

A Study to assess the degree of depression and to evaluate the effectiveness of structured coping intervention among the parents of mentally challenged children in selected areas of Jammu & Kashmir.

AUTHORS

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ABSTRACT

Childhood is the foundation of life. Child development refers to biological and psychological changes that occur in human beings between birth and the end of adolescence, as the child progress from dependency to increasing autonomy. Achievement of the development tasks becomes the major priority and non –achievement of the same leads to personality problems. Disability affects hundreds of millions of families in developing countries. Currently around 10% of the total world's population (approximately 650 million) lives with a disability. Disability is impairment in personal, social, behavioural, occupational and psychosocial development. The disabilities in children range from mild to profound defects in cognitive, psychomotor and psychosocial domain. Mentally challenged children are chronically dependent on support and care provided by parents. Over the time the parental burden increases and hope for better outcomes diminishes gradually which leads to development of pessimism which is expressed as negative expectations from self from others and from the environment also evidenced in pathological depression.

Physical exhaustion can take a toll on the parents of a mentally challenged child. The degree of this is usually related to the amount of care needed. Feeding, bathing, moving, clothing and diapering a child is some of the physically doing tasks that the parents faced. These additional responsibilities can take a physical toll on a parent, leading to exhaustion. The objectives of the study were to assess the degree of depression among the parents of mentally challenged children, to assess the effectiveness of coping intervention on depression among parents of mentally challenged children and to correlate the degree of depression and coping intervention among parents of mentally challenged children.

Research methodology : Research approach was quantitative. Research design was Quasi-experimental one group pre-test post-test design. Research setting was selected special institutes for mentally challenged children. Sampling size and technique was 40 parents of mentally challenged children chosen by non-probability convenient sampling technique. Method of data collection and tool was Becks Depression Inventory Scale II.

The results of the study showed that in Experimental group; in pre test (Before Intervention) majority of study subjects 8(40%) had mild depression, 7(35%) had moderate depression and 5(25%) had severe depression. Where as in post test (After intervention) majority of study subjects 16 (80%) had mild depression, 3(15%) had moderate depression and 1(5%) had severe depression. While as in Control group ; In pre test (Before Intervention) majority of study subjects 7(35%) had mild depression, 10(50%) had moderate depression and 3 (15%) had severe depression. In post test (Without intervention) the results were same.

Conclusion : The results of the study revealed that the structured coping intervention was effective in reducing the level of depression among parents of mentally challenged children in selected areas of Jammu and Kashmir.

Date of Submission: 21-05-2021

Date of acceptance: 06-06-2021

I. Introduction

Childhood is the foundation of life. Child development refers to biological and psychological changes that occur in human beings between birth and the end of adolescence, as the child progress from dependency to increasing autonomy¹. Disability affects hundreds of millions of families in developing countries. Currently around 10% of the total world's population (approximately 650 million) lives with a disability². Raising a mentally challenged child is a challenging and exhausting task. Families can easily become overwhelmed by the process of finding and funding appropriate services. They are faced with the stress of continually witnessing their loved one's struggles to complete everyday tasks, social interactions, and education. They must live with the knowledge that there is no end to these struggles .

Need for the study

Parents with mentally challenged children at their home may require exceptional assistance for the duration of their lives, family therapy and Support Groups. Mentally challenged case is a disabling and chronic, lifelong condition with no real cure possible. The parents of mentally challenged individuals will require lifelong care and support. Although many changes have been made, there is still a social stigma attached to mental challenge. It is often a difficult life task for family members and caregivers, especially parents who may undergo shame, guilt, uncertain feelings, and significant grief. Education is perhaps the most powerful coping tool for families, the caretakers and specially parents, who can develop and use this to help themselves to deal with their mentally challenged child. Many family members may feel alienated from other families and friends who do not live with mentally challenged child on a daily basis and therefore cannot truly appreciate what it involves.³ Research has shown that the best place for children with mentally challenged to grow in is their own families, where they can be nurtured with appropriate stimulation. Therefore services should be organized so that the families are supported, strengthened & empowered to look after their affected member. It should also be recognized that families are not just recipients of services but care-providers as well. In other words, they are partners in care.⁴

Parents need to be trained towards the task that they are facing, hence the need of this study which addresses the issues which have not been addressed by other studies.

II . Review Of Literature

Based on the objectives of the present study, the review of literature has been categorized and organized in four major headings.

Section A. Studies related to depression of parents with mentally challenged children

Section B. Studies related to coping of parents with mentally challenged children.

Section C. Studies related to depression and progressive muscle relaxation.

