



The Role of Family System (Joint and Nuclear) on Psychological Distress of Parents Having Child with Non-Specific Mental Retardation

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Abstract

According to WHO 1993, Intellectual disability is defined as “a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Intellectual disability can occur with or without any other mental or physical condition.” (cited in Mirza et al., 2009). Pakistan has one of the highest reported rates of childhood intellectual disabilities in the world (Mirza et al., 2009). The birth of a child with ID is accompanied with a lot of parental distress and challenges. Therefore the hypotheses of this study are; 1). The mean scores of psychological distress would be higher in parents living in nuclear family system having a child with non specific mental retardation 2). The mean scores of psychological distress would be lower in parents living in joint family system having a child with non specific mental retardation. The present study was a comparative research design, conducted in Karachi city, during a period of 1 year. Through purposive sampling 200 adults (100 fathers and 100 mothers) parenting a non-specific intellectual disable child were participated in this study. The demographic information self-administered Urdu version of Depression, Anxiety, Stress Scale (Lovibond and Lovibond (1995) was used to assessed parental distress level. All the data analyses were carried out using SPSS, where t-test was computed in order to compare the distress level between parents living in two different family systems (nuclear and joint).

Keywords: *psychological Distress, nuclear and joint family system, non-specific mental retardation*

Introduction

In view of the fact that the system of urbanization and industrialization is happening at a quick pace, a significant number of people would experience such a change from rural to urban as well as from joint to nuclear family system in their life time and consequently, being exposed to the stresses in terms of readjustments, reconnection, making and breaching of human ties. The extent of disorders and deviancies related with urbanization are extremely large and incorporates various issues, of adjustment disorders, depression and Anxiety related disorders, substance abuse, alcoholism, crime and delinquency, family disintegration and isolation. In the light of these issues a large no of emphasis is laid on treating the mental illnesses (Kumar, 2011).

Pakistan has delighted in the solid social legacy inculcated into the approach to life of its people for hundreds of years. The worth of a strong family system and framework has contained a significant role in affecting a people's living, social and professional life and decision making power. The older members of family are focal reference point in Asian families, treated with respect and hold an authoritative place and considered as source of guidance (Chang, 1992). Now a day's changes have been noted in our family frameworks, whereby a few elements have developed to impact the manner in which the structure and capacity of families is advancing (cited in Itrat, et al 2007). Our goal is to recognize and evaluate the role of family system on its member's mental health.

The nuclear family unit is a general social phenomenon. "a small group composed of husband and wife and immature children which constitute a unit apart from the rest of the community" Whereas joint family unit or framework (JFS) is at least two family units that make a unified system and corporate financially (Levinson 1980).

In Pakistan a study conducted to assesses the degree of fulfillment of people with their present family framework. The degree of fulfillment was observed to be higher among individuals living in the joint family system. In the joint family setting, the significant explanation behind fulfillment was given as general support in regular daily existence given by the relatives, which incorporated all the three angles - physical, monetary and social. These people were progressively dependent on their relatives and preferred the Joint family system in the light of all above advantages. A large no of people ascribed financial help clearly, to be their reason of fulfillment, social and physical help to be a less significant factor adding to their consideration (cited in Itrat, et al 2007). In the shade of all above advantages and preferences having a child with mental disabilities in nuclear family setup is more distressing for parents as compared to joint family system. This is because in the joint family, parents have a lot of

people around them, who can help them in dealing with their child disability and in sharing their sorrows and joys, whom they can lean upon in times of trouble.

In the present study we focus on parental stress while parenting children with non-specific MR. previous findings in this domain on moderate or serious mental retardation showed more behavioral or psychological issues in the children related with elevated maternal stress (McIntyre, et al., 2002).

Previous researches worked on non-specific mental retardation (unspecified or mixed etiology group) in different domains. Non-Specific Mental Retardation are individuals with unspecified causes for their developmental delays or those with heterogeneous and mixed etiologies (Dykens, 1995, 1996; Hodapp & Dykens, 1994).

It is a well-established fact that mothers of children with developmental and psychiatric difficulties are at a higher risk for experiencing greater distress than mothers of typically developing children (Baker, et al., 2002; Dumas, et al., 1991; Hauser Cram et al., 2001).

Children with intellectual disabilities are on heightened risk for developing other mental disorder and behavior issues causing family or care giving burden that in turn affect these children (Dykens, et al., 2000; Gath & Gumley, 1986). Raising a child with mental retardation is associated with increased parenting-related stress (e.g., Donenberg & Baker, 1993; Hauser-Cram et al. 2001).

Many studies shows that parents fundamentally experience the higher level of parenting stress if they have a child with an intellectual disability (ID) as compared to the parents of nondisabled children (Rodrigue et al., 1990; Dyson, 1997; Roach et al., 1999). A couple of studies have discovered that parenting anxiety and stress is related with the seriousness of the child's level of intellectual disability (Minnes, 1988),

The joint family system plays a critical role in the personality development of the children. It applies the successful tool of social control and gives youngsters a variety of cherishable relationships. It encourages all members to learn interpersonal abilities, and the art of living in a society. By living together child is being taken care of by the other members of the family in the presence or absence of parents. Children feel closer to their grandparents, uncles, aunties and cousins; they understand them more and built secure relationships (Rasheed, 2015).

