

# Child-Rearing Practices and Anxiety of Parents of Children with Physical Disabilities

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**Abstract** - This present paper deals with Child Rearing Practices and Anxieties of Parents of Children with Physical Disabilities. In comparison to previous societies, modern society's child-rearing practices are vastly different. Physically challenged children are seen as a burden by many parents in today's culture. Disabled children are not receiving proper care. In today's world, parents are entrusting their impaired children's care to institutions. They don't have the time or knowledge to care for these kinds of children. The institutions found various abilities of the disabled children and gave adequate training to improve their various skills and help them to live in society without depending on anyone. The research's key finding is that raising awareness and providing sufficient training to parents and children prepares them to meet any challenges posed by society. They have sufficient mental bravery and are capable of overcoming any obstacles. Parents should be made aware that disabled children are not a burden. They also have certain unique abilities. The current paper aims to serve as a foundation for the development of a variety of cultural and social abilities. Overall, it aids in the motivation of both the parent and the child.

**Keywords:** Child Rearing Practice, Parenting Style, Parental Anxiety, Models and Approaches

## I. INTRODUCTION

Parents play a key role in the family. The first teacher of the children is their parents. The family has an important element in the development of children. The children get orientation from the family. The parents should get enough knowledge to handle children with disability. Family support helps very much to improve disabled children's skills. The support of the family can change the attitude of disabled children. The history of child-rearing practices has been marked by radical shifts between a positive and nurturing concept of children and a negative and oppressive view of children. Its development was inextricably linked to the cultural concept of childhood in society.

According to Aries (1962), in medieval society, children were initially thought to be miniature versions of adults; thus, they were initiated into the world of adult functions once they reached the age of six. Children, on the other hand, were regarded as beings distinct from adults in later eras. While the Renaissance's end was marked by the brutal oppression of children, the 1970s celebrated and cultivated the natural child (Lots of Essays.com, 1969).

## A. Social Support System for Children with Physical Disabilities

Children with disability are considered as marginalized session within society. They are lacking social support. The parents of children with disabilities are facing many problems. Mainly family problems; including financial matters and social problems also. They have more stress and anxiety. Most parents are taking care of the disabled child by themselves. This affects the quality of life of the parents as well. Although the impacts of social support vary depending on age, sex, and kind of impairment, it is a vital resource that may aid those aging with physical difficulties (Jensen, 2014). Across all disability diagnoses and ages, social support is linked to decreased levels of depression in both men and women (Jensen, 2014). Everyone must establish and use support systems in their daily lives to balance and manage stress and maintain a feeling of well-being. Caretakers must create and use a support system. The social support system is made up of the people, services, and organizations with whom a caretaker interacts, either directly or indirectly. Personal support networks provide benefits such as less stress, fewer physical health issues, and enhanced mental well-being (Johns Hopkins Medicine , 2022). There are diverse models in working in the field of disability. The notion of disability varies between doctors and psychologists, economists, and social workers. As a result of the global disability movement, several models of disability have arisen (Upadhayay, 2018).

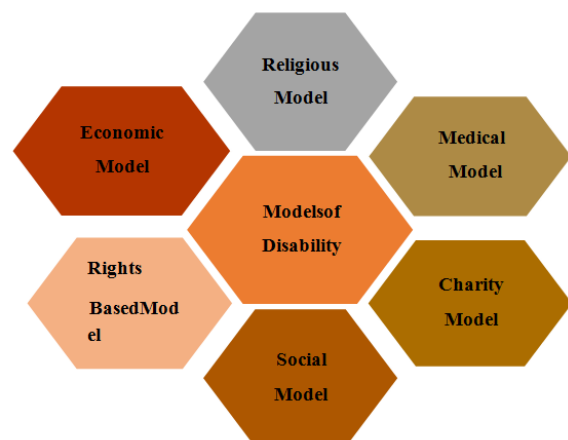


Fig. 1 Models/Approach of Working in the Field of Disability

The present paper views disability from the perspective of social and right-based models of disability which emphasize the importance of parents as a significant social support system for children with disability.

### *B. Role of Parents to Enable the Participation of Children with Physical Disabilities*

Parents' requirements for aiding their physically challenged child in engaging in or being involved in meaningful activities to enable participation. The term "meaningful" relates to parents' subjective assessments of the relevance of activities in which their children participate (Heah *et al.*,) discovered that parents were adamant that their children should participate in a range of activities so that they can pick the ones that are most relevant to them (Piskur, 2015). Eastern parents prioritize moral, ethical, and emotional support for their children; this support serves as a backbone for children throughout their lives. Protecting children from troubles and tough situations is an essential feature of the Eastern parenting approach. As a result, parents attempt to create a child-friendly atmosphere. Eastern parents either make the most of their children's life or make their judgments on what is best for their children. Parents in the East are always willing to invest additional time and money in their children's education, and they frequently handle extra tuition classes (Khan, 2020). Western parenting is often seen as a more forgiving approach to child-rearing. It focuses on allowing the youngster to openly communicate his or her thoughts and ideas with others. Parents do not force their children to make decisions and train them to be self-sufficient from a young age (Azhar, 2021).

