



Stress and coping among the mothers of mentally challenged children in selected special schools

Jincy John and Dr. Gandhimathi M

Ph.D Scholar, Rani Meyyammai College of Nursing, Annamalai University, Chidambaram, Tamil Nadu, India
Vice-Principal, Rani Meyyammai College of Nursing, Annamalai University, Chidambaram, Tamil Nadu, India

DOI: <https://doi.org/10.33545/nursing.2020.v3.i2.C.121>

Abstract

Mentally challenged children have the insufficient development of intellectual skills. The children suffering from mental disability are considered as burden by most of the family members. The objectives of this study were to: (1) assess the existing level of Stress and coping among the mothers of mentally challenged children in selected special schools (2) correlate the Stress and Coping in mothers of mentally challenged children (3) associate the level of Stress and Coping with selected demographical variables. Method: This study was conducted in the 30 mothers of mentally challenged children in selected special schools, at Ernakulum District in Kerala. Each parent was evaluated using the Family Interview for Stress and Coping (FISC) in Mental Retarded. The results of the present study were found that mothers of mentally challenged children had moderate to severe level of stress and also positive correlation with level of stress and coping and education of mothers had association with stress and coping. The study findings were concluded that attempts should be made to investigate specific interventional strategies for coping the stress in mothers of mentally challenged children.

Keywords: Mothers of mentally challenged children, stress and coping

Introduction

Mentally challenged children may not have the sufficient development of intellectual skills. It is a significant condition which causes permanent disability, affects all family members financially, socially, emotionally, behaviorally and cognitively, and requires lifelong observation, control, care, treatment and rehabilitation. The WHO reports that there are 650 million disabled people in the world, and approximately 200 million of them are children.

The care, treatment and rehabilitation of children with intellectual disability requires more manpower, cost and time than healthy children. Children who attend special education, depend on self-care or have severe intellectual disability, should support from health and psychosocial professionals in care and coping with. This situation is too important for both mother and family health.

The children with mental retardation must have significantly sub average intellectual functioning; an impairment resulting from an injury, disease or abnormality that existed before age 18; an impairment in adaptive abilities. Mental retardation is divided into four degrees of severity; mild (50-70 IQ), moderate (35- 49), severe (20-34) and profound (less than 20).

R Kaur, H Arora, 2010^[12] found that the children suffering from mental disability are considered as burden by their

family members. Negative parental attitude leads to rejecting attitude towards mentally retarded children. This adversely affects the interaction within the family and also with outsiders. Such children should be offered support by family members to enable them to cope with stressful situations and in their rehabilitation. There is a need for implementation of family based schemes for such disabled children.

Stress is a normal reaction the body has when changes occur. It can respond to these changes physically, mentally, or emotionally. When the person feels stress the body requires an adjustment or response. Stress is a normal part of life. You can experience stress from your environment, your body, and your thoughts. Stress becomes negative when a person faces continuous challenges without relief or relaxation between stressors. As a result, the person becomes overworked, and stress-related tension builds. The body's autonomic nervous system has a built-in stress response that causes physiological changes to allow the body to combat stressful situations. This stress response, also known as the "fight or flight response", is activated in case of an emergency. However, this response can become chronically activated during prolonged periods of stress. Prolonged activation of the stress response causes wear and tear on the body – both physical and emotional.

Stress that continues without relief can lead to a condition

called distress – A negative stress reaction. Distress can disturb the body's internal balance or equilibrium, leading to physical symptoms such as headaches, an upset stomach, elevated blood pressure, chest pain, sexual dysfunction, and problems sleeping. Emotional problems can also result from distress. These problems include depression, panic attacks, or other forms of anxiety and worry. Research suggests that stress also can bring on or worsen certain symptoms or diseases. Stress is linked to 6 of the leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide.

