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Parents' Perceived Behavior Problems in the Persons With Mental Retardation: An Analysis for Parents' Need

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ABSTRACT:

Background: Mental retardation is a commonly diagnosed developmental problem among psychiatric disorders. Parents frequently report behavior problem in their children with mental retardation and seek help. **Aim:** Aim of this study is to analyze the behavior problems and their relation with severity, age and sex in the people with mental retardation. **Methods:** The study included seventy cases of mental retardation with reported behavior problems coming to the Clinical Psychology unit of Nepalgunj Medical College, from March 2013 to February, 2015. The parents' interviewed with regard to behavioral problems in their children of mental retardation was analyzed in twelve areas in terms of severity, age and sex. **Results:** Disobedience predominates in mild form (22.73%) and in moderate (19.15%), in severe category physical harm towards others (16.67%) and odd behavior in both severe (16.67%) and profound (20.00%) cases of mental retardation. In terms of sex, disobedience predominates in the males (17.70%) and physical harm towards others (17.86%) in females. Disobedience (14.71%) and repetitive behavior (14.71%) are prominent up to six years of age, physical harm towards others (18.46%) in age group 6-12 years, and disobedience (21.43%) predominates between age 12 to 18 years and also above 18 years. **Discussion:** Our finding are similar with various other studies, except self injurious behavior is more in mild to moderate group of cases than in severe or profound group. **Conclusion:** Parents predominantly seek help for managing problems of disobedience followed by physical harm towards others and odd behaviors.

Key words: *Behavior problems, mental retardation, parents' need*

INTRODUCTION

Mental retardation is the most common developmental disorder. It is a condition of arrested or incomplete development of the mind especially characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities[1] It is a multidimensional problem. The dimensions include psychological, medical, educational and social aspects[2]. From psychological aspect behavior problems are reported to be four to five times more in the persons with mental retardation as compared to intellectually normal persons[3]. Stress on the family members tend to increase with the presence of behavior problems in the mentally handicapped person[4]. They impose extra care taking demands and burden on parents[5] that interferes in their educational process,[6] reduces their social acceptability[7,8] and may also result in the threat of harm to themselves or others[9]. Therefore, it is no surprise that one of the most sought after area of service by parents is the management of behavior problems in their children[10].

It is important for the professionals providing service to this population to know what the various behavior problems are posed to their parents for which they seek professional help. The present study attempts to analyze such behavior problems and also try to find how these are related to severity, age and sex of the persons. As there was no study conducted in Nepal, which assesses behavior problems in the persons with mental retardation, this study will provide valuable information in this area in Nepalese context.

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MATERIAL AND METHODS

Aim of this research is to study the behavior problems and their relation with severity, age and sex in the persons with mental retardation. A descriptive cross-sectional study was carried out with seventy (70) cases of patients with mental retardation of both sexes from age 6-40 years diagnosed as per the ICD-10 criteria attending to the outpatient Department of Psychiatry and referred to the Clinical Psychology unit for evaluation of mental retardation from March, 2013 to February, 2015, Nepalgunj Medical College, Kohalpur Teaching Hospital[11]. Ethical consideration was given due importance. Verbal consent was taken from the parents. Information obtained by them was kept confidential. Cases having IQ below 70 and where parents came as informants were included in the sample. Mental retardation with co-morbid psychiatric

condition, visual or hearing handicap and cases with non-parents as informants were excluded from the sample. Data were analyzed in terms of percentage of behavior problems for each variable using SPSS (statistical Package for Social Studies).

Procedure

A glossary[12] of behavior problems was used. It was developed at National Institute for Mentally Handicapped (NIMH), Secunderabad, India to classify reported behavior problems into twelve categories as follows:

Physical Harm Towards Others

Examples, "beats others, pinches others, pulls others' hair, bites others, etc."

Damages Property

Examples, "tears clothes, breaks things, throw objects, etc."

Misbehaves with others

Examples, uses foul languages or vulgar words, snatches things from others, etc."

Temper Tantrums

Examples, shouts, screams, cries aloud, etc."

Wanders

Examples, goes out of house, roams on streets, etc."

Disobedience:

Examples, "refuses to listen to others, stubborn, does opposite of what is told, etc."

Repetitive Behavior

Examples, "rocks body back and forth, nods or shakes head from side to side, etc."

Self Injurious Behavior

Examples, "bangs head, scratches self, pulls own eye lashes, bites own hands, picks at own wounds, etc."

Restless-physically Over-active

Examples, "does not sit at a place, for required time."

Odd Behavior:

Examples, smiles, laughs or talks to self without reason, smells objects, collects rubbish or unwanted trash, etc."

Fears

Examples, "scared to go near bath room, fear of loud noises, fear of objects, etc."

Sexual Problems

Examples, "masturbates in public, makes sexual advances towards opposite sex, touches genitals in public, etc."

