

## PROBLEMS OF THE DISABLED CHILDREN'S MOTHER IN RURAL AREAS OF FAISALABAD

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Disable children have been found in every society and they require special attention of their parents in the society. In Pakistan, traditional family system is working in rural areas where mother is responsible for child care. During this process, when mother brings up a disabled child faces multiple socio-economic problems. Present study was conducted in District Faisalabad (Punjab). For this purpose to special education centers were visited. Multistage sampling technique was used for the selection of respondents for the present study. At first stage two special education centers were selected conveniently where mothers of disabled children were available during parents meeting day. At second stage, 120 respondents (rural mothers) were selected through simple random sampling technique. A structured interview schedule was used for collection of data. After statistical analysis of the data, results revealed that mothers of the disabled children were facing multiple problems in different spheres of life.

**Keywords:** Disabled children, special education centers, Socio-economics, Rural Pakistan

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### INTRODUCTION

Children with any type of disability are looked upon with inferiority or pitiable behavior even in modern societies (Alamet al., 2005). Their parents also do not encourage disabled children who always remain desperate and neglected. Parents' reaction towards disability is anger, denial and guilt but most of them pass through the mourning process leading to a state of constructive acceptance (Shahzadi, 1992). According to Logston (2008) some parents refuse their children's learning disability. Such parents, who make the contradiction they feel hesitation while discussing about the disability and suggest alternate clarification of the problem. These parents ignore the learning problems of their children claiming that everything is alright. Besides of taking attention to their disability problems these parents blame their children for their deprived school performance that they had laziness or lack of efforts.

Such children sometimes face serious psychological problems because they think if they will not perform well they have fear to be punished by their parents. This condition is very problematic when parents oppose on the child's disability and not properly handled the academic problems. These children often required extra care from the physician and other health-care appointments than a normal child and usually need close medical monitoring. Not only has this but parents also had to face a lot of troubles while educating them.

They have to arrange special private educational facilities and need to consult special education centers for their proper education. These children usually need close parental contact with the school system. Their parents have to regularly visit or check their interaction with their fellows to make sure that they are not being bullied. The disabled children usually required special transportation facilities for

their schooling and other activities, the children who have severe disabilities may require to be schooled at home. It is estimated that expenses required to nourish a disabled child as compared to normal child is usually high. These expenses boost up because these children require sophisticated medical equipment and supplies, extra medical care, private education, tutor for home tuitions or specialized transportation facilities. These children required the lifetime care besides of 18 years. Their parents may have to arrange money for a trust who can take care of them when they pass away (Boyd, 2011). Beresford *et al.*, (2007) put emphasis on the parent's attitude that they should be sound in psychologically and physically healthy in order to accurately look after their special child. Invigorating, sleeping problems and the constant heed and administration requirements of the child were some adverse factors that strongly affect the parent's substantial and emotional interests towards special child care. It is found to be necessary to provide proper housing and educational facilities along with appropriate equipment and proper care for the child's well-being. Special education that has an important role in building self-confidence and ability to cope with emerging challenges should be taken as a matter of right and not charity (Waheed, 2003). Special education teachers are needed to be well trained and well incentivized (Maqbool, 2007). It is because in this way they give proper attention and care to the special students. The students who got proper care and attention from both sides i.e. parents and teachers settled in society in a better way. They feel themselves comfortable as they attend meetings and they don't feel shyness in get-together with unfamiliar persons. While on the other side the children who can't avail this facility i.e. proper care and attention by their parents and teachers faced the serious problems regarding adjustment in society (Nadir *et al.*, 2006). Physical disability is most

common form of disability and men's ratio is higher rather than women (Sultana, 2000).

The fathers as compared to mothers mostly take interest in the rehabilitation of disabled children. However, in respect of care, nursing, nourishment, mother has a significant role. Disabled people face problems in all the fields of life. Even they have no jobs. They face different worries even for small movements.

The disabled people are unaware about the rules and regulations and facilitations which are provided by government and different institutions (Country Profile on Pakistan, 2002). It has been observed in rural and urban areas that women face much more problems rather than men. It has also been observed that women are physically handicapped because of accidents (Report on National Census of Pakistan, 1999). Sociological and biological researchers have defined various reasons for their disability as lack of knowledge, malnutrition, poverty, endogamy, un-conducive environment and viral infections (Anonymous, 1982).

