

A Study on Mother Parenting Style of Cerebral Palsy Children

S.Lidia Susan¹, Dr.Sam Deva Asir.R.M²

¹(Research scholar, PG and Research Department of Social work, Bishop Heber College, Trichy)

² (Assistant Professor, PG and Research Department of Social work, Bishop Heber College, Trichy)

Abstract: *The objective of the study is to explore the socio-demographic details and parenting style of mother's in multidisciplinary dimension. The present study was conducted among mother's of Cerebral palsy children from Trichy district. Three special schools which are exclusively working for children with cerebral palsy at Trichy District were selected and mother's who were sending their children to one of those special schools were selected for the study. All the students whose mother's were chosen for the study are Day scholar. The universe is finite. The researcher used simple random sampling method for collecting the samples. The study is cross sectional, descriptive in nature. The researcher used Self-administered questionnaire and Multidimensional parenting style scale to collect data from the respondents. Questionnaire method was used to collect data. Cross table was used to find the correlation between child's gender and respondents marriage type, blamed for giving birth, expectation from the institution and overall negative dimensions and positive dimensions. The conclusions and recommendations were drawn based on the analysis.*

Keywords: *Multidimensional parenting scale, Mothers, Special School, Cerebral palsy children.*

I. Introduction

Cerebral palsy (CP) is a group of permanent movement disorders that appear in early childhood. Signs and symptoms vary between people. Often, symptoms include poor coordination, stiff muscles, weak muscles, and tremors. There may be problems with sensation, vision, hearing, swallowing and speaking.

1.1 The Definition of Cerebral Palsy

CP is a term used to describe a group of disorders affecting body movement and muscle co-ordination. The medical definition of CP is "a non-progressive but not unchanging disorder of movement and/or posture, due to an insult to or anomaly of the developing brain." Development of the brain starts in early pregnancy and continues until about age ten. Damage to the brain during pregnancy and one month early may result in CP. This damage interferes with messages from the brain to the body, and from the body to the brain. The damage to the brain does not get worse, but as the child gets older the effects become more noticeable. For example, deformities can develop.

1.2 The Causes of CP

Any damage to the developing brain, whether caused by genetic or developmental disorders, injury or disease, may produce CP. Anything, which tends to produce a low birth weight baby, will increase the likelihood of CP. Factors during pregnancy, which may cause CP, include: multiple births (twins or triplets), a damaged placenta which may interfere with fetal growth, infections, poor nutrition, exposure to toxic substances, etc; premature delivery, abnormal positioning of the baby (such as breech or transverse lie) which makes delivery difficult, rupture of the amniotic membranes leading to fetal infection. CP can occur if a young child suffers brain damage due to: infections such as meningitis, brain hemorrhages, head injury following falls, car accidents or abuse, lack of oxygen.

The implications of caring for a child with cerebral palsy (CP) are considerable, and parents have to cope with many changing demands related to the specific needs of their child. Nevertheless, a child suffering from CP, his/her mother takes more responsibilities of caring for the child naturally. Women are usually responsible for taking care of the children and home. This result reflects the conditions. Although the father is not the main caregiver of the child, we cannot say that the father is excused from the responsibility but still mothers parenting style will change the not only the attitude of the child's siblings but also the whole family environment.

Mother is the primary care giver for the child and the family is noted as the main source of support and adaptation. To help support the child, care providers must also support the family members and encourage them so that they can be strong for the child. As one adolescent commented in an interview, "They're [family] really important. You can't cope with anything in life if you don't have their support. And they drive you on and make you a better person" (Davis et al., 2008)

The present study focus on to explore the socio –demographic profile of the mother's of Cerebral Palsy children and also mother's parenting style in handling their CP children. The Data were collected from three

special schools at Trichy district which exclusively work for CP. Wherever mothers or respondents is mentioned it is referred to mothers having children with Cerebral palsy.

