COMMUNICATION IN FAMILIES OF CHILDREN WITH INTELLECTUAL DISABILITY

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The presence of a child with intellectual disability, a generic term referring to a child with mild and average learning disability in the family, induces a wide range of feelings and reactions among parents and thus may entail considerable strain on the family communication. This study investigates the levels of communication in families of children with intellectual disability and identifies some of the variables which influence those levels. The study was conducted on 264 families of children with intellectual disability in two states (provinces) in Malaysia. The findings show that a large number of families with intellectually disabled children experience low levels of communication in the family. In addition, this study shows that there were differences in the levels of communication in at least six measured dimensions. Out of ten dimensions used to determine the influence on the levels of family communication seven were found to contribute approximately 76.6 per cent of the variance of the levels of family communication.

Keywords: Communication, intellectual disability, family support

Families are children's first institutions and they are the ones influencing children's self-development. Family has a far reaching meaning for intellectual disability children (ID children) as the majority of the children's time is spent with their families, while their interactions with the outside world are very limited (Kamarulzaman, 1995; Muhamad & Kamarulzaman, 1998). When these ID children went to school they were still influenced by the nature and amount of interactions they had with their families. This meant that the nature of communication in the family had a strong bearing on what would be happening to the ID children at schools particularly the effects in their learning.

In the Malaysian educational system, children with Down syndrome, hyper kinesis, hypo kinesis, autism, speech problem, cerebral palsy, epilepsy, dyslexia and trainable and educable mentally retarded are labelled as the learning disabled group (Ramli, 1997). Through the inclusive education program the Ministry of

Education had set the education guidelines for these children to be integrated with normal children in regular schools where they would be learning together either in special classes or in normal classes (Ministry of Education, Malaysia; Special Education Development Plan 2000 – 2010). Whether they are placed in inclusive or separate classrooms their interactions with their teachers would still be limited because the teachers have to deal with a number of children who also experience some degree of learning problems. Hence the treatment received by each of the ID children at school was still felt to be deficient. Consequently these ID children would seek support and comfort from their family members.

Previous studies showed that families with ID children often experienced a disjointed style of family communication. According to Green (1990) the parents of these families often exhibited unstable and unpredictable behavior. Margalit and Almougy (1991) had also found that these parents were not all the time accommodating towards their ID children. These children were not given due attention and on many occasions were subjected to mistreatment from their family members and even from their parents (Mandell & Fiscus, 1989). The unhealthy relationship within the family contributed to parents losing hope in seeing and even believing that their ID children could perform or even show slight improvement in any academic work (Kirk & Gallagher, 1989; Ramli, 1997). Margalit and Heiman (1986), Green (1990) and Furguson (1987) found that the lives of families with ID children were repressed. The parents were found to be less supportive of their children and most if not all family members exhibited a high level of anxiety. By living in an unsupportive family environment, ID children faced learning problems not only at home but also in all situations including in the classroom. Consequently, they often showed poor performance. On the other hand, in their study, the Department of Social Welfare, the Ministry of Women, Family and Community Development Malaysia found that the unfavorable communication levels did not prevail in all families (2005). Dunlap and Hollingsworth (1977) also found that the presence of an ID child did not negatively affect communication among family members.

Although in most of these studies controversies raged over the nature and level of communication in the families with the LD children, the findings with regard to the working class families were consistent in that the levels of communication were found to be unfavorable (Faber, 1975). McAllister, Butler, and Lei (1978) and Trickett and Schellenbach (1998) found that a large proportion of parents from the lower socioeconomic status very often faced problems in communicating with their ID children, as well as even with other family members. Margalit and Almougy (1991) also found that the presence of an ID child in the family of low socioeconomic status had a much more negative effect on the communication within the family. The parents in such a family had very limited opportunity to go out spending time and socializing with the family members let alone with members of other families. This was because they were required to spend more time attending to the needs of their ID children. In general it was observed that the parents were not trying their utmost to

understand the problems of their families and thus failed to meet the emotional needs of the ID children as well as of other family members. In fact, in many instances the parents even refused to solve many of the family conflicts whether those conflicts related to their ID children or were of a general nature. Apart from socioeconomic status the difference in the levels of communication was also observed among families of different sizes. Greenberg (1985) showed that parents of ID children were often unable to give their children proper attention and these parents often considered their children to be immature and a burden to the family.

