



Influence of Psychological Wellbeing of Mothers on Academic Achievement of Mainstreamed Children with Hearing Impairment

¹Naniwadekar, K. & ²Malar, G.

¹Special Educator, All India Institute of Speech and Hearing, Mysuru – 570 006

²Reader in Special Education, All India Institute of Speech and Hearing, Mysuru – 570 006

Abstract

In India, inclusive education is still in its nascent stage with mainstream schools and teachers yet to get fully prepared to accommodate special educational needs in children. In this background, the major responsibility to help children with special needs succeed in the mainstream schools lies with the parents and other primary caregivers. There are several earlier researchers which have generated evidences to the positive influence of optimistic attitudes and adequate education of caregivers on the academic achievement of children in mainstream learning environments. But, there are several deterrent factors right from the time of detection of the loss that disturbs the psychological and physical wellbeing of mother who are the primary caregivers of children in India. The literacy and educational status of Indian women are also not very appreciable. Hence, the reported study was undertaken with the purpose of investigating the health status of mothers and their consequent influence on education of their mainstream children with special needs like hearing impairment. WHO's Quality of Life – BREF scales adapted to suit Indian context was used gather information about mothers' wellbeing, and academic achievement of children with hearing impairment was collected from academic progress reports. The study involved 28 children with hearing impairment and their primary caregivers, that is, mothers. The results of the investigations revealed high positive correlation between educational status of mothers and academic achievement in children, while their psychological well being also added to the positive influence on learning in the wards.

Keywords: Children with Hearing Impairment, caregivers, well being, academic achievement

Introduction

Family is the primary unit in the life of an individual. Parents are the pillars of this unit. Parents and family must fulfil certain responsibilities in order to function properly. A family must generate income, protect and maintain its members and home, nurture the relationships and see to it that their children are taught social norms and educated. But, when they have a child with any special need, these responsibilities become more crucial. There are extra expenses to be met, and more energy to be spent in taking care of the child, as well as ensuring his/her security. Besides there is the strenuous task of helping the child with special needs develop a good self esteem, social skills, while also ensuring that s/he receives quality education. To sum up, the mundane responsibilities of child rearing are made more difficult and more stressful with the presence of the disability (Scott et al., 1989).

The birth of a child with hearing impairment can impose additional physical, financial, emotional demands on the parents than children without disability. Certain researchers found that parents of children with special needs appear to experience higher levels of stress and depression than other parents (Beckman, 1983; Beckman-Bell, 1981; Hadadian, 1994; Hanson and Hanline, 1990; Holroyd & McArthur, 1976; Kazak & Marvin, 1984; Scott et al., 1989) and which in turn lowers their psychological well being (Dunn et al., 2001; Hastings et al., 2005; Murphy et al., 2006; Raina et al., 2004). However, one should not automatically assume that all families are under debilitating stress when they have a child with disability. Some families have been able to adapt and cope successfully and keep stress under manageable control. In fact, there is growing body of knowledge which indicates that the presence of a family member with disability may contribute positively to the quality of life of individual members of the family. It is very important that educators and other rehabilitation interventionist are aware of the repercussions of parental stress, throughout the child's life (Koester & Meadow-Orlans, 1990). Addressing parental stress and emotions early in the intervention process, as well as providing continued support may decrease the effect parental stress can have on a child with hearing impairment.

Research shows that parental stress negatively influences child development including the interactions parents have with their child (Hintermair, 2006; Lederberg & Golbach, 2002; Quittner et al., 1990). There has been noteworthy researches related to parental stress including whether or not parents of children with hearing impairment have increased parenting stress (Pipp-Seigel et al., 2002). Pipp-Seigel and research colleagues (2002) in their study, found that mothers of children with hearing impairment did not report higher stress levels than mothers having children without hearing impairment. However, they did point out that although there was a lack of

evidence to support that mothers of children with hearing impairment exhibited more stress than mothers of children without hearing impairment, as many as 16% of mothers experienced clinically significant levels of stress. There can be many sources of stress in the mothers, namely, the child's age, consequent language delays, and presence of multiple problems. Other conditions like low maternal education, lack of necessary support and income, as well as unfavourable social reactions may aggravate the adverse developments.

In a study by Murphy and colleagues (2006), the sample reported poor psychological well being as a result if their care-giving tasks. They often neglected their own chronic conditions and psychological well being in favour of their child with special need. Most respondents of the study were concerned that their worsening psychological well being would jeopardize their ability to meet the long-term needs of their child (Murphy et al., 2006).

