

Parental Concerns and Attitude Towards Children Diagnosed with Mental Retardation Attending Outpatient Unit of Yaba Neuro-Psychiatric Hospital in Lagos, Nigeria

AUTHOR(S): OYELEKE, Abimbola Tolulope (RN, RM, RPH, BNSc),
AND
Prof. AINA, Joseph Oyeniya (RN, Ph.D)

Abstract

Parents of children with mental retardation has economic, social and psychological, this concerns are real and may affect the level of care given and attitude by parent to their children. The study therefore investigated the concerns and attitude towards diagnosis of mental retardation among parents of children attending outpatient clinic of Yaba Neuro psychiatric Hospital, Lagos Nigeria. The research design was descriptive survey while the population for the study was 72 parents from outpatient department of Yaba Neuropsychiatric hospital, using total enumeration. A validated questionnaire was developed and used for gathering information on parental concerns and attitudes towards children diagnosed with mental retardation. The data from the survey was entered and analyzed descriptively and inferentially using Statistical Package for Social Scientists (SPSS) version 26. The findings showed that concerns among parents includes 51.4% social stigma, 83.3% cost of raising a mentally retarded children, 75% taking care of the mental retarded is exhausting, parental attitude toward mental retarded include 86.1% raising a mentally retarded children is a frustrating experience. The study also revealed that only psychological concerns influence attitude of parents towards their children. The researchers recommended among others that there should be preventative measures to reduce the factors that lead to mental retardation. It was also recommended the provision of rehabilitation

E.G.C.S.J

Accepted 10 December 2021
Published 15 December 2021
DOI: 10.5281/zenodo.5783064



services and training of children in schools and special institutes, besides supporting their families psychologically, socially and economically to reduce their concerns.

Keywords: Attitudes, Children, Mental retardation, Parental concerns,

**ABOUT
AUTHOR**

Author(s):

OYELEKE, Abimbola Tolulope (RN, RM, RPH, BNSc)

Department of Mental/Psychiatric Health Nursing,
School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun State, Nigeria.

And

Prof. AINA, Joseph Oyeniya (RN, Ph.D)

Department of Mental Health Nursing,
School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun State, Nigeria.

Introduction

Mental retardation remains a major world problem particularly for the underdeveloped and developing countries of which Nigeria is included. By Bell et al. (2016) calculation, more than 120 million people in the world are suffering from mental retardation. According to Endriyani and Yunike (2017), previous studies in many countries revealed that the prevalence of mild and moderate mental retardation among youngsters aged 15 to 19 years is about 3 to 4 persons per 1000 people. In United State of America, 3 % of the populations are mental retardation, in Netherlands 2.6%, in Britain 1 to 8%, and 3% of Asian population suffering mental retardation. In Indonesia, out of 222 million total populations, 2.8 million people (0.7 %) are mental retard. Among them 290,837 are children with mentally retarded (13.68 %). Going by that conservative estimate, 1 out of Nigeria's population of about 198 million persons, about 1.9 million Nigerian suffer from mental retardation.

According to Rangaswami (2018) Mental retardation is one of the more common developmental disabilities. It can be idiopathic and challenging to recognize in normal-appearing children who have develop-mental delays. Conversely, Mental retardation can be easily recognized when the child presents with dysmorphic features associated with a known genetic mental retardation disorder. Mental retardation currently is defined by the American Association on Mental Retardation (AAMR) (2002) "as significant sub-average general intellectual functioning accompanied by significant limitations in adaptive functioning in at least two of the following skills areas: communication, self-care, social skills, self-direction, academic skills, work, leisure, health and/or safety". These limitations manifest themselves before 18 years of age. Recognizing that a numerical value alone may be neither precise nor adequate to distinguish between the abilities of a child whose intelligence quotient (IQ) is 71 and one whose IQ is 69, the American Association of Mental Retardation defines the upper limit of sub average general intellectual functioning as "70 to 75"when there are also significant concerns regarding adaptive abilities. The American Psyc hiatric Association Diagnostic and Statistical Manual of Mental Disorders, 5th edition- Text Revision (DSM-V-TR) (2017) definition of mental retardation differs from that of the American Association on Mental Retardation, in which cutoff of mental retardation "IQ score remains 70"

