



# Efficacy of Parent Training Programme in Enhancing Social-Recreational-Cultural Activities of Individuals with Intellectual Disability in Haryana (India)

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## Abstract

Intellectual Disabled (ID) person has a right to live and received recognition and importance. There is a strong need to strengthen the social, emotional, physical and personal support systems among the families of these ID people and the society at large. The purpose of the study was to assess the effectiveness of parents training program in enhancing social-recreational-cultural activities of children with ID. Binet-Kamat Test of Intelligence and Quality of Life Scale for Persons with Disabilities was applied. Analysis of covariance (ANCOVA) was applied on the pre test scores and post test scores obtained by the participants in the experimental and control group before and after the Parent Training Programme. Parent training programme of individual with intellectual disability is effective and important interventional approach for enhancing better quality of life of parents as well as person with ID.

**Keywords:** Intellectual Disabled; Training; Social; Recreation Quality of Life; Intervention; Rehabilitation

**Abbreviations:** ID: Intellectual Disability; SRC: Social-Recreational-Cultural; PTP: Parent Training Programme.

## Introduction

Intellectual disability (ID) contributes to 10.8% of the burden of mental disorders in India [1]. ID bring untold amount of misery and emotional distress to the parents of these children. Family members giving care to the child with special needs may experience particular caregiver strain due to unusual demands including disrupted family and social relationships, exhaustion, guilt, and parenting distress. If the parents take responsibility to improve the conditions of their children, they can turn the life of these children in better way

even their given state of health. Parents of children with IDs have facing many challenges in their life. They often reported to have physical and psychological distress related to caring for their children, thus affecting their quality of life and increasing family burden. Earlier studies have shown that parents of children with disabilities feel the sense of failure, helplessness and guilt [2]. Both the parents with ID perceive an equal level of psychosocial well-being on family burden and quality of life. Especially mothers of children with ID displayed lower physical health, impairment in social relationships, in their psychological state and poorer perception of the environment. Parents of ID child have been also perceived poor psychosocial well beings and negative correlations have been found between Quality of

life, Family burden and IQ functioning between parents of ID [3-7]. Parenting such children may lead to difficulties with family functioning, parenting stress, and different parenting style compared to parenting normally developing children [8]. Activity training programs organized in a purposeful and significant manner affect all parts of development of the children with mental retardation. Movement means sports, dance, exercises and exploratory movements. The experiences obtained with movements should be considered as a basic instrument for growth and development [9]. Recreative activities played a key role in integration with the environment and the society, friendship and social acceptance among the disabled individuals. Recreation had positive results for individuals with IDs and that giving these individuals opportunities to engage in recreational activities had a positive effect on them in terms of social and emotional aspects [10,11]. Curtin et al. also emphasised the need to provide physical and recreational activities for people with IDs, as with other individuals, and to give them the opportunity to practise physical, motor, and recreational activities because of their benefits in various psychological, social, and physical fields. Participation in leisure activities is a prerequisite for human development and has the potential

to satisfy the basic social and psychological needs of people with disabilities [12]. Hence, the present study was an attempt to study the difference between the experimental group and control group on the Quality of Life of Children with ID on its dimension, Social-Recreational-Cultural (SRC) in terms of its four domains support, access, participation and satisfaction, after the Parent Training Programme (PTP).

## Methodology

### Design

Pre Test - Post Test Treatment Designs was used to study the effect of Parent Training Programme on the quality of life of the parents having Children with ID. Place and duration of the study: The study was conducted at three district of Haryana Rohtak, Jhajjer and Sonipat.

### Participants

A group 240 sample was recruited in the present study, in which 120 persons with mild ID and 120 parents (both mother and father) with ID. Further 60 parents each in the experimental and control group were grouped (Table 1).

	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 1:** Design to study the Effect of Parent Training Programme on the Quality of life Home.