Parental stress and psychological wellbeing can have a negative impact on the child who has hearing impairment. Hintermair (2006) explains that parents who experience high amounts of stress have children with more socio emotional problems. These problems can include conduct problems like tantrums, disobedience, hyperactivity, academic underachievement, peer problems, etc.

Although research has related caregiver psychological well being to parental stress, care-giving demands and the child's integration into mainstream classrooms (Raina et al., 2005), the impact of maternal psychological wellbeing on the child's academic achievement has not been adequately explored and requires further investigation. With this thought in the mind this study was conducted to see if there is any relation between maternal psychological well being and the child's academic achievement in the mainstream classrooms.

Aims & Objectives

The primary purpose of the study was to survey the influence of psychological wellbeing of mothers on education of children with hearing impairment receiving education in mainstream schools. This purpose was realised through systematic materialisation of the following objectives:

- Adapting a tool for psychological wellbeing to suit Indian conditions.
- Carrying out a survey of prevalent status of wellbeing among caregivers of mainstreamed children with hearing impairment.
- Gathering information about academic achievement of children with hearing impairment.
- Probing the influence of caregiver wellbeing on children's academic achievement.

Methodology

With the above aim in mind, a survey type of research was conducted at the Department of Special Education, All India Institute of Speech and Hearing, Mysuru; hypothesising that presence of disabilities like hearing impairment will adversely affect the psychological wellbeing among primary caregivers, which in turn might affect academic achievements in their learners.

Participants

The study included 28 primary caregivers that is mothers of children with hearing impairment and their wards. The selection criteria was that the children should be receiving primary education in mainstream schools. Most of the schools were situated in an around the south Indian city of Mysuru.

Materials

WHO's Quality of Life checklist, developed by the Biomedical Research and Education Foundation at Philadelphia in USA, was adapted to meet the Indian context. The adapted WHOQOL—BREF (as the tool shall be mentioned henceforth) consisted of 24 items covering major domains of their life, namely, social life, financial support, family and societal support among others. The adapted questionnaire was provided to 5 reviewers who were experts in the field of clinical psychology for the purpose of validation. The suggestions hence received were incorporated and a pilot study was conducted to ensure the practical applicability of the tool, after which the tool was finalised. The tool were to be self-administered wherein the participants had to reflect whether attributes in their personal, family and social life and wellbeing were found to least or most stressful / satisfactory on the indicators listed in the checklist. The checklist concluded with a qualitative query as to the general impressions of the caregivers about their experience in rearing a child with special need like hearing impairment.

Apart from the adapted WHOQOL—BREF to collect information on caregiver wellbeing, a simple proforma had been developed to collect details about school performances on academic achievement and peer interaction in the learning environment of the mainstreamed children with hearing impairment. The score was recorded in terms of aggregate percentage scores of the performances in the academic assessments conducted during the reported academic year, and the latter was recorded on rating scale.

Data Collection and Analysis

The actual study was conducted by getting the checklist self-administered by the caregiver participants, all of whom happened to be mothers. Once caregiver data was received, as a next step the academic records of each child

was perused to compile details about the aggregate level of academic achievement of these children in their respective schools. After receiving the data, it was analysed using SPSS to find out the correlation between caregiver wellbeing and children's academic achievement and thus the results of the study derived.

Results

To begin with the influence of caregiver stress on the learning of children with hearing impairment was investigated by computing Pearson's correlation coefficient between the two set of data. The results have been displayed in table 1.

Table 1: Correlation between caregiver stress levels and academic achievement of mainstreamed children with hearing impairment (HI)

Pearson Correlation	Academic Achievement of Children with (HI)
Caregiver Wellbeing	0.289 (N = 28, p = 0.135)

The results displayed in table 1 reveal a linear correlation between the maternal psychological wellbeing and their children's academic achievement. Children of mothers, whose stress levels were low and who had reported good family and social support, had performed well in the school environment both in terms of academic achievement, as well as peer interaction. And mothers of children who revealed a downfall in the academic achievement or peer interaction had reported increases stress levels and hampered psychological well being.

The data was further analysed to investigate on which parameters the mothers felt more stressed or more satisfied. The results indicated that most of the respondent mothers felt that their quality of life was good in most of the domains. The uppermost among them being:

1. Their ability to perform their daily activities.
2. The support they get from their family especially their husbands.
3. Their ability to take their child along with them to social gatherings.

