Family Burden and Social Support of the Parents of Children with Hearing Impairment

N. Somasekhar
Research Scholar, Department of Psychology, S. V. University, Tirupati

Abstract: The present study was designed to assess and compare family burden and social support in mothers of children with hearing impairment and mothers of normal children. For this purpose, Family burden scale and Berlin Social Scale were administered on 30 mothers of children with hearing impairment and without disability, selected from Hyderabad. For statistical analysis, Means, standard deviation and t-test were used. Results revealed that the mothers of children with hearing impaired are showing more burden when compared with mothers of normal children; and there was no significant difference in social support for mothers of children with hearing impaired and mothers of normal children.

Keywords: Family burden, Social support, Disability, Hearing Impairment

1. Introduction

Families are the foundation for a child’s development, socialization, formation of his or her values and beliefs. Families can be source of greater happiness, as well as stress. Parenting is highly stressful job and becoming the parent of a child with a disability is one of the most stressful life events that can occur (Rose, 1987).

In our society, mothers are often their child’s main caregivers. Consequently they are more exposed to illness related situations than fathers and may therefore experience more psychological stress than fathers. As caregivers they may experience a range of natural emotions in response to their child’s disability. These feelings include frustration, anger and fear, feelings of failure, shame, self-blame, social stigma and sadness.

2. Review of Literature

A child with physical, intellectual or behavioral problems presents unique and diverse challenges to the family unit (Sherman, 1988). In one instance the child may hurt the family into crisis resulting in major conflicts among its members. Family relationships may be weakened by the added and unexpected physical, emotional and financial stress imposed on them (Shelton, Jepsson, & Johnson, 1987). In another instance, family members may see this child as a source of unity that bonds them together and actually strengthens relationships. Many factors influence the reactions of family members; the emotional stability of each individual, religious values and beliefs, socio economic status, the severity of the child’s disability, to identify a few. So, there is a need to understand the family burden and social support of the parents of children with disabilities.

Betsy R. Vohr, MD; Julie Jodoin-Krauzyk (2008) conducted a study on impact on the family of burden for mothers of infants and increased stress. Mothers of 33 infants with Hearing impairment and 70 mothers of normal infants were taken. Children were aged 6 to 10, 12 to 16, and 18 to 24 months. Mothers of infants with normal children did not report impact and increased stress. Mothers of infants with HI reported greater financial impact, total impact, and caretaker burden compared with mothers of infants in the normal.

3. Aim

The aim of the present study was to examine family burden and social support of the parents of children with hearing impairment and parents with normal children.

4. Sample

The sample for the study consisted of a group of 30 mothers of children with hearing impairment and 30 mothers of normal children. The age of the mother is between 20-40 years and children’s age range between 3-10 years.

5. Tools Used

Burden assessment schedule this scale was developed by Thara, Padmavati, Kumar & Srinivasan (1999) at SCARF in Chennai. Administration and scoring: This is a 40- item scale, which measures 9 different areas of burden. Each item is rated on a 3-point scale. Not at all, to some extent and very much. The scores range from 40 to 120, with higher scores indicating greater burden.

To measure social support, Berlin Social Support Scales (BSSS, Schwarzer & Schulz, 2003) was used. BSSS is a self-administered four-point Likert-type scale consisting of 6 subscales (perceived available support, need for support, support seeking, actually received support, the answering format is the same for all subscales. Patients rate their agreement with the statements on a four-point scale. Possible endorsements are strongly disagree (1), somewhat disagree (2), somewhat agree (3) and strongly agree (4). This measures both cognitive and behavioral aspects of social support.

Administration and scoring: This scale is a four-point Likert-type scale consisting of 6 subscales (perceived available support, need for support, support seeking, actually received support, support seeking, and protective buffering). The answering format is the same for all subscales. Possible
endorsements are strongly disagree (1), somewhat disagree (2), somewhat agree (3) and strongly agree (4). Scale scores are obtained by adding up item responses. Higher the score means higher support and vice versa.

6. Procedure
A purposive sample of 30 mothers of children with hearing impairment, were selected from special school for deaf. Sample of 30 mothers of normal children were selected from normal school. Mothers of children with hearing impaired and normal were included in the study; informed consent was taken from the mothers. Those who were willing to participate were administered Berlin Social Support Scales and Burden assessment schedule individually. All the questions were asked one by one and their responses were recorded by the investigator. Scoring of the tests was done as per instructions for scoring in respective test manuals.

7. Statistical Method to be Used
Keeping in view of the aim of the study the data collected on the two groups i.e. the mothers of normal children and mothers of children with hearing impairment were subjected to statistical analysis. The means and standard deviations for scores on different variables under study were calculated for the two groups separately. Further ‘t’ test was used to find out the significance of difference between the family burden and social support in mothers of children with hearing impairment and mothers of normal children.

8. Results & Discussion
The results were analyzed using descriptive statistics like mean, SD, and “t” test. The results are presented and interpreted keeping the aim in view. Results are discussed in the following section. Initially the discussion about data related to burden assessment and social support of mothers of children with hearing impairment and normal children. In this study 30 mothers of children with hearing impairment and 30 mothers of normal children were taken respectively. Table-I represents the burden assessment for mothers of Hearing impaired and normal children. Table-II shows the social support for mothers of Hearing impaired and normal children.

