
THE ROLE OF MARITAL STRESS AND GENDER IN DEPRESSION AMONG PARENTS WITH MENTALLY RETARDED CHILDREN

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Abstract: *This study examined the role of Marital Stress and gender in depression among parents with mentally retarded children. Twenty seven (27) parents comprising 11 males and 16 females were drawn from Evami Special School Independence Layout, Enugu for the study. Cross- section Survey was used. Omoluabi (1994) 50-item Marital Stress Inventory and Radloff (1977) 20-item (CES-D scale) Center for Epidemiological Study Depression scale validated by Okafor (1997) with reliability index scoring of 0.85, Ugwu (1998) with concurrent validity index scoring of 0.41 and Omeje (2000) with reliability and validity index scoring of 0.85 and 0.92 respectively measuring depression in a general population were administered. 2x2 Analysis of Variance F-test as statistical test revealed no significant influence of marital stress on depression, $F(1, 23) = 0.14$ at $P > .05$. Gender, also, did not influence depression, $F(1, 23) = 0.41$ at $P > .05$. It was concluded that marital stress and gender as independent and interacting factors had no role in depression among this sample of parents with mentally retarded children.*

Keywords: Marital Stress, Gender, Depression, Parents, and Mentally Retarded Children.

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INTRODUCTION

Every parent is looking forward to having a baby who is healthy, normal, attractive, graceful, smart, strong, and loving, but some parents though not by their choice are gifted with mentally retarded children. Unfortunately, such parents may feel disappointed and resentful. Some are able to cope with such a situation while others may not and may experience marital stress and psychological stress. Some superstitious parents might regard the arrival of such a child as punishment from God, the work of an enemy while some parents might regard such a child as having a biological or medical problem. Prescott and Hulnick (2010) stated that the most crucial and also traumatic interval in the lives of parents with mentally retarded child is between the moment they learnt their child had mental disability and the time they learn what courses of action are available. The awareness of the arrival of a mentally retarded child gives a shock and denial to the parents. The parents become confused, frustrated and depressed (Wilker, Wasow & Hatfield, 1983). Weiss (2013) reported that parents with such children reported feelings of hate, guilt

denial, depressed, the death wish, anguish and despair. To this end, such self defecting reactions and victimized feelings from the parents are capable of causing marital stress, destabilizing the couples love and leading to depression and as such limiting parents' ability to deal effectively or even cope with the problems of the mentally retarded children.

Mental retardation according to the American Association of Mental Retardation (2002) is someone having substantial, sub-average intellectual and adaptive behavioural functioning from onset before 18 years of age and limitations in at least two of the following areas: (a) communication (b) home living (c) social skills (d) community use (e) self-direction (f) safety (g) functional academics (h) leisure, or (i) work activities. Parenting a mentally retarded child is not an easy task (Peshawaria & Ganguli, 1995). Parents having a mentally retarded child experience a variety of psychological stress related to the child's disability. To this end, psychological stress refers to the pressures on an individual that are in some way perceived as excessive or intolerable, and also to the psychological, emotional and physical changes in response to those pressures such as the pattern of specific and non-specific responses and individual makes to the stimulus events that disturb his/her equilibrium and that exceed their ability to cope (Mgbenkemdi, 2013), People differ not only in the life events they experience but also in their vulnerability to them. A person's vulnerability to psychological stress is influenced by his or her temperament, coping skills and the available social support. Vulnerability increases the likelihood of maladaptive responses to marital stress. Thus, marital stress is a state that arises from an actual or perceived imbalance between demand (for instance, challenge, threat) and capability (for instance, resources, coping) in the family's/couple's functioning (McCubbin & Patterson, 2005). A stressor event in the family produces a change in any part of the marital system: boundaries, roles, values, structure or goals (Burr, 2000). Marital stress may come from within the family, such as having a mentally retarded child, or losing a family member, or from outside the family, such as environmental stressors thereby throwing the family into a state of disorganization when the family is unable to restore their sense of equilibrium or manage their stress, a crisis will emerge (Curran, 1997 & Minnes, 1988).

