

## The Perception of Care- Givers of Mental Retarded Person towards Mental Retardation.

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**Introduction:** The number of persons suffering from retardation has been increased during the recent years. Most of mental retarded individuals are under the care at home and use family supporting services. The negative influences resulted from mental retardation may affect their family and care-givers. Considering that, the perception of care-givers may influences the care that they present therefore, a research was carried out with the aim to determine the perception of care- givers of mental retarded person towards mental retardation. **Method:** In this descriptive study, one hundred care- givers of mental retarded persons participated randomly. Data were collected using self-made questionnaire of perception of care- givers through face to face interview. Collected data were analyzed using SPSS software and  $\chi^2$  test. **Results:** Most of care-givers (56.0%) had neutral perception towards mental retardation. In addition, a significant relation was observed between the education level and occupation of care-givers with their perception connected to mental retardation ( $P=0.001$ ), while , no significant relation was observed between the age and sex of mental retarded person and age and sex of care-givers with their perception. **Conclusion:** Care-givers with lower education level and house-keepers had a lower perception towards mental retardation. Therefore, it is necessary to consider supporting programs by health care-givers in order to increase adaptation and reduce tension for aforesaid groups.

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### Introduction:

The number of persons suffering from mental retardation has been increased during the recent years (1). Mental retardation is being applied for a person whose mean of mental function is lesser than normal position by two standard deviation or his/her Intelligence Quotient (IQ) is below 70.0 (2). Parents of such children experience large chronic tensions and will affect not only parents but also sisters and brothers and communications of family members negatively (3). The experienced tension of these families will encounter parents with unstable mental situation, feeling sin, disturbance in psychical health and non-satisfaction from social health (4). In addition, incompatibility and disputation between couples and social seclusion are prevalent among such families (3) in such a way that, parents and family members may be exposed to psychological difficult specially anxiety and depression and suffer from disturbance in well-living sentiment, familial functions and self-concerned (2). In spite of available problems for care-givers and mental retarded persons, more contact of parents with mental retarded person

may increases the adaptability of family members (5) followed by positive perception of parents from mental retarded child. Results of studies show that, positive feeling regarding retardation reduces he destructive effects resulted from tension, improves psychological flexibility of person and immunes person against neural disorders, endocrines and safety responses resulted from chronic tension that may causes the disease incidence (6). In addition, positive perception towards retardation will be followed by improvement of quality of life and family stability which will cause parents to try to make the abilities of their child appeared (3). Researchers also point out that, positive attitude and perception of parents towards mental retardation play important role in the process of caring child (7). Paying attention to the limitations of carried out studies regarding the perception of care-givers in relation with mental retardation and considering that, their perception may affect the care they present, a study with the aim to determine the perception of care-givers of mental retarded person towards mental retardation was carried out.

**Method:** This is a descriptive study carried out with the aim to determine the perception of care-givers of mental retarded person towards mental retardation. Research population was consisting of all care-givers of retarded persons under the support of Welfare Office (Behzisti) of Yasuj city. It is necessary to mention that, Kohgiluyeh and Boirahmad province is having 1,800 mental retarded out of which 500 belong to Yasuj city. Care-givers are being applied to those who have responsibility of protecting and caring of mental retarded person directly. Inclusion criteria were consisting of having Iranian nationality and ability of care-givers to complete questionnaire or doing interview. It was also necessary that, 1) Care-givers have the responsibility of protecting at least one mental retarded person, 2) Mental retarded person being care at home and 3) Care-giver and mental retarded person live at same place. The mental retarded person living in handicapped caring centers was eliminated from the study.

Considering the type of research and based on the produced information from previous studies, the required sample size to do research was estimated to be 100 persons. The data were collected randomly from available files in the Welfare office in such a way that, the name of all mental retardations was numbered successively and then the table of random numbers was used to select samples randomly. After obtaining permission from moral committee, explaining regarding the object of research and being depositary in protection of information to care-givers and obtaining written letter of satisfaction to take part in the study, required information were collected.

Data collecting tool was consisting of questionnaire and demographic characteristic form. In demographic form, the age and sex of mental retarded person and the age, sex, education and occupation of care-givers were evaluated.