II. 2.Review of Literature

A study on **Parental attitudes and personality traits, self-efficacy, stress, and coping strategies among mothers of children with cerebral palsy** (Anna Maria Jankowska.et al) says that although acceptance was the most common parental attitude among all participants, mothers of children with CP presented with a stronger tendency towards overprotective and demanding attitudes and another study on **Parenting Style Impacts on Quality of Life in Children with Cerebral Palsy** (ADI ARAN et.al) found that parenting style was a most important factor affecting the psychosocial aspects of QOL of children with CP

III. Objectives

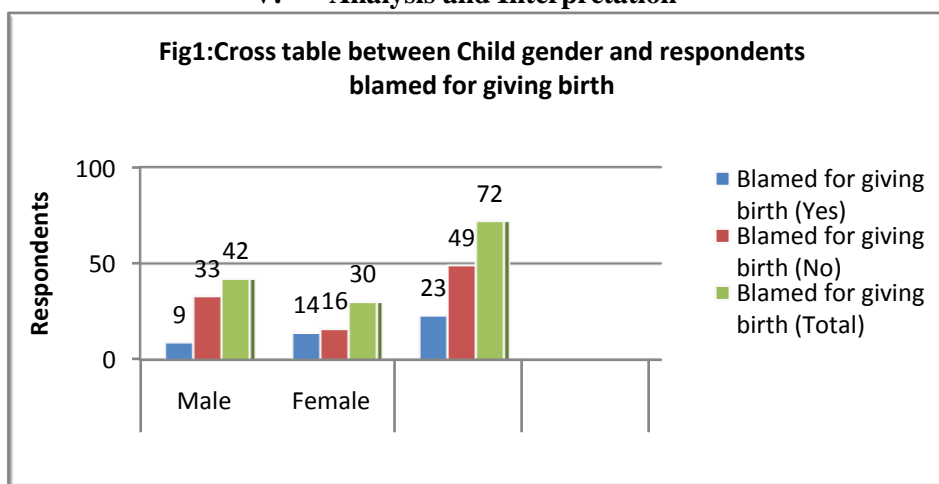
1. To study the Socio-demographic profile of the mother's of Cerebral palsied children.
2. To explore the parenting style of mother's (i.e) positive or negative dimension towards their CP children

IV. Methodology

4.1. Tools for Data Collection

- Self-Administered questionnaire to collect data regarding the socio – demographic factors of the respondents.
- **Multi Dimensional. Parenting Scale** By N. S. Chauhan And C. P. Khokhar.It is a five point rating verbal scale of 56 items for 7 dichotomous dimensions of parenting—hate–love, discouragement–encouragement, rejection–acceptance, dependence–independence,autocratism– democratism, submission–dominance, conservatism–progressivism. It measures mothering roles. 2 scores norms was found on all the dimensions separately

V. Analysis and Interpretation



Cross table between child gender and respondents blamed for giving birth to CP children(fig:1) says out of 72 respondents 42 respondents have male child and 30 have female.Nearly half of the respondents with female child are blamed for giving birth but in the case of respondents with male child 33 out of 42 were not blamed for giving birth to.

Table 1: Cross table between child gender and respondents expectation from the institution

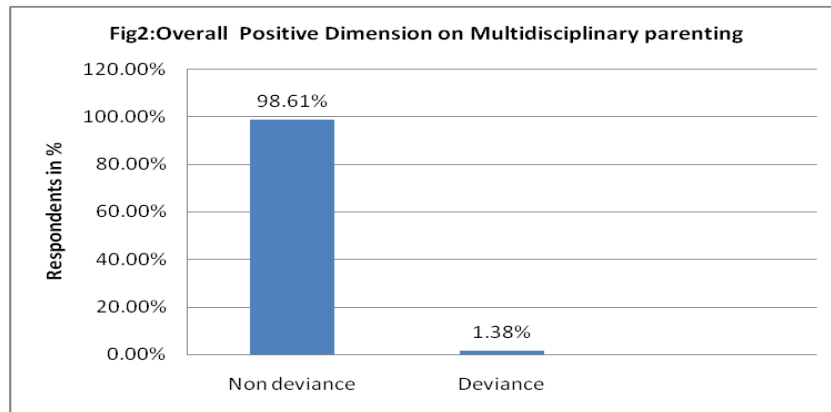
Child gender	Expectation from Institution				N	%
	Self reliant	%	Suitable placement	%		
Male	36	85.7	6	14.28	42	58.33
Female	24	80	6	20	30	41.6
Total	60	83.3	12	16.66	72	100

Majority of the respondents(Table:1) with male children(85.7%) put their children in institution to make them self reliant and same was the expectation for the majority(80%) of the respondents with female child.

