

A Study to Assess the Psychosocial Concerns and Coping Strategies of Parents of Mentally Challenged Attending Special Schools in Malappuram District, Kerala

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Abstract

Aim: The aim of the study is to explore the psychosocial concerns of parents of intellectually challenged children, to determine the coping mechanisms adopted by the parents, and to associate the psychosocial concerns of parents of mentally challenged people using the chosen demographic factors.

Introduction: Mental retardation is among the most common neurologic disorder which makes certain limits in mental, cognitive, and group activities.

Materials and Methods: A quantitative non-experimental research approach based on the transaction-based model of stress and coping by Lazarus and Folkman was used. Totally 150 parents of mentally challenged children at VKM Special School, Valanchery, RICCCH, Manjeri Head Office and Good Hope School, Manjeri, were selected as a sample by purposive sampling. The tools used were demographic pro forma, a structured questionnaire on psychosocial concerns, and the David L Tobin Rating Scale for coping strategies.

Results: Only 3.33% of parents got 10 out of 10 scores, 29.33% is the highest positive response, and no parents scored positive responses 1 and 2. 41.33% of the parents maintained an average social support strategy, and 45.33% had average social withdrawal strategy. There is a significant association ($P < 0.05$) of psychosocial concerns with their demographic variables such as the age of the parent, area of residence, monthly income, and gender of the child.

Conclusion: Parents should be motivated to score positive responses by 100% with adequate support. They should be aware of improving coping ability and the actively available multidisciplinary training. Adequate measures to be taken to enhance the bridging between the child and the society.

Keywords: Coping strategy, mentally challenged, parents, psychosocial concerns, special school

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INTRODUCTION

“The child is God’s Gift to the family. Each child is created in the special image and likeness of God for greater things to love and be loved”

-Mother Teresa^[1]

Intelligence involves integrating all experiential data into its existing framework. In addition, mental processes are about

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adapting to the environment. Assimilation is never entirely straightforward because, as new elements are incorporated into existing schemata, the intelligence constantly adjusts these schemata to fit the new information.^[2]

Mental retardation (MR) is a disabling condition.^[3] According to Merriam-Webster's Dictionary, MR or intellectual disability is the subaverage intellectual ability, which is characterized by an IQ of 70 or lower and includes notable deficits in the skills required for independent daily functioning. This condition is evident from birth or early childhood and is typically marked by delayed or atypical development, learning challenges, difficulties in social interactions, and adjustment.^[4]

For one third to one half cases among children, the cause of incidence of mental retardation is unknown. Sometimes, the disability results from abnormal genes inherited from parents, errors during gene combination, or other factors. Issues that arise during pregnancy and at birth, exposure to certain toxins, iodine deficiency, and malnutrition are some of the reasons for MR. The majority of people with severe and profound intellectual disabilities may learn to at least take care of their fundamental requirements, according to systematic training initiatives. With assistance, many may carry out beneficial jobs and, in any case, adjust to regular living routines. It has been demonstrated that the best learning and development environments are those that are found in communities that provide a loving, supportive setting like that of a family.^[5]

Early detection of MR in a child's life significantly benefits everyone involved. Numerous special schools and child guidance clinics offer environments conducive to the child's growth and learning. These settings not only support educational development but also foster social skills. In addition, they provide opportunities for the child to interact and form friendships with other children facing similar challenges. Studies indicate that if parents avoid these specialized learning facilities, it can lead to increased emotional and social difficulties for the mentally challenged child.^[6]

Objectives of the study

1. Explore the psychosocial concerns of the parents of the mentally challenged
2. Identify the coping strategies adopted by the parents
3. Associate the psychosocial concerns of parents of the mentally challenged with the selected demographic variables.

Hypothesis

H1: There is no significant association between psychosocial concerns and selected demographic variables.

MATERIALS AND METHODS

Research approach

Given the nature of the issue being studied and the goals being pursued, quantitative non-experimental research was determined to be suitable and was adopted to explore the

psychosocial concerns and coping strategies of parents of mentally challenged attending special schools in Malappuram district.

