

Facilitating Factors of Coping in Mothers of Children with Mental Retardation

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Mental retardation is a chronic disability. It is a stressor that requires an ongoing coping response by the parents. The birth of a mentally retarded child has a profound effect on the family. Once the child is diagnosed as mentally retarded, parents often experience varied emotional reactions or stages. Parents must confront these emotions and make necessary family adjustments to accommodate the mentally retarded child.

Support Systems

In such a situation, the ability of an individual to cope with the stress depends on their internal and external support systems. The internal resources include faith in God, working out problems on one's own and self-determination. External resources include support from family members, relatives, friends, neighbours, and professionals. Support from professionals has been reported as a facilitator of coping (Bristol, 1984).

Physical support from within and outside the family has been identified as the most important facilitator for parents. Other facilitators being professional support, financial support, faith in God,

working out problems on one's own and self-determination. Parents reported external supports provided by others as a greater facilitator than their internal coping skills (Peshawaria et al, 2000). Positive self-appraisal of coping skills was significantly related to lower parental stress, better family adjustment and less psychological distress for both the parents of young children with disabilities (Frey et al, 1989).

Many parents, irrespective of professional help, make a positive adaptation to their child with disabilities and do very well at coping with the inevitable and long-lasting challenges of mental retardation. Parents, especially mothers have an important role in care of a mentally retarded child. Mothers are more affected by the stress and strain of caring for the child. They face various problems and their coping is disturbed. This disturbed coping has a serious consequence for the mentally retarded child as well as the family and society (Turnbull et al, 1984).

Objectives of the Study

The present research attempted to study the facilitating factors of coping in mothers of children with mental retardation and to determine the relationship of coping factors with selected variables. The selected variables were the age of the child, sex, socio-economic status and mothers'

education.

Study Design

A descriptive survey method was used to collect the data. The tools used were general data sheet and inventory for identifying facilitating factors of coping in mothers of children with mental retardation. General data sheet was used to record basic background information about the mothers and their children with mental retardation. Inventory for identifying facilitating factors of coping was prepared after an exhaustive review of literature on related topics. Informal interviews with mothers, special school teachers and experts in the field of special education were very helpful in the development of the tool. The content validity of the tools was ensured by involving experts.

Inventory for identifying facilitating factors of coping

The facilitating factor is measured by a five-point scale in which zero represents not helpful, one- mildly helpful, two- moderately helpful, three- more helpful and four- very much helpful. This tool has 38 items under six headings: spiritual support, social support, professional support, financial support, recreation and miscellaneous factors. The spiritual factor consists of seven items and the maximum possible score is 28. There are six items in social support (maximum score 24), six in professional support (maximum score 24), five in fi-

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nancial support (maximum score 20), five in recreation (maximum score 20) and nine items in miscellaneous factors (maximum score 36). The maximum possible score for the total of 38 items is 152.

Informed consent was obtained from each participant prior to data collection. Institutional approval was obtained for the study.

Sample and Sampling Technique:

The subjects were mothers (n=232) of mentally retarded children studying in 10 special schools of Kottayam district of Kerala State. Investigator made a list of students studying in 10 selected special schools who are day scholars and the mothers of these children were selected using random sampling technique. The sample size selected were 250, from which responses of 18 mothers had to be deleted due to non-completion of the questionnaire.

Findings, Analysis and Interpretations

The collected data were analysed using statistical techniques such as percentage, arithmetic mean, standard deviation, independent t-test, one way analysis of variance (ANOVA) and test of least significant difference. The study investigated facilitating factors of coping in mothers of children with mental retardation. Also the relationship of coping factors with respect to selected variables (age of the child, sex, socio-economic status and mothers' education) were studied. Independent t-test or one way ANOVA was used to analyse the factors facilitating

coping with respect to selected variables. Whenever a significant F-ratio was obtained, the least significant difference was used for pair wise comparisons.

The percentage of miscellaneous factors facilitating coping was found to be 54.69 and financial factor was 20.6 percent. Miscellaneous factors have the highest mean (19.70) and percentage (54.69) which showed that miscellaneous factors help the mothers more to overcome the stress and strain than the other factors. Miscellaneous factors include eagerness to learn about the child, cooperation from the child in his care, child devoid of behaviour and health problems, sending child to school and membership in parent-teachers association.

For spiritual coping factor, the mean was 15.24 which means that spiritual factor facilitates mothers coping to a moderate level. The financial support facilitating coping was very low as the mean value was only 4.12 which is of less than a mild level. The mean value of professional support was 7.80, which was again at a mild level. The social support was at a moderate level as the mean was 11.78. From these findings it was obvious that along with miscellaneous factors, spiritual factor plays an important role in mothers' coping.

Socio economic status of the family is found to have statistically significant influence in the facilitating factors of coping in mothers ($F=3.33$; 2,229; $p<0.05$). A significant difference was observed between mothers of low and middle levels of socioeconomic status with a higher mean coping factor score for mothers with middle level of socioeconomic

status. Mentally retarded child's age, sex, and mothers' education had no significant role in deciding the facilitating factors of coping.

Discussion

Among the various factors facilitating coping, miscellaneous factors help the mothers to overcome the stress and strain than the other factors. Cooperation from the child in his care and child devoid of behaviour and health problems are a better source of relief for parents especially for mothers. Behavioural problems of mentally retarded children cause great concern for the family and impose extra care taking demands and burden on parents. Parents' feeling of burden depends on the degree of retardation. Spiritual factor furthermore confirms a significant role in mothers' coping. Economic and social factors have a role in the ability to cope with the stress of caring a child with mental retardation. Data indicate that people in low income groups cope less effectively with stress (Kessler, 1985). Mentally retarded child's age, sex, and mothers' education had no significant role in deciding the facilitating factors of coping (Narayan et al (1993) found that literacy of parents, locality of living, level of retardation and sex of the child had little impact on the expectation of parents.

The present study identifies the various factors facilitating coping in mothers of children with mental retardation and helps the mothers to have an insight about the facilitating factors of coping. Professional involvement, parent training programme and parent-to-parent interactions can cause

change in parental expectations and attitude towards their mentally retarded children. Parent training has been rated as effective means of improving parental perception and promoting positive parent child interventions (Narayan & Madhavan, 1992).

Implications for Practice

Health professionals should have knowledge to assess the stress of mothers of children with mental retardation and capability to assess the coping pattern of mothers and help them to cope well. As health professionals, nurses have an important role in helping the family adjust to this crisis. Guidance and counselling help in minimising the stress of mothers. Parent support groups build and strengthen the external

support system for families. Parents provide valuable support to each other as they listen, share experiences, and give assistance to each other. Professionally qualified counsellors should be accessible to parents to discuss their concerns. Results of this study may provide directions for the establishment of mental rehabilitation services in the future.

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