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Social skills among children with intellectual disability those belong to nuclear family verses joint family

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Abstract

In this world, each child is unique. The presence of intellectual disabilities among children shakes the family to its foundations. Intellectual disabilities have been viewed as incapable and incompetent in their capacity for social behavior, self care and decision making. In India Family member particularly parent's main burden is caring for such children. The present study was aimed to assess the social skill among children with intellectual disability and to correlate the Social skills among children with intellectual disability with those who are belong to nuclear family and joint family. A total of 38 parents was interviewed and evaluated separately from different regions of Mumbai and Navi Mumbai. The study reveals that 2.63 % children have good social skills, 18.42 % of them have satisfactory social skills, majority 55.26 % have poor social skills and remaining 23.68 % have very poor social skills which need considerable improvement. In result both equality and inequality variances indicate that there is significant evidence to reject the null hypothesis. Since the value in both the cases are less than 0.05 level of significance, therefore It can be concluded that children with intellectual disability belonging to joint family have higher social skills than compare to nuclear family.

Key words: Social skill, Children with intellectual disability, nuclear family, joint family.

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1. Introduction

Mental retardation is a highly prevalent in India. Mental retardation refers to significantly sub average general, intellectual functions existing concurrently with deficits in adaptive behavior manifested during the developmental period. At least 2-3 % of Indian populations are mentally handicap in any one form. It includes two learning

abilities, poor maturation and social mal-adjustment in combination [1]. Above 3% child population in 1-14 are groups is affected by developmental delays. Nearly 83 million of world's population is estimated to be mentally retarded [2]. The term mental retardation was used in DSM-IV. However, intellectual disability is the term that has come into common use over the past two decades among medical, educational, and other

professionals, and by the lay public and advocacy groups. Moreover, a federal statute in the United States (Public Law 111-256, Rosa's Law) replaces the term "mental retardation with intellectual disability. Despite the name change, the deficits in cognitive capacity beginning in the developmental period, with the accompanying diagnostic criteria, are considered to constitute a mental disorder. [3] Intellectual disability is lifelong conditions that result in substantial emotional, personal Social, psychological, and financial costs to affected persons, their families and society. Services and care provided to the disabled person in the advanced countries have developed greatly in term of quantity and quality then developing country. [4] A study by Nagarkar A. intellectual disability affects the communication, academic and social skills, which make the child more dependent on the caregiver as compared with a normal child [5]. A study on mentally retarded children, focusing on the parental attitudes, the subjects selected were 45. The result indicated that 70% had negative attitude by shame, 75% balanced in on past sins, 50% over hostility and neglect. Most of the parents had higher expectations, negative attitudes were significantly more often seen in young parents resulted in neglect of the child .[6] Many parents panic when their child once he/she has been diagnosed with developmental disability or intellectual disability . The sense of helplessness comes both from a lack of understanding about disability and a lack of information about the resources available. In one study Venkatesan & Das (1994) reported that the type of burden reported by family members may range from difficulties in transportation of the child to the place of service delivery, management of behavior problems, disruption of their daily routine, economic, physical and social burden [7]. There is an added pressure on the caregivers of children with a developmental disability, especially when it is intellectual in nature [8]. The ability of the individual to cope with this situation depends on his internal resources such as faith in the energy, self-determination and perception of the situation, and the external resources such as support from family members, relatives, friends, neighbors, professionals, community and Governmental policies and programmes.

(Peshawaria et al, 1998) [9]. The recent years have seen tremendous change in the economic set-up of nations, which also impacted the family structure around the world. In recent times, there is a shift from the joint family to the nuclear family making the family units smaller [10]. The conceptual framework for this study is based on the review of literature and clinical experience of the investigator. The present study is particularly intended to assess the social skills among children with intellectual disability. The investigator identified the Health Belief Model suitable for this study. Health Belief Model by Becker (1974) has become popular conceptual framework in nursing especially in studies focusing on client compliance and preventive health practices. The major components of Health Belief Model include perceived susceptibility, perceived severity, perceived benefits and enabling or modifying factors [11].