### Tools Used

Binet-Kamat Test of Intelligence (Indian Adaptation) was used to assess the Intelligence Quotient (IQ) of the mentally retarded children to identify their level of retardation [13]. Quality of Life Scale for Persons with Disabilities by Mishra (2001) was used to measure the SRC dimension of the children with ID [14].

### Procedure

The study was divided into two phases.

**In the first phase of the study:** Permission from the different authorities of special school in Haryana was obtained.. The Binet- Kamat Test of Intelligence was administered on 200 individuals with ID between the age group of 15-25 years. Out of 200 individuals with ID 120, 60 each in experimental and control group were selected randomly. The selected sample of 120 children (Experimental & Control Group) having mental retardation were administered the "Quality of life Scale for Persons with Disabilities," individually to explore the quality of life of these children.

**In the Second phase:** 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 parent training programme through different modes i.e. by lectures method, providing written materials, audio-video presentation, individual and group counseling, role plays and Group discussion etc. In the parent training programme, many topics related to mental retardation and its issues were taken which are as follows:

- Stress Management/Coping Strategies
- Mental Retardation (Issues and Management)
- Misconceptions about Mental Retardation
- Behaviour Modification
- Training to Children with Mental Retardation
- Child Abuse,
- Role of Families and Parents
- Govt. Schemes and Benefits

Points to be remember. After the one year of training, all the subjects i.e. 60 parents (Both father & mother) of experimental and 60 parents (both father & mother) of control Group were re-assessed to assess the impact of parent training programme on the Quality of Life Scale for the Children with ID. ANCOVA was applied on the pre test scores and post test scores obtained by the participants in the experimental and control group.

## Results

Source	Sum of Squares	Df	Means square	F value
GROUPS (Pre Test scores)	0.008	1	0.008	0.002
Error	470.583	118	3.988	
Total	45828	120		

**Table 2:** Showed the Difference between Scores of Quality SRC Dimension of Quality of Life of the Children with ID in the Experimental and Control Group in the Pre Test.

Table 2 showed F value .002 which is not significant at .05 level of significance indicating no significant difference between experimental and control group on their pre test scores and indicating no significant difference between

experimental and control group on their pre test scores i.e., the independent variables and covariate that is outcome are not different across the group and satisfied the assumption to apply Analysis of Covariance.

Source	Sum of Squares	Df	Means square	F value
GROUPS* (Pre Test scores)	9.45	1	9.45	3.3
Error	332.143	116	2.863	
Total	56938.694	120		

**Table 3:** showed the Scores of Quality of SRC Dimension of Quality of Life of the Children with ID in the Experimental and Control Group to test the Homogeneity of Regression.

Table 3 showed the F value 3.30 which is not significant at .05 level of significance indicating no difference on the between subject effects on group time pre-test and thus satisfied the assumption of homogeneity of regression to qualify for Analysis of Covariance to test the significant difference

between experiential and control group on the dependent variable i.e., Post test scores of SRC dimension of the quality of life of the children with mental retardation with covariate independent variable i.e., pre -test scores of SRC dimension.

Source	Sum of Squares	Df	Means square	F value
GROUPS (Post Test scores)	73.649	1	73.649	41.797
Error	206.162	117	1.762	
Total	50344.563	120		

**Table 4:** The F Value Table Showing the Difference between Experimental and Control Group on the SRC Dimension of the Quality of Life of the Children with ID in the post Test.

After applying Analysis of Covariance to test the significant difference between the experimental group and control group on the dependent variable i.e., post test scores of the SRC dimension of Quality of life of the children with ID, the F value showed 41.79\*\* which is significant at .01 level of significance and mean values of post test scores of experimental group (21.16) and the control group (19.58) revealing the significant improvement on the SRC dimension of Quality of life of the children with ID in the experimental group than the control group.

