

MATERNAL ATTITUDES TOWARDS SPASTIC CEREBRAL PALSY

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ABSTRACT

Attitudes of 120 mothers of spastic children aged 2-12 yrs were assessed by using Mother's Attitude Scale. Attitudes of mothers towards spastics were highly influenced by the severity of handicap and IQ of the child ($r < 0.74$). Mother's education, family income, occupational status, type of habitat had significant but low correlation with her attitudes (0.23 to 0.35). Age, sex of the child and type of family did not influence attitudes. Study group mothers (rural or urban) have better attitudes towards spasticity compared to control group mothers. This difference was more discernible among mothers belonging to age group below 30 years of age. The study emphasizes the necessity of constant counselling of mothers so that their attitudes may improve and help in more effective care of the child.

Key words: *Maternal attitudes, Cerebral palsy, Spastic child.*

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Cerebral palsy (CP) is a non-progressive but crippling neurological disorder of childhood. The predominant deficit is of motor function occurring due to central nervous system insult either at birth or during the early years of life. Presence of child with CP in a family generates profound emotional stress and feelings of gloom, shock and a sense of guilt(1,2). There is paucity of studies on attitudes of parents of spastic children in spite of the fact that nearly 8 to 11.5% of total physically handicapped children seen in large hospitals belong to this category(3). Most of the research work on spastic children has focussed on the impact of the disability on the affected child and the attitudes of parents of institutionalized heterogeneous group of physically handicapped and mentally retarded children(4-10). Attitudes of parents play significant role in determining the total care and management of spastic child. In the present study, an attempt was made to identify the factors that influence a mother's attitudes towards her spastic child and also to compare the attitudes of mothers of spastics with those of mothers with normal children.

Material and Methods

One hundred and twenty mothers having a spastic child, in the age range of 2 to 12 years, visiting the Department of Pediatrics of Postgraduate Institute of Medical Education and Research, Chandigarh and its centre for Handicapped Children (Karuna Sadan) in Section 11, Chandigarh were included in the study. Only those mothers were included in the study, whose child was diagnosed to be spastic and had an intelligence quotient (IQ) of 50 or more and who were residing in and around Chandigarh. One hundred mothers of healthy children residing in a house

adjacent to the index family, having at least one child in the age range of 2-12 years were taken as control. Socio-demographic characteristics of the family, IQ and extent of disability of the spastic child were assessed in order to find out the factors that could influence the attitudes of mothers.

For the assessment of IQ, two out of the four commonly used tests of intelligence (*i.e.*, Gesell Drawing tests, Vineland Social Maturity Scale Indian adaptation by Malin, Development Screening Test and Seguin Form Board Test)(11-14) were applied to each subject depending upon its suitability according to the age of the child.

Extent of disability of the child was evaluated by the Hewett and Newson Scale(15), which consists of 54 items. The scale measures disability in motor, self care, continence, equipment used by the child and general health. The maximum possible score on the scale is 56. The degree of spasticity is divided in three groups, *viz.*, mild with score up to 13, moderate with score 14-41 and severe with score 42 and more.

Attitudes of mothers of study and control groups were measured using Mother Attitude Scale which consisted of 20 items(16). For each item respondent was asked to choose one of the five response alternatives. The alternatives are 'strongly agree', 'agree', 'undecided', 'disagree' and 'strongly disagree'. The most favorable response is given a score of 5 and the least favorable a score of one. Higher the score better the attitude to spasticity.

Results

Of the 120 spastic children in the sample, 54.1% were below 5 year of age, 61.6% were male, 68.3% had moderate to severe degree of spasticity and 25.8% had IQ above 70. With regard to the socio-demographic characteristics of the family, 55.8% mothers were

less than 30 years of age. A total of 61% were educated up to high school level, 58% belonged to nuclear families and 61.6% were from urban areas. So far as the husband's occupation was concerned, 35.8% belonged to the prestige occupation categories such as professionals, high Government officials, business executives, advocates, engineers, *etc.*(17) and 37.5% had education level up to high school.