However, the respondents expressed that their satisfaction levels were lowest for:

1. Their educational qualifications.
2. Their satisfaction with self.
3. General quality of life and opportunity for leisure and recreation.

The following figure 1 presents the aggregate of the reflections collected from the 28 caregiver-participants on the different parameters of wellbeing. The bars in black in the figure represent positive parameters that led to satisfaction, while the grey bars represent negative parameters like physical pain and negative emotions that led to dissatisfaction among caregivers.

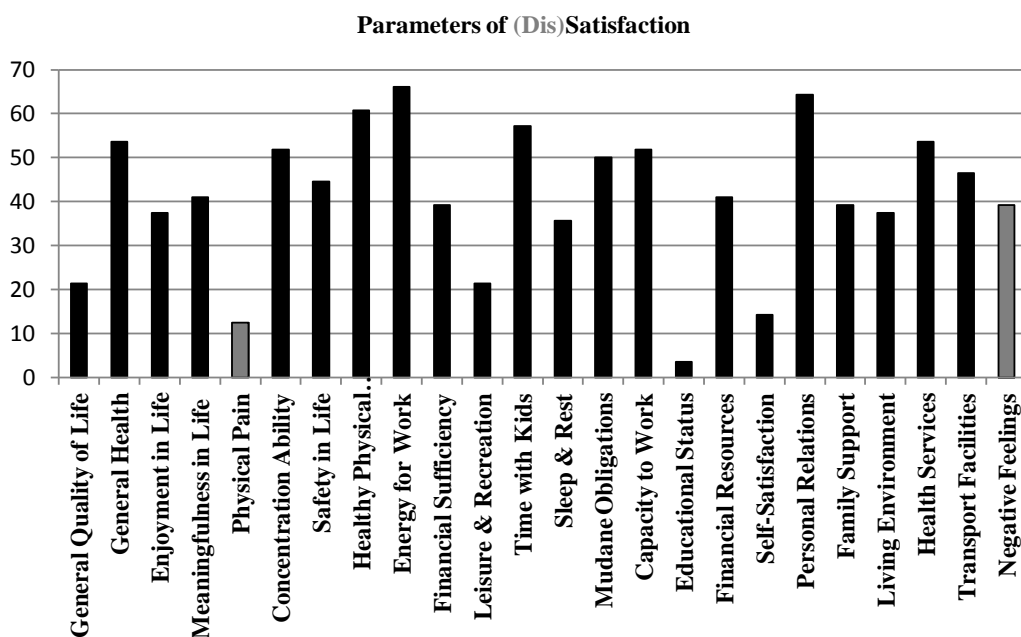


Figure 1: Reported status of caregiver wellbeing on different parameters.

The results on the above figure 1 make it evident, that the mothers gain maximum satisfaction from their capability to manage their responsibilities, the support they received from their family for the same and the quality time they were able to spend with their children. The primary sources of dissatisfaction were inadequate education, poor self-satisfaction along with general health and opportunities for leisure and constructive recreation. Among the negative factors leading to dissatisfaction, they found themselves more hindered by negative emotions rather than by physical pain and discomfort.

Discussion

In spite of the scattered responses regarding various domains of psychological well being observed in the results, the most common problem that was observed in this study was that most of the mothers perceive negative feelings too often thus leading to depression, anxiety, stress for the most part of their life. It was also evident that the mothers were not very happy about their educational qualifications as they felt that it may become a hindrance in teaching their child in higher classes, as nobody else in the house would take that responsibility. Lack of adequate education could have also triggered several other adverse factors like lowered self-concept, increased stress levels, and lack of coping competences.

Another finding worth mentioning highlights the fact that most of the mothers are not able to pursue their interests, which they would have done otherwise, after the birth of their child with special needs. Adequate remediation on this front will provide the mothers a constructive means for simultaneous alleviation of health deprivations, while fostering positive wellbeing.

On the brighter side, it was gratifying to note that majority of respondents had observed in response to a qualitative query that bringing up a child with special need like hearing impairment had boosted not only their confidence, but also in their ward's differential abilities and developed optimism that their children could become independent and achieve in life. Especially, they felt that caregiver involvement and educational grooming as part of the early intervention and preschool training programme at the All India Institute of Speech and Hearing, Mysuru had built their capacities and motivated them to work hard with their child.