Research design

The study used a descriptive research design. A descriptive research methodology is a systematic method to watch, characterize, and record elements of a situation as it happens naturally. It can also occasionally be used as a springboard for the formation of theories or hypotheses.

Variables

Research variable

In the present study, the research variables are as follows:

Psychosocial concerns of parents of mentally challenged
Coping strategies of parents of mentally challenged.

Demographic variable

In the present study, the demographic variables include age of the parent, relationship with the child, area of residence, marital status, educational status occupation, religion, type of family, monthly income, number of children, number of mentally challenged children, gender of the child, age of the child, disability certificate, and level of training.

Setting of the study

The study was conducted at VKM Special School for mentally challenged, Valanchery, Rehabilitation Institute for Cognitively and Communicatively Challenged, Manjeri Head Office and Good Hope Special School for mentally challenged, Manjeri. The selection of these special schools has been done based on the feasibility and availability of samples.

Population

Parents of mentally challenged children attending special schools. Accessible population -Parents of the mentally challenged children attending VKM Special School for mentally challenged, Rehabilitation Institute for Cognitively and Communicatively Challenged and Good Hope School for mentally Challenged at Malappuram District.

Sample and sampling technique

The sample for the present study consisted of 150 parents of mentally challenged children of VKM Special School for mentally challenged, Valanchery, Rehabilitation Institute for Cognitively and Communicatively Challenged, Manjeri Head Office and Good Hope Special School for mentally challenged, Manjeri.

During the data collection period, purposive sampling was found feasible, practicable, and appropriate to select 150 parents of mentally challenged from selected special schools at Malappuram District.

Inclusion criteria

The following criteria were included in the study:

1. Parents of mentally challenged child
2. Who is taking care of the child

3. Able to communicate in Malayalam
4. Interested to participate in the study
5. Available at the time of data collection.

Exclusion criteria

The following criteria were excluded from the study:

1. Parents of mentally challenged children with other associated disorders
2. Those who were not interested.

Tool/Instrument

In this study, the tools used are

1. Tool I which comprised Section A: Demographic perform

Section B: Structured questionnaire on psychosocial concerns of parents of mentally challenged

2. Tool II is the David L Tobin Rating Scale for identifying the coping strategies of parents of mentally challenged by self-reporting technique.^[7]

Plan for data analysis

After the data collection, data were planned to be organized, tabulated, and summarized by preparing a master data sheet. The data were planned to be analyzed according to the objectives of the study and using descriptive and inferential statistics.

Descriptive statistics

Descriptive statistics is useful for summarizing empirical information. Percentage distribution would be used to describe the demographic variables, psychosocial concerns, and coping strategies.

Inferential statistics

Because it is founded on the laws of probability, inferential statistics offer ways to draw conclusion about the population from which data were obtained for the sample. The Chi-square test would be used to find the association between the psychosocial concerns of parents of the mentally challenged with selected demographic variables.

Analysis techniques in quantitative research include descriptive and inferential statistics. The master data sheet was prepared and data were analyzed in Microsoft Excel in terms of the objectives and hypothesis of the study.

RESULTS

The following results were drawn from the study.

Objective 1: Explore the psychosocial concerns of the parents of mentally challenged

- Out of 150 parents, those who obtained one score amounted to nil. Similarly, no parent could score 2. Further, nine parents obtained 3 scores which constitute 6%, whereas 19 parents obtained 4 scores each which forms 14.67%
- Likewise, 44 parents which form 29.33% could get 6 scores. Similarly, 24 parents constituting 16% of the

parents obtained 7 scores

- Thirteen parents obtained a score of 8, which forms 8.67% of the samples. Fourteen persons got 9 scores which constituted 9.33% of the total samples. The score obtained by five parents is as high as 10 out of 10 and in percentage, it is 3.33%
- The study concludes that 6% of the parents had low psychosocial concerns, 72.67% had medium psychosocial concerns, and 21.33% of the samples had high psychosocial concerns.