Regardless the preferences for the joint family system, change is experiencing in the family frameworks, with the vast majority moving from a joint family to a nuclear family unit setting. The purpose behind this change can be clarified by the convergence theory which states that as societies become more industrialize, the families become less expanded, progressively tiny and more nuclear

(Bongaarts, 2001). Other unified factors that affected the transition towards Nuclear family system was the family size, financial status, physical and mental wellbeing of family individuals and the impact of media over the majority (Bongaarts, 2001).

Methodology

Research Design:

The present study was a comparative/Correlation Research Design. In this study “The Role Of Family System (Joint And Nuclear) On Psychological Distress Of Parents Having Child With No Specific Mental Retardation” we compared the psychological distress level between parents of male and female children with Non Specific Mental Retardation living in two different family system and determined the significant relationship (or covariation) between them.

Participants:

The participants were mothers and fathers of children with non-specific mental retardation who were recruited through six special schools serving a predominantly middle and upper middle-class areas in Karachi, Pakistan. A purposive sampling procedure identified the participants for whom full data sets were obtained. The ages of the children with non-specific mental retardation ranged between 6 to 12 years old. Participants were the biological parents of their children.

Participant Selection

Inclusion Criteria:

1. Parents of children with Non-specific mental retardation aged 6 to 12 years were selected.
2. Participants have the minimum education of fifth grade level.
3. Participants were collected from special and inclusive school setups.

Exclusion Criteria:

1. Participants were not included in the study if they have a diagnosed medical or psychiatric condition.

Measure:

i) Demographic Information:

The demographic information included the age, gender, academic qualification, number of children, socioeconomic status of the family, occupation of participants and family structure.

ii) The Depression Anxiety Stress Scales (DASS)

The Depression Anxiety Stress Scale (DASS) to measure the psychological distress, Depression, Anxiety, Stress Scale (DASS) was used. It is a 42-item self-report measure of anxiety, depression and stress developed by Lovibond and Lovibond (1995) and translated in Urdu by Aslam (2007). DASS increasingly used in diverse settings. The Urdu version of DASS is used in this study to measure the negative emotional states of depression, anxiety and stress in parents of children with DS and non specific mental retardation.

It is to assess the severity of the core symptoms of depression, anxiety and stress. The DASS is a set of three self-report scales. Each of the three DASS scales contains 14 items, divided into subscales of 2-5 items with similar content. The Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia. The Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Subjects are asked to use 4-point severity/frequency scales. Each item is scored from 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time). Its alpha reliability for the subscales is .84, .82, and .87 for Depression, Anxiety and Stress (Lovibond and Lovibond 1995). The alpha values of the Urdu translated scales are .72, .74, and .76 for Depression, Anxiety and Stress (as cited in Aslam, 2002).

Results

VARIABLES		(f)	(%)
<i>Parents Gender</i>	Father	100	50.0
	Mother	100	50.0
<i>Family Occupation</i>	Housewife	83	41.5
	Unemployed	7	3.5
	Employed	110	55.0
<i>Parents Education</i>	Primary Level	16	8.0
	Secondary Level	49	24.5
	Intermediate Level	60	30.0
	High Level	75	37.5
<i>Family Type</i>	Nuclear Family System	126	63.0
	Joint Family System	74	37.0
<i>Child Gender</i>	Girl	100	50.0
	Boy	100	50.0
<i>Birth Order</i>	First Born	68	34.0
	Middle Born	58	29.0
	Last Born	58	29.0
	Only Child	16	8.0

Note: f = frequencies; % = percentage

Table 1: Demographic Characteristics of Study Participants (N = 200)

Table 1 represents demographic information including, parents gender, parents occupation, parents education, family system, children gender and birth order. Sample comprised of similar proportions of parents gender, including father of children with non-specific mental retardation (50%), and mother of children with non-specific mental retardation (50 %). A significant proportion of the parents (37.5%) were graduated and in contrast most of the parents have done intermediate (30.0%) as compared to other categories. Similarly, a significant proportion of parents were employed (55.0%) and majority of mothers were housewife (41.5%). Majority of the sample belongs to nuclear family system (63.0%) and joint family system was (37.0%). Similarly, table 1 also represents the equal proportion of girls and boys with non-specific mental retardation (50.0%) and most of them were first born (34.0%).

Variables	<i>Family Systems</i>				t	P
	Nuclear		Joint			
	M	SD	M	SD		
<i>Depression</i>	17.27	7.26	13.81	6.77	3.322	0.000
<i>Anxiety</i>	12.31	8.33	9.78	6.57	2.223	0.019
<i>Stress</i>	17.27	7.83	13.81	5.45	3.473	0.001

Note. M = Mean; SD = Standard Deviation; $p < .05$

Table 2: Differences on given variable between family system of Parents of children with Non-specific Mental Retardation on Measures under Investigation (N = 200)

Table 2 shows that parent having a child with no specific mental retardation were scored significantly higher on depression, anxiety and stress measures who lives in nuclear family system as compared to parents living in joint family system.

Conclusion

Parents of a child with mental retardation experience more stress and a diminished psychological well-being as compared with parents of a typically developing child. Non specific mental retardation is also a nonconvertible and continuous situation in general so continuous addressing the needs of the mentally handicapped child leads to hard periods for mother and father. In this situation if the family lives in nuclear system there is no shifting of responsibilities like in joint family. The parents are bound to take responsibilities of their child by themselves, couldn't figure out how to adapt to all these stressful factors, the collective and step by step expanding impacts of the experience stress may cause emotional issues, for example fear and anxiety (Dereli & Okur , 2008; Çapa, 2009; Karadağ, 2009). Parenting in joint family system reduces parenting stress due to art of living together and sharing responsibilities.

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