Parental Attitudes Towards Mentally Retarded
Children: An Egyptian Sample

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Parental attitudes and practices have significant effects on
the prognosis of mentally retarded children. 50 mothers and 10
fathers of mentally retarded children completed a questionnaire
of parental attitudes. The most prevalent attitude of mothers is
the equality in treating children while the least attitude is their
stability in treating their children. Fathers are more accepting
to their children. No differences were found in parental attitudes
towards the three grades of mental retardation. Mild negative
correlation between mothers, attitudes and IQ of the child, mild
positive correlation with the age of the child were formed.

Introduction
Mental retardation has a great impact
on the family. Having a child who will
remain a mental cripple for his entire life
places parents in a great conflict. It is
the failure to resolve their conflicts that
often results in chronic bitterness, re-
sentment or apathy (Stubblefield, 1977). Although some parents of mentally re-
tarded children have been described as de-
fensive, depressed, overprotective, deny-
ing, guilt ridden and rejecting, the
majority are well adjusted (Szymanski &
Crocker, 1989).

For many family members, especial-
ly mothers, management of a mentally
retarded child may constitute an all con-
suming task. Crnic et al, 1983 found
that the cumulative impact on daily pa-
renting hassles and difficulties in deal-
ing with children represent significant
stressor that may subsequently affect par-
ent and family functioning.

Parental reactions to mental is con-
troversial. They are a resultant of many
feelings: frustration, hurt, fear, despair,
ambivalence and projection of blame. It
is believed that parental reactions might
take sequential stages namely awareness
of a problem, denial, recognition of the
basic problem, search for a cause and fi-
nally acceptance of the problem
(Gearheart & Willton, 1979). Some
studies reported more depressive symp-
toms or higher levels of malaise and
dysphoric affect in mothers of children
with handicaps than others having nor-
mally developing children (Friedrich &
Friedrich, 1981; Breslau & Davis, 1986;
Wilton & Renaut, 1986). On the other
hand extensive research by Macphee et a
(1986) who studied repeatedly maternal
feelings over time, found no difference
between both groups.

A common viewpoint is that paren-
tal reactions are affected by some vari-
ables including the type of handicap, de-
gree of severity, socioeconomic status,
presence of physical defects, age of the
child, parents' life philosophy and be-
iefs, discrepancy between parents and
child's in intellect, support by other ex-
tended family members, support by professionals and non professionals e.g. (parental organizations).

The incidence of mild mental retardation is considerably variable (Innes et al 1968) while that of moderate to severe grades are constant. Social and educational services provided by the community do influence the mild retardation. Kaplan and Sadock (1991) reported higher incidence in rural areas than urban ones. Persons of normal IQ tend to move to cities while those of limited IQ or retarded remain in their rural societies.

This study aims at studying the prevalent parental attitudes towards mental retardation in an Egyptian sample. Correlation between parental attitudes, age and degree of mental retardation are tried.

**Subjects and Method**

50 mentally retarded children were selected from Abou El Rish hospital, Cairo University from November 1993 - January 1994. DSM III - R was used for diagnosis. Children with gross physical, neurologica, endocrinal disorders and Down's syndrome were excluded. Every child was submitted to the following:

A- Clinical history and physical examination. History was taken from the mothers in all cases.


C- Application of parental attitudes scale for mentally retarded children (Hamza., 1992). This questionnaire consists of 60 statements designed to measure parental attitudes by 5 sub - scales along the following dimensions:

1- Awareness and understanding of the problem of mental retardation . non understanding.

2- Optimism / pessimism.

3- Acceptance / rejection.

4- Stability / hesitancy.

5- Equity / discrimination.

All mothers of the 50 children for study completed the questionnaire. Only 10 fathers could be available.

Statistical techniques applied are percentage, means and standard deviations, correlation coefficient (Pearson CO) and one way analysis of variance.

