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Grandparents Involvement & Support for Grandchildren with Mental Retardation

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Abstract:

Grandparents' support to families of children with disabilities is generally associated with Improved parental well-being. They can help by sharing the house hold responsibilities and looking after the child care needs, provide emotional support to their own children. Hence an attempt was made to study the grandparent's involvement and support as a caregiver, as a disciplinarian and as a friend in a family having a mentally retarded child. Families with mentally retarded children from RASS and MORE CBR projects in Chittoor district of Andhra Pradesh numbering 200 families with boys and girls of age 6-15 yrs. having mild moderate and severe levels of retardation was selected. Out of 200 families only 81 grand parents came forward voluntarily for the study. A designed grandparent's involvement inventory comprised of as a caregiver, as a disciplinarians and as a friends was used for the study. The results of the study reveal that grandparents perform the roles as care takers, disciplinarians and as friend to the possible extent, with their abilities for observation, control and guidance.

Keywords: Grandparents, caregivers, disciplinarians, friends, grandchildren, mental retardation, disability

1. Introduction

Grandparents acknowledge several benefits when raising their grandchildren. These include a sense of purpose, a second chance in life, an opportunity to nurture family relationships, a chance to continue family histories, and receiving love and companionship (Langosch, 2012). Grandparents also benefit from giving and receiving love (Doblin-MacNab & Keiley, 2009), and perceiving themselves as more effective caregivers (Strom & Strom, 2011). The reactions of the grandparents the birth of the grand child with retardation may mirror that of parents and include period of adjustments characterized by shock, grief and anger. (Seilgman & Darling, 1989). Having a mentally retarded child affects the whole family and grandparents are no exception. They too depend upon their concern and involvement with the family worry about the mentally retarded child and their future. They may worry about their own son/daughter who is undergoing pressure of bringing up a mentally retarded child. At times they may provide support to the parents in child care responsibilities providing financial support and even emotional support to the effected parents. Research demonstrating the buffering of social support on stress suggests the value of grandparents as a source of social support for parents of children with retardation. Efforts to mobilize sources of informal support in the social network of families comprise one of the major components of a family-centered educational model. (Dunst, Trivette, & Deal, 1994). A potentially vital, yet often overlooked members of a family's social network is the child's grandparents. The support provided by grand parents can be an invaluable resource for family members. Unfortunately, however the relationship between membership in an individual's social network and efficacy as a source of support is not a straightforward one. A member of an individual's social network will not necessarily function as a source of support, but may instead have little impact on an individual's ability to cope or function as a source stress (Burg & seeman, 1994; Schradle & Doughter, 1985). Grandparents of children with disabilities have been receiving increased research attention in recent years (Hastings, 1997; Sandler, 1998). One reason for this is that there appears to be a growing general trend for grandparents to adopt parenting roles, especially for children with special needs or when parents are unable to fulfill the role themselves for some reason (e.g., Fuller-Thomson, Minkler, & Driver, 1997; Grant, 2000; Mayer, 2002). A second reason for the interest in grandparents of children with disabilities is that they are likely to be a significant source of support for parents raising children with disabilities. Researchers have shown that grandparents provide a broad range of practical (e.g., shopping, household chores, baby-sitting or having grand children to stay overnight, providing financial support, and assisting with therapeutic tasks) and emotional (e.g., being available to discuss problems, making regular telephone contact) support to parents of children with disabilities

(Baranowski & Schilmoeller, 1999; Findler & Taubman-Ben-Ari, 2003; Gardner, Scherman, Mobley, Brown, & Schutter, 1994; Hornby & Ashworth, 1994; Scherman, Gardner, Brown, & Schutter, 1995; Trute, 2003; Vadasy, Fewell, & Meyer, 1986).

Hence the present study was designed to evaluate the grandparent's involvement and support provided to the grandchildren having mentally retardation.

2. Method

2.1. Sample

A sample of 81 grandparents of age group 65-80 yrs. was randomly selected from 200 families having a child with mild moderate and severe levels of mentally retardation. The data was obtained from RASS and MORE CBR projects in Chittoor district of Andhra Pradesh. The sample consists of both the grandfathers (N=45) and grandmothers (N=36).