The objectives of the study -

To assess the Social skills among children with intellectual disability.

To correlate the Social skills among children with intellectual disability belonging to nuclear family and joint family

Hypotheses–

H₀: There will be a no significant difference in Social skills among children with intellectual disability those who are belong to nuclear family and joint family

H₁: There will be a significant difference in Social skills among children with intellectual disability those who are belong to nuclear family and joint family

2. Research methodology

A cross section study of 38 parents was interviewed and evaluated separately. All samples are selected as per the sampling criteria. The population of the present study is comprised of pair of children with intellectual disability and their caretakers. The reliability of the tool was determined by cronbach's Alpha method. Sampling technique used was convenient sampling technique. A self structure questionnaires and interview schedule was prepared and used for data

collection; the self-structured questionnaire and interview was administered by the investigator himself. The duration of data collection was 20 to 30 minutes from caretakers or relatives.

Study instruments used by the researcher consisted of:

- Self structured questionnaire, which had two sections.

Section I – Demographic variables

Age, gender, type of family, education of father and mother, monthly income of the family and types of intellectual disability.

Section II - Interview schedule related to social skills.

Inclusion criteria

- Children are in the age group between 6-18 years.
- Who can understand Marathi or Hindi or English language.
- Who are present at the time of data collection.
- Both genders are included in this study.

Exclusion criteria

- Who are having physical illness.
- Who are having mental illness.
- Children with severe and profound intellectual disability.

3. Results

Section I- Description of sample characteristics.

Table 1: Demographic distribution of samples characteristics by frequency (%)

Q. no	Characteristics of sample / Variables	Children with intellectual disability (n=38)	
		F	%
1.	Age of in years 1.1 6-12 1.2 12-18	20 18	52.63 47.36
2.	Gender: - 2.1 Male 2.2 Female	30 08	78.94 21.05
3.	Type of family 3.1 Nuclear family 3.2 Joined family	26 12	68.42 31.57
4.	Education of father 4.1 Professor or honours 4.2 Graduate/ post graduate 4.3 Intermediate / high school diploma 4.4 High school certificate 4.5 Middle school certificate 4.6 Primary school certificate 4.7 Illiterate	01 16 01 08 05 07 00	2.63 42.10 2.63 21.05 13.35 18.42 00
5.	Education of mother 5.1 Professor or honours 5.2 Graduate/ post graduate 5.3 Intermediate / high school diploma 5.4 High school certificate 5.5 Middle school certificate 5.6 Primary school certificate 5.7 Illiterate	00 08 02 13 05 08 02	00 21.05 5.26 34.21 13.15 21.05 5.26
6.	6 Income of family in Rupees 6.1 > 32050 6.2 16020 – 32049 6.3 12020 – 16019 6.4 8010 - 12019 6.5 4810 – 8009 6.6 1601 - 4809	05 10 15 04 03 01	13.15 26.31 39.47 10.52 7.89 2.63
7.	Types of Intellectual disability Mild Intellectual disability (IQ level 70-50) Moderate intellectual disability (IQ level 49-35)	31 07	81.57 18.42