Considering these factors, the birth of a mentally retarded child at home is likely to be the most traumatic events experienced in a family. Parents can never fully prepare themselves for the news that their child is different (Pueschel, Bernier & Weidenman, 2008). Whether the diagnosis of a disability is shortly after birth or later on in life, parents' dreams and expectations suddenly change (Rose, 1987). The origin of a child's disability may be the result of a variety of conditions that could occur at any time such as childhood, accidents, chronic illnesses, infections, or genetic disorders (Rose, 1987). Parents may have to face immediate decisions about their child's medical care and treatment (Thompson, 2000). Even though there are no universal reactions to the added stress of raising a child with mental retardation, several studies have noted that there are similar patterns or stages that the parents experience emotionally (Blacher, 2011; & Miller, 1994). Some parents will

experience a variety of intense emotions including initial shock, numbness, denial, guilt, fear and anger (Featherstone, 1980; Rose, 1987; Thompson, 2000). Many researchers studying the impact a child with mental retardation has on a family employ an ecological perspective, which looks at how environment and the family affect one another (Bristol & Gallagher, 2006; Crnic, Friedrich, & Greenberg, 1983). The parents' feelings toward their child will influence their ability and also have an effect on how the child and other family members react on the child's disability (Rose, 1987). The everyday task of feeding, toileting, travelling, and communicating are much more physically and emotionally demanding for parents who have children with mental retardation (Ambert, 1992; Featherstone, 1980).

However, the presence of a child with mental retardation in the family also creates additional needs, whether the family is able to meet the needs or not is dependent on number of factors like nature of the event, the family resources and its perceptions of the event.

However create psychological and marital stress leading to depression. According to Mgbenkemdi (2013) the children with mental retardation require twice as many health care services as non-retarded children, which result in higher medical expenses for parents. Besides, the daily expenses that comes with caring for any child, parents who have children with mental retardation have the added burden of finding special clothing, adaptive equipment, and making home modifications (Thompson, 2000). The child with mental retardation may require extra time for feeding, toileting, and taking the child to and from appointments (Fewell, 1986). One of the hardest things parents' faces is balancing the demands of the child's and family's normal lives against the demands of the mental retardation (Featherstone, 1980). Considering all this information, it is assumed that parents who have children with mental retardations are at a higher risk for added marital stress for instance, altered relationship with friends, major changes in family activities, medical concerns, medical expenses, specialized child care needs, time commitments and intra-family strains. Moreover, the child's mental retardation range from mild to profound; the parents' stability and its ability to handle problems may range from weak to strong. Therefore, among these parents of children with mental retardation, gender of the parents did not have any role/impact over marital stress and depression. As far as the gender difference is considered statistically no such differences were observed between

Considering the plight of parents with mentally retarded children, this study, therefore, examined the role of marital stress and gender in depression among parents with mentally retarded children. To this end, it was hypothesized that marital stress and gender will not experience depression among this sample of parents.

METHOD

Participants

Twenty-seven (27) parents comprising 11 males and 16 females were drawn from Evami Special School for the study. Cross-sectional survey was used. The parents had at least one

mentally retarded child. This was to ensure that stress from such child rearing was likely to be experienced by the participants.

Instrument

Two instruments were used in this study which included Omoluabi (1994) 50-item marital stress inventory. And Omoluabi (1994) 50-item yielded split-half reliability of 0.9219 Cronbach alpha co-efficient; Spearman-Brown split-half = 0.9238 and Gutman split-half coefficient = 0.9226. A response of Slight effect =1, Mild effect = 2, Moderate effect = 3, Severe effect = 4, and Very severe effect = 5.

Radloff (1977) 20-item Center for Epidemiological Studies Depression scale (CES-D) validated by Okafor (1997) with reliability index scoring of 0.85, Ugwu (1998) with concurrent validity index scoring of 0.41 and Omeje (2000) with reliability and validity index scoring of 0.85 and 0.92 respectively measuring depression in a general population.

The scale comprised 20-items designed to determine the presence or absence of depressive symptoms among parents of mentally retarded children. However, the scale was scored on a four point scale ranging from 1-4 for example rarely=1, sometimes=2, often=3, and always=4. But, items 4,8,12 and 16 reflected positive outcomes and are scored in the reverse order, for example (rarely=4, sometimes=3, often=2, and always=1). The remaining 16-items reflected negative outcome. The participants were instructed to report the frequency with which the 20-items were experienced within the previous 6 months if any participants scored above 20, that indicated the participant had experienced depression.