In a multicultural society such as Malaysia, the diversity in the demography of the families was further complicated by the cultural diversity within the society. The diversity in ethnic origins, religious beliefs or affiliations, and languages for instance, would definitely affect the nature and level of family communication. Kamarulzaman and Abu Bakar (2003) showed that there were a number of correlates to the nature and levels of family communication. It could be hypothesized that differencesin communication levels in families with ID children were related to a number of demographic and socio-cultural factors such as age of the parents, family size, family religious affiliations and family ethnic origins.

The objectives of this study are to investigate the levels of communication according to the selected background variables, both demographic and non-demographic, and to determine how those variables influenced the levels of communication in families with ID children in the multicultural Malaysian society. The selected background variables are both demographic and non-demographic. The demographic variables taken into consideration are ethnic origins of the families, family religious affiliations, family socio-economic status, age of the ID children, gender of the ID children, family size and age of the parents, while the non-demographic variables are emotional disturbances of the parents and age of the child when the problem was identified.

METHOD

This study involved 264 families vis-a-vis using the parents, either the father or the mother or even the guardians as the respondents for the families with ID children in two selected states (provinces) in Malaysia. In order to get a sample to represent the demographic and the non-demographic or cultural factors such as ethnicity, gender, religion, age, family size and socioeconomic status, quota sampling was employed. This technique was used given the difficulties in identifying and gathering responses from a dispersed population.

In order to gauge the levels of family communication the Family Communication Questionnaire was used. The questionnaire items were chosen and reconstructed from four instruments for which written consent was acquired before reconstruction into the current questionnaire. These instruments were: *Parent-Adolescent Communication Inventory* (Aizan, 1984), *Family*

Environmental Scale (Moose & Moose, 1975), *Parenting Satisfaction Scale* (Guidubaldi & Cleminshore, 1994) *and Family Interaction Questionnaire* (Kamarulzaman, 1995). Based on these four instruments a questionnaire of 80 five-point scaled items was prepared and verified. The final instrument used after verification consisted of 45 items. There were five dimensions in the questionnaire as confirmed by the presence of five factors which account for approximately 78 per cent of the total variance. The five dimensions were affection in the family, unity in the family, parental support, family harmony and appreciation of the feeling of other people. Factor analysis was possible as indicated by the KMO 7.214 and Bartlett's test of sphericity 348 912 with $p<.05$. The reliability as determined by using Cronbach alpha was .821. The questionnaire's total score was the sum of the responses on all of the items, while the score for each dimension was the sum of the responses of the items on the dimension. Positive level (high) and negative level (low) of the score was decided by using the median of the total score which was 2.18. Table 1 shows the Cronbach alpha values for each dimension of the instrument.

Table 1
Cronbach-Alpha Coefficients on Dimensions of Family Communication Questionnaire

Dimension	Alpha Value
Affection in the family	.8320
Unity in the family	.8276
Family harmony	.7467
Self appreciation and appreciation of other's feelings	.8482
Family support	.9194

The researchers managed to get cooperation from the special education teachers in various schools to contact and arrange meetings with the families of the ID children in the sample. Parental consent was acquired before the children were called to respond to the questionnaire. The parents (represented by either the mothers or the fathers or guardians) were assembled in a number of group sessions and the Family Communication Questionnaire was administered. In administering the questionnaire the researcher read each of the questions to the respondents. Whenever the respondents had difficulty in responding the researcher would explain until they were able to respond as required. By employing this approach all questions were able to be completed, and at the same time it helped in minimizing confusion and avoiding unintended dishonesty in the responses.

In the data analysis, mean score was used to indicate the level of communication while the cut-off point between high and low scores as mentioned earlier was based on the median of the total score. An ANOVA

was employed to test mean differences between groups of respondents based on demographic and non-demographic backgrounds. In some cases Scheffe's post-hoc tests were used to locate the differences in the mean scores within the groups. To determine the influence of the demographic and non-demographic factors on the family communication level regression analysis was employed.

