

## SOCIAL SUPPORT EFFECTS AND PSYCHOLOGICAL DYSFUNCTION IN CHILDREN WITH INTELLECTUAL DISABILITIES- A CROSS-SECTIONAL STUDY

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### ABSTRACT

**AIM:** The purpose of this study is to analyse to study whether the dysfunction on various subscales of the Dysfunctional Analysis Questionnaire (DAQ) - social, vocational, personal, familial, and cognitive is affected by the degree of social support.

**METHODS:** Cross-sectional study conducted from March 2018 to September 2019. The study was conducted in NKPSIMS & LMH & Research Centre, Nagpur. Used structured test – Dysfunctional Analysis Questionnaire (DAQ). The randomly selected children (ages 7 to 12 Years), referred by doctors, teachers, tuition teachers, and parents for psychological evaluation and management. Total n 57). Used IBM- SPSS-25 software to analyse Average, percentile, mean, variance, frequency, and paired t-test.

**RESULTS:** The current study found statistically significant changes in Social (t value 3.291), Vocational (t value 4.769), Personal (t value 3.334), Family (t value 3.664), and Cognitive (t value 1.727), statistically significant at  $p < 0.05$  level).

**CONCLUSION:** Our findings showed that social support training had a significant and positive effect on social, vocational, personal, family, and cognitive skills. The social support-based training relevant outcome, in this approach and beneficial changes seen in parents' mental health especially in mothers' reduction of frustration, depression, anxiety, and negative effects of life stress and enhanced self-esteem.

**KEYWORDS:** DAQ, Social support, counselling.

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## INTRODUCTION

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.(1)

Intellectual impaired Children can be mild, moderate, severe, or profound range. Intellectual impaired Children with profound and severe range forms generally require further support from family, social, and academy. Children with mild to moderate range Intellectual disabilities can gain and develop independent chops like particular caring, social skills, and community. There are numerous programs (special educational training) and coffers available to help these children as they grow but lack of awareness, knowledge, and support they didn't reach and get the services. Children with intellectual disabilities develop else than their generally developing peers and these variations in development can affect them in numerous direct and indirect ways, and various disabilities can also affect a child's capability to understand emotion and interact socially. Children in being suitable to recognize and understand an emotion within a social situation; this may be due to a failure to recognize social signs or cues, or being suitable to recognize those cues. (2)

Social support is frequently linked as a crucial component of solid connections and strong psychological health. Social support is a network of family and musketeers that you can turn to in times of need. Children with Intellectual disabilities can affect children in numerous experimental disciplines like communication, physically, socially, and

emotionally. Children with disabilities frequently have difficulties creating strong connections with peers. (3)

This is numerous reasons, frequently children with Intellectual disability face more difficulties when they're trying to participate in social conditioning, they are neglected by social, peer group, academy, indeed parents are also not involved and avoid social conditioning. According to the American Psychological Association-social connections and numerous aspects of health and heartiness. (4) analogous exploration on social support has indicated that people with strong social support networks tend to report lower cerebral, physical, and social problems than those without similar social support systems. (5, 6). One study by Grav S. et al. 2012, mention that those with strong social and emotional support were less likely to die than those who demanded similar connections. (7)

Poor social support has been linked to numerous social disturbances like-depression, sadness, aggression, frustration, and loneliness and has been shown to alter brain function and increase the threat of cognitive difficulties, emotional disturbances, physical health, and social disturbances. Numerous experimenters suggest that people who hold many positive social relations with others have been found to report negative psychological experiences that may increase their pitfalls for conditions and early mortality rates and poor health. (5)

## MATERIAL & METHODS:

### AIM AND OBJECTIVE

The purpose of this studyis to study whether the dysfunction on various subscales of the Dysfunctional Analysis

Questionnaire-Area like- social, vocational, personal, familial, and cognitive is affected by the degree of social support.

## STUDY DESIGN

A cross-sectional study was conducted from March 2018 -September 2019. The study was conducted in NKPSIMS &LMH &Research Centre, Nagpur. A sample of 57 mild to moderate Intellectual disabled children from 7 to 12 years old.