2.2. Tools used

The grandparent involvement inventory (GPII) was designed to assess the grandparent sextant of involvement in bringing up the grand children in a families having mentally retardation. This inventory (GPII) comprised of three areas firstly, grandparents as care givers, secondly as disciplinarians, and thirdly as friends. the number of items under each area varies from 10-14. A pre-test was conducted for the test of applicability. The higher the score the more was grandparent's involvement. A split half reliability coefficient was calculated and found to be 0.75

2.3. Procedure

The designed grandparent's involvement inventory was applied to the 81 grandparent's having the mentally retarded grandchildren of age group, (6-15) in a family with mild, moderate and severe levels of retardation. An interview method was adopted to procure the detailed information and data from them. Among those 81 grand parents, 45 are grandfathers and grand mothers are (36) and their age group ranges from 65-80years.

3. Results and Discussions

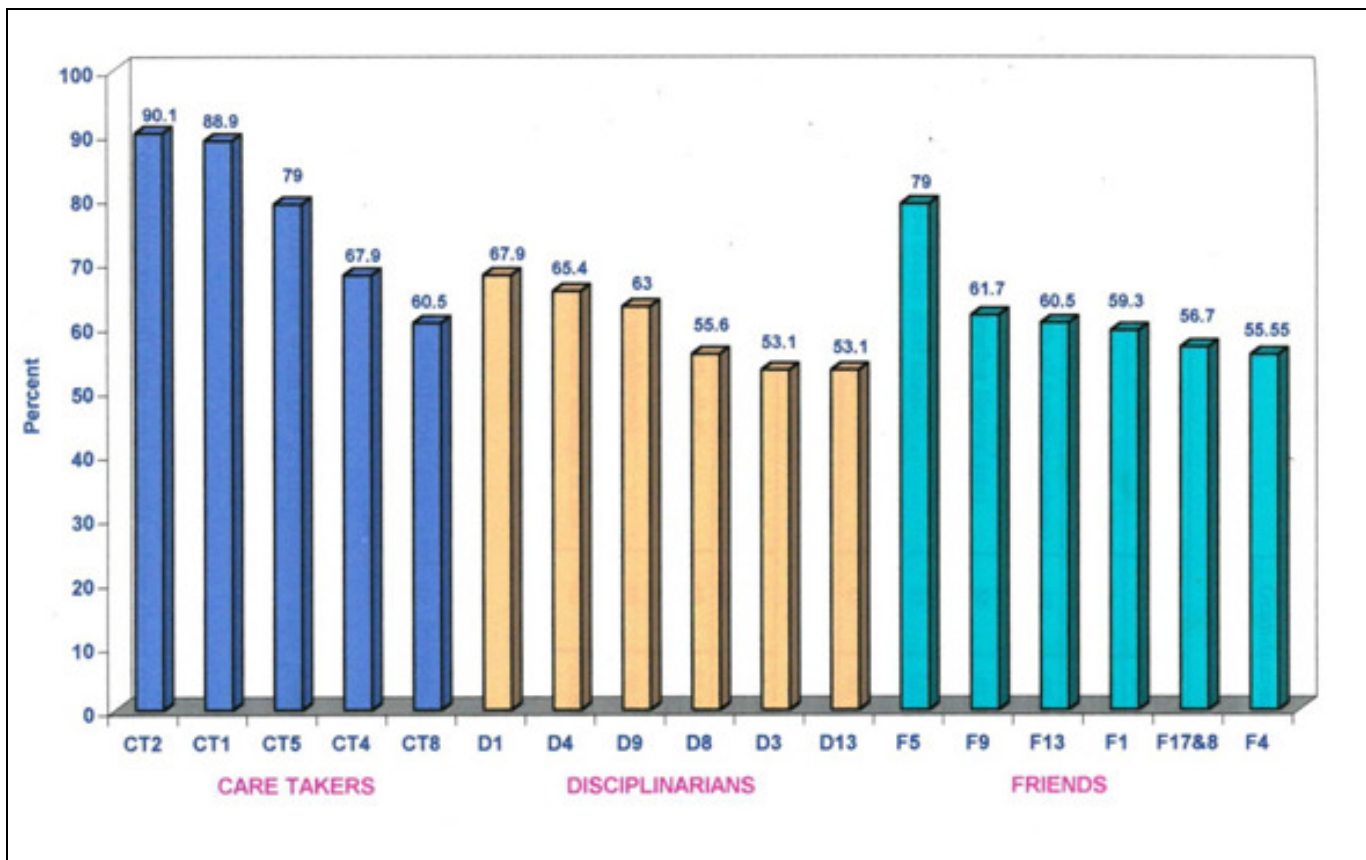


Figure 1: Percentage of Grand Parents Involvement as Care Takers Disciplinarians and as Friends

S.no	Respondents	Group	Number
1	Grand parents	65-70yrs	42
		71-75yrs	23
		76-80yrs	16
2	Gender	Grand fathers	45
		Grand mothers	36
3	Family Type	Nuclear	119
		Joint	81
4	Levels of retardation	Mild	70
		Moderato	40
		severe	90
5	Mentally retarded brother/sister	6-8yrs	50
		9-11yrs	40
		12-15yrs	110

Table 1: Socio Demographic Data of the Study

Table 1. Above, itself is a self-explanatory with regarding to the socio demographic of the grandparents having a grandchild with mental retardation and the percentages were depicted.

ITEM NUMBER	Grandparents		RANK
	Number (81)	Percent	
CARETAKERS			
CT ₂ (showed out ward affection)	73	90.1%	1
CT ₁ (Take care about him when family goes out)	72	88.9%	2
CT ₅ (Praise \ tell him that he is good)	64	79.0%	3
CT ₄ (Make him fee* one among the family)	55	67.9%	4
CT ₈ (Encourage him to interact with all family members)	49	60.5%	5
DISCIPLINARIANS			
DIS1 (Scold & threaten him like teacher therap [^] ists)	55	67.9%	1
DIS4 (Train him to wear shoes and socks by himself)	53	65.4%	2
DIS9 (Make him join the family meal time)	51	63.0 %	3
DIS8 (Strict with him about table manners)	45	55.6%	4
DIS3 (Ask him to keep the house clean)	43	53.1%	5