Objective 2: Identify the coping strategies adopted by the parents

- 24% of the parents had high problem-solving coping strategy, 67.33% had average, and 8.66% of the parents had low problem-solving strategy
- 36.67% of the parents had high cognitive restructuring strategy, 56.67% had average, and 6.67% had low cognitive restructuring strategy
- 12% of the parents maintained a high social support strategy, 41.33% had average, and 46.67% had low social support strategy
- 23.33% of the parents had a high express emotion strategy, 51.33% had average, and 25.33% had low express emotion strategy
- 22.67% of the parents had high problem-avoidance strategy, 55.33% had average, and 22% had low problem-avoidance strategy
- 28% of the parents maintained high wishful thinking strategy, 47.33% had average, and 24.67% had low wishful thinking strategy
- 19.33% of the parents had high social withdrawal strategy, 45.33% had average, and 35.33% had low social withdrawal strategy
- Coping strategy which shows increased percentage of high coping is in cognitive restructuring (36.67%), average in problem-solving (67.33%), and low in social support strategy (46.67%). 41.33% average of the parents maintained average social support strategy, and 45.33% of the parents had average social withdrawal strategy.

Objective 3: Association of the psychosocial concerns of parents of mentally challenged with the selected demographic variables

H01: There was no significant association between psychosocial concerns and selected demographic variables.

The analysis reveals that the age of parents, area of residence, monthly income, and gender of child had significant associations on the psychosocial concerns ($P < 0.05$) of parents of mentally challenged and relationship with the child, marital status, educational status, occupation, religion, type of family, number of children, number of mentally challenged, age of child, disability certificate, level of training had no significant association on the psychosocial concerns ($P > 0.05$) of parents of mentally challenged.

Thus, the three objectives of the study were achieved.

Table 1 represents that 62% of the parents belonged to nuclear families, 30.67% belonged to joint families, and 7.3% belonged to extended nuclear families. 54.67% of the parents had monthly income below Rs. 5000, 32.67% Rs. 5000–10,000, 10% Rs. 10,000–15,000, and 2.6% above Rs. 15,000. 35.305 of the children belonged to 7–10 age group, 20% were in between 3 and 6, 13.33% were in between 11 and 13, 8% were in between 14 and 17, and 23.335 were more than 17 years of age.

Table 2 shows that out of 150 parents those who obtained 1 score amounted to nil and no parent could score 2 scores. Further, nine parents obtained 3 scores which constitute 6%, whereas 19 parents obtained 4 scores which forms 14.67%. Likewise, 44 parents which form 29.33% could get 6 scores. Similarly, 24 parents constituting 16% of the parents obtained 7 scores. 14 parents got 9 scores which constituted 9.33% of the total samples. The score obtained by five parents is as high as 10 out of 10 and in percentage, it is 3.33%.

It reveals that 6% of the parents had low psychosocial concerns, 72.67% had medium psychosocial concerns, and 21.33% of the samples had severe psychosocial concerns.

Table 1: Distribution of samples based on family monthly income, age of child ($n=150$)

Demographic variables	Percentage
Type of family	
Nuclear	62
Extended	7.33
Joint	30.67
Monthly income	
Below 5000	54.67
5000–10,000	32.67
10,000–15,000	10
Above 15,000	2.67
Age of child	
3–6 years	20
7–10 years	35.33
11–13 years	13.33
14–17 years	8
More than 17 years	23.33

Table 2: Distribution of sample according to score obtained on the psychosocial concerns ($n=150$)

Category	Total score	Number of cases response to score	Percentage of cases	Cumulative frequency (%)
Psychosocial concerns				6
Low	1	0	0	
	2	0	0	
	3	9	6	
Medium	4	19	12.67	72.67
	5	22	14.67	
	6	44	29.33	
	7	24	16	
	8	13	8.67	
Severe	9	14	9.33	21.33
	10	5	3.33	

Table 3 indicates that variables namely relationship with the child, marital status, educational status, occupation, religion, type of family, number of children, number of mentally challenged children, age of child, disability certificate, and level of training were not significantly associated with psychosocial concerns ($P > 0.05$). The variables age of parent, area of residence, monthly income, and gender of child showed significant association with psychosocial concerns ($P < 0.05$).