The main tool was a researcher made questionnaire of perception of care-givers that evaluated the perception of care-givers towards mental retardation. This questionnaire included 13 items (these items have come in table 2) and based on the 5 degree Likert scale, it has been divided into absolutely agreeable (5) to absolutely opposed (1). The obtained score was placed in the range of 13-65. More score showed the better perception of care-givers towards retardation. Thereafter, the obtained score was divided into 3 levels of positive perception (49-65), neutral perception (31-48) and negative perception (13-30). Data collection lasted for 6 months by attending at the

house of persons. The validity of tool was specified via content validity in such a way that, 10 skilled personnel of Yasuj University of medical sciences evaluated and confirmed the tool. To determine the reliability of tool, internal consistency was used that the Cronbach's coefficient alpha was obtained as  $\alpha=0.84$ . Collected data were analyzed using SPSS software version 14 and applying descriptive statistics (mean) and inferential statistics ( $\chi^2$  test).

**Results:** Results of the study showed that, most of care-givers participated in the research were men (56.0%). The mean and standard deviation of the age of care-givers was  $40.63 \pm 10.89$ . The minimum and maximum age of care-givers was 22 and 70 years respectively. 31.0% of care-givers were illiterate and 37.0% of them had primary or high school education. The occupation of 30.0% of samples was employee. Most of care-givers were protecting boy mental retarded (62.0%). The mean and standard deviation of mental retarded persons was  $12.45 \pm 4.80$ . In addition, the minimum and maximum age of mental retarded persons was 3 and 22 years respectively (table 1).

Results in relation with the object of research means "determining the level of perception of mental retarded person towards mental retardation" showed that, 44.0% of care-givers had positive perception and 56.0% of them had neutral perception towards retardation. The mean and standard deviation of score of perception of under studied samples was  $45.31 \pm 7.82$ . The items of perception of care-givers of mental retarded person towards mental retardation have come in table 2.

The results of the study showed that, no significant relation was observed between the sex of care-givers and their age with their perception towards mental retardation ( $P=0.4$  and  $P=0.80$  respectively). Also, no significant relation was observed between the perception of care-givers with the sex and age of mental retarded person ( $P=0.9$  and  $P=0.66$  respectively). While, perception of care-givers towards retardation with the level of education had significant relation ( $P=0.00$ ) and care-givers having higher level of education had a better perception towards mental retardation. Results of the study, using  $\chi^2$  indicated that, the perception of care-givers had significant relation with their occupation ( $P=0.00$ ), in such a way that, employee care-givers had a better perception towards mental retarded person and housekeepers had a lower perception towards mental retarded person (table 1).

Table 1- Personal characteristic of under studied samples and their relation with the perception of care-givers towards mental retardation.

The perception of care-givers towards mental retardation		Number (percentage)	$\chi^2$ test and P-value
Variable			
Sex of care-givers	Man	56 (56.0)	$\chi^2=0.91$ P=0.33
	Woman	44 (44.0)	
Age of care-givers (year)	≤35	36 (36.0)	$\chi^2=0.44$ P=0.80
	36-45	37 (37.0)	
	≥46	27 (27.0)	
	Mean±standard deviation	40.63±10.89	
Education level of Care-givers	Illiterate	31 (31.0)	$\chi^2=25.66$ P=0.0001
	High-school and lower	37 (37.0)	
	Diploma	15 (15.0)	
	University	17 (17.0)	
Occupation of care-givers	Unemployed	11 (11.0)	$\chi^2=30.54$ P<0.0001
	Free	23 (23.0)	
	Employee	30 (30.0)	
	Worker	23 (23.0)	
	Farmer	8 (8.0)	
The age of mental Retarded person (year)	≤ 7	17 (17.0)	$\chi^2=0.58$ P=0.66
	8-12	32 (32.0)	
	13-17	36 (36.0)	
	≥18	15 (15.0)	
	Mean±standard deviation	12.45±4.80	
Sex of mental retarded person	Girl	38 (38.0)	$\chi^2=0.01$ P=0.90
	Boy	62 (62.0)	

Table 2- Frequency distribution of perception of care-givers of mental retarded persons towards mental retardation.