RESULTS

Communication Level in the Family of ID Children

The overall result showed that the level of communication in the family with ID children was quite unfavorable with the mean score of 2.22 as compared with the cut off score by using the median of the total score, 2.18 and standard deviation of 0.64. The breakdown patterns showed that the level of family support had the highest mean score which was 2.51 and a standard deviation of 0.76, followed by family harmony, 2.32 and a standard deviation of 0.64, unity in the family, 2.30 and standard deviation of 0.67, affection in the family, 1.96 and a standard deviation of 0.62, and self appreciation and appreciation of the feeling of others, 1.91 and a standard deviation of 0.69. The overall level for affection in the family, and self appreciation and appreciation of the feeling of others fell below the cut off point. All of these levels indicated that although there was some support shown in the family communication, there was a lack of family feeling in providing psychological support in terms of understanding and appreciating the feelings of the family members which also related to lack of unity in the family.

Breakdown of Communication Level in the Family of ID Children According to Demographic and Non-demographic Factors

When the data were analyzed on the basis of the family ethnic origins the Malays constituting 122 families showed a mean score of 2.38, the Chinese numbering 122 families showed a mean score of 2.05 and the Indians represented by 77 families showed a mean score of 2.53. The differences are significant with $F(2, 261)=8.276$, $p<.000$. A post-hoc test using Scheffe's was used to locate the differences in the mean scores and from the analysis it was found that the difference in the mean scores between Malay families and Chinese families was 0.34, and between the Malay families and Indian families was 0.31, and between the Chinese families and the Indian families was 0.03. The difference between the Chinese families and the Indian families, however was found to be not significant ($p>.05$).

The Muslims constituting 129 families had a mean score of 2.37, the Christians constituting 27 families had a mean score of 2.27, the Buddhists 57 families had a mean score of 1.99, and the Hindus constituting 51 families had a mean score of 1.98. An ANOVA showed that the differences in the mean scores of these groups were significant with $F(3, 260)=10.563$, $p<.05$. A post-hoc test

using Scheffe's found no significant differences with $p>.05$ in the mean scores between families of different religions with the exception between the Muslim and both the Hindu and the Buddhist families.

Among the 42 families with young parents the mean score was 2.19, for 134 families with middle aged parents the mean score was 2.03, and for 88 families with old aged parents the mean score was 2.50. An ANOVA result showed that the mean score differences among the age groups were significant with $p>.05$ as shown by an F-ratio of 16.717 and the degree of freedom of 2,264. A post-hoc test using Scheffe's showed that the differences among the families with parents of different ages with the exception between the family of young parents and the families with middle aged parents were significant of with $p<.05$.

For 22 families of high socioeconomic status, the mean score was 2.15, for the middle-socio economic status constituting 47 families the mean score was 2.00, and for the low socioeconomic status constituting 144 families the mean score was 2.10. An ANOVA result on the differences in the levels of family communication among the families in the low, medium and high socioeconomic status as indicated in Table 2, shows no significant difference in the mean scores of which $p>.05$ with an F-ratio of 0.116 and the degree of freedom of 2, 260.

For 157 families with male LD children the mean score was 2.09 and for 107 families with female ID children the mean score was 2.62. The T-ratio value of the difference between these two mean scores was 3.568 of which $p<.05$. The mean score for 59 small sized families was 2.46, for 103 medium sized families was 2.19 and for 102 large sized families was 2.04. The differences among the mean scores of the families based on different sizes were significant with $p<.05$. Scheffe's post-hoc test showed that with the exception of the mean score difference between medium and large sized families, the differences between other two were significant with the $p<.05$.

Demographic and Non-demographic Factors Influencing Communication Levels in the Family of ID Children

Ten factors selected for the study were then used to predict the levels of communication in the family of ID children. The total variance accounted for by those factors was approximately 86.5 per cent (R^2=0.865), with standard error of measurement of 5.236. Of the ten predictor variables only seven were found significant with $p<.05$. The range of variance contributed by each of the factors was from 0.8 per cent to 51.2 per cent. The total variance contributed by the variables namely, gender of the parents or guardians, family ethnic origin, family religious affiliation, ages of the parents, gender of the ID child, family size, socio-economic status of the family, and the age when the child was detected having the problem was 74.8 per cent (R^2=0.748). Of the seven significant factors five were of demographic nature accounting for approximately 8.5 per cent of the ID family communication level variance. The other two factors were emotional disturbances of the families of the ID children and affective problem in the learning of the ID children. Ages of parents or guardians and the age of the ID

children when the problems were detected did not contribute significantly to the ID family communication level.