In Pakistan, there is no federal Ministry of disability. Even at local level no department is given responsibility to deal with these problems. There are no proper jobs for disabled persons and such people are being treated as burden in families as well as in society (Country Profile on Pakistan, 2002).

There is a dire need to recognize that the disabled person should be given attention and respect like normal. It is because of the reason that the disabled people can be responsible citizens if they have been provided with proper education and training. They can play a productive role for development (Akbar, 2003) so disabled children are now given special attention in different countries as in Pakistan, being signatory it has taken a lot of steps for the welfare of disabled people. It also has declared its first policy with name; "National Policy on the issue of disability" (Ahmed et al., 2011).

### Hypothesis

**H1:** Higher the age of the mothers, lower will be the problems faced from their disabled children.

**H2:** Higher the education of the mothers, lower will be the problems faced from their disabled children.

**H3:** Higher the education of the husbands, lower will be the problems faced by the respondents from their disabled children.

**H4:** Higher the family income of the mothers, lower will be the problems faced from their disabled children.

**H5:** Higher the age of the disabled children, higher will be the facing problem by the mothers.

**H6:** Nuclear families will be facing more problems from their disabled children.

### MATERIALS AND METHODS

Methodological techniques are very important for analyzing sociological problems. Sound methodology is vitally important to establish chain for knowledge and empirical

verification of hypothesis. The scientific methodology is a system of explicit rules and procedures upon which research is based and against which claims for knowledge evaluated (Nachmias and Nachmias, 1992). This study investigated the problems faced by mothers of the disabled person in rural areas of District Faisalabad. For this purpose the primary data sources were used for data collection. The sequence of methodology to conduct research for data collection and for estimation is described in terms of study design, the universe of study, selection of respondents, sampling procedure and sample size, development of questionnaire and data analysis techniques.

**Universe:** Any set of individuals or objects having common observable characteristics constitute a universe. The study was conducted at District Faisalabad.

**Sample:** The sample is a smaller representation of a larger whole (Chaudhary, 1984). The factors of time cost and physical limitations usually play an important role in also social researches. Therefore, it is more economical and efficient to base studies on samples rather than to study the entire universe.

The present study was conducted in District Faisalabad. Multistage sampling technique was used for data collection. At the first stage two institutions (Government Special Education Center Jaranwala and Government Special Education Center Tandlianwala) were selected purposively. At the second stage a list of rural disabled children's mothers from the school record was obtained. At the third stage 120 mothers (60 from each institute) were selected randomly from the list. Data were collected with the help of a well-designed interview schedule.

**Statistical analysis:** Collected information was statistically analyzed through SPSS (Statistical Package for Social Sciences) software. Following two types of analysis were performed;

**Bi-variate analysis:** Bivariate analysis is applied to see the relationship/association between the two variables. Bivariate analysis was used to find out association of socio-economic characteristics of the respondents and facing problems from their disabled child. This measure of association helps to understand relationship. Chi-square and gamma statistics were used to check the association and testing hypotheses of association and causality as well.

**Chi-square test:** Chi-square test is denoted by symbol  $\chi^2$ . Chi-square is defined as, a statistical test used to compare the observed frequencies with expected frequencies, it would expect to obtain according to a specific hypothesis also to determine the degrees of independence (Fisher, 1928). The formula for calculating chi-square ( $\chi^2$ ) is:

$$\chi^2 = \sum (f_o - f_e)^2 / f_e$$

**Gamma statistics:** Gamma test is defined as, the strength of association/relationship of the cross tabulated data when two

variables are being measured at the ordinal level of measurement (Sheskin, 2007). The values range from -1 means (100% negative association), or (perfect) to +1 means (100% positive association), or (perfect agreement), and value of zero shows the absence of association in the variables. This test is also known as Goodman and Kruskal's gamma test). It's very close to Somers'D and to Kendall's tau. In descriptive statistics, Gamma test statistic is an index of association between two variables which measured on ordinal levels. Suppose, if two pairs of scores are examined, they must either be concordant, in the sense that the one ranked higher than the other on the first variable is also ranked higher than the other on the second variable, or discordant. The value of a gamma test statistic, ( $\Gamma$ ) depends on two quantities:

$$\text{Gamma} = \frac{N_s - N_d}{N_s + N_d}$$

Formula shows that the size and the direction of gamma whether it's positive or negative, are functions of the relative number of same order as ( $N_s$ ), versus inverse order ( $N_d$ ) pairs. However, more  $N_s$  pairs make gamma positive and more  $N_d$  pairs make gamma negative and the larger the difference between  $N_s$  and  $N_d$ , the larger the size of the coefficient (irrespective of sign).