### *C. Parenting Styles*

In the early 1960s, psychologist Diana Baumrind studied over 100 preschool children. Using parental interviews, naturalistic observation, and other research methods, she discovered numerous critical characteristics of parenting. These attributes include warmth and nurturing, disciplinary strategies, communication styles, and maturity and control expectations. Baumrind hypothesized that the majority of parents exhibit one of the four parenting styles based on these dimensions (Jong, 2019).

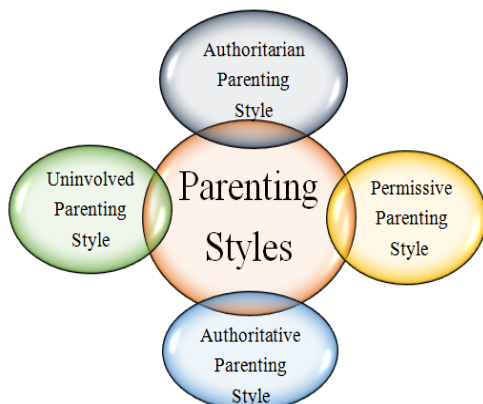


Fig. 2 Parenting Styles

Authoritarian parenting is characterized by high expectations and a lack of response. Diana Baumrind, a developmental psychologist, classified it as one of the parenting styles. Parents that have an authoritarian parenting style have high expectations of their children but give little feedback or care. Mistakes are frequently penalized brutally. The authoritarian approach is also known for yelling and harsh punishment. Permissive parenting is a non-traditional parenting approach in which parents refrain from enforcing restrictions on their children. These parents are kind and understanding toward their children; they are often overly indulgent and avoid utilizing discipline. Permissive parenting is a type of parenting that combines minimal expectations with a high level of attentiveness and are normally very compassionate, yet they don't impose many restrictions or rules. These parents do not demand their children to be mature, and they usually appear to be a buddy rather than a parent (Cherry, 2021).

Authoritarian parenting is distinguished by reasonable demands and a high level of responsiveness. While authoritative parents may have high expectations for their children, they also provide the resources and support they require for their children to succeed. This type of parent listens to their children and provides love and warmth in addition to limits and fair discipline. This parenting style avoids punishment and threats in favor of strategies such as positive reinforcement (Cherry, Authoritative Parenting Characteristics and Effects, 2020).

Uninvolved parenting, also known as neglectful parenting, is characterized by a lack of responsiveness to the needs of a child. Uninvolved parents make few to no demands on their children and are frequently indifferent, dismissive, or even completely neglectful. They do not respond well to their children's needs and provide little affection, support, or love. They also place few expectations on their children. They rarely establish ground rules and provide no guidance or expectations for behaviour (Cherry, Very well mind, 2021).

### *D. Parenting Practices of Children with Physical Disabilities*

Either every new development in their babies is often met with excitement and anticipation by new parents. Parents and siblings applaud and cheer as their babies reach new milestones, eager for the next celebration. Normal ages and stages in child development allow for some wiggle room, typically a few weeks to a few months for various tasks. When babies do not reach developmental milestones within the time frame specified, it may indicate that the child has a problem. At that point, medical professionals usually start paying closer attention to the child's development, looking for any signs of delays. Babies who do not develop normally will almost certainly be evaluated for developmental delays at some point. Developmental delays can affect cognitive development, speech, hearing, vision, and other areas (Pierce, 2014).

*E. Anxiety of Parents of Children with Physical Disabilities*

Anxiety is a mood condition characterized by tight feelings, worried thoughts, and physical changes such as high blood pressure. Anxiety disorders are distinguished by recurring intrusive thoughts or worries. Because they are apprehensive, they may avoid particular situations. Sweating, trembling, confusion, or a rapid heartbeat is all possible symptoms (Kazdin, n.d.).

**II. METHODOLOGY**

The researcher has adopted a Quantitative research approach. The district of Kottayam has been chosen as the area of study. The present study is a descriptive type, in this study, the respondents were all parents of physically disabled children under the age of 18 in the Kottayam district. The parent, either the father or mother aged 30 – 55 of the children with a physical disability, is considered the study’s unit. The researcher uses the Quota Sampling approach in this study; the researcher has selected a Sample Size of 50 respondents for the study and the researcher adopts both questionnaire and scale as the tool for data collection. IBM SPSS 25 Software is used for analyzing the collected information and data. Pearson’s Chi-Square test was used as a statistical test in data analysis to compare or determine the observed result/data and the expected result/data due to chance.

