the impact of level of intellectual functioning of child on self-esteem, self-efficacy and wellbeing of mothers of children with and without intellectual disability.

METHODS AND MATERIAL USED

Sample: The study sampled 128 mothers (64 of intellectually disabled and 64 of without intellectually disabled child) between 20 to 40 years of age and belonging to middle socio economic status group living in Varanasi District, Uttar Pradesh, India using purposive incidental sampling method.

Number of extraneous variables liked marital status, educational status, family structure, number of dependents, religion, caste and the like were also recorded with the objective to equate the entire groups in order to find representative sample for the present study.

Design: The study incorporated two-way classification of gender of child (boy-girl), and three way classification of

intellectual disability (mild, moderate, severe) to study on well-being, self-esteem and self-efficacy. Thus, overall considerations projected 2 x 3 factorial design for the conduct of study.

Tools Used: Following tools were used in the study:

Self-efficacy Scale: The General Self-efficacy scale was originally developed in Germany by Matthias Jerusalem and Ralf Schwarzer in 1979¹⁸ and translated into English by Jerusalem & Schwarzer (1992)¹⁹ and in Hindi by Sud et al. (1998).²⁰ The Hindi version of the scale was used in the present study which is a four point scale for identifying the subjects in categories of high and low self-efficacy. This scale has 10 items where the scores range from minimum 10 to a maximum of 40. The scale is highly reliable and its psychometric precision has been tested in 25 countries.²¹ It yields the internal consistencies between alpha + .75 and + .91 respectively. Its concurrent validity has also been established on the basis of appropriate correlations.

PGI Well-Being Scale: PGI Well-Being Scale has been developed by S. K. Verma, and Amita Verma in 1989.²²⁻²³ The scale is very convenient to be use and is applicable to all educational levels, (orally to illiterates). It is a twenty items scale. All the twenty items are directly or indirectly, (e.g., 'in good spirits', 'not easily tired') related to positive mental health. The scale has an inter-rater reliability of .86, test-retest reliability of .86 and inter-score reliability of .10. It also has a proved validity through significant correlation with other test.

Self-esteem Scale: The Rosenberg Self-Esteem Scale is a one dimensional measure of global self-esteem and is widely-used in social science research. It is a ten item four point Likert's scale from 'strongly agree' to 'strongly disagree'. It is a highly reliable and valid measure for esteem. Rosenberg reported + 0.92 reproducibility coefficient for his scale.²⁴

RESULTS AND DISCUSSION

The collected data was analysed with the help of Statical Pakege for Social Sciences version 16.1 (SPSS 16.1). Analysis of variance (ANOVA) and mean comparisons were done.

The first objective of the study was to examine the relationship between psychological well-being, self-esteem and self-efficacy of mothers of children with intellectual disability and without intellectual disability. For this purpose Person's co-efficient correlation were computed.

From table - 1 following results were manifested: (i) Significant negative correlation ($r = -.319$) was found between psychological well-being and self-esteem. Mothers of children with intellectual disability who had low self-esteem scores were having higher on psychological well-being score. (ii) Significant positive correlation ($r = .246$) was found between self esteem and self-efficacy. (iii) Mothers of children without intellectual disability showed significant positive correlation between psychological well-being and self-esteem ($r = .328$). Mother who possessed high self-esteem scored had higher score on psychological well-being also. Rest of the correlations was non-significant.

Table-1: Correlation Coefficients of Various Measures in ID, Non-ID Group

Items	ID Group (N-64)			Non-ID Group (N-64)		
	Mean (SD)	Wellbeing	Self Esteem	Mean (SD)	Wellbeing	Self Esteem
Wellbeing	12.62 ± 1.81	-	-	11.94 ± 1.95	-	-
Self Esteem	30.75 ± 1.81	-.319**	-	31.16 ± 3.70	.328**	-
Self Efficacy	130.78 ± 16.95	-.118	.246*	137.22 ± 14.10	.092	.074

*Significant at 0.05 level **Significant at 0.01 level SD = Standard Deviation ID = Intellectual Disability

The second objective of the study was to examine the impact of gender of child on the self esteem, self-efficacy and well-being of mothers of children with and without intellectual disability.

From Table -2, results of one way ANOVA on the measure of dependent variables suggested that mothers of boy child with intellectual disability possessed greater score on well-being ($F = 4.945$). The significant mean differences were found at .05 level of confidence. This depicts that mothers of boy with intellectual disability possessed greater well-being than the mothers of girl with intellectual disability.