- $N_s$ , the number of pairs of cases ranked in the same order on both variables (number of concordant pairs),
- $N_d$ , the number of pairs of cases ranked differently on the variables (number of discordant pairs).

Gamma indicates the results in following way:

$$\text{i- Gamma} = \frac{N_s - 0}{N_s + 0} = 1.0$$

A gamma of 1.0 indicates that the relationship between the variables is positive and the dependent variable can be predicted without any error based on the independent variable. When  $N_s$  is zero, gamma will be -1.0, indicating a perfect and a negative association between the variables.

$$\text{ii-Gamma} = \frac{0 - N_d}{0 + N_d} = -1.0$$

When  $N_s = N_d$ , gamma will equal zero:

$$\text{iii-Gamma} = \frac{N_s - N_d}{N_s + N_d} = \frac{0}{N_s + N_d} = 0.0$$

A gamma of zero reflects no association between the two variables; hence, there is nothing to be gained by using the independent variable to predict order on the dependent variable.

## RESULTS AND DISCUSSION

Analysis and interpretation of data are the most important steps in scientific research. Without these steps,

generalization and prediction cannot be achieved which is the target of all scientific research.

**Hypothesis 1:** Higher the age of the mothers, lower will be the problems faced from their disabled children.

Table 1 presents the association between age of the respondents (mothers) and facing problem from their disabled child. Chi-square value (4.18) shows a non-significant association between age of the respondents (mothers) and facing problem from their disabled child. While gamma value shows a negative relationship between the variables. So the hypothesis "Higher the age of the mothers, lower will be the facing problem from their disabled children" is rejected.

**Hypothesis 2:** Higher the education of the mothers, lower will be the problem faced from their disabled children.

Table 2 presents the association between education of the respondents (mothers) and facing problem from their disabled child. Chi-square value (13.03) shows a significant association between education of the respondents (mothers) and facing problem from their disabled child. Gamma value shows a strong negative relationship between the variables. Its mean illiterate respondents facing more problems from their disabled child as compare to educated respondents. Table also shows that a majority (55.9%) of the illiterate respondents were facing high problem from their disabled children. On the other hand majority (54.5%) of the respondents who had matric and above level of education were facing low level problem. So the hypothesis "Higher the education of the mothers, lower will be the facing problem from their disabled children" is accepted.

**Hypothesis 3:** Higher the education of the husbands, lower will be the problems faced by the respondents from their disabled children.

Table 3 presents the association between education of the respondents' husbands and respondents facing problem from their disabled child. Chi-square value (15.43) shows a significant association between education of their husbands and facing problem from their disabled child. Gamma value shows a strong negative relationship between the variables. Its mean if the respondents' husbands were illiterate then they were facing more problems from their disabled child as compare to literate. So the hypothesis "Higher the education of the husbands, lower will be the facing problem by the respondents from their disabled children" is accepted.

**Hypothesis 4:** Higher the family income of the mothers, lower will be the problems faced from their disabled children.

Table 4 presents the association between family income of the respondents (mothers) and facing problem from their disabled child. Chi-square value (14.93) shows a highly significant association between family income of the respondents (mothers) and facing problem from their disabled child. Gamma value shows a strong negative relationship between the variables. Its mean low income

**Table 1: Association between age of the respondents (mothers) and problems faced from their disabled child**

Age of the respondents (in years)	Problem facing from their disabled child			Total
	Low	Medium	High	
Up to 30	6 27.3%	6 27.3%	10 45.5%	22 100.0%
31-45	23 35.4%	11 16.9%	31 47.7%	65 100.0%
Above 45	13 39.4%	10 30.3%	10 30.3%	33 100.0%
Total	42 35.0%	27 22.5%	51 42.5%	120 100.0%

Chi-square = 4.18; d.f. = 4; Significance = 0.381NS; Gamma = -.160

**Table 2: Association between education of the respondents (mothers) and facing problem from their disabled child**

Education of the respondents	Problem facing from their disabled child			Total
	Low	Medium	High	
Illiterate	17 28.8%	9 15.3%	33 55.9%	59 100.0%
Primary	5 26.3%	6 31.6%	8 42.1%	19 100.0%
Middle	8 40.0%	7 35.0%	5 25.0%	20 100.0%
Matric and above	12 54.5%	5 22.7%	5 22.7%	22 100.0%
Total	42 35.0%	27 22.5%	51 42.5%	120 100.0%