People can learn to manage stress and lead happier, healthier lives. You may want to begin with the following tips:

- Keep a positive attitude.
- Accept that there are events that you cannot control.
- Be assertive instead of aggressive. Assert your feelings, opinions, or beliefs instead of becoming angry, defensive, or passive.
- Learn and practice relaxation techniques; try meditation, yoga, or tai-chi.
- Exercise regularly. Your body can fight stress better when it is fit.
- Eat healthy, well-balanced meals.
- Learn to manage your time more effectively.
- Set limits appropriately and say no to requests that would create excessive stress in your life.
- Make time for hobbies and interests.
- Get enough rest and sleep. Your body needs time to recover from stressful events.
- Don't rely on alcohol, drugs, or compulsive behaviors to reduce stress.
- Seek out social support. Spend enough time with those you love.
- Seek treatment with a psychologist or other mental health professional trained in stress management or biofeedback techniques to learn more healthy ways of dealing with the stress in your life [6].

An Intellectually disabled child in a family is usually produce stress for family members It needs a reorientation and reevaluation of family aims, responsibilities and relationship with the community members. In India people of community have a different attitude towards Intellectual disabled. In modern society, home based care has resulted in many consequences. The major drawback of this system is the child has no exposure for social interaction and no opportunity for skill development

Upadhyaya G, Havalappanavar. R 2008 [13], assessed stress in 628 fathers and mothers of mentally challenged children report that mothers have higher stress compared to fathers. Most of the parents report mild to moderate stress and none of them have high stress and in the areas of care, emotional and social stress, mothers report higher stress and in the area of financial stress, both fathers and mothers report equal levels of stress. It is noticed that more than one mentally challenged children in the family; higher levels of behavior disorder; lower age of the mentally challenged individual and parents; and lower income of the family are associated with higher stress.

Mahoney and Perales, 2009 [9] has reported that the severity of child's disability is an important predictor of mother's parenting stress; moreover, diagnosis of pervasive developmental disorders (DDs) in children and the parent-child interactions before any interventions are predictors of changes in parent-child interactions after the treatment. It has been revealed that mothers who experience higher levels of stress have a lower quality of life compared with those who experience less stress.

Awat Feizi BN, Aseih S, Maryam C, Rezvan H, 2014 [1], has mentioned that Mothers of children with sensory-motor mental and chronic physical problems experience more stress than mothers of children with psychological disorders. The stress score of mothers of children with psychological disorders was lower than the other two groups. A significant difference was observed in terms of stress among mothers of children with sensory-motor mental problems with different number of children also mothers of children with chronic physical problems in different levels of education have experienced different levels of parenting stress. Also, they recommended high level of parenting stress requires special education and early intervention for deepening their diagnostic knowledge and professional consultation on stress management.

Eleni Siamaga, 2011 [6] has proven that all forms of mental retardation have an impact on the parents' mental health. Anxiety, stress and depression are common symptoms mentioned by the parents. Additionally, there are individual variables such as the husband-wife relationship, the parents' approach to their child's disability, the parental strategies used in order to cope with the daily life of the child's disability and the behavioral problems of their child, all of which contribute to the increase of the level of parental stress. However, at the same time, there is a different approach in terms of social support provided to the parents and their everyday stress.

Flynt SW, Wood TA, 1989 [8], has assessed the Perceptions of family stress and coping behavior of 90 mothers with a moderately mentally retarded child. There were no significant differences in family stress scores across the three child age groups. Significant differences were found for race and maternal age with regard to perceived stress. Significant differences in coping behaviors were found for race, marital status, and socioeconomic status.

Venkatesh Kumar, 2008 [14], reported that parenting a mentally retarded child is not an easy task. Parents having a mentally retarded child experience a variety of 'psychological stresses related to the child's disability. Parents especially mothers need every help and encouragement possible in their difficult task, which is, indeed, easier for them while the child is still a baby. The birth of a handicapped child is likely to be one of the most traumatic events experienced by the family. Parents and other children in the family must undergo a variety of profound changes to adapt to the presence of a disabled member. Research has indicated that families who are successful in coping with having a mentally retarded child, are able to mobilize their internal and external means of support to deal effectively with the special needs of their child. They find out the significance difference between gender, educational level on psychological stress and coping strategies. The results showed that the relationship between

psychological stress and coping strategies of the parents of mentally retarded children.

Davis NO, Carter AS, (2008) [4], Having a child with developmental or psychological problems is always stressful for their parents who are taking care of them, even when the child is a grown up person, which would cause a constant incompatibility of parents with their child's disability. These parents, other than bearing financial pressures, are always facing emotional pressures such as feeling ashamed or feeling guilty.