Items of perception of care-givers of mental retarded person towards mental retardation.	Absolutely agreeable	Agreeable	No opinion	Oppose	Absolutely oppose
	Number (Pc.)	Number (Pc.)	Number (Pc.)	Number (Pc.)	Number (Pc.)
1-Family is the best shelter for mental retarded person.	8 (8.0)	13 (13.0)	4 (4.0)	33 (33.0)	42 (42.0)
2-The existence of retarded person causes the incidence of abnormal behaviors among healthy children.	24 (24.0)	17 (17.0)	11 (11.0)	30 (30.0)	18 (18.0)
3-The existence of retarded person at home causes the familial visits to be reduced.	12 (12.0)	14 (14.0)	10 (10.0)	40 (40.0)	24 (24.0)
4-The existence of retarded person causes the creation of depression among family.	8 (8.0)	20 (20.0)	3 (3.0)	22 (22.0)	46 (46.0)
5-Facing with a mental retarded person creates hopelessness.	21 (21.0)	12 (12.0)	13 (13.0)	34 (34.0)	20 (20.0)
6-A retarded person feels peace only when he/she is living with the same persons.	21 (21.0)	36 (36.0)	9 (9.0)	9 (9.0)	25 (25.0)
7-Retarded person should be guided towards self-sufficiency and independency.	9 (9.0)	10 (10.0)	3 (3.0)	40 (40.0)	38 (38.0)
8-It is better to consider some facilities for the family by Government for keeping mental retarded person.	40 (40.0)	31 (31.0)	7 (7.0)	14 (14.0)	8 (8.0)
9-Whole society should feel responsibility against mental retardation.	10 (10.0)	16 (16.0)	10 (10.0)	32 (32.0)	32 (32.0)
10-Allocating any type of expenditure to treat mental retarded person is useless.	23 (23.0)	19 (19.0)	8 (8.0)	26 (26.0)	24 (24.0)
11-Mental retarded persons have the right of possessing proper occupation with their condition.	11 (11.0)	17 (17.0)	8 (8.0)	31 (31.0)	33 (33.0)
12-The future of mental retarded persons is ambiguous and anxiousness.	14 (14.0)	12 (12.0)	10 (10.0)	29 (29.0)	35 (35.0)
13-Fortune plays role in creation of mental retardation.	37 (37.0)	23 (23.0)	11 (11.0)	18 (18.0)	11 (11.0)

**Discussion and Conclusion:** The perception of parents towards retardation is effective on relation with the child and social contacts of parents and family (3). Results of this research showed that, most of care-givers had neutral perception towards retardation. In addition, there was relation between the perception of care-givers towards retardation with their occupation and level of educations.

Asians specially Chinese also had relatively a low perception towards mental retardation and were the partisan of indiscrimination of persons suffering from mental retardation with other people of

the society. This is the case that, Mobbaraki and Zadbagheri have mentioned their attitude to be high (8). The beliefs of people of our country and believing on fate may have influenced on their perception. It seems that, this problem may also have caused the neutral perception among the samples of present research.

Most of care-givers were absolutely opposed or opposed with the fact that, family is the best shelter for mental retarded person. Family can play the most important role in caring of retarded person. But, several challenges and problems which are being created in these families can affect negatively on different dimension of the life of family members and influence their physical and psychical health (9). This problem may causes that, parents do not have propensity of keeping their retarded child at home and say that, a retarded person feels peace only when he/she is living with his/her similar persons.

On the other hand, 46.5% of samples believed that, the existence of retarded person in the family causes the incidence of abnormal behaviors in healthy children. Family members face several emotional problems like denial (10), shock, nervousness, feeling sin (2 and 10), shame, depression, daydreaming and fear due to the retardation of their brother or sister (10).

Most of care-givers believe that, the existence of retarded person at home does not cause the reduction of familial visits, depression and creation of despair and hopelessness. Although the presence of retarded child at home can affect care-givers (11) but, increasing contact by parents, the adaptability of family members may be increased and they do not have depression, despair and hopelessness feeling. Also, increase of contact by parents with retarded person will be resulted in the attitude of parents towards retardation to become positive and improvement of their feeling towards the retarded person (5).