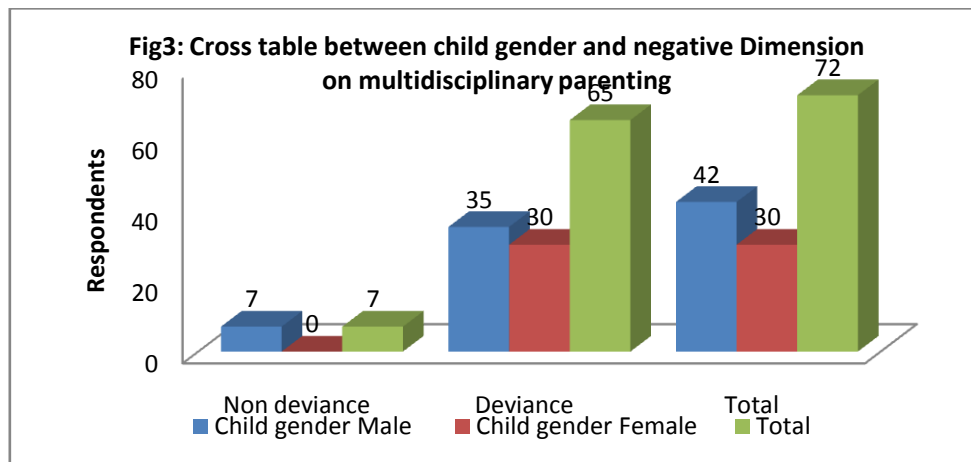
Table 2: Cross table between child gender and respondents marriage type.

Child gender	Marriage type		N	%
	Consanguineous	Non consanguineous		
Male	11	31	42	58.33
Female	11	19	30	41.6
Total	22	50	72	100

It is understood (Table:2)from the study that (73.8%) majority of respondents with male child and (63.33%) respondents with female child’s marriage was non-consanguineous.



By calculating the overall positive dimension in multidisciplinary parenting it is understood that majority(98.61%) of the respondents are non-deviant to positive dimension.



By seeing the result of cross table between child’s gender and negative dimensions says that 7 respondents of the male child are non deviant to negative dimensions and all the respondents will female child are deviant to negative dimension

VI. Findings

- Majority of the respondents belongs to nuclear family.
- 26% of respondents with male child and 36.6% of respondents with female child have completed graduation
- 62.4% of the male child and 43% of female child are affected by CP type spastic.
- Majority of the respondents are happy with training given in the institution.
- 98.6% of the respondents are non deviant to positive dimension
- 90.3% of the respondents are deviant to negative dimension.

15. Were you blamed for giving birth to the child ?
a)Yes b)No
16. Child's Ordinal Position a)First b)Second c)Middle d)Last.
17. Child' birth a)Normal delivery b)cesaraian c)Instrumental
18. In what ways the child affected your marital relationship?
a) Arguments & quarrels b) No problem
19. Do you find siblings rivalry among your children?
a)Yes b)No
20. How do you manage the child when you attend the household work?
a)Keep them occupied b)Attend both c)Additional help

b. Institution

21. What is the reason for placing the child in the institution?
a) To get rid of burden b)To minimize responsibilities c)For training
22. For how many years child is getting trained in this institution?
a) 5 Yrs b)10 Yrs c) More than 10 Yrs
23. Are you satisfied with the training given in the institution?
a) Yes b) No
24. What do you expect from the institution?
a)To make the child self reliant b)To find him a suitable placement.
25. How do you come to institution
a) School bus b)Private c)take with me

c. Future Plan of Your Child

26. What do you feel about the future of your child?
a) Confused b)Secure c)No idea
27. What are your financial plans for your child?
a) Savings b)Own property c)Will become self-sufficient d)Financial help from relatives e)No idea
28. After you, whom do you think will take responsibility of your child?
a)Siblings b)Relatives c)Institution d)No idea