Many studies report that the prevalence of mentally disabled children is increasing globally which affects the family with various problems including physical and psychological issues so the researcher herself to felt the need of assessing the level of stress and coping in mothers of mentally challenged children.

Aim and Objectives

The present study is aimed to assess the level of stress and coping among the mothers of mentally challenged children in selected special schools at Ernakulum, Kerala. The objectives of this study were to: (1) assess the level of Stress and Coping among the mothers of mentally challenged children in selected special schools at Ernakulum, Kerala; (2) Correlate the Stress and Coping in mothers of mentally challenged children; (3) associate the level of stress and coping with selected demographical variables like age, education, occupation, type of family, area of living, number of children’s affected with disability, severity of disability.

Materials and Methods

In this study researcher used a descriptive survey, that was conducted during August 2019 were enrolled after getting informed consent and IRB approval. A total of 30 mothers of mentally challenged Children participated in special schools at Ernakulam, Kerala. A brief introduction about the study was given to the mothers followed by data collection. The researcher explained about the data process and data were collected by questionnaire regarding demographic variables and NIMHANS –Family Interview for Stress and Coping (FISC-MR).

Result

Demographic characteristics of study subjects shows that (table 1), highest percentage 21(70%) of mothers belongs to the age group of 30-41 years, and the least 2 (6.7%) were at the age above 41 years. With regards to the religion majority 18(60%) of mothers belongs to Hindus, while seeing the

education of mother, majority of them i.e., 17(56.7%) completed their Higher secondary level of education and 11(36.7%) completed their Degree education. Moreover, with regard to the education of father, 15(50%) have completed their secondary level of education and 9(30%) have completed their primary level of education. Only very few members 6(20%) completed their High school. While portraying the occupation of mother, majority 13(43.3%) were House wife. Similarly, with regard to the occupation of father, majority 16(53.3%) were Private employees and only 4(13.3%) were Government employees. Regarding family income about 11(36.7) were have income of Rs20, 000/- 30,000/- and 9(30%) were have above Rs30, 000/- income /month and 7(23.3%) were have Rs10, 000/- 20,000/- and only very numbers 3(10.0%) were having Rs5000/- - 10,000/- income /month. Regarding area of living 15((50%) belongs to the rural background and other half numbers 15(50%) belongs to Urban community. About 21(70%) have 2 children and 8(26%) have one child and only one parent have three children. Regarding birth order 19(63.3%) had one child and 10(33.3%) had two children and only one parent 1(3.3%) had three children. About 29(96.7%) had disability in one child in the family and 1(3.3%) had 2 children in the family. Regarding level of retardation 13(43.3%) had severe retardation and 12 (40.0%) had moderate retardation and least numbers 5(16.7%) had mild retardation.

Further regarding the level of stress (table 2), the findings revealed 63.3% of mothers of mentally challenged children experiences severe stress and 36.7% mothers experience moderate stress and none of them have mild stress. Additionally, regarding level of coping (table 3), about 33.3% of mothers are adequately adapted with stress, 46.7% have moderately adapted and 20% mothers are having very poor adaptation with stress.

Spearman rank correlation was adopted to analyze correlation coefficient between stress and coping is $r=0.829$. Thus, there is strong positive correlation between stress and coping. Which is described in scatter diagram (figure 1) exhibits strong positive correlation between level of stress and coping as stress increases coping ability also increases. Furthermore, association between level of stress and coping with selected demographic variables were analyzed by Chi-square test. Which revealed that, only occupation and education of mothers are significantly associated with stress level of mothers $p<0.01$ and $p<0.17$ respectively (table 4). Moreover, there is significant association between coping and education of mothers at 0.05 level of significance $p<0.01$ (table 5).