Table I shows that there was a significant negative correlation between mother's attitude score and the degree of spasticity, *i.e.*, severer the spasticity poorer was the attitude of mother. The IQ of the spastic child also influenced the mother's attitudes, *i.e.*, better the IQ of the child more favorable were the attitudes of mothers. Higher the parental education, occupation and family income, more favorable were the mother's attitudes. Mother's whose spastic child was first or second born had relatively better attitudes compared to those where the affected child was third or later in the order of birth. Age of the mother did not influence her attitudes.

TABLE I—Relationship of Mother's Attitude Score with Different Socio-Economic Characteristics of the Family

Characteristics	r	p value
Degree of spasticity	0.727	0.01
IQ level of the child	0.702	0.01
Education of the mother	0.352	0.01
Husband's education	0.277	0.01
Husband's occupation	0.230	0.05
Income of the family	0.394	0.01
Birth order	0.181	0.05
Age of mother	0.033	NS

No significant difference was found in the attitudes of mothers in relation to age, sex of the child and type of family (Table II). Urban mothers had significantly better and favorable attitudes towards spastics, as compared to their rural counterparts. Similarly, mothers having one or two children had significantly better attitudes compared to mothers with more than two children.

A stepwise multiple regression analysis showed that degree of spasticity, IQ of the child and education of the mother were the three predominant contributing factors which influenced the mother's attitudes.

Mothers of spastic children had significantly better attitudes to spasticity compared to mothers of normal children (mean 57.89 and 53.47; SD 9.52 and 10.46).

Discussion

Attitudes towards spasticity were significantly better in the mothers who had spastic child in their family compared to those who had simply seen a spastic child in their neighbourhood. This attitude in the former group was influenced greatly by the degree of spasticity, IQ of the child and educational level of mother. Other socio-demographic factors of the parents also influenced the attitude but the degree of correlation was low. Mothers belonging to urban areas and having up to two children had significantly better attitudes towards spasticity compared to their rural counterparts. Child's age, sex and type of family did not influence mother's attitudes.

TABLE II—Influence of Different Socio-Economic Characteristics on the Scores of Mother's Attitude Scale

Characteristics	n (120)	Mean	SD	t	p value
Age of child					
Up to 5 years	65	57.72	9.38	0.21	NS
< 5 years	55	58.09	9.76		
Sex of child					
Male	74	57.22	9.25	0.96	NS
Female	46	58.95	9.74		
Type of family					
Nuclear	70	57.59	9.73	0.42	NS
Joint	50	58.32	9.31		
Type of habitat					
Rural	46	54.64	8.39	3.15	0.01
Urban	74	59.90	9.77		
No. of children					
Up to 2	77	59.67	9.45	2.86	0.01
< 2	43	54.69	9.01		

Significantly, better attitudes in the mothers of study group compared to the control might mean that the former group had received better information about the condition of the child and had learnt to accept the realities of life with regard to child's disabilities. The mothers of control group children only witnessed the agony of the mothers of spastics and, therefore, could not perceive the problem of children in its true perspective. Thus, their irrational perception might be a factor of significance in lowering their attitude score.

Attitudes of mothers, who had a spastic child in their family, was determined significant by the extent of disability of the child, his level of IQ and mother's own educational background. These results are similar to those reported in studies related to mother's attitudes to mental handicapped children (4-10,18,19). In both instances, the mother's perception is not directed to a medical or clinical condition but towards the ability of her child to perform its daily activities. In both the conditions, the problems faced in rearing and training the handicapped child are mother's main concern and influence her attitudes.

The present study suggests, that mothers with poor educational background who have a child with severe degree of spasticity and low IQ need more counselling sessions so as to improve her attitudes towards spasticity. The improvement in her attitudes is expected to bring a positive change in her day to day care of the child. Such mothers need constant supervision and encouragement from professional staff so that they may change their attitudes more favorably.

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NOTES AND NEWS

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