Mothers of girl child were found more efficacious than that of mothers of boy child. Generally, girl being close to mothers are very caring and helpful to their mothers in daily household chores than the boys, therefore mother of normal girl child may possess greater self efficacy in comparison to the mother of normal boy child.

Therefore, on the basis of present findings gender differences on first group was only noted for well-being of mothers, whereas for second group gender difference was found on self efficacy.

Table-2: One way ANOVA showing impact of gender of child on Dependent Variables

Dependent Variables	ID Group (N-64)			Non-ID Group (N-64)		
	Girl Child (N= 24)	Boy Child (N= 40)	F	Girl Child (N= 34)	Boy Child (N=30)	F
	M (SD)	M (SD)		M (SD)	M (SD)	
Wellbeing	11.90 (1.16)	12.95 (1.96)	4.945*	11.58 (2.20)	12.33 (1.56)	2.376
Self Esteem	132.90 (15.50)	129.82 (17.65)	.451	140.12 (16.64)	133.93(9.80)	3.169
Self Efficacy	31.200 (3.334)	30.55 (4.67)	.318	32.12 (2.78)	30.07 (4.32)	5.213*

*Significant at 0.05 level **Significant at 0.01 level SD = Standard Deviation

Table 3: One way ANOVA showing impact of level of ID of the child on Dependent Variables

Dependent Variables	Mean (Standard Deviation) across Level of Intellectual Disability				F
	Mild (N=16)	Moderate (N=28)	Sever (N= 20)	Non- ID (N=64)	
Self Esteem	127.50 (10.11)	136.00 (21.58)	126.10 (11.73)	136.22 (14.10)	3.813**
Self Efficacy	30.87 (4.54)	29.50 (4.69)	32.40 (2.83)	31.15 (3.70)	2.231
Wellbeing	12.25 (2.05)	13.21 (1.93)	12.10 (1.165)	11.93 (1.95)	3.140*

*Significant at 0.05 level **Significant at 0.01 level

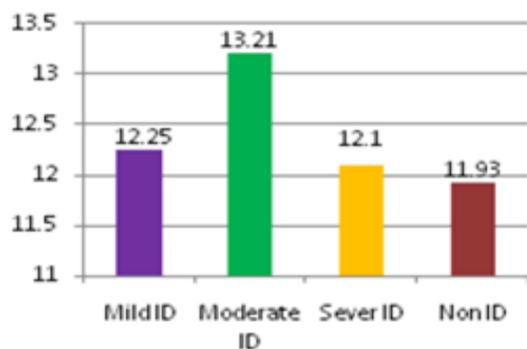
One-way ANOVA results of this group on rest of the dependent variables depict non significant mean differences. This evinces that gender of child with intellectual disability does not have any impact on the self-efficacy and self-esteem of their mothers but for her psychological well-being it is an important factor. The burdened envision by mother of hopeless future of an girl with intellectual disability may be the reason for this kind of result.

Results of one way ANOVA on impact of gender on the measure of dependent variables of the mothers of children without intellectual disability revealed significant mean differences at .05 level on self efficacy scores ($F = 5.213$).

The third objective of the study was to investigate the impact of level of intellectual disability of child on self-esteem, self-efficacy and wellbeing of mothers of children with and without intellectual disability.

From table - 3, results of one way ANOVA of level of intellectual disability causes significant difference on the self-esteem ($F = 3.813$, $p < 0.01$) and well-being ($F = 3.140$, $p < 0.05$) scores of mothers of children with different level of intellectual disability. Mother of child without intellectual disability possesses greater mean scores on self-esteem than rest of the group. In contrary, mother of children without intellectual disability had lowest score on well-being. Mother of child child with moderate intellectual disability had greater mean scores. There was no difference on self-efficacy across level of ID.

