



RESEARCH ARTICLE

SOCIAL ADJUSTMENT OF CAREGIVERS OF CHILDREN WITH AUTISM, ADHD AND INTELLECTUAL DISABILITY

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ABSTRACT

Intellectual disability is a disorder, in which children exhibit intellectual insufficiency as well as inadequate adaptive skills, in conceptual, social, and practical domains, manifested during developmental period. A complex neurological condition identified as autism spectrum disorder (ASD) causes impaired social interaction along with difficulties with verbal and nonverbal communication. Both the children and their caregivers observe that it is challenging to care for children with ASDs and intellectual disabilities. For the random sampling of examining social adjustment, this study conducted a survey of families with children who suffer from ASD, ADHD and intellectual disabilities. The social adjustment of 360 caregivers of children with autism spectrum disorders and intellectual disabilities in Ahmedabad, Gujarat, had been surveyed. Emotional maturity, social maturity, and social adjustment have been investigated in all three dimensions using the Social Adjustment Scale. R. S. Saraswat was the one who developed this tool.

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INTRODUCTION

Intellectual disability (ID) is the currently used term to refer to mental retardation (Einfeld & Emerson, 2008). This term indicates a general deficit in cognitive function that emerges during childhood (WHO, 1992). However, the impact of the disability is influenced by the sociocultural context in which the individual lives (O'Hara & Bouras, 2007). Carers, family members, peers and professionals may attribute very different meanings and values to the term. Understanding of child development, as well as perceptions of the child's inability to achieve the usual milestones, and associated behavioural problems, may influence parental and family coping and help-seeking. This in turn may have implications for how parents access health and social services, and how the services are organized. DSM standards are used by clinicians to evaluate for the purpose of ADHD. This review includes studies based on the DSM-5 or DSM-IV criteria. Ratings scales can be used by Parents, teachers, and/or patients to assess whether each of the 18 symptoms is present as well as the level of impairment brought on by the symptom. A clinical interview combined with ratings scale data are used to ascertain the onset, course, duration, and impairment related to symptoms. Additionally clinical evaluation of potential co-occurring psychiatric conditions is a crucial step in the diagnostic process. Additionally, in primary care settings there are still major issues about the efficacy of this strategy. In primary care Lack of both time and expertise to distinguish ADHD from other conditions that may appear similar (such as anxiety, conduct disorders, speech or language delay, other developmental disorders) and to determine whether another condition may better explain ADHD symptoms or be present as a comorbid diagnosis has been a particular challenge.

ASD has effected all racial, ethnic, and socioeconomic groups. A person's symptoms and everyday activities can be helped by many services and treatments inspite of ASD being a lifelong disorder. It is advised that all kids undergo an autism spectrum disorder screening by The American Academy of Pediatrics. ASD screening or evaluation should be discussed by every parent or caregiver with their child's doctor. (Autism Spectrum Disorder (nih.gov)). Deficiencies appearing persistently in social communication and social interaction across many situations, as shown presently or earlier by that of the following. Deficits in understanding the interaction, such as abnormal social approach and lack of normal back-and-forth dialogue; limited sharing of interests, emotions, or affect; and failure to initiate or respond to social relationships. Deficits in nonverbal communicative behaviors used for social interaction, such as poor integration of verbal and nonverbal, abnormalities in eye contact and body language, or deficits in understanding and use of gestures, and also a lack of expressions and nonverbal communication. The role of parents and the role of siblings are of prime importance in such a family as a primary caregiver. Even though the paediatrician, psychologist, nurse, psychiatrist, special educator, and other necessary community agents have a very essential role in the management of intellectual disability. As social beings we live in a society, we form opinions about others and others have opinions about us. Everybody wants acceptance and recognition from and within society. We try to behave according to the norms of the society so that we can adjust with others. But it is not an easy task as the personality of each individual is a unique organization. This organization has to make special efforts to adjust with others unique organizations, which we call society. Actually, adjustment is a wider term used in various spheres of life. For example, if an individual is well-adjusted in his family environment, his family adjustment will be good. So before defining social adjustment it is necessary for us to restrict the area of social

adjustment. In other words, we can say that social adjustment is the direction we, the teachers, try to in still adjustment skill in our students. Psychologists use the term adjustment of varying conditions of social and interpersonal relations in the society. Thus we see that adjustment means reaction to the demands and pressures of the social environment imposed upon the individual. Whenever two types of demands come into conflict with each other and resultant in an adjustment being made, a complicated process for the individual, then some special problem.

Objectives

- To study the gender deferens in term of social adjustment among caregivers of children with autism and ADHD.

Hypotheses

- There will be no significant difference between the mean score of the overall score of social adjustment among caregivers of children with special needs in relation to their types of disabilities.
- There will be no significant difference between the mean score of the overall score of social adjustment among caregivers of children with special needs in relation to their Gender.
- There will be no significant difference between the mean score of the overall score of social adjustment among caregivers of children with special needs in relation to their Disability and gender.

Participants

Materials: In the present investigation the tool was Social Adjustment Scale developed by R.C Deva. In this Scale included in scale consists 100 items that measures areas: 1) Emotional Adjustment 2) Social Maturity and 3) overall social adjustment. The inventory has yielded satisfactory reliability and validity indices. The test-retest reliability after a period of two months was 0.91. The validity of the two scales has come out to be 0.81 and 0.79 respectively.

Procedure: In the present study the researcher investigated the level of social adjustment among autism and Intellectual disable children’s parents. Sample of 360 subjects was selected through purposive sampling method. The whole procedure of filling the inventory was explained to subjects very clearly. Also, the instructions given on the inventory were clearly explained to the subjects. The scores were assigned for different responses according to the items. The scores were arranged in tabular form first ANOVA was applied.