A person with a physical or mental illness does not have the strength to act like a normal person and therefore has need for special attention. This is the case for parents with mentally retarded children. Parenting is a highly stressful job, and becoming a parent of a child with a disability is one of the most stressful life events that can occur. When a child is born with a disability, the unexpected and permanent nature of such an event generally increases a parent's vulnerability to concerns. There is considerable evidence to suggest that parents of children with intellectual disabilities experience greater concerns than parents of children without disabilities (Hastings & Johnson, 2018). Existing studies reveal that very often the parents have a negative attitude towards their child with mental retardation. The parents are plagued with feelings of pessimism, hostility, and shame (Rangaswami, 2018). Denial, projection of blame, guilt, grief, withdrawal, rejection, and acceptance are the usual parental reactions (Drew, et al., 2019). Some parents also experience helplessness, feelings of inadequacy, anger, shock and guilt whereas others go through periods of disbelief, depression and self-blame (Frude, 2019).

In some country which Nigerian is inclusive, mental retardation is still viewed in terms of a "tragedy" with a "better dead than disabled" approach, the idea being that it is not possible for mentally retarded children to be happy or enjoy a good quality of life. Cultural

beliefs about mental retardation play an important role in determining the way in which the parents perceives disability and the kind of measures it takes for prevention, treatment and rehabilitation (Sen ,2017). Studies report that parental expectations from their mentally retarded child were mostly negative and unrealistic (Dalal & Pande, 2019). Investigated cultural beliefs and attitude towards mental retardation, the results revealed stoic attitudes and external dependence in parents with mental retardation children. In some countries, there is a very strong belief in the metaphysical causation. Also, most of the parents felt that the mental retardation children in their family could not do anything and just needed help and sympathy. It has also been shown that people tend to accept their own mental retarded children as something which has resulted from their God's will and thus often show low motivation to overcome the limitations (Berry & Dalal, 2018).

The causes of mental retardation are very complex and they include various factors, such as biochemistry or metabolic disorders, chromosomal abnormalities, single genes disorders, and environmental factor, so mental retardation causes can be classified into genetic, multifactorial, and environmental factors. The causes of pre natal non-genetic factors of mental retardation are alcohol, teratogen agents, and infections. Also, perinatal trauma or asphyxia could be a cause at birth (Araujo, et al., 2016). Mental retardation(MR) is classified into four groups which include; mild which account for 75% - 90% of all cases with Intelligence quotient between 50-70 , moderate which account for 10% - 25% of all cases with Intelligence quotient between 35-49, severe which account for 10% - 25% of all cases with Intelligence quotient between 20-34, and profound which account for 10% - 25% of all cases with Intelligence quotient less than 20 ((Diagnostic and statistical manual of mental disorder version V (DSM -V). According to Rangaswami (2018), children with mental retardation experience limitations in communication, self-care, social and interpersonal skills. They have difficulties in meeting the needs of daily living and functioning in society because of their reduced intellectual abilities. Studies have suggested that parents feel ashamed of having children with mental retardation because of difficulties in overcoming their behavioral problems such as inability to concentrate and aggressiveness. Often, the child might not understand how disruptive his/her behavior is to others and why they get angry. These problems make parents to hide the child from their community and environment.

Concerns may be defined as the problems, difficulties, and negative life events that affect welfare or happiness of the life of parents of mental retarded children. Parents of mental retarded children experience both subjective and objective types of concerns. Subjective concerns refer to the psychological reactions the parents' experience. for example, a feeling of loss, sadness, anxiety, embarrassment in social situations, the stress of coping with disturbing behaviors, and the frustrations caused by altering relationships (Raji, Shiri & Jangam, 2016). The objective concerns include economic issues (cost of treatment and maintenance), job loss, limited and loss of opportunities for social activities and interaction with family and the environment. The subjective concerns experienced are the psychological problems of parents and family in caring for family members with mental retardation, especially the special needs different from other family members. This can be in the form of feelings of guilt, shame, uncertainty and depression, limited ability experienced by children with mental retardation causing problems or conflicts in the family, blaming, and accusing. Consequently, the retarded children are much more complicated to develop (Singh et al, 2014).

According to Ghai (2017), parental concerns that leads to poor parental health and well-being, can negatively affect the health and well-being of the child. This sense of concerns may be associated with a child's characteristics, greater financial and care-giving demands, feelings of being unprepared for the tasks of parenting, and a sense of loneliness and isolation. Belief that prevails very strongly is the perception of mental retardation as a punishment for past fates. Any form of disability is looked upon as a curse that has been bestowed upon the family to atone for the sins committed by the person or the family members in their previous lifetimes. Studies reveal that this negative attitude adversely affects the parents. Parents of children with mental retarded are often perceived to experience harmful psychological effects (McCormack 2019).