*A. Socio-Demographic and Economic Details of the Respondents*

This category comprises questions about the respondents’ social, economic, and demographic profiles, such as their age, educational qualifications, family residence, familial

income, family type, family status, parents’ employment, and so on.

1. It was found that 18% of the respondents were between the ages of 0-10 and 82% were between the ages of 11-18.
2. Most of the respondents are from nuclear families (80%), 16% from joining families, and 4% from a single parent family.
3. Based on the job status of the respondent’s father, 64% (32) of those surveyed, are unemployed, 22% (11) have part-time jobs and 14% (7) have a job. Job-status of respondent’s mothers, 84% (42) are unemployed, 10% (5) have a job, 4% (2) have a part-time job and 2% (1) are retired.
4. The highest income source of the respondent’s family is from agriculture 78% (39), 8% (4) from the pension, 8% from sales, fishing bank (2), 2% (1) and 2% (1) accordingly.
5. There were 70% of earning members from each of 35 respondents as 1 and 30% of earning members from each of 15 respondents as 2.

*B. Children with Physical Disabilities*

Cerebral palsy has the highest percentage of children with physical impairments at 22: there were 11 responders in this group. Following the CP, the second most common cause of polio is 10% (20% out of 100). Blindness affects 16 percent of respondents, reduced vision affects 5 percent, and deafness affects 4 percent of respondents. With 6%, 3 respondents had suffered brain damage. There were two from each responder in the categories of hard of hearing, hearing loss, and paraplegia (4%), and one from each respondent in the categories of dysarthria, multiple sclerosis, and hemiplegia (2%).

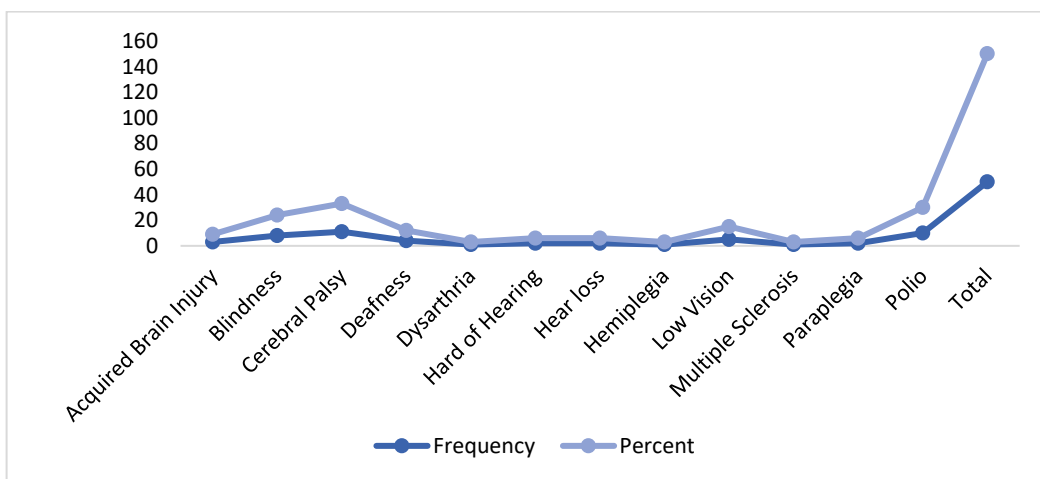


Fig. 3 Physical Disabilities of the Respondents

*C. Children with Physical Disabilities: An Overview*

The researcher identified 12 forms of physical disabilities among the children based on data obtained from 50 samples

from various special schools in the Kottayam district, and the following are the respondents with physical disabilities, along with numbers and percentages.

1. Cerebral Palsy has the highest rate of disability, accounting for 22 percent of 11 responses out of 50. The cause of disability for the 11 responders with disabilities such as Cerebral Palsy is birth and hospital blunders.
2. Polio is the second most common disability, accounting for 20% of all responders. The information gathered from the respondents indicated the primary reasons for disability, such as a lack of understanding about immunizations to take earlier, a lack of nutrition, living conditions, and so on.
3. Other fields include acquired brain injury, hearing loss, low eyesight, and other reasons as a consequence of accidents, genital, and side effects of any medicine during pregnancy, among others. According to the statistics gathered, the majority of these impairments are caused by accidents such as natural disasters, motor vehicle accidents, domestic mishaps, and so on. Other factors include inadequate nutrition, poverty, illnesses, cultural beliefs, habits, and so on.

#### D. Parental Anxiety Level

The highest percentage of anxiety of the parent is 22 a severe level. The second is moderate at 20%. There were 8% who have a mild level of anxiety. The severe level of anxiety includes financially backward families as the higher.