Table 1: frequency distribution of demographic characteristics of mothers N=30

	Variables	Frequency(f)	Percentage (%)
1.Age	20-30 years	7	23.3
	31-40 years	21	70.0
	41-50 years	2	6.7
2. Religion	Hindus	18	60.0
	Christian	8	26.7
	Muslim	4	13.3
3. Education of mother	Primary education	0	0
	High School	2	6.7
	Higher Secondary/Diploma	17	56.7
	Degree and above	11	36.7

	Others	0	0
4.Occupation of mother	Factory Worker	3	10.0
	Private Employee	12	40.0
	Govt. Employee	2	6.7
	House Wife	13	43.3
5. Family income	Rs 5000/--10000/-	3	10
	Rs10,001/-20,000/-	7	23.3
	RS.20,001/-30,000/-	11	36.7
	Above 30,000/-	9	30.0
6. Type of family	Nuclear	25	83.3
	Joint	5	16.7
7.Area of living	Rural	15	50.0
	Urban	15	50.0
8. Number of children	One child	8	26.7
	Two children	21	70.0
	Three children	1	3.3
9.Birth Order	First	19	63.3
	Second	10	33.4
	Third	1	3.3
10. No of children with disability	One	29	96.7
	Two	1	3.3
11.Levelsof retardation	Mild	5	16.7
	Severe	13	43.3
	Moderate	12	40.0

Table 2: level of Stress among the mothers of mentally challenged children N= 30

Stress level	Frequency (f)	Percent (%)
Mild	0	0
Moderate	11	36.7
High	19	63.3
Total	30	100.0

Table 3: level of coping among the mothers of mentally challenged children N=30

Coping level	Frequency (f)	Percentage (%)
Adequately adapted	10	33.3
Moderately adapted	14	46.7
Very poor adaptation	6	20.0
Total	30	100

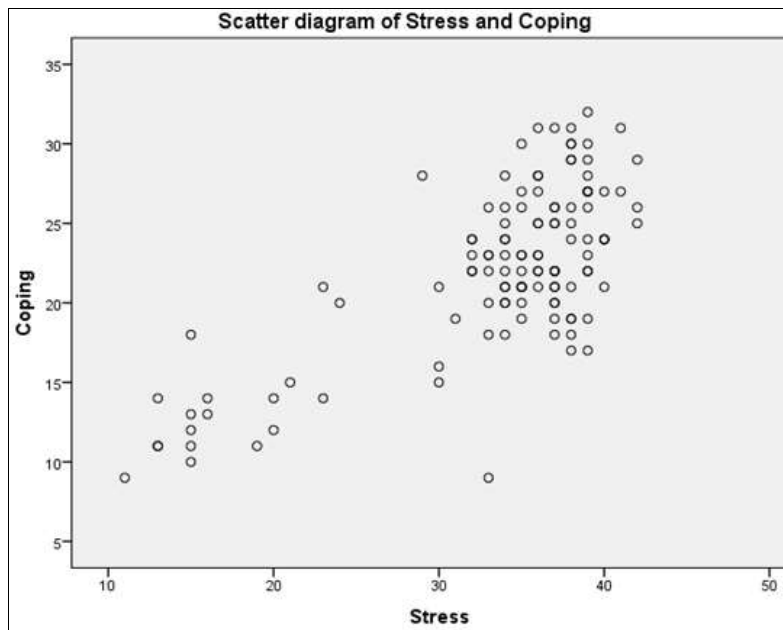


Fig 1: Scatter diagram shows correlation between stress and coping. N=30

Table 4: Association between stress and selected demographic variables N=30

Variable	chi-square value	df	p-value
Education of mother	30.0**	2	<0.01
Occupation of mother	10.153*	3	0.017
Type of family	0.718	1	0.397
Residence	1.292	1	0.256
No of children	3.471	2	0.176

Level of retardation	0.348	2	0.840
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* $p < 0.05$, ** $p < 0.01$

Table 5: Association between coping and selected demographic variables N=30

Variable	chi-square value	df	p-value
Education of mother	27.59**	4	<0.01
Occupation of mother	7.553	6	0.273
Type of family	3.429	2	0.180
Residence	2.210	2	0.331
No of children	6.551	4	0.162
Level of retardation	1.622	4	0.805

* $p < 0.05$, ** $p < 0.01$

Recommendations

As for the result of this study, mothers of mentally challenged children had moderate to severe level of stress. Very few mothers were adapted with stress by using coping skills and also found that education of mothers have positive association with adaptation of stress. The study concluded that attempts should be made to investigate specific interventional strategies for coping the stress in mothers of mentally challenged children.

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