These extreme concerns levels heighten negative health outcomes like depression and marital dissatisfaction. Parents are found with unstable emotionality, constant grief, psychological ill health, and unsatisfactory social health. Studies have found them to be at a higher risk for marital discord and social isolation. The commonest psychiatric disorder that was found is dysthymia followed by generalized anxiety disorder and moderate depression; it is also found that the parents of children with MR perceive more problems in themselves and their family (Chandorkar & Chakraborty, 2017). These prompted the researcher to assess parental concerns and attitudes towards diagnosis of mental retardation attending outpatient unit of Yaba Neuro-Psychiatric Hospital, Lagos. The study specifically:

- 1) assessed the social concerns of parenting mentally retarded children;
- 2) determined the attitudes of parents towards the diagnosis of mental retardation;
- 3) assessed the Psychological concerns, of parenting mentally retarded children;
- 4) assessed the economic concerns, of parenting mentally retarded children among the respondents attending clinic at Neuropsychiatric Hospital Yaba Lagos.

Research Questions

1. What are the social concerns of parenting mentally retarded children among the respondents?
2. What is the respondent attitude towards children diagnosed with mental retardation?
3. What are the economic concerns, of parenting mentally retarded children?
4. What are the psychological concerns of parenting mentally retarded children?

Research Hypotheses

H₀1: There is no significant influence between social concerns and parents' attitude towards diagnoses of mental retardation.

H₀2: There is no significant influence between economic concerns and parents' attitude towards diagnoses of mental retardation.

H₀3: There is no significant influence between psychological concerns and parents' attitude towards diagnoses of mental retardation.

Methodology

The research adopted a descriptive survey design. Descriptive survey design was used because it was best suited to answer the 'what' and 'how' research questions in the study. The population for this study are the parents of mentally retarded children attending outpatient clinic of Federal Neuropsychiatric Hospital Yaba, Lagos. The researcher established the population to be seventy two (72). The Inclusion criteria involved parents who voluntarily agree to participate in the study and all parent of children diagnosed with mental retardation

based on the ICD 10/DSM-V diagnostic criteria between the age of 1- 18years. The study adopted total enumeration sampling technique because of paucity of the respondent. The data collection process was carried out for period of 6weeks, and a total of 72 participants were used for this study.

The instrument for the study was a semi structured questionnaire to elicit information from the respondent. It contained 5 main Section using Likert scale and open ended questions to elicit respondent concerns and attitude towards children diagnosed with mental retardation. Section A sought for socio- demographic characteristic which describes name, age, ethnicity, level of education, marital status, employment status and relationship to the child. Section B consisted of items on social concerns of parenting mentally retarded children while Section C contained items on parental attitudes towards diagnosis of mental retardation. Section D consisted of items on economic concerns of parenting mentally retarded children while Section E consisted of items on psychological concerns of parenting mentally retarded children among parents. In an effort to ensure that the research instrument measures what it intends to measure, the face and content validity was determined by expert in health research. The instrument was pre-tested among seven (7) respondents attending outpatient clinic Federal Neuro Psychiatric Abeokuta, Ogun state. Their response were subjected to Cronbach's alpha coefficient which yielded 0.922 for Social concerns, 0.893 for parental attitude, 0.867 for economic concern and 0.922 for the psychological concerns of parenting mentally retarded children.

Data collected were checked for errors to ensure correctness and completeness. Response rate was 100%. Data collected was analyzed using descriptive and inferential statistics. Multiple regression inferential analysis was used to test the three hypotheses generated at 0.05 level of significance.