## TOOL USED

Data was collected using a structured self-administered questionnaire having in two settings. It contained all socio-demographic characteristics. Second conduct starchier standardizes Dysfunctional Analysis Questionnaire [DAP] Assessment: DAQ is a fifty-item questionnaire in Hindi, developed and standardized in India (Pershad et al, 1983 & 1985), which measures dysfunction in five areas of activity, i.e. social, vocational, personal, familial, and cognitive. The instrument can be either self-administered or administered in a structured clinical interview. There are ten items each for the above-mentioned five areas of activity. Each item is rated on a five-point scale (1-5), comparing the present level of functioning to that before the onset of illness.

## DATA COLLECTION PROCEDURES

First of all, a checklist of trials was administered to the subjects to induce their original viewpoint. Intellectual Disabled children (boys and girls), who were referred by doctors for I.Q (Intelligence Quotient) assessment, and behavior problems. (Behaviour Issues, and Educational Difficulties) to NKPSIMS &LMH &Research Centre, Nagpur. The

investigator was personally briefed about the purpose of the study to parents or caregivers, general instruction followed by the parents to fill in the questionnaire, and the confidentiality of the information. Inclusion Category- (1). Intellectual disabled (boys and girls) from 7 to 12 years old and (2). Included children with Intellectual disabled Range Moderate to Mild and operation for (Social skills). Exclusion category No identifiable neurological, sensitive, or physical impairment and people who were unfit to talk/ hear or profound and severe intellectually disabled children hadn't been excluded from the study. Each subject took about 60 minutes to respond to the below tools-Dysfunctional Analysis Questionnaire (DAQ), clinical interview, and comforting. Scoring was done constantly with the instructions given within the manual — Another program focuses on helping children with intellectual disabled develop social and life skills through engaging in social conditioning. Every week activity with a specific aim in mind (Like-Helping, Caring, Supporting, etc.). The purpose of this study is to facilitate the development of kindness, cooperative behavior, compromising in social situations, focus, and acting socially norms. 57 subjects have been named aimlessly. A period of one year six months was devoted to the data collection.

## ETHICAL STATEMENT

Ethical clearance was obtained from an ethical review board NKPSIMS &LMH &Research Centre, Nagpur. The case file information was identified during data collection and was coded.

**STATISTICAL TECHNIQUES USED:**

The obtained data will be statistically analysed by applying descriptive (Average, percentile, mean, standard deviation, and paired t-test) of the significance of mean differences in terms of various variables. We will enter all data and further Statistical Analysis will be done with the help of IBM- SPSS-25 software.

**RESULTS**

The characteristics of the sample are presented in Table 1. Total 57 children participate in this study with children with Intellectual disability 33 (57.89%) Mild Intellectual Disability range and 24 (42.10%) Moderate Intellectual Disability range. Children between the age range of

7-12 years and mean age is 9.57. In the case of income category, the majority of children with intellectual disability 31.57% of parents belonged to the low-income group, 38.59% parents belonged to the medium-income group, and 29.82% parents were of the high-income group. The majority 56.14% of children with intellectual disabilities hailed from nuclear families, and 43.85% of children hailed from joint families. About parents' education children with intellectual disability, 21.05% parents are 10th /12th class, 28.07% parents are graduate, 14.03% parents are postgraduate, and 36.84% parents are another educational background

**TABLE 1: DEMOGRAPHY PROFILE. DISTRIBUTION OF THE FAMILIES OF STUDIED CHILDREN WITH INTELLECTUAL DISABILITY AND THEIR SOCIO-DEMOGRAPHIC CHARACTERISTICS.**

Areas	Counts	Percentage
Disability Range		
Mild Intellectual Disability	33	57.89%
Moderate Intellectual Disability	24	42.10%
Age Range		
7 Years	8	14.03%
8 Years	9	15.78%
9 Years	11	19.29%
10 Years	12	21.05%
11 Years	10	17.54%
12 Years	7	12.28%
Family Economic Status		
Low	18	31.57%
Medium	22	38.59%
High	17	29.82%
Family Type		
Joint	25	43.85%
Nuclear	32	56.14%

Educational Background of Parents		
10 <sup>th</sup> and 12 <sup>th</sup>	12	21.05%
Graduate	16	28.07%
Post Graduate	8	14.03%
Other	21	36.84%