**Results**

Our sample included 26 males (52%) and 24 females (48%). As shown in table one mean age was 8.88 years and mean IQ 46.8

As regards children's education 19

<table>
<thead>
<tr>
<th>Grade of MR</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>23</td>
<td>18</td>
<td>9</td>
<td>50</td>
</tr>
<tr>
<td>Mean age in years</td>
<td>9.2</td>
<td>8.2</td>
<td>9.35</td>
<td>8.88</td>
</tr>
<tr>
<td>Mean IQ</td>
<td>57.8</td>
<td>40.9</td>
<td>25.2</td>
<td>46.8</td>
</tr>
</tbody>
</table>

38%) did not go to school, 3 (6%) attend special schools for retarded children and 28 (56%) are in primary schools. As for the mothers' level of education and occupation, we found that 40 mothers (84%) were illiterate; 4 finished primary education, 3 preparatory and only one (2%) reached secondary school. 44 mothers (88%) were housewives and 6 were clerks. Data about fathers revealed that 24 (48%) were illiterate, 13 (26%) had primary school education, 12 (24%) preparatory and secondary education and only one father was a university graduate. 22 (44%) of fathers were professionals, 14 (28%) manual workers, 10 (20%) employees and 4 (8%) merchants.
Results of the questionnaire showed "stability" in treating the retarded child is the least prevalent attitude among mothers while the most prevalent attitude is "equality" in treating them. For fathers, "equality" in treatment and "acceptance" were the most prevalent attitudes. Table II shows comparison between attitudes of each parent on the questionnaire.

Scores reveal that on acceptance / rejection dimension fathers were more accepting than mothers. On stability / fluctuation, fathers are more stable in their attitudes than mothers.

Analysis of mothers' and fathers' scores on each dimension of the scale revealed that 46% of mothers and 50% of fathers did not understand the nature of mental retardation. 58% of mothers and 60% of fathers felt optimistic about their child's future. 58% of mothers showed acceptance of the mentally retarded child compared to 80% of fathers. 54% of mothers showed fluctuation i.e. are unstable in managing their children compared to 50% of fathers and 78% of mothers discriminate between the mentally retarded child and other children while 60% of fathers showed no discrimination.

Further analysis of total scores on the scale showed 44% of mothers have a negative parental attitude towards their mentally retarded child while 60% of fathers showed a positive attitude. Correlation between total scores of mothers and fathers (0.02-0.51) were statistically nonsignificant, yet they pointed to a positive correlation between mother’s attitude and the age of the child and a negative one for fathers.

Correlation between parental attitudes and the IQ of the child were not statistically significant. No significant difference was found between mothers' attitude and the grade of mental retardation (using one way analysis of variance).

Discussion

In our study we found that 44% of mothers had a negative attitude towards their mentally children. This agrees with others who reported non-acceptance and even rejection of mentally retarded children by parents (Chin et al, 1978; Ahmed, 1987; Szymanski & Crocker, 1989). But, on the other hand we find 46% of mothers showing a positive attitude. A possible explanation for this is the high percent of illiterate mothers (84%) represented in this sample and who also come from a low socioeconomic class. This class of population places greater value on physical disabilities rather than mental ones (Chin et al, 1975) while higher socioeconomic groups tend to place greater emphasis on educational disabilities and limitations in the child's cognitive skills. It ought to be mentioned here that religious beliefs and concepts in Egypt play an important role in parents' acceptance of their retarded child, especially among people of this
class. Grateful acceptance of God's gift and the strong belief in His mercy that encompasses everything allows for acceptance of the child. The high percent of instability of mothers in treating their children might be explained by lack of education, too.

The relation between parents' attitudes and the degree of severity of mental retardation is controversial. We found no significant differences between parental attitudes and the three grades of retardation. Our finding disagrees with others (Glasers, 1978; Szymanski & Crocker, 1989) who reported the degree of mental retardation to be among a variety of factors that directly affects parental reactions.