DIS12 (Makes him help others)	43	53.1%	6
FRIENDS			
FRI 5 (Express admiration on his wearing a new dress)	64	79.0%	1
FRI 9 (Spend some time playing with him)	49	61.7%	2
FRI 13 '(Encourage to share things with others)	49	60.49%	3
FRI 1 (Remind him of his belongings)	48	59.25%	4
FRI 7&8 (Allow him to play with neighbours) (Encourage him play with other sex)	46	56.7%	5
FRI 4 (Encourage him to play with other siblings in the family)	45	55.55%	6

Table 2: Grandparents role percentages as care - takers, disciplinarians and friend

The table-2 revealed the frequency distribution for the roles of grandparents as care-takers, disciplinarians, and as friends in a family having a child with mental retardation.

The data indicated that when the grandparents were preferred to live with the family having a child with mental retardation they reported the items according to their order of preference, share love and affection, look after them by providing special care and needs when their parents go out, praise them as good child, encourage them to mingle with other children were the items prioritized for the grandparents roles as caretakers and make them to join and observe table manners at the family meal time, ask them to keep the house clean were the items chosen under the category of disciplinarian for grandparents.

The data further illustrated that the grandparent's priority in expressing when the items in friend area were expressed admiration for wearing new clothes \ dress, spend time by playing with them, remind them as one among them, took them to zoo, temple, museum,

park, cinema etc., show important things to them while traveling, encourage them to play with other siblings were the items of priorities by grandparents under the criteria of friendship.

Although the available investigations indicated that the major role of grandparents had been to provide support to the family, very few western studies and practically none in Indian settings had systematically examined the role of grandparents, play when provide leisure to parents when there was a child with mental retardation in the family. Hence, in the present investigation variables like caretakers, disciplinarians and friends was chosen with many items to illustrate the role of grandparents' services as effective mediators in the present study situations.