Results

Table 1: Respondents' Social Demographical Data

Demographic variables	Categories	Frequency	Percentage (%)
Age of the child when diagnosed	less than 5 years	20	27.8
	6-9 years	40	55.6
	10 - 13 years	7	9.7
	13years and above	5	6.9
Gender	Female	34	47.2
	Males	38	52.8
Marital Status of t	Single	10	13.9
	Married	42	58.3
	Separated	9	12.5
	Divorced	8	11.1
	Widow	3	4.2
Father's highest level of education	Primary school	6	8.3
	Secondary school	20	27.8
	Tertiary	46	63.9
Mother's highest level of education	Primary school	7	9.7
	Secondary school	20	27.8
	Tertiary	45	62.5
Ethnic	Yoruba	28	38.9
	Hausa	8	11.1
	Ibo	26	36.1
	Others	10	13.9
Religion	Islam	15	20.8
	Christianity	45	62.5

	Traditionalist	7	9.7
	Others	5	6.9
Employment status	Self Employed	35	48.6
	Employed	33	45.8
	Unemployed	4	5.6
Parental Monthly income (Naira)	50,000-100,000	35	48.6
	101,000-150,000	20	27.8
	151,000-200,000	9	12.5
	201,000-250,000	5	6.9
	251,000-300,000	3	4.2
Relationship to the child	Father	28	38.9
	Mother	44	61.1
Community of residence	Rural	12	16.7
	Urban	45	62.5
	Semi-rural	15	20.8
Position of the Child within the family	1st Child	14	19.4
	2nd Child	42	58.3
	3rd Child	12	16.7
	More than 3rd Position	4	5.6

Table 1 shows that majority of the respondents which are represented by 40 (55.6%) are within the age range of 6 – 9 years, when the child was diagnosed. This table also shows that out of the 72 respondents, 38 (52.8%) are female. This indicate that majority of the respondent are female. Thus, more female participated in the survey than male, and were married with 58.3 %. It was discovered from the table that majority of the father's and mother highest level of education was tertiary level of education with 63.9% and were Yoruba 38.9%, majority of respondents were Christian with 62.5% and were self-employed with 48.6%, and earn between 50-10000 thousand with 48.6% and they came from urban with 62.5%. The table also shows that majority of the Child were second child with 58.3

Research Question 1: What are the social concerns of parenting mentally retarded children among the respondents?

Table 2: Social Concerns of Parent's About Mentally Retarded Children

	Statements	Strongly Disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly Agree (%)
1	Embarrassment of taking child to clinic	6 (8.3)	48 (66.7)	1 (1.4)	11 (15.3)	6 (8.3)
2	Feeling bad when people look at the child	16 (22.2)	16 (22.2)	7 (9.7)	12 (16.7)	21 (29.2)
3	Reluctant to introduce child to relatives	14 (19.4)	27 (37.5)	-	7 (9.7)	24 (33.3)
4	Concerned about social stigma	5 (6.9)	-	10 (13.9)	20 (27.8)	37 (51.4)
5	Concerned about people's reaction to my child	8 (11.1)	11 (15.3)	-	6 (8.3)	31 (43.1)
6	Feeling ashamed about my mentally retarded child	11 (15.3)	21 (29.2)	-	21 (29.2)	19 (26.4)

7	Often hide child during friends/family's visit.	27 (37.5)	15 (20.8)	-	9 (12.5)	21 (29.2)
8	Unpleasant comment from people about our child	-	7 (9.7)	1 (1.4)	36 (50.0)	28 (38.9)
9	Socializing with peers.	1 (1.4)	1 (1.4)	-	18 (25.0)	52 (72.2)

Source: Researcher's field survey, 2021

The outcome of the research question measuring social concerns of parenting mentally retarded children among the respondents revealed that 48 (66.7%) strongly disagree that they didn't feel Embarrassed to take the child to clinic. Also from the table it shows that 21(29.2) strongly agree that they feel bad when people look at the child, It was revealed that majority of the respondent 27 (37.5%) strongly disagree that they feel reluctant to introduce the child to the relative, majority of the respondent are concerned about social stigma 37(51.5%) Also from the table it was revealed that majority of the respondent 31(43.1%) agreed that they are concerned about people reaction to their child. It was revealed further that majority of the respondent 21(29.2%) strongly disagreed and agreed that the feel ashamed of their mental retarded child, it was also shows that 27(37.5%) strongly disagreed that they hide child during friend and family visit. It was also revealed that majority of the respondent strongly agreed 36(50.0%) that they were concerned about unpleasant comment from people about their child, from the table it was also show that majority of the respondent and 52(72.2%) strongly agreed that child should socialize with peer. It was concluded from the result that parent of mentally retarded children has a lot of social concerns due to the condition.

Research Question 2: What is the respondent attitude toward children diagnosed with mental retardation?