Our results point to a mild positive correlation between mothers' attitudes and the age of the child and a moderate correlation for fathers. We, therefore agree with Minnes'. (1989) viewpoint about the child's age being a significant predictor to maternal stress and it diminishes with age. As for fathers, we might say that while mothers come to accept the child and care for him as he grows older, fathers become more and more susceptible to stress and fear concerning the child's future.

Being more involved and responsible about daily activities and care of the mentally retarded child, it might be understood why mothers appear to be more negative in their total parental attitude score than fathers. Owing to the small number of fathers in our sample (10) compared to mothers (50), the more positive attitude of fathers compared to mothers might not be conclusive. Our findings, therefore, point to the importance of supportive, educative and counselling services for parents of mentally retarded children. The use of modern intervention programmes and skill training techniques for mentally retarded children could never be fruitful without the active cooperation of parents. This raises the importance of better understanding of family problems, stresses and conflicts and points to the importance of understanding, supporting and teaching parents how to manage their child.

Lastly, we recommend further trials to measure parental reactions among higher social and educational strata to study whether parental scores will differ among higher social and educational levels.

References

Hamza, G.M. (1992) The effects of counselling programs for parents on changing their attitudes towards their mental-
Parental Attitudes Towards Mentally Retarded Children

Les Attitudes des Parents Contre les Enfants Mentalement Retardés: Une échantillon Égyptienne

Les attitudes des parents et leurs manières ont un effet significatif pour les enfants mentalement retardés. 50 mères et 10 pères ont complété un questionnaire pour l'attitude des parents. L'attitude le plus prévalant pour les mères a été l'égalité du traitement des enfants, tandis que le moins était la stabilité du traitement. Les pères ont été plus acceptants pour leurs enfants. On n'a pas trouvé de différences dans les attitudes des parents pour les 3 degrés de retardation mental. On a trouvé une corrélation négative entre les attitudes des mères et l'intelligence de l'enfant et une corrélation positive avec l'âge de l'enfant.

 موقف الوالدين تجاه أطفالهم المتأخرين عقلياً 

في عينة مصرية

تسعى هذه الدراسة إلى التعرف على الاتجاهات الوالدية تجاه الأطفال المتخلفين عقلياً في عينة مصرية. وترجع أهميتها إلى التأثير المباشر للوالدين على مصير هؤلاء الأطفال.

وقد طبقت هذا الدراسة على خمسين طفلاً من المتخلفين عقلياً والمترددين على ميادين الطب النفسي في مستشفى أور الوصلي لجامعة القاهرة وقد تراوحت أعمار الأطفال بين 6 - 12 سنة.

وتم عمل الآتي: تأريخ الحالات والفحص الكليكي ثم مقياس للذكاء. واستعمال نتائج النتيجة بينية. ثم استبيان الاتجاهات الوالدية الذي طبق على خمسين آم وعشرة أباً. ودلت النتيجات على أن اتجاهات الأمهات أبرزت في نسبة كبيرة بالتدريب في معاملة الطفل والتزامه به.بينما الأبوين لم تقدموا نصف الأمهات بالاعتماد على التعليم العالي. أما الآباء فاظهرت النتائج أكثر عاماً وثباتاً في المقابلة. كما دلت النتيجات أن 44% من الأمهات لهم اتجاهات سلبية تجاه إبناتهم المتخلفين ووجد ارتباط سلبي وضعيف بين اتجاهات الأمهات ومعاملة ذكاء الطفل وارتباط سلبي متوسط بين اتجاهات الآباء وذكاء الطفل. أما بالنسبة لتمام الطفل فقد أظهر ارتباطاً إيجابياً باتجاهات الأمهات وسلبياً للآباء.

لم يظهر البحث أي فروق دالة إحصائياً بين الفئات الثلاثة المتخفى (ضعف، ومتواضع، والشديدة) على جميع أبعاد مقياسات الاتجاهات الوالدية وفي التزام الكلي الوالدي.