It was the first of its valid type in recording the beneficial effects of many grandparents' role in assisting parents and siblings in many ways in the management of mentally retarded children. The inventory proposed to record the information though not complete as inferred by the investigator, had many useful new strategies to be implemented in India and abroad which is considered to be relatively of greater help, source of service in bringing up mentally retarded children as it is an unavoidable addition to the human society and no community on the earth is devoid of MRC. The mild, moderate and severely retarded children improved so much as compared to those deprived of grandparent's assistance to families very specifically with MRC.

The results in the present table-2 reveals that majority of the grandparents provided ample love, affection and great sympathy to the retarded child at any cost. Sometimes they nurture and look after the retarded child to a larger extent and they also know, how to tackle the retarded child by often praising the child and raise the self confidence in them and train them to make the things done in a smooth and right way. In addition, they serve as mediators to build up better relations with the other normal siblings and when they met with the other retarded children. On the other hand, the grandparents also act as nice disciplinarians with mentally retarded children. Usually, in a family grandparents appraisingly correct and guide their grandchildren in a right way. They also teach them good behavior, i.e. greeting elders and others with smile, helping others, keeping things in right place and also train and guide them for certain difficult and useful skills and activities that are essential for the mentally retarded child in their daily life. However, the available literature was mostly related to grandparent's roles on non-disabled children which described various types of supports that the grandparents provided to the family, that seemed to corroborate with the most frequently cited, the ways of grandparents help to their adult children (Robertson, 1977; Shanas, 1967; Sussman, 1953; Townsend, 1957). Although the reviews indicate that the major role of the grandparents had been to provide support to the family in a very rational way. Very few western studies examined the roles of grand parentroles when there was a member with mental retardation in the family. Maternal grandparents typically provide more support than paternal grandparents; grandmothers typically provide more support than grandfathers; grandparents living closer to the family of the child with disability typically provide more support than those who live a greater distance away; and grandparents with higher levels of education may provide more support (e.g., Glasberg & Harris, 1997; Hornby & Ashworth, 1994; Schilmoeller & Baranowski, 1998; Seligman, Goodwin, Paschal, Applegate, & Lehman, 1997; Trute, 2003).

Sonnek (1983) studied the maternal grandparent's role in families with handicapped children. His studies indicated that from 3 years of age of the child the maternal grandparents were source of assistance as care-givers, gift givers, playmates and teacher therapists (Piper, 1976; Ely & Rosental, 1985; Turnbull and Turnbull 1990). They also reported that the grandparents might feel angry, depressed or even experience resentment. However, in the present study carried out in Chittoor district area there was greater compassion and adjustment to mentally retarded children by grandparents and as friends. This might be due to the philosophic mind of the grandparents and considering the anomalies as a natural phenomenon and imposed by Devine law for theirsinfual deeds.(Scorgie & Sobsey, 2002)reported that having a family member with a disability, such as personal and spiritual growth, has also been noted. It was therefore, considered that the grandparents' roles were very positive to train and bring up the mentally retarded children as much as possible as caretakers, disciplinarians, and friends. In some countries, however, the situation was quite different and involves disgust, discomfort and resentment to the mentally retarded children by grandparents for reasons of lack of strength and old age weakness. So this is a new finding known regarding the healthy grandparent's role in the families with MRC.

However, that they themselves were in need of help from their sons-in-law, sons, daughters-in-law and daughters and grandchildren due to age oriented problems which will not cooperate with their love and affection to MRC.

4. Conclusion

Regarding the roles of grandparents, studies were conducted under three principle domains namely as caretakers, disciplinarians and as friends, which were much pertinent to the families of MRC in the habitations with the living conditions characteristic of this area. The cases studied involve responsive male and female grandparents. Regarding the inventory / items / problems / needs / services / roles, etc., 10 items under caretakers, 12 items under disciplinarians and 14 items under friends were selected to appraise the roles of grandmothers and grandfathers with the families of MRC. This had given enough information regarding the grandparent's role which was calculated in terms of percentages for each of the items for the grandmothers and grandfathers. As was evident from present study there was spectacular difference between the percentages for grandmothers and grandfathers. However, for certain of the items both the grandparents got some what identical percentages.

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