## Discussion

The present study was designed to see the effect of PPT on the dimensions SRC in terms of its four domains support, access,

participation and satisfaction, after the Parent Training Program. Table 4 revealing the significant improvement on the SRC dimension of Quality of life of the children with ID in the experimental group than the control group. Hooper J, et al. [15] have studied on improving the Quality of Life through Music. This study reported the effect of relaxing music on the anxiety and agitation of a disturbed mentally handicapped woman. While the emphasis is on the short term effect of treatment, the study suggested that there may be other long term effects which in turn reflect an improved quality of life [15]. Cook S, et al. [16] used a "participatory research" approach in their study using 5 Rhythms Dance and its effect on the mental well-being of a group of women in the UK. They recruited nineteen women in total to attend four

dance workshops on 5 Rhythms dance which incorporates five different forms of movement. 90% of participants had a past mental health problem and 74% had a current mental health problem or distress [16]. It was established that the workshop had a specific effect on the mental health and wellbeing of the participants, and had been experiencing genuine sense of progress. Hence the result of the present study confirmed the effect of parent training programme on the parental stress and as well on the Recreational-Cultural dimension of the quality of life of the children with mental retardation.

Drossman D, et al. [17] probed the effect of family training on the feelings of sadness, tiredness, guilt, gray and psychological pressure of parents who have individual with ID. At the end of this training program, the parents had a more feeling of success and reported less problems and better abilities for making decisions [17]. The parents with ID were increasingly vulnerable to stress and other problems related to mental health and this stress negatively affect the mentally retarded children. Anthony M, et al. [18] 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 [18]. Trostre H [19] explained that teaching strategies for effective coping with mental pressures to parents of individual with ID had positive effects on reduction of their stresses and mental health improvement of both the parents and children with ID [19]. Aron L, et al. [20] emphasized that education is an important for the all children but even more important for children with disabilities or special needs as it can mean the difference between a socially fulfilling, intellectually stimulating and economically productive life and a future with few of these quality [20]. Education and rehabilitation also have potential to affect the health of the children with mental retardation by strengthening their abilities to advocate for themselves, manage chronic health conditions and navigates complex medical, insurance and social service system and in turn improve their quality of life during childhood and later in life. Further, many disabilities moreover are actually manifestation of physical or mental limitations within specific social or environmental contacts and of the behavioural or performance expectations of socially defined roles which are the challenges and that can only be answered through rehabilitation and education of these children along with the education and awareness of their parents. According to Krishnamurthy A, et al. [21] rehabilitation and community based rehabilitation is a strategy for equalizing opportunities, poverty reduction and social inclusions of persons with disabilities which strengthen physical and psychological well-being of the persons with children with ID against the demanding conditions of the society in the area

of health, social, educational and more over empowerment and livelihood [21]. Parents training of individual with ID are effective to enhance the quality of life of individual with ID. At present its demand of our society to achieve the goal of positive mental health and enhance the quality of life of individual with ID as well as their parents. So, it's great responsibilities of professionals/policy makers/researchers to accept this challenge and provide care to this vulnerable as well as needy person. The professionals (mainly special educators/mental health professionals) can help the parents to cope with the crisis by examining the resources of the Family, including role structure, emotional and financial stability and can help them to deal effectively with the situation [22]. It has observed that parent training programme of individual with intellectual disability is effective in enhancing quality of life dimensions income, access and maintenance of Individual with Intellectual Disability [23]. Recent findings also support the present study that there was a significant difference between the experimental and control groups, and the quality-of-life perceptions of the parents with ID that participated in the training improved [24,25]. Tamara May, et al. [26] emphasized about better quality research and longer term follow-up studies are needed, with increased inclusion of fathers [26].

### Limitations of the Study

There are few limitations of this study that may be addressed in future

- The present research is delimited to children having mild and moderate level of mental retardation
- Delimited to only two dimensions of quality of life.

### Conclusion

It can be said that PTP is effective and important for enhancing SRC dimension of the quality of life of children with ID. PTP of individual with ID is effective interventional approach. Lack of availability of these types of targeted parenting programs in the community may be a substantial barrier and may vary by geographic location. Specific training of professionals regarding how to help parents with ID and an evolving disability funding environment are required. It may create a new pathway to support these needy parents.

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