Table 1: Mean (±SD) Score on (BAS) Burden assessment schedule for mothers of Hearing Impairment and Normal children (N=30group)

<table>
<thead>
<tr>
<th>BAS</th>
<th>Mean (±SD)</th>
<th>Hearing Impairment</th>
<th>Normal</th>
<th>“t”</th>
<th>“p”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Related</td>
<td>6.13(0.97)</td>
<td>6.06(0.36)</td>
<td>0.35</td>
<td>0.72</td>
<td></td>
</tr>
<tr>
<td>Physical &amp; Mental Health</td>
<td>12.06(2.61)</td>
<td>6.80(1.12)</td>
<td>10.14</td>
<td>0.01**</td>
<td></td>
</tr>
<tr>
<td>External Support</td>
<td>8.93(2.81)</td>
<td>7.76(1.94)</td>
<td>1.86</td>
<td>0.66</td>
<td></td>
</tr>
<tr>
<td>Caregiver’s Routine</td>
<td>8.00(1.57)</td>
<td>6.70(1.70)</td>
<td>0.06</td>
<td>0.5**</td>
<td></td>
</tr>
<tr>
<td>Support of Patient</td>
<td>5.50(0.89)</td>
<td>5.16(0.64)</td>
<td>2.14</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>Taking Responsibility</td>
<td>6.00(1.89)</td>
<td>3.00(0.00)</td>
<td>8.87</td>
<td>0.01**</td>
<td></td>
</tr>
<tr>
<td>Other Relations</td>
<td>10.36(1.38)</td>
<td>10.16(1.01)</td>
<td>0.58</td>
<td>0.56</td>
<td></td>
</tr>
<tr>
<td>Patient’s Behavior</td>
<td>9.10(1.82)</td>
<td>5.83(1.48)</td>
<td>7.59</td>
<td>0.01**</td>
<td></td>
</tr>
<tr>
<td>Caregiver’s Strategy</td>
<td>9.66(1.82)</td>
<td>6.60(1.58)</td>
<td>6.94</td>
<td>0.01**</td>
<td></td>
</tr>
</tbody>
</table>

*=p<0.05 level. **=P<0.01 level

Table I: Shows there is a significant difference between the mothers of children with hearing impaired and mothers of normal children on Burden assessment schedule and the subscales are physical and mental health, caregiver’s routine, support of patient, taking of responsibility, patient’s behavior and caregiver’s strategies.

There is a significant difference in the following subscales physical and mental health; the Mean (±SD) scores of mothers of children with HI are 12.06±2.61 whereas Mean (±SD) of mothers of normal children are 6.80±1.12. The “t” value is 10.14 and it is significant at 0.01 level. It shows that mothers of children with hearing impaired are experiencing more Physical and mental health burden.

In the sub scales of Caregiver’s Routine; the mothers of children with HI Mean (±SD) is 8.00±1.57 and mothers of normal children is 6.70±1.70 respectively. The “t” value is 3.06 and it is significant at 0.01 level. It shows that there is significant difference in mothers of hearing impaired in caregiver’s routine.

In the subscale of Support of Patient; the mothers of children with HI Mean (±SD) is 5.60±0.89 and mothers of normal children is 5.16±0.64) respectively. The “t” value is 2.14 and it is significant at 0.05 level. It shows that there is a burden of support of patient on mothers of children with hearing impaired than in mothers of normal children.

In the subscale of Taking Responsibility; the mothers of children with HI Mean (±SD) is 6.00±1.89 and mothers of normal children is 3.00±0.00 respectively. The “t” value is 8.67 and it is significant at 0.01 level. It indicates that the mothers of children with HI are feeling burden for taking the responsibility of their children.

In the subscale of Patient’s Behavior; the mothers of children with HI Mean (±SD) is 9.10±1.82 and mothers of normal children is 5.83±1.48 respectively. The “t” value is 7.59 and it is significant at 0.01 level. It shows that the mothers of children with HI are feeling more burden because of the patient’s behavior than the mothers of normal children.

In the subscale Caregiver’s Strategy; the mother of children with HI Mean (±SD) is 9.66±1.82 and mothers of normal children is 6.60±1.58 respectively. The “t” value is 6.94and it is significant at 0.01 level. Hence there is more
burden in mothers of children with hearing impaired than in mothers of normal children.

Table 2: Mean (+SD) score on social support scale for mothers of Hearing Impairment and normal children (N=30 group)

<table>
<thead>
<tr>
<th>SSS</th>
<th>Mean (+SD) Hearing Impairment(HI)</th>
<th>Normal (+SD)</th>
<th>“t”</th>
<th>“p”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Available Support</td>
<td>26.30(±3.83)</td>
<td>27.30(±1.57)</td>
<td>-1.18</td>
<td>0.24</td>
</tr>
<tr>
<td>Need for Support</td>
<td>12.26(±2.17)</td>
<td>12.73(±1.99)</td>
<td>-0.85</td>
<td>0.39</td>
</tr>
<tr>
<td>Support Seeking</td>
<td>18.03(±2.17)</td>
<td>17.33(±1.88)</td>
<td>1.33</td>
<td>0.18</td>
</tr>
<tr>
<td>Actually Received Support</td>
<td>47.65(±4.75)</td>
<td>48.93(±3.41)</td>
<td>-1.21</td>
<td>0.22</td>
</tr>
</tbody>
</table>

*= p< 0.05 level, **=P<0.01 level

Table - II on social support scale; for mothers of Hearing impaired and normal children shows that there is no significant difference in getting social support. The mothers of children with hearing impaired and mothers of normal children are getting almost same in all the subscales such as perceived available support, need for support, support seeking, and actually received support.

9. Conclusion

The mothers of children with hearing impaired are showing more burden when compared with mothers of normal children; and there was no significant difference in social support for mothers of children with hearing impaired and mothers of normal children.

References