Graph – 1 Mean Score on Self Efficacy



Graph – 2 Mean Score on Wellbeing

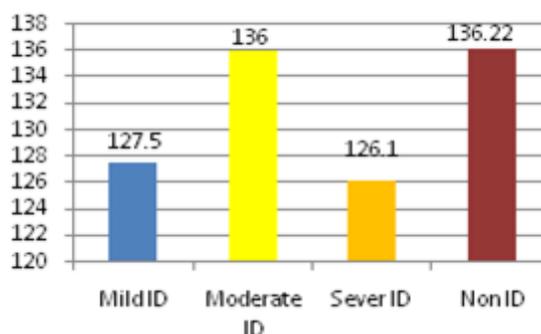


Table-4: Post-Hoc Mean Comparison for different level of intellectual disability of child on wellbeing and Self-esteem

Groups	Well-being scores				Self-esteem scores			
	Mean	Moderate	Sever	Normal	Mean	Moderate	Sever	Normal
Mild ID	12.25	.964	.150	.312	127.50	8.500*	1.400	9.719*
Moderate ID	13.21	-	1.114	1.276*	136.00	-	9.900*	1.219
Sever ID	12.10		-	.162	126.10		-	11.119**
Non ID	11.93			-	136.22			-

*Significant at 0.05 level **Significant at 0.01 level SD = Standard Deviation ID = Intellectual Disability

From table – 4, Post – hoc mean comparisons shows that mean scores on wellbeing of mothers of children with moderate intellectual disability and without disabled differed significantly at .05 level with mean difference 1.276. Rest of the difference was not significant.

This depicts that mothers of child with moderate intellectual disability possess greater well being when compared to normal children's mothers. Further, post hoc results shows that mean scores on self-esteem of mothers of children with mild and non-ID group differed significantly at .05 level with mean difference of 9.72; mild ID and moderate ID group differed significantly at .05 level with mean difference of 8.50; moderate ID differed significantly with sever ID group of mothers on .05 level with mean difference of 9.90; sever ID mothers differed significantly with non-ID mothers on .01 level with mean difference of 11.119. Rest of the difference were not significant. This depicts that mothers of non children with disability possess greater self esteem, this is quite obvious finding.

These findings are in accordance with few studies were as some results are contradictory to previous findings

available in the literature. Emerson et al (2006),²⁵ while exploring household composition and socio economic status accounting for levels of happiness, self-esteem and self-efficacy in the mothers of children with intellectual disabilities reported lower levels of happiness, self-esteem and self-efficacy than mothers of children without intellectual disabilities. Present findings reveal that mothers of children with intellectual disabilities reported higher levels of happiness (wellbeing), where as lower level of self-esteem and self-efficacy than mothers of children without disabilities and having significant positive correlation between psychological well-being and self-esteem.

It was also interesting to note that results manifested significant negative correlation between psychological well-being and self-esteem among mothers of children with intellectual disability low self-esteem scores higher on psychological well-being It is obvious that these mothers having high self esteem due the child's disability would be facing low well being and vice-versa. also; (b) mothers of children without intellectual disability showed significant positive correlation between psychological well-being and self-esteem. Mother who possessed high self-esteem scored higher on psychological well-being. Rest of the correlations was non-significant. Past studies support these results, Guillamón et al. 2013²⁶ found that parents with high self-esteem showed better psysical health,

more life satisfaction, better mental health and less anxiety scores. significant positive correlation between self esteem and self-efficacy, in first mothers with higher self-efficacy scores higher on self- esteem can be justified as Florian and Findler (2001)²⁷ found that higher levels of self-esteem and self-mastery were related to better mental health, and Barlow et al. (2006)²⁸ observed that low self-efficacy was significantly associated with greater anxious and depressed mood in mothers of children with Cerebral Palsy. Also, Ketelaar et al. (2008)²⁹ highlighted the relevance of self-efficacy in the relationship between parents' functioning and the behavioral aspects of the child with Cerebral Palsy.

CONCLUSION

It can be concluded from the present study that both the groups differed with each other significantly on self esteem, self-efficacy and well-being and self-efficacy with self-esteem of mothers of children with intellectual disability were found to be significantly correlated with each other, gender had significant impacts on well-being of mothers of children with intellectual disability. As far as self efficacy is concerned

mothers of children with severe intellectual disability possessed more efficacy than others group. Research has consistently shown that parents with higher self-efficacy show better physical health, more satisfaction with their relationship with the environment, better mental health. With respect to self esteem and level of intelligence was concerned and mothers of children without intellectual disability possessed higher esteems followed by mother of children with moderate intellectual disability, lowest by children with mild intellectual disability group. However, age and gender showed a non-significant trend for self esteem of mothers in both the group.

IMPLICATION OF THE STUDY

Results of this study provide more knowledge about the impact of caregiver resources such as self-efficacy on the quality of life and mental health of parents and have clear and important clinical implications for the design of effective and comprehensive family centred interventions for children with intellectual disabilities.

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