DISCUSSION

The study's findings have been discussed in relation to the objectives and the review of literature.

Explore the psychosocial concerns of the parents of mentally challenged

A cross-sectional study was conducted on the psychosocial impact on parents of mentally retarded children in Anand District. The sample consists of 100 parents of mentally challenged retarded children who were enrolled in 2006 at Mitra Rehabilitation School in Gujarat. The study was done using the National Institute of Mental Disability Scale for the National Institute for Mentally Handicapped, Secunderabad. The results show that 45% of the cases involved mild MR, 46% had moderate MR, and 9% had severe MR. Of these, 69% were male and 31% were female. No significant association was found between parents' specific thoughts and the type of MR. Similarly, there was no significant loss of support from spouses, family, relatives, friends, or neighbors based on the type of MR. However, unemployed fathers experienced a more negative impact on their relationships, with a significant $P = 0.04$, compared to other fathers. The study also found no significant association between the type of MR and the effects on siblings. The study concludes that parents face significant challenges and mental stress due to having a child with MR.

Table 3: Association of the psychosocial concerns of parents of mentally challenged with the selected demographic variables ($n=150$)

Variables	Chi-square	P-value	Significant/not significant
Age of parent	0.003	<0.05	*Significant
Relationship with the child	0.44	>0.05	Not significant
Area of residence	0.008	<0.05	*Significant
Marital status	0.27	>0.05	Not significant
Educational status	0.54	>0.05	Not significant
Occupation	0.49	>0.05	Not significant
Religion	0.71	>0.05	Not significant
Type of family	0.12	>0.05	Not significant
Monthly income	0.03	<0.05	*Significant
Number of children	0.45	>0.05	Not significant
Number of mentally challenged children	0.51	>0.05	Not significant
Gender of child	0.002	<0.05	*Significant
Age of child	0.27	>0.05	Not significant
Disability certificate	0.07	>0.05	Not significant
Level of training	0.37	>0.05	Not significant

*Significance at 0.05 level

Therefore, family intervention programs should focus on early development and strengthening of natural support systems for parents.^[8]

Identify the coping strategies adopted by the parents

A qualitative study examines on experiences and views of caregivers attending the outpatient clinic at Muhimbili National Hospital caring for children with mental disabilities such as attention-deficit hyperkinetic disorder, cerebral palsy, and pervasive developmental disorder. The study was designed using in-depth interviews and focus group discussions. Two focus group discussions and eight in-depth interviews were conducted with the caregivers. The study revealed the social, psychological, emotional, and financial difficulties that caregivers face when living with their children. It includes stress from caring tasks, worries about the present and future life of a child, feelings of sadness, bitterness, communication problems, inadequate social services, burden of caring sick, stigma, lack of public awareness, poverty, and job difficulties. Professional assistance, public awareness, and social support by the government and non-government are important in addressing these challenges.^[9]

Associate the psychosocial concerns of parents of mentally challenged with the selected demographic variables

A study examining the impact of various socio-demographic risk factors on MR investigated the effectiveness of categorizing MR based on the presence of additional neurological conditions. Data for this case-control study were obtained from birth certificates, focusing on 10-year-old children, with 458 cases and 563 controls from public schools. The study found that boys are more likely than girls to have MR. In addition, older mothers were more likely than younger mothers to have a child with MR. High birth order, black race, and low maternal education were also linked to a higher prevalence of MR. The findings suggest that sociodemographic risk factors significantly influence the occurrence of MR.^[10]

CONCLUSION

Parents should be provided with adequate support and should be aware to develop coping abilities and the actively available multidisciplinary training for the child and parent. Adequate measures should be taken to enhance the bridging between the child and society.

It also incorporates nursing educators in imparting knowledge to parents of the mentally challenged.

Further studies on psychosocial concerns and coping strategies among parents as well as the women with disability (WWD) themselves are recommended as they have their own set of health problems and experience difficulties in managing those problems.^[11]

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CONFLICT OF INTEREST

A conflict of interest does not exist.

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