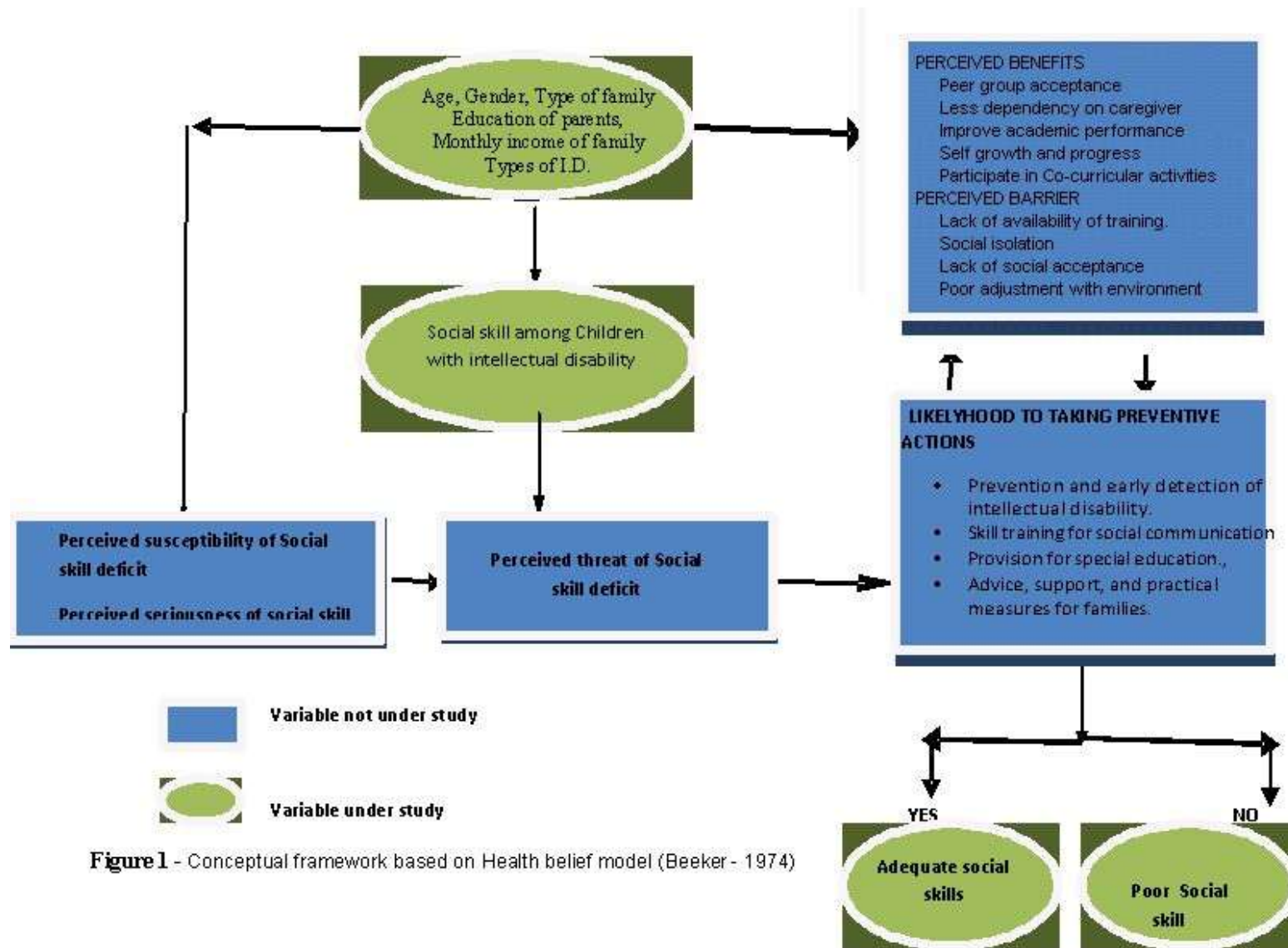


Figure 1 - Conceptual framework based on Health belief model (Becker - 1974)

The data presented in table no. 1 shows that maximum 52.63% samples were between the age group of 6 – 12 years, 78.94 % samples were male, In finding maximum no. of samples were from nuclear family i.e. 68.42%, Majority 42.42% samples father education were graduation and post graduation Maximum 34.21 % samples mother education was high school, majority 39.47 % samples family income were between Rs. 12020 – 16019 and 81.57 % samples are from Mild Intellectual disability (IQ level 70-50).

Section II- Social skill among normal children and children with intellectual disability.