The presenting complaints of behavior problems, as reported by parents of seventy (70) cases on their first contact were classified according to the above mentioned twelve categories. For example, if there were two behavior problems reported in a given case such as "tears clothes" and "does not sit at a place" then they were classified under two separate categories i.e., "damages property" and "restless-physically Over-active" respectively. Whereas if a given case, more than one behavior problem belonging to the same category was reported, then it was classified as one behavior problem only within that category. For example, if in the same case behavior problems reported were "scratches self", "bites own hands", and "picks at own wounds" they were all classified under one category only, i.e. "self injurious behavior."

RESULTS

During the two years period of study out of 70 subjects 18 (25.71%) cases were referred from the department of Pediatrics for confirmation of mental retardation and psychological intervention. The obtained data were analyzed in terms of percentages of behavior problems.

Out of 70 study subjects 45(64.29%) were male and 25(35.71%) were female. Majority (25, 35.71%) were from the age group 6-12 years followed by 12-18 (18, 25.71%). The behavior problem "Disobedience" (16.57%), is followed by "physical harm towards others" (15.38%), "odd behaviors" (13.02%), "damages property" (10.06%), "wanders" (8.87%), "misbehaves with others" (7.69%), "restless physically overactive" (7.69%), "repetitive behaviors" (6.51%), "self injurious behaviors" (5.92%), "temper tantrums" (3.55%), "fears" (3.55%), and "sexual problems" (1.18%) respectively.

In terms of age, disobedience (14.71%) and repetitive behavior (14.71%) are prominent up to six years of age, physical harm towards others (18.46%) followed by odd behavior (15.38%) the age 7 to 12 years and between age 13 to 18 years disobedience (21.43%) followed by physical harm towards others (16.67%) and wanders (14.29%) perceived more by the parents. Above 18 years of age disobedience (21.43%) is followed by misbehavior with others (17.86%) and physical harm towards others (14.29%).

Sex variable (table IV), "disobedience" predominates in the males (17.70%) and is followed by "physical harm towards others", (14.16%) the reverse is reported for females where "physical harm towards others" (17.86%) is greater than "disobedience" (14.28%).

Age Range (in years)	Male	Female	Total N (%)
0-6	10	6	16 (22.86%)
7-12	16	9	25 (35.71%)
13-18	12	6	18 (25.71%)
>18	7	4	11 (15.71%)
Total N (%)	**45 (64.29%)**	**25 (35.71%)**	**70 (100%)**

Table I: Distribution of Age and Sex

Behavior Problems	Severity of Mental Retardation				
	Mild (IQ: 50-70) (N=26)	Moderate (IQ: 35-49) (N=21)	Severe (IQ: 20-34) (N=14)	Profound (IQ: < 20) (N=9)	Total
Physical Harm Towards Others	10(15.15)	7(14.89)	6(16.67)	3(15.00)	26(15.38)
Damages Property	5(7.58)	5(10.64)	5(13.89)	2(10.00)	17(10.06)
Misbehaves with Others	4(6.06)	6(12.76)	2(5.56)	1(5.00)	13(7.69)
Temper Tantrums	2(3.03)	1(2.13)	1(2.78)	2(10.00)	6(3.55)
Wanders	6(9.09)	3(6.38)	4(11.11)	2(10.00)	15(8.87)
Disobedience	15(22.73)	9(19.15)	3(8.33)	1(5.00)	28(16.57)
Repetitive Behavior	4(6.06)	2(4.25)	3(8.33)	2(10.00)	11(6.51)
Self Injurious Behavior	4(6.06)	3(6.38)	2(5.56)	1(5.00)	10(5.92)
Restless Physically Overactive	6(9.09)	3(6.38)	3(8.33)	1(5.00)	13(7.69)
Odd behaviors	7(10.61)	5(10.64)	6(16.67)	4(20.00)	22(13.02)
Fears	2(3.03)	2(4.25)	1(2.78)	1(5.00)	6(3.55)
Sexual Problems	1(1.51)	1(2.13)	0(0.00)	0(0.00)	2(1.18)
Total	**66**	**47**	**36**	**20**	**169**

Table II: Parents' Perception of Behavior Problems in Terms of Severity of Mental Retardation (percentage given in parenthesis)

DISCUSSION

Predominantly disobedience is perceived as a major behavior problem by parents of mentally retarded children. This could be reflection of our culture, wherein parents find it difficult to accept children who refuse to do what they want them to do. The least perceived behavior problem is in the sexual area, which could be more due to inhibitions in the parents of mentally retarded children to openly report on such matters at first contact. Findings of this study is consistent with the study done in California that found 5.5% persons with mental retardation showed self injurious behavior[13]. Findings on damage to property is consistent with a longitudinal study in which it was found to be 10%[14].

In terms of severity, the trends appear to be similar for the mild and moderate groups where "disobedience" and "physical harm towards others" are perceived as major behavior problems. In contrast for the severe and profound groups of children, "odd behaviors" are perceived as more common. These contrasting trends between the mild-moderate and the severe-profound groups could be because the milder groups are better in communication and expressive skills to convey their disagreements with others through open disobedience or even explicit harm towards others.