Table 3: Parental Attitudes towards Diagnosis of Mental Retardation

S/N	Items	SA (%)	A (%)	U (%)	D (%)	SD (%)
1	It pains me to watch my child experience what his going through.	64 (88.9)	8 (11.1)	-	-	-
2	Raising a mentally retarded child is a frustrating experience	25 (34.7)	37 (51.4)	-	10 (13.9)	-
3	I feel bad seen my child in this condition.	48 (66.7)	17 (23.6)	-	7 (9.7)	-
4	I will love my child more if he/she were not mentally retarded.	19 (26.4)	19 (26.4)	1(1.4)	22 (30.6)	11 (15.3)
5	I will love my child in spite of the condition.	53 (73.6)	16 (22.2)	-	-	3 (4.2)
6	It makes feel embarrass when other parent talks about their non-mentally retarded child	30 (41.7)	26 (36.1)	-	8 (11.1)	8 (11.1)
7	Our Mentally retarded child should be confined at home.	12 (16.7)	14 (19.4)	-	26 (36.1)	20 (27.8)
8	Mental retarded Child should be sent to special school.	46 (63.9)	22 (30.6)	-	2 (2.8)	2 (2.8)

Table 3 reveals parental attitudes to diagnosis of mental retardation. More than three-quarter of the respondent 64(88.9%) strongly agreed that It is a pains them to watch their child experience what his going through, majority of the respondent 37(51.4%) strongly agreed that Raising a mentally retarded child is a frustrating experience, the table revealed that 48(66.7%) respondent strongly agreed that they feel bad seen their child in this condition, The table also that the majority of the respondent 22(30.6%) disagreed that they we love the child more if he/ she were mentally retarded. It was revealed further from the table that 53(73.6%) strongly agreed that they we love the child in spites of the condition, it was show from the table that 30(41.7%) strongly agree that It makes them feel embarrass when other parent talks about their non-mentally retarded child, It was further reveal from the table that majority of the respondent while 26(36.1%) disagreed that mentally retarded child should be confined at home, it was also show from the table that 46(63.9%) strongly agree that mental retarded Child should be sent to special school. The result of the study says parents has positive attitude toward their children diagnosed of mental retardation.

Research Question 3: What are the economic concerns associated with parenting mentally retarded children among respondents?

Table 4: Economic Concerns of Parenting Mentally Retarded Children

S/N	ITEMS	Yes (%)	No (%)
1	Raising a mentally retarded child affect our financial status?	60 (83.3)	12(16.7)
2	Other expenses have to be abandoned because of the child?	44(61.1)	28(38.9)
3	hospital bill and medication are a major concern	43(59.7)	29(40.3)
4	It's unbearable for us to continue fund our child demands?	46 (63.9)	26 (36.1)
5	Child care demands are disruptive to care of other family members?	36(50.0)	36 (50.0)
6	Diagnosis of mental retardation has put the family in serious financial strait?	40(55.6)	32(44.4)

Table 4 reveals that majority of the respondent 60 (83.3%) agreed that Raising a mentally retarded child affect their financial status, it was also reveals from the table that 44(61.1%) of the respondent agreed that Other expenses have to be abandoned because of the child, it was shows that majority of the respondents 43(59.7%) agreed that hospital bill and medication are a major economical concern ,The table also shows that 46 (63.9%) of the respondent agreed that It's unbearable for them to continue fund their child demands, from the table it was revealed that 36(50.0%) of the respondent agreed that Child care demands are disruptive to care of other family members, it was revealed further that majority of the respondent 40(55.6%) agreed that Diagnosis of mental retardation has put the family in serious financial strait. It was concluded that parents of mentally retarded children had a lot of economic concerns from the result of the study.

Research Question 4: What are the psychological concerns associated with parenting mentally retarded children among the respondents?

Table 5: Psychological Concerns of Parenting Mentally Retarded Children

S/N	ITEMS	Yes (%)	No (%)
1	Do you feel embarrassed when taking your mentally retarded child with you when attending functions	31(43.1)	41(56.9)
2	Do you feel bad when people question you about the way you treat your mentally retarded child?	50(69.4)	22(30.6)
3	Did your mentally retarded child get on you angry when they stay with you all day?	42(58.3)	30(41.7)
4	Did you feel disappointed when your child was diagnosed of mental retardation?	47(65.3)	25(34.7)
5	Are you concerns about the future of your mentally retarded child?	50(69.4)	22(30.6)
6	Do you feel depressed about your child's condition?	47(65.3)	24(33.3)
7	Do you think you are the one responsible for your child condition?	24(33.3)	48(66.7)
8	Taken care of our child is exhausting	54(75.0)	17(25.0)
9	Not getting support from my partner makes me to feel depress sometimes	47(65.3)	25(34.7)
10	We often feel hopeless about the management and caring for our mentally retarded child?	33(45.8)	39(54.2)