Section D. Studies related to daily activity schedule and physical activities.

Section E. Studies related to depression and psycho-education.

Section F. Studies related to depression and Group therapy.

III. Methodology

Research approach was Quantitative. Research design was Quasi-experimental one group pre-test post-test design .Research setting was selected special institutes for mentally challenged children. Sampling size and technique was 40 parents of mentally challenged children chosen by non-probability convenient sampling technique. Method of data collection and tool was Becks Depression Inventory Scale II.

Group	Name of the institution	Number of parents	Pre –test	Post –test
Experimental	Life Help Centre For special children Srinagar Jammu & Kashmir	20	29-01-2021	05-02-2021
Control	Life Help Centre For special children Srinagar Jammu & Kashmir	20	to 04-02-2021	to 11-02-2021

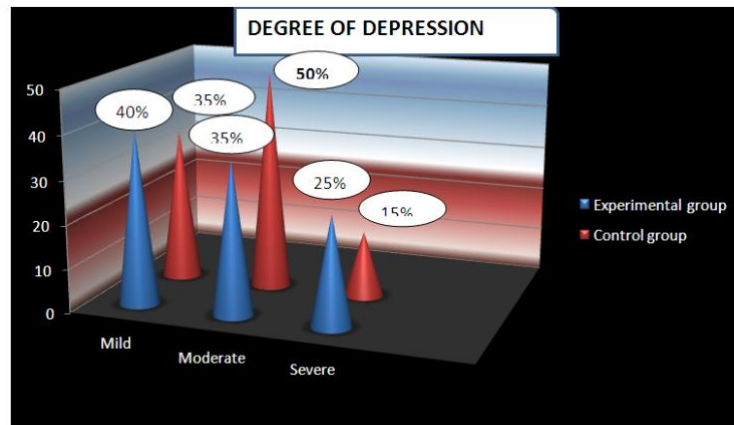
IV. Results

i. Degree of depression observed among the Parents of Mentally Challenged Children.

Degree of depression	Experimental group n=20			Control group n=20		
	F	%age	Mean	F	%age	Mean
Mild	8	40	6.667	7	35	5.410
Moderate	7	35	5.626	10	50	8.628
Severe	5	25	3.175	3	15	3.001

In experimental group out of 20 study subjects , majority of study subjects **8(40%)** had mild depression , **7 (35%)** had moderate depression and **5(25%)** had severe depression. In control group out of 20 study subjects, majority

of study subjects **7 (35%)** had mild depression , **10 (50%)** had moderate depression and **3 (15%)** had severe depression.

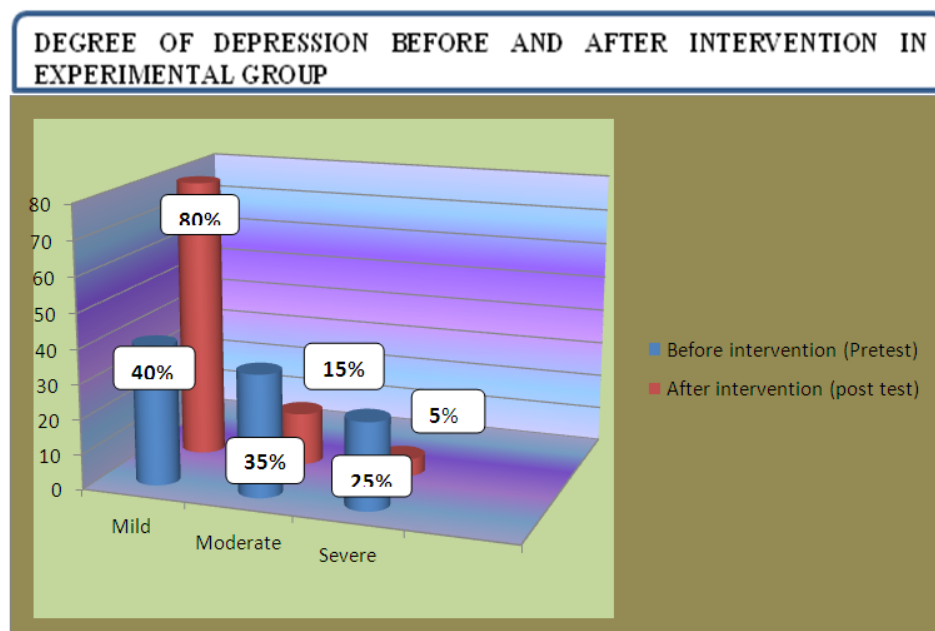


ii. Degree of depression before and after intervention in experimental group

N=20

Before intervention (Pre-test)						After intervention (Post- test)				
Degree of depression	f	% age	Mean	Range	SD	F	% age	Mean	Range	SD
Mild	8	40	6.667	5	2.3096	16	80	3.225	15	8.1445
Moderate	7	35	5.626	5	2.2012	3	15	3.011	12	2.6673
Severe	5	25	3.175	4	1.6673	1	5	2.446	10	1.5661