Table 2
Multiple Regression Analysis Using Level of Family Communication as a Dependent Variable

Variables	(X) B	β	*t*	Sig.	Variance (%)
Emotional disturbance experienced by family	1.469	0.515	12.514	.000	51.2
Affective problem of child	0.325	0.283	7.381	.000	15.9
Guardian gender	10.760	0.186	5.581	.000	2.8
Family size	9.198	0.133	3.888	.000	2.1
Ethnic origin	7.318	0.115	3.530	.002	1.9
Socioeconomic Status	6.285	0.098	3.092	.009	0.9
LD Child gender	5.517	0.094	2.932	.016	0.8
Family religious affiliation	8.763	0.093	1.577	.116	-
Age of parents	1.701	0.029	0.673	.502	-
Age when problem detected	6.740	0.020	0.559	.576	-

Emotional disturbance of the parents was the main predictor of the level of ID family communication by contributing 51.2 per cent of the variance of the ID family communication level. The second predictor was the affective learning problem of the ID children which contributed 15.9 per cent of the variance of the ID family communication level. Of the five demographic factors, gender of the parents or guardians was the most powerful predictor as shown by b=0.186 with $p<.01$. The variance contributed by this factor was 2.8 per cent. In this instance, normally those who took care of the children were either the mothers or the adopted mothers. They spent more time with the ID children at home.

Family size contributed as much as 2 per cent of the level of communication variance and the strength of the influence was shown by b=0.133 with $p<.01$. The result highlighted the fact that the smaller families had less influence on family communication levels as compared with the larger families. On the ethnic origin of the families it was found that the level of communication variance contributed was 1.1 per cent while the influence was shown by b=3.530 with $p<.01$. While the socio-economic status of the families of the ID children and the gender of the ID children were much less strong in predicting the level of family communication as shown by b=3.092 with $p<.01$ and b=3.092 with $p<.01$ respectively. Each of them contributed less than one per cent of the level of communication variance. The three remaining demographic factors namely religious affiliation, age of the parents and age of the child when problem was detected yielded much smaller b weight of which $p>.05$, and hence they did not influence the level of family communication significantly.

DISCUSSION

The overall result of this study showed that there were at least five dimensions in the nature of the communication in the families of ID children. These dimensions were affection in the family, unity in the family, family harmony, self appreciation and appreciation of the feeling of others. These five dimensions were validated both through content analysis of the studies and factor analysis of the responses on the Family Communication Questionnaire, an instrument specifically constructed for the study.

The overall level of communication in the family with ID children was quite low as shown both by the overall mean score of 2.22 and the mean score on each of those dimensions. This occurred because ID children were perceived as a burden and thus reluctantly accepted as members of the families. The findings confirmed many of the findings in earlier studies (Margalit & Almougy, 1991; Margalit & Heiman, 1986) in which the presence of an ID child in a family created strained relationship among its members. They could not accept and neither would they welcome the presence of an ID child in the family. Perhaps the answer to this problem of relatively low overall level of communication, as well as on each one of its dimensions was found in the study by Amerikaner and Omuza (1984). They found that there were high scores on a factor related to prevalence of confusion and inability for adjustment in the family environment. Mash and Johnston (1983) also provided almost the same evidence with regard to the low level of communication in which they found that parents of ID children often exhibited signs of discomfort when taking care of their ID children.

In examining the levels of communication on the five dimensions, it was found that the highest was on family support which showed a mean score of 2.51. The lowest level with a score of 1.91 was on the appreciation of the feeling of others. For the other dimensions the mean scores fell between those two. It was expected that the ID children were seldom left unattended and were supported both physically and emotionally because such an act would directly affect the ID children and consequently would cause unwelcomed repercussions. Hence the family members would try their best not to display any negative acts and feelings towards other members of the family and especially towards the ID children. However, there were instances such as going out together, taking children out to schools, sitting together at dinner, watching television in the evening, and performing house chores when these same family members were unable to control their negative feelings. In these contexts feelings were normally running high. These findings were again confirmed by the earlier studies in many parts of the world (Amerikaner & Omuza, 1984; Margalit & Almougy, 1991).