Chi-square = 13.03; d.f. = 6; Significance = .043\* Gamma = -.348

**Table 3: Association between education of the husbands and problem faced from their disabled child.**

Education of the husbands	Problem facing from their disabled child			Total
	Low	Medium	High	
Illiterate	8 19.5%	7 17.1%	26 63.4%	41 100.0%
Primary	6 30.0%	5 25.0%	9 45.0%	20 100.0%
Middle	11 44.0%	5 20.0%	9 36.0%	25 100.0%
Matric and above	17 50.0%	10 29.4%	7 20.6%	34 100.0%
Total	42 35.0%	27 22.5%	51 42.5%	120 100.0%

Chi-square = 15.43; d.f. = 6; Significance = .017\* Gamma = -.419

respondents facing more problems from their disabled child as compare to high income respondents. Table also shows that a majority (61.7%) of the low income respondents were facing high problem from their disabled children. On the other hand majority (55.6%) of the high income respondents were facing low level problem.

So the hypothesis "Higher the family income of the mothers, lower will be the facing problem from their disabled children" is accepted.

**Table 4: Association between family income of the respondents (mothers) and facing problem from their disabled child**

Income (Rs.)	Problem facing from their disabled child			Total
	Low	Medium	High	
Up to 7000	10 21.3%	8 17.0%	29 61.7%	47 100.0%
70001-15000	17 37.0%	12 26.1%	17 37.0%	46 100.0%
Above 15000	15 55.6%	7 25.9%	5 18.5%	27 100.0%
Total	42 35.0%	27 22.5%	51 42.5%	120 100.0%

Chi-square = 14.93; d.f. = 4; Significance = .005\*\* Gamma = -.458

**Table 5: Association between age of the disabled children and problem faced from their disabled child**

Age of the disabled (in years)	Problem facing from their disabled child			Total
	Low	Medium	High	
Up to 6	13 41.9%	12 38.7%	6 19.4%	31 100.0%
7-12	24 35.8%	8 11.9%	35 52.2%	67 100.0%
Above 12	5 22.7%	7 31.8%	10 45.5%	22 100.0%
Total	42 35.0%	27 22.5%	51 42.5%	120 100.0%

Chi-square = 14.52; d.f. = 4; Significance = .006\*\* Gamma = .256

**Table 6: Association between family type of the respondents and problem faced from their disabled child**

Family type	Problem facing from their disabled child			Total
	Low	Medium	High	
Nuclear	10 20.4%	12 24.5%	27 55.1%	49 100.0%
Joint	32 45.1%	15 21.1%	24 33.8%	71 100.0%
Total	42 35.0%	27 22.5%	51 42.5%	120 100.0%

Chi-square = 8.27; d.f. = 2; Significance = .016\* Gamma = -.418

**Hypothesis 5:** Higher the age of the disabled children, higher will be the problem faced by the mothers.

Table 6 presents the association between family type of the respondents and respondents facing problem from their disabled child. Chi-square value (8.27) shows a significant association between family type of the respondents and facing problem from their disabled child. Gamma value shows a negative relationship between the variables. Its mean nuclear families facing more problem as compare to In this table the results approved the hypothec and it was concluded that mother's education was helpful in lowering the problems from the disabled children. Education is a tool which help the mother.

Joint families. Table also shows that majority of the nuclear families respondents (55.1%) were facing more problems. On the other hand a major proportion (45.1%) respondents

of joint families were facing low problems from their disabled child. So the hypothesis "Nuclear families will be facing more problems from their disabled children" is accepted.

**Hypothesis 6:** Nuclear families will be facing more problems from their disabled children.

## CONCLUSION

Socio-economic factors always remained determinants of problems faced by the parents of special children. In the present study some of the socio-economic factors were identified and their relationship with the problems of parents of disabled children were analyzed through statistical techniques. It was concluded from the results that increased age of mother, higher education of mother and father and higher family income, were the causes of increasing problem for parents of disabled children.

Besides these increased age of disabled child was also a factor to add in the problems of special children. At the end it was also found that mothers in nuclear family setup had the more problem from their disabled children as they were alone to take care of the disabled child.

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