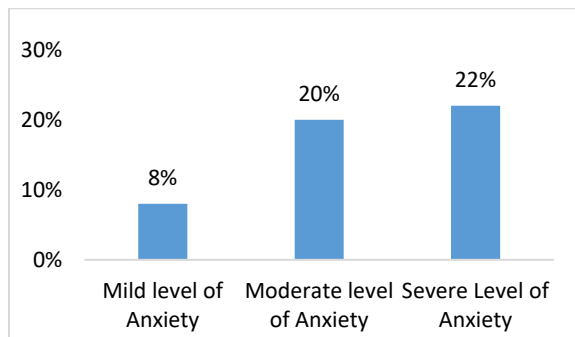


Fig. 4 Level of Anxiety of the Parent

Parents of children with physical disabilities have higher levels of anxiety than normal parents. Because they were worried about the future of the children who would take care of their babies after them. Based on the data, the majority of responding parents are farmers. Caring for their child and their medical and educational expenses is beyond their means. The living conditions of financially backward families are not conducive to their continued growth. The following are important findings from a study using the Hamilton Anxiety Scale to identify parental anxiety.

1. The highest percentage of parental anxiety is 22%. Most of the respondents in this category are farmers and unemployed.
2. The median percentage of parental anxiety is 20%. Most of the respondents in this category are farmers, unemployed and geriatric patients.

3. The lowest percentage of parental anxiety is 8%. In this category, everyone is included.

### III. SUGGESTIONS

#### A. Arrange Facilities for Children with Physical Disabilities

1. The respective Panchayat Authorities should take adequate care to ensure that all persons below the age of 18 years with disabilities are allowed to identify and demonstrate their abilities without any restrictions or limitations.
2. Provide free medical care and learning materials to the families of financially backward children with disabilities.
3. Instead of leaving children with physical disabilities, hold them together and work for their upliftment.
4. Arrange the facilities for the physically disabled children by prioritizing the community.
5. Organize an awareness program for parents of children with disabilities on how responsible individuals in the community should effectively care for their children once a month or once a year and evaluate responsible individuals once a month.
6. Arrange a scholarship for children with physical disabilities; this will improve their enthusiasm for studying.
7. Organize yearly trip programs to help them enhance their physical skills and offer them interaction sessions with other people helps to ease their anxieties.
8. Encouraging children to join in extracurricular activities and planning cultural events for them and giving prizes to children helps to increase their self-esteem.

#### B. Legislations for Children with Physical Disabilities

1. Promoting legislation to protect the rights of physically challenged children aids in avoiding exploitation by others.
2. Adequate instructions should be offered by the government and society; this aids in obtaining government benefits. In society, there are inadequate directions. Basic education is also required to eliminate prejudice and restrictions against physically challenged children.

#### C. Reduce the Anxiety of Parents of Children with Physical Disabilities

1. Encourage parents with physically disabled children to reduce their anxiousness, encourage the benefits of meditation such as yoga, and seek therapy once a month to alleviate anxiety.
2. Educate parents that their disabled children are not a burden to society. Make parents aware that they are unique and have greater abilities than the common person.

3. Giving adequate support to financially disadvantaged parents and charity organizations taking measures to care for their disabled children helps to alleviate parents' anxiety.
4. Offering part-time employment to jobless parents of children with physical disabilities might help them feel less anxious than normal.

#### IV. SUGGESTED SOCIAL WORK INTERVENTIONS

Adequate awareness is essential for the families and communities of children with disabilities. The physical and mental abilities of children with physical disabilities should be recognized. It is very helpful to conduct awareness programs and identify the obstacles to their growth and try to change them. There was wider scope in the area of the disability sector as a social worker, interventions using diverse techniques like Working with Groups, Community Organizations, Social Work Research, Social Welfare Administration, and so on can aid persons with physical disabilities. By conducting orientations in educational institutions, a social worker can raise public awareness of disability prevention, parental anxiety, and effective parenting practices. Through Community-Based Rehabilitation (CBR) low-tech rehabilitation services for persons with disabilities (PWDs) can be provided to the stakeholders. Social Workers can play a significant role in the institutional rehabilitation of children with disability by practicing the primary methods of social work. The advocacy role of the social worker can provide improved better services to children with disability and their parents from a human rights perspective.

#### V. CONCLUSION

Children with disabilities are part of society and there is no reason to isolate them from society. Government and society play a vital role in the development of children with disabilities. Dissemination of the importance of community-based rehabilitation facilities and institutionalized rehabilitation among the general public will help in strengthening and developing the various abilities of the

physically challenged child. Effective parental behavior can help reduce parental anxiety. Gradual changes in behavior are manifested by engaging in daily meditations and mind-numbing activities to address parental concerns. *"Children with physical disabilities need proper care and safety, not sympathy"*.

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