Table 5 shows that the majority of the respondent 41(56.9%) disagreed that they do feel embarrassed when taking their mentally retarded child with them to attending functions, it was also revealed that majority of the respondent 50(69.4%) agreed that they feel bad when people question them about the way they treat their mentally retarded child, it was shows further that 42(58.3%) agreed that there mentally retarded child get on their angry when they stay with them all day. It was also shows from the table that 47(65.3%) of the respondent agreed that feel disappointed when their child was diagnosed of mental retardation, it was revealed from the table that majority of the respondent 50(69.4%) agreed that they are concerns about the future of their mentally retarded child, it was further reveals that 47(65.3%) of the respondent agreed that they feel depressed about their child's condition. From the table it was shows that majority of the respondent disagreed 48(66.7%) that they are the one responsible for the child condition, it was revealed from the table that majority of the respondents 54(75.0%) agreed that taken care of the child is exhausting, the table also shows that the majority of the respondent 47(65.3%) agreed that Not getting support from their partner makes them to feel depress sometimes, and finally reveals that majority of the respondent disagreed 39 (54.2%) that they often feel hopeless about the management and caring for our mentally retarded child. From above table it was concluded that majority of the respondent have psychological concerns about their children diagnosed of mental retardation.

Hypotheses Testing

Table 6: Multiple regression analysis showing the influence of Social Concern, Economic Concern and Psychological Concern on Parental Attitude

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	4.859	.435		11.169	.000
Social Concern	-.107	.115	-.109	-.935	.353
Economic Concern	-.070	.165	-.056	-.423	.674
Psychological Concern	-.268	.133	-.267	-2.017	.048

Dependent Variable: Parental Attitude

H0₁: There is no significant influence between social concern and parental attitude towards diagnoses of mental retardation.

Table 6 presents the result of influence of social concern on parental attitude. The table shows that there exist a negative relationship between social concern and parental attitude. This is depicted by the negative sign of the coefficient ($\beta = -0.109$). The significance value of the t-statistics is 0.353 ($p > 0.05$), which is greater than the chosen level of significance for this study. This implies that there is no significant influence between social concern and parental attitude. This therefore implies the acceptance of the null hypothesis which means that there is no significant influence between social concern and parental attitude towards diagnoses of mental retardation.

H0₂: There is no significant influence between Economic concern and Parental Attitude towards diagnoses of mental retardation.

Table 6 also presented the result of influence of economic concern on parental attitude. The table shows that there exist a negative relationship between economic concern and parental attitude. This is depicted by the negative sign of the coefficient ($\beta = -0.109$). The significance value of the t-statistics is 0.674 ($p > 0.05$), which is greater than the chosen level of significance for this study. This implies that there is no significant influence between economic concern and parental attitude. This therefore implies the acceptance of the null hypothesis which means that there is no significant influence between economic concern and parental attitude towards diagnoses of mental retardation.

H0₃: There is no significant influence between psychological concern and parental attitude towards diagnoses of mental retardation.

Table 6 presents the result of influence of psychological concern on parental attitude. The table shows that there exists a negative relationship between psychological concern and parental attitude. This is depicted by the negative sign of the coefficient ($\beta = -0.267$). The significance value of the t-statistics is 0.048 ($p < 0.05$), which is less than the chosen level of significance for this study. This implies that there is a significant influence between psychological concern and parental attitude. This therefore implies the rejection of the null hypothesis which means that there is a significant influence between psychological concern and parental attitude towards diagnoses of mental retardation.