Table no.2 showed that the majority of children with intellectual disability 16 (28.07%) delivered preterm, 30 (52.63%) children with intellectual disability from full term, and 11 (19.29%) children with intellectual disability are from Post-term. 29 (50.87%) delivered through normal vaginal delivery (NVD) and the rest of the 28 (49.12%) through cesarean section (CS), and

complications for the child during birth 22 (38.59%) of children parents reported delayed neonate crying, 3 (5.26%) reported decreased oxygenation and 32 (56.14) reported low birth weight. Type of Infant feeding 12 (21.05%) children feeding on breast, 23 (40.35%) children feeding on a spoon, and 22 (38.59%) children feeding on Bottle-Feeding. See table no.2

**TABLE NO.2:DISTRIBUTION OF THE STUDIED CHILDREN WITH INTELLECTUAL DISABILITY ACCORDING TO THEIR PRENATAL, NATAL, AND POSTNATAL HISTORIES.**

AREAS		COUNTS AND PERCENTAGE
<b>CHILD DELIVERED AS</b>		
	Pre-term	16 (28.07%)
	Full Term	30 (52.63%)
	Post-term	11 (19.29%)
<b>DELIVERY TYPE</b>		
	Normal Vaginal Delivery	29 (50.87%)
	Caesarean Delivery	28 (49.12%)
<b>COMPLICATIONS FOR CHILD DURING BIRTH</b>		
	Delayed neonate crying	22 (38.59%)
	Decreased oxygenation	3 (5.26%)
	Low birth weight	32 (56.14)
<b>TYPE OF INFANT FEEDING</b>		
	Breastfeeding	12 (21.05%)
	Spoon Feeding	23 (40.35%)
	Bottle Feeding	22 (38.59%)

% - Percentage

**TABLE NO.3:DISTRIBUTION OF THE STUDIED CHILDREN WITH INTELLECTUAL DISABILITY REGARDING THEIR DYSFUNCTIONAL ANALYSIS QUESTIONNAIRE (DAQ), AS REPORTED BY THEIR PARENTS PRE & POST-ASSESSMENT.**

Area		Count	Mean	SD	Pearson Correlation	df	t-value	Null Hypothesis
FACE 1- SOCIAL	Pre	57	51.12	59.64	0.318489	56	3.291	Significant at p < 0.05 level
	Post	57	43.16	321.11				
FACE 2-	Pre	57	59.12	99.53	-0.26058	56	4.769	Significant at p < 0.05

VOCATIONAL	Post	57	45.22	295.00				level
FACE 3- PERSONAL	Pre	57	41.43	244.78	0.549663	56	3.334	Significant at p < 0.05 level
	Post	57	35.08	215.95				
FACE 4- FAMILIAL	Pre	57	45.40	313.78	0.402042	56	3.664	Significant at p < 0.05 level
	Post	57	36.43	254.78				
FACE 5- COGNITIVE	Pre	57	52.15	81.88	0.190827	56	1.727	Significant at p < 0.05 level
	Post	57	48.21	272.77				

As shown in table 3: Face 1- Social: Mean score for Social in the pre-test (Mean 51.12; Std. deviation 59.64) and in the post-test (Mean 43.66; Std. deviation 321.11), and t value 3.291 significant at p<0.05 level). The present study shows during every month session therapist saw the children are actively participating in every activity and enjoying, properly mixing, enjoying social activities, helping others, social interaction. Children with intellectual disabilities were also understanding of human rights in the social community. During social activities and role play, 23 (40.35%) reported some knowledge of human rights. Children with disabilities have shown a very poor level of understanding about civic rights. [10] Similar study shows training and respect to social behaviors must be deliberately provided and such skills must be taught and made to practice. [11]

Face 2- Vocational: Mean score for Vocational in the pre-test (Mean 59.12; Std. deviation 99.53) and in the post-test (Mean 45.22; Std. deviation 295.00), and t value 4.769 significant at p<0.05 level). The current study shows that social skills training improved children's vocational skills like - taking interest in the task, doing an activity with others if the task is completed they will get the rewards like- chapping, chocolate, Toys). The present

study showed social competency as in independence, socially acceptable behavior, confidence, and maintenance of friendships for children with intellectual disabilities. One of the studies done by Mumpuniarti (2005) children with mild intellectual disabilities is able to work at semi-skilled jobs, children with moderate intellectual disabilities are able to work in sheltered workshops or work for routine work under some supervision. [12]