Variables:

Independent Variable: Gender: Male and Female
Dependent Variable: Social Adjustment

Materials: In the present investigation, the tool was Social Adjustment, developed by Dr. R. C. Deva.

Procedure: In the present study, the researcher investigated the level of quality of life among Autism patients caregivers. A sample of 120 subjects was selected through the random sampling method. The whole data was obtained using the Quality-of-Life Scale (QOLS) constructed by Sarika Sharma and Dr. Nakhat Nasreen. The whole procedure of filling out the inventory was explained to the subjects very clearly. Also, the instructions given on the inventory were clearly explained to the subjects. Sample The total sample was 120 caregivers, consisting of 60 caregivers of children with Autism and 60 caregivers of children with Intellectual disability. The caregivers of ASD and ID was approached from special schools in Ahmedabad. The scores were assigned for different responses according to the items. The scores were arranged in tabular form before ANOVA was applied.

RESULT AND DISCUSSION

Table 1. Showing that Summary of Analysis Variance (ANOVA) on Social Adjustment of Types of Disability, Gender.

| Source of variance | df | Sum of Square | Mean sum of square | F | Table Value | Level of significant |
|--------------------|----|---------------|--------------------|--------|-------------|----------------------|
| SSA | 2 | 85646.6 | 42823.3 | 125.16 | 0.01 | *S |
| SSB | 1 | 0.04 | 0.04 | 0.0001 | - | **NS |
| SSAB | 1 | 433.36 | 216.68 | 0.63 | - | *NS |
| SS Error | 20 | 119067.47 | 342.15 | | | |
| SST | 23 | 211347.9 | | | | |

*S=Significant or 0.01, 0.05, **NS= Non significant

Here,

- ✓SSA = Gener (A₁ = Male, A₂ = Female)
- ✓SSB = Religion (B₁ = Hindu, B₂ = Muslim) \

Table 2. Showing Mean scores and F values of overall Social Adjustment of variables - A of Types of Disability.

| | Intellectual Disability (A ₁) | Autism (A ₂) | ADHD (A ₃) | F Values | Level of Significance |
|------|---|--------------------------|------------------------|----------|-----------------------|
| Mean | 108.15 | 104.6 | 73.8 | 125.16 | 0.01 |
| N | 120 | 120 | 120 | | |

Table 3. Showing Mean scores and F values of overall Social Adjustment of variables - B of gender

| | Male (B ₁) | Female (B ₂) | F Values | Level of Significance |
|------|------------------------|--------------------------|----------|-----------------------|
| Mean | 95.53 | 95.51 | | |
| N | 180 | 180 | 0.0001 | NS |

Table 4. Showing the Mean scores and F values of overall Social Adjustment of variable A * B of Types of Disability and Gender

| | | Intellectual Disability (A ₁) | Autism (A ₂) | ADHD (A ₃) | F Value | Level of Significance |
|--------------------------|------|---|--------------------------|------------------------|---------|-----------------------|
| Male (B ₁) | Mean | 109.67 | 103.53 | 73.83 | 0.63 | NS |
| | N | 60 | 60 | 60 | | |
| Female (B ₂) | Mean | 106.63 | 105.67 | 74.22 | | |
| | N | 60 | 60 | 60 | | |

In the above table No. 2 represents the mean score of types of disability as an overall Social adjustment. The mean score in intellectual disability (A₁) is 108.15, autism (A₂) is 104.15, and ADHD (A₃) is 73.8. The main effect of types of disability yielded a calculated F value is 125.16. Which is significant at 0.01 level. It means that there is a significant difference between types of disability of caregivers of children with special needs in relation to their overall social adjustment. As can be seen from Table No. 3 the mean of MALE caregivers of children with special needs (N=180) was 95.53, the mean of FEMALE caregivers of children with special needs (N=180) was 95.51 The ‘F’ value is 0.0001 which is not significant. In the given above table no. 4 shows the mean and the F represent overall Adjustment of male and female caregivers with disable child. The mean of male parent with an Intellectually Disabled child is 109.67, male parent with Autistic child has 103.53 and mean of male caregiver with ADHD is 73.83. However, the mean value of female caregivers of children with Intellectually Disability children is 106.63 and ASD children is 105.67. Whereas female caregivers with ADHD children 74.22. The F value is 0.63, which is not significant.

Suggestions for Further Research

- Attitude pf parents towards Intellectual Disability children can be studied.

- Attitude of the mentally normal siblings towards the Intellectual Disability siblings can be studied.
- Role of NGO's and social welfare department of the Government in the rehabilitation of the Intellectual Disability children can be studied.
- Effect of socio-economic status, caste, community and locality on the level of adjustment of the Intellectual Disability children can be studied.
- A comparative study of factors related with mental retardation in different states of India can also be studied.
- Level of intelligence, mental health and emotional maturity of the parents of Intellectual Disability children should also be studied.

Limitations: The limitations of the study were following ways:

- Only those parents were studied whose children were affected by special needs.
- Only three types of developmental disabilities Intellectual Disability, Autism Spectrum Disorders & Attention Deficit Hyperactivity Disorder were used for the study.
- Samples were selected only from Ahmedabad, Gujarat.
- All the families had only 1 or 2 children including the child with the special needs.
- The study was conducted on Hospital, Special school and Disability institute. Due to the limited availability of time and sample size, the data was restricted to a smaller sample. A larger sample study can be undertaken.

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