
TO STUDY THE RELATIONSHIP BETWEEN FAMILY STRUCTURE AND MENTAL HEALTH OF CHILDREN WITH SPECIAL NEEDS (CWSN)

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Abstract

Family is something which plays an important role in child life. Family is the one who teach and train the child. Present study was conducted to study the relationship between Family structure and mental health of Children with Special Needs (CWSN). Total 120 sample have been included in the study. All 120 samples have been administered mental health questionnaire, and Socio demographic details of the client. The age range of CWSN was between 6-18 years. Sample was collected from Delhi NCR geographical region. Purposive sampling technique was used for the selection of sample. The above result shows a very weak negative value of Pearson R which is .061. This suggests accepting the null hypothesis because no significant relationship between family structure and mental health of CWSN was found.

Introduction

Children with Special Needs (CWSN) are those who have a disability of some kind and need special care and assistance. The type of these children's disabilities determines their special requirements. Assessment of a handicap and non-discrimination at home, in school, in the community, and in society are included for CWSN Special Needs.

In the lives of the majority of Indians, the family is a crucial entity. Indians frequently stress loyalty and interdependence because they live in a collectivistic community. The interests of the family typically come before those of the individual, and decisions that have an impact on one's personal life, like marriage and job choices, are typically made with the family in mind. Given that a single action can affect how the community views the entire family, people tend to act in the best interests of their family's image. The most prevalent family categories include nuclear families, blended families, extended families, and single-parent families, among others.

The traditional family of two parents and two kids is frequently very different from the family of today. Midway through the 20th century, there were fewer divorces and more extended families, who typically resided close by and helped to support their families, especially the young and elderly.

- In addition to these fundamental changes, families' structures have undergone significant change. We should take a moment to consider the variety of family structures that exist today and in which the kids we deal with are developing. The following are the family structures:
- Conjugal nuclear – two married people of the opposite sex living together with their children
- Non-conjugal nuclear – two people living as man and wife but not being legally married (co-habiting or common law)
- lone parent – generally as the result of death, separation (for a range of reasons) or divorce where a parent lives apart from his/her partner/spouse
- reconstituted or 'blended' (Hayman, 1999) – when one lone parent establishes a relationship with either another lone parent or a single person
- extended – when more than one generation from one family lives together. In addition there are also relatively new family structures such as:
- Same-sex families, for example, a mother and an aunt taking parental responsibility
- Gay/lesbian families
- Adoptive families
- Foster families
- Care homes
- Grandparents, aunts or other relatives taking care of their young relatives.

There are implications for early childhood educators if we accept that family members have a substantial impact on children's development given the wide variety of family structures.

The norms and ideals that are transmitted to children vary because different families have different standards. Behaviour that is deemed acceptable in one family may be viewed as unacceptable in another. Early childhood environments clearly show the effects of various standards of behaviour, and practitioners must react accordingly. Children do not automatically behave badly; instead, they adjust to and pick up on the behaviours that are modelled after them. Although we would prefer for all young children to always act in a positive manner, we must recognise the behavioural learning that has already occurred in the home and community and take into account working with both the child and the parents to resolve issues and provide for the child.

Parents, siblings, grandparents, other relatives, instructors, or peers may be considered as those who have loved us. Even though socialisation is influenced by other groups and social factors, families are usually regarded as having the greatest influence on a child's socialisation. The most direct and close connections are formed in this environment. Our cultural and personal events have a big impact on how we view family (Barnes, 1995).

The discussion of the family that came before it applies to all families, but those who raise children with special needs go through a variety of experiences that can have additional positive or negative impacts on people. Different perspectives on a child's growth, learning, opportunities, and prospects for themselves, their children, and the family as a whole may be held by parents of special needs children. Parents of children with special needs can be distinguished by five characteristics, according to Attwood and Thomson (1997):

- They are long-term players.
- They tend to become isolated.
- They are more concerned for their own children than others.
- Their emotional involvement is heightened.
- They know that the welfare of their children is much more dependent on the continued effectiveness of the family.

The term "mental behaviours" refers to a person's capacity to perceive their surroundings, comprehend their own roles, respond to needs and requirements, and communicate themselves with emotions that are balanced and logically reasoned. A state of balance between the individual and the environment, a state of harmony between oneself and others, and coexistence between the reasonable expectations of the self, other people, and the environment are just a few definitions Park 1995 used to describe mental behaviour or mental health.

Objective:

To study the relationship between Family structure and mental health of CWSN.

Hypothesis:

There will be no significant relationship between Family structure and mental health of CWSN.

Sample and sampling Technique.

The sample of the study consists of Children with Special Needs (CWSN) studying in special school and inclusive school and their parents/guardians have been included in this study. Total 120 sample have been included in the study. All 120 samples have been administered mental health questionnaire, and Socio demographic details of the client. The data have been taken from secondary source as available with the special school. It was ensured that the respondent family / guardian of CWSN must have basic reading/ writing skills. The respondent family / guardian of CWSN must understand Hindi and/ or English Language. The age range of CWSN was between 6-18 years. Sample was collected from Delhi NCR geographical region. Purposive sampling technique was used for the selection of sample.

Result

Table: Correlation between Family structure and Mental Health of CWSN

Variable 1	Variable 2	Correlation	N	Lower C. I	Upper C. I
SES	Mental Health	-.061	120	-.329	.021

The above result shows a very weak negative value of Pearson R which is .061. This suggests accepting the null hypothesis because no significant relationship between family structure and mental health of CWSN was found.

Discussion:

The objective of the present study was to study the relationship between Family structure and mental health of CWSN. Correlation coefficient was computed and it was observed that there is a very weak negative correlation was found which is -0.061. It is generally found in many studies as well as in studies we have discussed above that in joint families, children get opportunity to develop many cognitive skills and exhibits a better mental state. But in the present study, the weak negative correlation indicates that in case of a disability, children belonging to nuclear family performed better which could be attributed to better opportunity of individual care of children with disabilities in nuclear families than that of joint families. Nuclear family creates a very protective and safe environment where the attention and all kind of protection is all given to the children and CWSN feel safe with the family members in the nuclear family which will help them recover from the problem and

child feel the safe space in the nuclear family. The chances of developing self-esteem and self-confidence gets higher.

Confidentiality is maintained among the primary caregivers. Whereas in joint family, attention may get divided among family members and child may not get enough time to spent with their primary caregivers which can also leads to separation anxiety, loneliness, decrease of self-esteem and confidence which can also leads to other mental problems. On the other hand, in some cases the children who lives in the nuclear family environment can face many challenges for example if both the parents are working then the less attention or time is given to the child because there is no one to take care of them every time which can increase or cause mental health problems. As far as joint family is concerned the benefits can be high. Presence of any family members is

Conclusion

Hypotheses was formulated on the basis of objective that there will be no significant relationship between family structure and mental health of CWSN. Since the correlation computed indicated very weak negative correlation. Therefore, Null Hypotheses has been accepted.

References

Barnes, P. (Ed.). (1995). *Personal, social and emotional development of children*. Wiley-Blackwell.

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