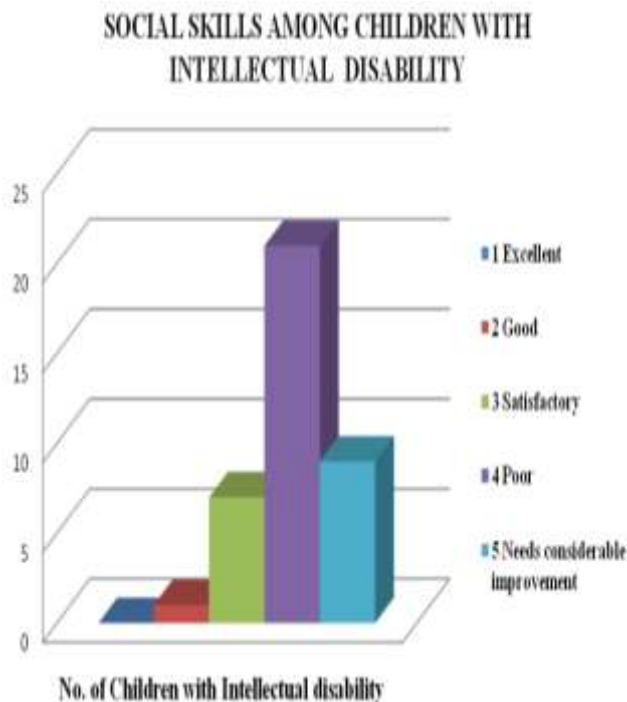


Figure 2: Bar diagram showing Social skills among children with intellectual disability

Figure no. 2 Social skills among children with intellectual disability reveal that 2.63 % samples have good social skills, 18.42 % of them have satisfactory social skills, majority 55.26 % samples have poor social skills and remaining 23.68 % have very poor social skills and none under excellent social skills.

Table 3: Correlation of social deficiencies among children with intellectual disability with nuclear family and joint family.

Section III - correlation of social deficiencies among children with intellectual disability with nuclear family and joint family.

Table 2: Mean value, standard deviation and standard error of Joint and nuclear family

Social skills among children with intellectual disability	N	Mean	Std. Deviation	Std. Error Mean
Joint family	12	37.7500	11.24217	3.24533
Nuclear family	26	23.3077	7.17088	1.40633

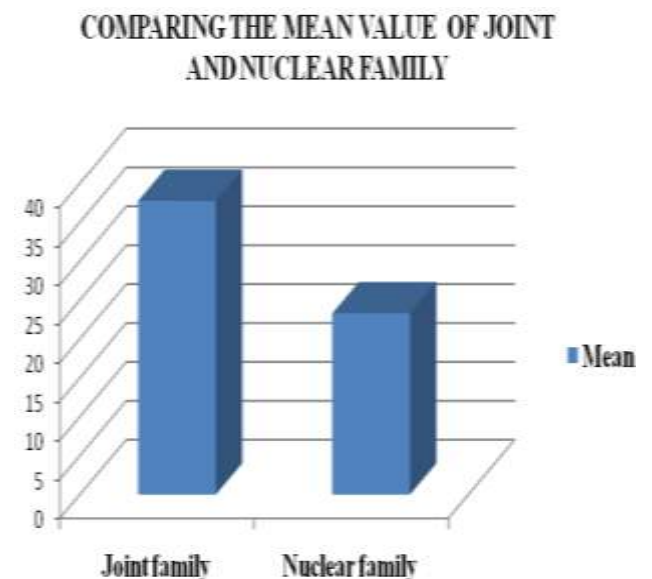


Figure 3: Bar diagram showing comparing mean of Social skills among children with intellectual disability of joint family and nuclear family

Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	2.239	.143	4.800	36	.000	14.44231	3.00877	8.34024	20.54438
Equal variances not assumed			4.083	15.282	.001	14.44231	3.53694	6.91559	21.96902

In result of test presented in table no. 3 assuming both equality and inequality variances indicate that there is significant evidence to reject the Null hypothesis. This is because “t” values for both equal and unequal variances are respectively .000 and .001. Since the value in both the cases are less than 0.05 level of significance, the hypothesis of equality of mean joint and nuclear family, is reject in favor of null hypothesis, therefore It can be concluded that children with intellectual disability belonging to joint family have higher social skills than compare to nuclear family.