On the other hand, the severe-profound groups of people tend to interact less with the external environment due to poor ability in such skills. Hence they indulge in more self-stimulating behaviors. Also, parents perceive "odd behaviors" more easily as they distinguish these children more readily from other normal children. Such an understanding could be even true to explain greater number of "repetitive behaviors"

Behavior Problems	Age Range (in Years)				
	0-6 (N=16)	7-12 (N=25)	13-18 (N=18)	>18 (N=11)	Total
Physical Harm Towards Others	3(8.82)	12(18.46)	7(16.67)	4(14.29)	26(15.38)
Damages Property	3(8.82)	8(12.31)	3(7.14)	3(10.71)	17(10.06)
Misbehaves with Others	1(2.94)	2(3.08)	5(11.90)	5(17.86)	13(7.69)
Temper Tantrums	4(11.76)	2(3.08)	0(0.00)	0(0.00)	6(3.55)
Wanders	1(2.94)	7(10.77)	6(14.29)	1(3.57)	15(8.87)
Disobedience	5(14.71)	8(12.31)	9(21.43)	6(21.43)	28(16.57)
Repetitive Behavior	5(14.71)	4(6.15)	2(4.76)	0(0.00)	11(6.51)
Self Injurious Behavior	4(11.76)	3(4.62)	1(2.38)	2(7.14)	10(5.92)
Restless Physically Overactive	3(8.82)	5(7.69)	3(7.14)	2(7.14)	13(7.69)
Odd behaviors	4(11.76)	10(15.38)	5(11.90)	3(10.71)	22(13.02)
Fears	1(2.94)	3(4.62)	1(2.38)	1(3.57)	6(3.55)
Sexual Problems	0(0.00)	1(1.54)	0(0.00)	1(3.57)	2(1.18)
Total	**34**	**65**	**42**	**28**	**169**

Table III: Parents' Perception of Behavior Problems in Terms of Chronological ages of Mentally Retarded Persons (percentage given in parenthesis)

Behavior Problems	Sex		
	Male (N=45)	Female (N=25)	Total
Physical Harm Towards Others	16(14.16)	10(17.86)	26(15.38)
Damages Property	11(9.73)	6(10.71)	17(10.06)
Misbehaves with Others	9(7.96)	4(7.14)	13(7.69)
Temper Tantrums	3(2.65)	3(5.36)	6(3.55)
Wanders	11(9.73)	4(7.14)	15(8.87)
Disobedience	20(17.70)	8(14.28)	28(16.57)
Repetitive Behavior	7(6.19)	4(7.14)	11(6.51)
Self Injurious Behavior	7(6.19)	3(5.36)	10(5.92)
Restless Physically Overactive	9(7.96)	4(7.14)	13(7.69)
Odd behaviors	15(13.27)	7(12.50)	22(13.02)
Fears	3(2.65)	3(5.36)	6(3.55)
Sexual Problems	2(1.77)	0(0.00)	2 (1.18)
Total	**113**	**56**	**169**

Table IV: Parents'l Perception of Behavior Problems in Terms of sex of Mentally Retarded Persons (percentage given in parenthesis)

reported in severe/profound groups than in mild/moderate groups of mentally retarded people. It is hard to explain why self injurious behavior in this sample is reported more in mild/moderate groups than in severe/profound groups as this is not in line with some of the studies reported in western literature. However, if we accept the understanding of learning approach which explains that self injurious behavior could be maintained not only through self stimulation but also due to various other factors such as social attention, escape or tangible reinforcement, one would not find it difficult to explain such trends.

In terms of age of mentally retarded persons, parents expect more obedience from their children as they advance in years. Probably age does influence behavior problems as indicated by the result of this study. The trends indicate that temper tantrums, repetitive behavior, restless physically overactive behaviors decrease with age. However, misbehaves with others and disobedience appear to increase with age.

In regards to sex variable, the characteristic trend appears to be "disobedience" predominates in the males (17.70%) and is followed by "physical harm towards others", (14.16%) the reverse is reported for females where "physical harm towards others" (17.86%) is perceived by parents as a greater problem than "disobedience" (14.28%). It is possible that these trends reflect the social expectations from females in our society, who are expected to remain physically docile and not act out their aggression towards others, while this may not be true for males. Further it can be noted that "wanders" as a behavior problem, is perceived more in male mentally retarded persons (9.73%) than in females (7.14%). Conversely, "temper tantrums" (5.36%), "fears" (5.36%) are reported twice as much in female than in males. The findings are in line with expected social role which influences parents handling of their children.

CONCLUSION

Findings of this study concluded that disobedience followed by physical harm towards others and odd behaviors are the most common behavior problems reported frequently by the parents. Disobedience is found more common in male, and that increases with the age.

Although the results only indicate trends in parents' perceptions of behavior problems in mentally handicapped children, yet they do significantly highlight the need for professionals working with this population to equip themselves with skills to identify such problems early and help parents to manage them promptly. The findings also highlight the need to develop suitable models of parent training programs to transfer behavioral technology to parents in Nepalese context.

There were some limitations of this study. The study conducted on parents report in first visit. The sample size is small. Future research is needed with bigger sample using standard questionnaire and the effect of mentally handicapped persons' behavioral problems on their parents' quality of life and psychological well-being. So that parents' need of seeking professional help will be fulfilled in a proper direction.

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