Procedure

A total of 35 copies of the questionnaire measuring marital stress and depression were administered using cross-sectional survey techniques among parents with mentally retarded children attending school at Evami Special School Independence Layout, Enugu. To determine the causes of stress among couples and to evaluate their stress reaction, marital stress inventory (Omoluabi, 1994) was used to assess the stress level of the parents. The inventory was administered to the parents with the following instructions: the following is a list of issues, problems and experiences which couples encounter in marriage. The issues are potential sources of misunderstanding or conflict, or quarrel or fighting or possible separation in marriage. Please indicate how each issue has disturbed the peace of your marriage and your peace of mind in the past one year by shading ONLY ONE of the numbers 1, 2, 3, 4, 5 in front of each issue. To also determine the presence or absence of depressive symptoms among parents with mentally retarded children, the same method was used.

However, of the 35 copies of questionnaire distributed, 27 copies were properly filled and returned with the assistance of the head teacher who served as research assistant. Of all the copies that were not properly filled and returned, 5 marital stress inventory and 3 depression inventory. The 27 copies that were properly filled and returned were used for

analysis.

Design/Statistics

Cross –sectional survey design was used. The choice of this design was on the basis of determining the frequency or level of the attribute in the study population by collecting information on both the attribute of interest and the potential risk factors. 2x2 Analysis of Variance F-test as statistical test was used for data analysis and testing of the hypothesis. This revealed no significance influence of marital stress on depression.

RESULTS

Table I: Mean and Standard Deviation

| Marital stress | Gender | Mean | Standard Deviation | N |
|----------------|--------|---------|--------------------|----|
| High | Male | 45.5000 | 5.74456 | 4 |
| | Female | 42.2857 | 6.62607 | 7 |
| | Total | 43.4545 | 6.23480 | 11 |
| Low | Male | 40.5714 | 5.76938 | 7 |
| | Female | 39.5556 | 6.44420 | 9 |
| | Total | 40.0000 | 5.97774 | 16 |
| Total | Male | 42.3636 | 6.00454 | 11 |
| | Female | 40.7500 | 6.45497 | 16 |
| | Total | 41.4074 | 6.20954 | 27 |

Table I above shows that participants with high marital stress obtained a higher mean of 43.45 (S.D= 6.23) on depression while those with low marital stress obtained a lower mean of 40.00 (S.D= 5.98) on depression.

The table also shows that males obtained a higher mean of 42.36 (S.D= 6.00) compared to with females who obtained a lower mean of 40.75 (S.D= 6.45) on depression. 2x2 ANOVA was employed to test the significance of these differences.

Table II: ANOVA Summary

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. | Partial Eta Squared |
|-----------------------|-------------------------|----|-------------|---------|------|---------------------|
| Model | 46401.635a | 4 | 11600.409 | 298.323 | .000 | .981 |
| Marital status | 90.683 | 1 | 90.683 | 2.332 | .140 | .092 |
| Gender | 27.665 | 1 | 27.665 | .711 | .408 | .030 |
| Marital Status*Gender | 7.472 | 1 | 7.472 | .192 | .665 | .008 |
| Error | 894.365 | 23 | 38.885 | | | |
| total | 47296.000 | 27 | | | | |

Table II above indicates a non-significant influence of marital stress on depression, F (1, 23) = .14, P> .05. This means that there is no significant influence of marital stress on

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depression, thus, the mean difference between males and females is not significant.

The table also indicates non-significant influence of gender, on depression, $F(1, 23) = .410, P > .05$. This means that there is no significant influence of gender, thus, the mean difference between males and females is not significant.

There is no significant interaction of the two independent variables.

DISCUSSION

The findings of the study indicated that marital stress and gender had no role in depression among parents with mentally retarded children. According to the results, marital stress and gender differences is considered statistically no such differences were observed between male and female parents with mentally retarded children. These findings have indicated that among these parents who had mentally retarded children, adapting different marital stress roles did not make them to present different levels of depression. In contrast to the realities that some parents are embroiled in a series of acute crisis interspersed with chronic sorrow other parents accepted the reality of disability and love their child for who he or she is (Edger, 2012). The outcome of the results of the finding had been cultural values and orientations which had strengthen parents having children with mental retardation (Mgbenkemdi, 2013). Consequently, considering the revealed results the factors which should have been served as barriers for the parents of mentally retarded children to be depressed which include additional financial hardships, stigma, and extraordinary demands from the handicapped child, social isolation, and so on, was effectively handled by social support. Besides, since the result revealed that marital stress and gender independent and interacting factors had no role in depression among this sample of parents with mentally retarded children.

CONCLUSION

This study has suggested that Africans especially people in South-Eastern Nigeria should continue to protect and promote our cultural values such as helping people in need. If not because of these cultural values and extended family system, the result would have been the contrary.

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