4. Discussion

The study was intended to assess the social skills among children with intellectual disability and to correlate the social skills deficiencies among children with intellectual disability those who are belong to nuclear family and joint family.

The one of most common developmental disorder is intellectual disability and it is characterized by a congenital limitation in intellectual functioning and adaptive behavior.

Further, it manly targets and affects the substantial emotional, personal social, mental conditions like attention deficit/hyperactivity disorder and autism spectrum disorder, and can be part of a malformation syndrome that affects other organs [13]. Intellectual disabilities are lifelong conditions that result in substantial emotional, personal Social, psychological, and financial costs to affected persons, their families and society. Services and care provided to the disabled person in the advanced countries have developed greatly in term of quantity and quality then developing country [4]. The results of the present study showed that 2.63 % children have good social skills, 18.42 % of them have satisfactory social skills, 55.26 % have poor social skills and remaining 23.68 % have very poor social skills among children with intellectual disability. Recent study shakeel and Johar (2014) noted that the parents belonging to nuclear family structure face various problems like social exclusion, strained spousal relation and extra fatigue for working mothers due to their full time involvement with their child with intellectual disability. However, parents in joint family were relaxed due to family support in child care & house hold activities. [12] Justification

for the study was based on the fact that that nuclear family have higher social skills deficit than compare to joint family.

Conclusion

A person with intellectual disabilities are left behind and allowed to lead a dependable life. In children with intellectual disability reach such various milestones as personal care, academic and talking much later than children in the general population. As approximately majority 81% children with intellectual disability is in the mild category. Their IQ range ranges from 50–70, and they can often acquire social skills as their academic up to about the sixth-grade level. They can become fairly self-sufficient and in some cases live independently when appropriate and consistent social, family and community supports provided. The above results also revealed that majority of children have poor social skills and very poor social skills which need considerable improvement. Therefore it is important to identify various skills deficiencies faced by children with intellectual disability and train as early as possible and also family support play very important role in social skills development specifically joint family system.

Implications

Social skills refer to the ability to form relationships with others. Many children with mild intellectual disability are not identified until they enter school and sometimes not until they lacks in various life skills. According to the above studies social skills will play important role in socialization and learning among intellectual disabled children. The identifying deficiencies in social skills exploring the need of training in social skills throughout the day in a variety of ways by caretakers. The rate at which children with Intellectual disability acquire new leaning and skills is well below that of typically developing children. In this situation family play important role as a trainer. In joint family children exposed with more with society and members who allow them to learn social skills i.e.

- A study can be carried out to see the effect of social skill training among children with intellectual disability.

instructing the child that when he/she sees a familiar person, he/she should greet the person and also allowing child see when other members greet familiar persons. In nuclear family this aspect is lacking. The findings of the study have implication for mental health nursing practice and nursing education.

Mental Health Nursing Practice:

Health is a state of complete physical, mental, social and spiritual well being and not merely an absence of disease or infirmity. (WHO). Nurses working in special schools, psychiatric settings comes across various children with intellectual disability. It is essential for children with disabilities to be taught self-help skills and social in order to be successful both at school and in life. The early childhood years constitute a critical window of opportunity for children to learn these skills. Children develop a sense of independence as they learn to do things for themselves.

Nursing Education:

We are training nurses to achieve an international standard. To achieve high level of educational standards nursing education needs to be raised to a greater height. This will be achieved if all the aspects of health needs are considered as a whole. The education curriculum must include different developmental disabilities in syllabus, which will expose students to the various disabilities including intellectual disability to help the children, family and society. Similarly, early sign and symptom, preventive modalities, alternative therapies and skill training can be included in the nursing education curriculum.

Recommendations

Keeping in view the findings of the study, the following recommendations are made.

- It is suggested that the study may be replicated using a larger population of children with intellectual disability.
- Differences of social skills development between school going and non-going children with intellectual disability.

- Comparative Study of social skills deficiencies between Cerebral Palsy & children with intellectual disability.

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