Face 3- Personal: Mean score for Personal in the pre-test (Mean 41.43; Std. deviation 244.78) and in the post-test (Mean 35.07; Std. deviation 215.95), and t value 3.334 significant at p<0.05 level). Some children with mild and moderate intellectual disability will continue to receive assistance throughout life but there are also some children who may need only a little help to improve their day-to-day activities. In the ability to feeding and personal hygiene, almost all children have been able to do independently without assistance, like- eating, buttoning clothes, pulling zippers, pockets, and other activities that require coordination of both hands and motor skills. Effective social training of the skills of children with intellectual disabilities, parents, special educator, and teachers use the same way in train children self-care that is patiently, slowly, repeatedly, and gradually. According to Akhmetzyanova (2014) who



showed that the skill will be faster and more effectively achieved if given step by step. [13] Social support and resources will help children to achieve the expected self-care abilities. [14]

Face 4- Familial: Mean score for Family in the pre-test (Mean 45.40; Std. deviation 313.78) and in the post-test (Mean 36.43; Std. deviation 254.78), and t value 3.664 significant at  $p < 0.05$  level). The current study shows after social activities training during every month session children show a positive response towards family and participation in family activities and enjoying, properly mixing and enjoying social activities. Helping people also demonstrate the training of children. [15] Showing respect is an important feature of citizenship. [16, 17] Aware of the knowledge about the role in the community. [18]

Face 5-Cognitive Mean score for Cognitive in the pre-test (Mean 52.15; Std. deviation 81.88) and the post-test (Mean 48.21; Std. deviation 272.77), and t value 1.727 significant at  $p < 0.05$  level). The study shows during every month session therapist seen the children are laboriously participating in cognitive skills that have been given special attention in the education system for both primary and secondary situations are effective communication, recollections, alertness, self-awareness, decision-making skills, interpersonal relationship, creative thinking, problem- answering, critical thinking, doing with stress, and understanding. Botvin & Griffin, 2004 study gives significance to Lifeskills programs tutoring skills that help to enhance individual and social

competencies. (19) A analogous study by Turner, McDonald, and Somerset also find significant connections among life skills, mathematical logic, and critical thinking. (20) According to Amal Dandashiet. Al. (2015) study showed positive effects on children with Intellectual Disability, in terms of cognitive and motivational levels, because children with Intellectual Disability are more physically active in the classrooms. (21)

## DISCUSSION

The current study examined five factors of social support training focusing on social, vocational, individual, family, and cognitive on children with intellectual disabilities. During the social support conditioning parents as being major sources of social support, helping in both tangible, indispensable ways, as well as emotionally.

In conclusion, the current study demonstrated that social support training might promote social skills. Social support training is a multilevel behavioral intervention, grounded on social literacy principles, which aims to help and treat social, vocational, individual, family, and cognitive skills as well as behavioral, emotional, and developmental problems in children by enhancing their knowledge, skills, and self-concept. Still, social support training positively enhancement of connections and dealings, planning for social support training has particular significance. Our findings also showed that social support training had a significant and positive effect on social, vocational, individual, family, and cognitive skills. Social support-based training is an applicable outgrowth, in this approach and beneficial changes seen in

parents' psychological health especially in mothers' reduction of frustration, depression, anxiety, and negative effects of life stress and enhanced self-esteem.

### **AUTHOR 'S BENEFACTIONS**

Dr. Pankaj Singh distributed the manuscript from its generality, analysis, scoring, and interpretation of data and wrote the manuscript, Dr. Roopal Khobragade interpreted of data and reflected on and wrote the manuscript for publication. All authors approved the final manuscript.

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### **LIMITATIONS OF THE STUDY**

The Current Study has some necessary limitations that however to be unbroken in mind once decoding the results, first area-based study, and alternate limited sample size. Suggested longitudinal studies are necessary to establish the importance of social support training will impact on social, vocational, individual, family, and cognitive skills

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**CONFLICT OF INTEREST-** The authors declare that they have no conflict of interest.

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