Discussion

The outcome of the research question measuring social concerns of parenting mentally retarded children among the respondents revealed that large percentage of the respondent disagreed that that they didn't feel Embarrassed to take the child to clinic, Also majority of the respondent from the study shows that they Feel bad when people look at the children, this is source of concern for the parents. The outcome from the results shows that the majority of the respondent did not feel reluctant to introduce the child to relative but they are concern about what other people will say, that is; they are concerned about social stigma, and the people reaction to toward their child. It was revealed further that majority of the respondent disagreed that the feel ashamed of their mental retarded, it was also shows that more than half of the respondent disagreed that they hide child during friend and family but that are just concerned about unpleasant comment from people about their child, and they don't mind the child socializing with peer. This finding similar to the study done by Chandorkar and Chakraborty (2017) that reported that in a study on concerns of parents about children diagnosed with mental retardation, report shows that families who had a child with Mental retardation at home devoted 7 hours a day, 7 days a week to the care of the child, only one quarter of the children could be left alone for as long as half an hour, 77% had reduced contacts with friends and 59% had stopped going on holidays. According to this study, mothers reported that their social life was affected significantly. This serves as a great concern for them. Most of the parents in this study experienced different degrees of concerns and only a small number of parents see it as noting that does not really matters. In contrast, the above findings is slightly different from findings of Boat and Wu, (2015) that reported that more than two third of families reported no effect on their social life from the presence of a mentally retarded child. However, in those one third affected families, the mothers were significantly highly affected than the fathers.

It was reveals parental attitudes to diagnosis of mental retardation. More than three-quarter of the respondent agreed that It is a pains them to watch their child experience what his going through, even though raising a mentally retarded child is a frustrating experience and the felt bad seen their child in this condition. Similar to the findings was supported by a study done by Rangaswami (2018) that reveal parental attitude to mentally retarded, the study reveals that majority of parents showed favorable parental attitude which is above half of the total. It was also shows that majority of respondent said they would have love the child more if he/ she were not mentally retarded, and other respondent agreed that they we love the child in spites of the condition. Even though It makes them feel embarrass when other parent talks about their non-mentally retarded child and majority agreed that they should not be confined at home, that they can be send to special school. Contrary to the above findings Goswami (2013) who reported that the attitude of parents towards their children with mental retardation, it was discovered that there was a parental negative attitude towards their children with mental retardation which is high on home management and low on acceptance.

This outcome of the research reveals that majority of the respondent agreed that raising a mentally retarded child affect their financial status, and other expenses have to be abandoned because of the child condition. The major concerns of the respondent were hospital bill and medication. This finding is similar to a study conducted by Rangaswami (2018) which was found that families experienced financial concerns of care for children with special health care needs, including mental retardation, in spite of public and private

insurance. About one- third of families with public insurance had financial concerns exceeding 10 % of family income compared with 20 % of families with private insurance. It was also shows that the majority of the respondent agreed that it's unbearable for them to continue fund their child demands and it disruptive to care of other family members.

It was shows that majority of the respondent thinks they are not responsible for the child condition even though taken care of the child is exhausting , Not getting support from their partner makes them to feel depress sometimes. And that they are not hopeless about the management and caring for our mentally retarded child. This collaborates with result of previous study by Boat and Wu (2015) who shows that the prevalence of psychological distress among participants used was minimal. Prevalence of psychological distress in their studies was high with reporting a level of psychological distress. This data clearly demonstrates that there are many undiagnosed and unmanaged psychological issues among parents of children with intellectual disabilities. Previous studies by them have reported prevalence of psychological distress ranging from 32 to 89% among parents of children with disabilities.

Based on the three categories of identified concerns, the outcome of this study found that social and economic concerns have no influence on attitude of the respondent, whereas psychological concern has influence on attitude towards mental retardation. Finding contrary to the study which was conducted by Rangaswami (2018) that shows that social concerns was significantly influence on attitude.

Conclusion

It was discovered that, respondent has a lot of concern about their child diagnosed with mental retardation, which ranges from social; economic to psychological while parental attitude towards mental retardation is positive. Worth of note are those concerns, evidence from this study, parent state their concerns that taken care of the child are exhausting, it's unbearable for them to continue fund their child demands, that they are concerned about social stigma which may increase negative attitude toward the child. also from the evidence it was revealed that Parents attempt to accept the reality and consider that having children with mental retardation is a test as parents, and consider that children as mandate from God. Thus the parents are attempting to accept the reality sincerely.

It does conclude that our society has developed at a faster rate, but the general attitude towards the mentally retarded needs to be changed. They are not to be sympathized, protected, ridiculed rather they need to be helped in growing and developing within their strengths and limitations, parent should find a way of finding process of adaption to the change rather than continue suffering due to concerns, by acceptance children's condition and having compassion to the children wholeheartedly.