Conclusion

Through interactions on the sidelines of the research, it was further perceptible that most of the families provided most advantageous support to the upbringing and rehabilitation of the children with the ultimately endeavouring to help them to develop optimally, irrespective of the stress and other adverse reactions to the presence of disability in the family. All said, the progressive trend of acceptance of differential abilities and positive supports extended to special needs in children assures a promising future. Provision of adequate caregiver support and guidance services may further enhance the constructive and comprehensive rehabilitation process.

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References

- Beckman, P.J. (1983). Influence of selected child characteristics on stress in families of handicapped infants. *American journal of Mental Deficiency*, 88,150-156
- Beckman-Bell, P. (1981). Needs of Parents with Developmentally Disabled Children. In *A NATIONAL REVIEW PROJECT OF CHILD DEVELOPMENT SERVICES: A STATE-OF-THE-ART SERIES*, edited by R. Wiegierink and J. M. Bartel. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center.
- Curran AL, Sharples PM, White C and Knapp M (2001) Time costs of caring for children with severe disabilities compared with caring for children without disabilities. *Developmental Medicine and Child Neurology*, 43, 529–533.
- Dunn AL, Trivedi MH, O'Neal HA (2001) Physical activity doseresponse effects on outcome of depression and anxiety. *Med Sci Sports Exerc*. 33, S587–S597.
- Dunn ME, Burbine T, Bowers CA and Tantleff-Dunn S (2001) Moderators of stress in parents of children with autism. *Community Mental Health Journal*. 37, 39–52.
- Hadadian, A. (1994). Stress and social support in fathers and mothers of young children with and without disabilities. *Early Education and Development*, 5, 226-235.
- Hanson, M. J., & Hanline, M. F. (1990). Parenting a child with a disability: A longitudinal study of parental stress and adaptation. *Journal of Early Intervention*, 14, 234-348.
- Hastings RP, Kovshoff H, Brown T, Ward NJ, Espinosa FD and Remington B (2005) Coping strategies in mothers and fathers of preschool and school-age children with autism. *Autism*. 9, 377–391.
- Hintermair, M. (2006). Parental Resources, parental Stress, and Socio emotional Development of Deaf and Hard of Hearing Children. *Journal of Deaf Studies and Deaf Education*, 11(4), 493-513.
- Holroyd, J., & McArthur, D. (1976). Mental retardation and stress on the parents: A contrast between Down's syndrome and childhood autism. *American Journal of Mental Deficiency*, 80, 431-436.

- Kazak, A. E., & Marvin, R. S. (1984). Stress and social networks in families with a handicapped child. *Family Relations*, 33, 67-77.
- Koester, L., & Meadow-Orlans, K. (1990). Parenting a deaf child: Stress, strength, and support. In D. Koester & K. Meadow-Orlans (Eds.), *Educational and developmental aspects of deafness* (pp. 299-320). Washington, DC: Gallaudet University Press.
- Lederberg, A.R., & Golbach, T. (2002). Parenting Stress and Social Support in Hearing Mothers of Deaf and Hearing Children: A Longitudinal Study. *Journal of Deaf Studies and Deaf Education*, 7(4), 330-345.
- Mothers of Young Children With Hearing Loss. *Journal of Deaf Studies and Deaf*
- Murphy NA, Caplin B and Young PC (2006) The health of caregivers for children with disabilities: caregiver perspectives. *Child: Care, Health and Development*. 33 (2), 180–187.
- Murphy, N. A., Christian, B., Caplin, D. A., & Young, P. C. (2006). The health of caregivers for children with disabilities: Caregiver perspectives. *Child Care Health and Development*, 33(2), 180–187.
- Pipp-Siegel, S., Sedey, A. L., & Yoshinaga-Itano, C. (2002). Predictors of Parental Stress in
- Quittner, A. L., Glueckauf, R. L., & Jackson, D. N. (1990). Chronic parenting stress: Moderating versus mediating effects of social support. *Journal of Personality and Social Psychology*, 59(6), 1266-1278.
- Raina P, O'Donnell M, Schwellnus H, Rosenbaum P, King G, Brehaut J, Russell D, Swinton M, King S, Wong M, Walter SD and Wood E (2004) Caregiving process and caregiver burden: conceptual models to guide research and practice. *BMC Pediatrics* 4(1).