In the second part of the study, the level of communication in the family of ID children was examined within the context of psychological and demographic background of the families such as family emotional disturbance, affective problem faced by an ID child in learning, family ethnic origins, family religious affiliations, family size, and age of the parents. The main question raised was

whether there were significant differences in the levels of family communication among different groups of families with respect to those psychological and demographic factors.

In general the findings showed that there were differences in the levels of communication among the groups in terms of family ethnic origins, family religious affiliations, family size, gender of the ID children, age of the parents, and family socio-economic status. In the case of ethnic differences it was found that the Indians have much higher level of communication compared to the Malays who emerged second and the Chinese the lowest. It was difficult to find the reason for high tolerance among the Indians. Religion, family size and even socio-economic factors might play important roles in determining the outcomes. Further studies have to be carried out to determine whether this hunch is true.

With regard to religious affiliation, this study found that the differences in the levels of communication among the four religious groups were not clear. There were similarities between the levels of communication among families with Islam and Christian backgrounds, and between Buddhist and Hindu backgrounds. Moslem families seemed to have high level of family communication and this was followed by Christian families, while Buddhist and Hindu families displayed low levels of family communication. These differences between Moslem and Christian families on the one hand and Buddhist and Hindu families on the other hand could be explained in the origins of those religions. However this was only a conjecture as all religions preached tolerance towards mankind. Perhaps the effect of religions on the level of communication was confounded with those of other demographic, socio-cultural and psychological factors.

In examining the differences in the family communication mean scores among the families with parents of different ages, one found that the differences were significant. The parents classified as middle aged tended to have lower level of family communication compared to families of either young or old aged parents. There was no clear explanation for this except to hypothesize that the young parents might be more tolerant because the experience of having a child was new and exciting and besides they might not have other children at that stage, hence did not feel having an ID child as a burden. On other hand, the old aged parents might have different reasons which might be found in having life long experience of facing various kinds of family problems and that having ID children made no difference to the family.

In relation to the socio economic status it was found that the differences in the levels of family communication were not significant. These were shown in many studies such as those of Margalit and Almougy (1991), Faber (1975), and McAllister, Butler, and Lei (1978). The absence of the differences might be due to the overwhelming effects of religions and ethnicity which needed to be confirmed by further studies.

Family communication levels were found to be different between families with male ID children in comparison to female ID children. The level of

communication within families with female ID children was found to be much more favourable compared to those with male ID children. Most probably girls were found to be less demanding and less aggressive, and these created much more favourable atmosphere in the families with female ID children.

Finally in terms of family size, it was found that the differences in the levels of family communication were significant. As expected small size families had a much higher level of family communication than either the medium size or the large size families, while the medium size families had higher level family communication than the large size families. This was probably because the interaction was much more personalised in the small family, thus reducing misunderstanding among the family members. In large families the interactions tended to be much more complicated and very demanding in terms of time and effort, resulting in a great deal of misunderstandings and stress on the family members.

In attempting to predict factors influencing the level of family communication, it was found that, except for three factors, the other seven accounted for more than 75 percent of the variance in the levels of family communication. Demographic factors did not contribute as much variance on the levels of family communication, compared to the two psychological factors (i.e. emotional disturbance experienced by family and affective problem of child) which contributed 67.1 per cent of the variance.

The study is able to shed some light on the dimensions of family communication, the levels of family communication in relation to a number of demographic and psychological factors, and also the effects of these factors on the levels of family communication. For a multicultural society such as Malaysia, information on the dimensions and levels of family communication in families with ID children can have a number of important implications. Of utmost importance is that it could help in awakening public awareness that the family communication at present is far from helping the wellbeing of the ID children. If the communication or the interaction in the family is much below expectations, what hope is there for the public to be sympathetic to the ID children. As shown by the results, the level of communication is built around the median which in this case is quite low. In a way the findings are also a relief in that many of the demographic factors do not play as powerful roles as the psychological factors. The psychological factors are much more prone to modification. Hence, much could be done to educate parents and other family members of ID children to raise the levels of family communication so that a healthy environment could prevail (Waggoner & Wilgosh, 1990; Singer & Irvin, 1989). For the Government particularly the Ministry in charge of the welfare of the ID children, quality programs particularly those pertaining to parental care need to be planned and implemented so that the welfare of these ID children are not left unattended and unsupervised.

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