Most of care-givers (65.5%) mentioned that, retarded person must receive the necessary guidance for self-sufficiency and independency. Researchers state that, retarded person have the right to enjoy the

appropriate educations so as to reach self-sufficiency via these educations (12). A large percentage of care-givers were absolutely agree or agree with the fact that, it is better to consider some facilities for the families by Government to keep the mental retarded person at home. The presence of mental retarded person at home can produce economical difficult for the family (3) because mother of family should takes care of retarded person all of her times. This problem will prevent her to have an occupation. On the other hand, retarded persons require several medical treatments due to the existence of physical and underline diseases that could impose large expenses on family. Therefore, these persons believe that, it is better to consider some helps for such families by Government. Of course, it should be attended that, other people are also responsible against such persons and parents expect to receive the supports of relatives other than Government (13).

A half of under studied samples believed that, allocating any type of expenditure to treat retarded person is not useless and considering expenditure for them is valuable. There is a large propensity for the presence of mental retarded children in normal schools, making social relations and employment of such persons during recent years (3). Considering that, some of these children require training programs and therapeutic interventions, it is better to spend some expenditure for such persons so as to observe their attendance in the society. 61.0% of parents stated that, these children do not have an occupation suitable to their condition. In spite of the facts that, Government programmers have decided to train such persons but still they do not possess a desirable occupation. Occupation plays an important role in producing well-being and healthy feeling and a better eco-social situation. Negative attitude and perception towards possessing occupation by retarded persons can leave negative effect on the health of such persons (14 and 15). Relatively a large percentage of care-givers believed that, the future of mental retarded persons is not ambiguous anxiousness. In such condition, the results of the qualitative study of Kermanshahi regarding the perception of care-givers towards retardation showed that, mothers are anxious about the future of their child. One of anxieties of mothers was that, whether they can take care of their children in the future or not? In addition, parents faced with such questions that, whether their children can do their own activities alone, get married and have an occupation in the future (2). The non-anxiety of parents regarding the future of their children could be attributed to the carried out planning in connection with the entrance of such children to the usual schools or the adaptability of parents.

Care-givers stated that, fortune plays role in creation mental retardation. In Iran's culture, having a child is a present from God and God influences on physical, emotional and economical aspects of life of individuals. Families having mental retarded child feel that, they have been more attended by God and accept diseases and problems as God's examination. This belief is effective in acceptance of retarded person in the family (2).

The results of the study indicated that, care-givers with higher level of education had a better attitude towards mental retardation. Wolff et-al. believe that, persons with a low level of education are having a negative attitude towards retardation (16). Other researchers also pointed out that, negative attitude towards retardation is observed rarely among persons with higher level of education (17).

There was a relation between the perceptions of care-givers with their occupation in this study. It means that, employee care-givers had a better perception towards mental retarded persons and house-keepers had a lower perception in this regard. Researchers believe that, the occupation of parents and their ability to provide the required expense of family and retarded person is effective in increase of their obligation for taking care of such person (18 and 19). Finally, doing this research sectionally is among it's limitations. In order to obtain more information about challenges facing care-givers having a retarded child, it is suggested to carry out a long study and evaluate the effect of time-lapse on the perception of parents. Since various factors could influence on the perception and attitude of care-givers towards retardation, it is suggested to carry out qualitative researches regarding the personal and social perception and experiences of care-givers having a retarded child. In addition, carrying out more studies in relation with the quality of life of care-givers having a retarded child and doing more interventions to improve their quality of life is suggested.

**Final Conclusion:** In this study, care-givers having a lower level of education and house-keepers had a weaker perception towards the retarded persons. Therefore, health care-givers could identify these risky exposed groups and take a step to improve their perception by presenting more supports. In this study, care-givers also believed that, family is not the most important shelter for mental retarded persons. Therefore, care-givers are recommended to send retarded person to welfare and children caring centers occasionally so as to reduce some of their responsibilities as well as probable tensions of family specially mother. Researchers hope that, more attention be made to mental retardations and their families and also consider huge plans to promote the

perception of care-givers of retarded persons by responsible throughout the society.

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