Recommendations

- 1) The study recommends preventative measures to reduce the factors that lead to mental retardation. It also recommends the provision of rehabilitation services and training of children in schools and special institutes, besides supporting their families psychologically, socially and economically to reduce their concerns.
- 2) Sensitized and well aware parents of the MR Children should from groups and will have to work with respect to sensitizing the community people who are naïve and prejudiced about mental retardation. Social workers should have a profound role to play in such types of sensitization: they should act ancillary to such groups and aid them to find.

- 3) Non-government organization as well as the wealth to do in the society should be encourage to be more involved in the care of mental retarded child so as to reduce the body cost by the cause of treatment which include purchase of the drug and transportation on the parents of mentally retarded children.
- 4) Government should provide befitting hospital will be affordable for poor and rich people that have mentally retarded children so as to reduce the concerns caused by cost of treatment which includes purchase of drugs and special school.
- 5) Government and other concerned bodies: Mental retardation is not only a problem which affects the sufferer and their family members but also the society where they are living. It affects a society both psychosocially and economical (development of the country). Thus, if we accept this reality, government and other concerned body should do tasks which could be remedy for it.

References

- American Association on Mental Retardation (AAMR). <http://www.aamr.org/index.shtml>.
- Bell, L., Wittkowski, A., & Hare, D. J. (2018). Movement disorders and syndromic autism: A systematic review. *Journal of Autism and Developmental Disorders*, 49(1), 54-67.
- Berry J. & Dalal A.K. (2019). Disability Attitudes, Beliefs and Behaviors: A Preliminary Report on an International Project in Community Based Rehabilitation. Unpublished Manuscript, ICACBR, Queen's University: Kingston, Canada
- Boat, T. F., & Wu, J. T. (2015). Clinical characteristics of intellectual disabilities - Mental disorders and disabilities among low-income children - NCBI bookshelf. National Center for Biotechnology Information. <https://www.ncbi.nlm.nih.gov/books/NBK332877/>
- Chandorkar, H. & Chakraborty, P.K. (2017). Psychological Morbidity of Parents of Mentally Retarded Children. *Indian Journal of Psychiatry*, 42, 271-274
- Dalal A.K, & Pandey N. (2019). Cultural Beliefs and Family Care of the Children with Disability. *Psychology and Developing Societies*, 11, 55-75.
- Drew C.J., Logan D.R, & Hardman M.L. (2019) *Mental Retardation – A Lifecycle Approach*. Toronto: Times Mirror/ Mostle College Publishing
- Endriyani, S., & Yunike, Y. (2017). Having children with mental retardation. *International Journal of Public Health Science (IJPHS)*, 6(4), 33
- Frude N. (2019). *Understanding Family Problems: A Psychological Approach*. Chichester: John Wiley
- Ghai A. (2017). Towards Understanding Disability. *Psychological Studies*, 45, 145-149.
- Goswami, S. (2013). The Parental Attitude of Mentally Retarded Children. *Global Journals*, 8(9), 89 -99
- Hastings, R. P., & Johnson, E. (2018). Stress in UK families conducting intensive home-based behavioral intervention for their young child with autism. *Journal of Autism and Developmental Disorders*, 31, 327-336. <https://doi.org/10.1023/A:1010799320795>
- McCormack M. (2019). *Special Children: Special Needs*. London: Thorsons
- Rangaswami, K. (2018). Parental Attitude towards Mentally Retarded Children. *Indian Journal of Clinical Psychology*, 22, 20-23.
- Sen A. (2017). *Psychosocial Integration of the Handicapped*. New Delhi: Mittal Publications
- Singh K., Rajkumar, N.R, Sharma, Nehra, D. (2014). Study of Burden in parents of children with mental retardation. *Journal of Indian Health Psychology*, 8, 13-20



Cite this article:

Author(s), OYELEKE, Abimbola Tolulope (RN, RM, RPH, BNSc), Prof. AINA, Joseph Oyeniyi (RN, Ph.D), (2021). "Parental Concerns and Attitude Towards Children Diagnosed with Mental Retardation Attending Outpatient Unit of Yaba Neuro-Psychiatric Hospital in Lagos, Nigeria".

Name of the Journal: Euro Global Contemporary Studies Journal, (EGCSJ.COM), P, 1- 15.

DOI: <http://doi.org/10.5281/zenodo.5783064> , Issue: 5, Vol.: 1, Article: 1, Month: December, Year: 2021. Retrieved from <https://www.egcsj.com/all-issues/>

Published by



AND

ThoughtWares Consulting & Multi Services International (TWCMSI)