In pre test (Before Intervention) majority of study subjects **8 (40%)** had mild depression with a mean score of 6.667 ,range 5 and SD 2.3096 , **7 (35%)** had moderate depression with a mean score of 5.626 ,range 5 and SD 2.2012 . **5 (25%)** had severe depression with a mean score of 3.175 ,range 4 and SD 1.6673 . Where as in post test (After intervention) majority of study subjects **16 (80%)** had mild depression with a mean score of 3.225 ,range of 15 and SD 8.1445 , **3 (15%)** had moderate depression with a mean score of 3.011 ,range 12 ,SD 2.6673 and **1 (5%)** had severe depression with mean score of 2.446 ,range 10 and SD 1.5661 .



Major findings of the study

1. In experimental group

In pre test (Before Intervention) majority of study subjects **8(40%)** had mild depression , **7(35%)** had moderate depression and **5(25%)** had severe depression. Where as in post test (After intervention) majority of study subjects **16 (80%)** had mild depression , **3(15%)** had moderate depression and **1(5%)** had severe depression

2. In Control group

In pre test (Before Intervention) majority of study subjects **7(35%)** had mild depression , **10(50%)** had moderate depression and **3 (15%)** had severe depression. In post test (Without intervention) the results were same.

The results of the study revealed that the structured coping intervention was effective in reducing the level of depression among parents of mentally challenged children in selected areas of Jammu and Kashmir.

V. Discussion

The present study showed that in Experimental group ; in pre test (Before Intervention) majority of study subjects **8(40%)** had mild depression , **7(35%)** had moderate depression and **5(25%)** had severe depression. Where as in post test (After intervention) majority of study subjects **16 (80%)** had mild depression , **3(15%)** had moderate depression and **1(5%)** had severe depression .

While as in Control group ; In pre test (Before Intervention) majority of study subjects **7(35%)** had mild depression , **10(50%)** had moderate depression and **3 (15%)** had severe depression. In post test (Without intervention) the results were same.

The findings of the study are consistent with the results of the study conducted by Yildirim A et al in 2013 on 75 mothers of intellectually disabled children out of which 40 mothers were considered as intervention and 35 mothers were in control group. Random sampling technique was followed for sample selection. The mothers who were involved in the study were undergoing a routine program at private education and rehabilitation centres. The subjects who were in intervention group attended four different psychosocial educational sessions along with their routine program. Educational sessions were conducted once a week for 120 minutes for a period of four weeks. The control group attended only the routine program. Results showed that the risk for depression was greatly reduced in intervention group with comparison to the control group. The family functions better in experimental group and it was statistically significant ($p < 0.001$).⁵

VI.Recommendations

The study has proved that the parents of mentally challenged children experience different degree of depression. Coping intervention has an effect on decreasing the degree of depression in these parents. There should be an emphasis made in the curriculum to involve the mothers of mentally challenged children in the comprehensive nursing care. Student nurses must be encouraged to actively participate in assessing the degree of depression among parents of mentally challenged children and administer coping intervention during their postings at special schools, clinical exposure in psychiatry and community posting. Recommendation to be made for nurses to attend workshop, conference, in-service education and seminars to upgrade their knowledge regarding the mothers of mentally challenged children. Need to increase and improve training of the nursing professionals working in special schools for children who will assess the depression among parents and implement coping intervention as well as support the parents of mentally Challenged Children. This study brings about the fact that the same kind of studies could be done on other samples like fathers, siblings and care givers of mentally challenged children and the degree of depression and coping intervention.

VII.Nursing implications

1. Educational institutions should organize workshops, conferences, in-service education and seminars to upgrade the knowledge regarding the parents of mentally challenged children.
2. Professionals to be trained for early identification of depression among parents of mentally challenged children and to implement coping intervention at the earliest.
3. The nurse administrator should organize continuing nursing education programme with regard to the parents of mentally challenged children.
4. Adequate information booklets to be provided for the nurses working with mentally challenged children.
5. The same kind of studies to be done on parents of Down's syndrome, CP or other disabled children.
6. A study could be done on the Mentally Challenged Children to assess their depression. The same study could be replicated in different setting with various ethnic groups.

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