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Coping Strategies of Parents of Mentally Retarded Children

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ABSTRACT

Raising a child who is mentally Retarded requires emotional strength and flexibility. The child has special needs in addition to the regular needs of all children, and parents can find themselves overwhelmed by various medical, caregiving and educational responsibilities. Support from family, friends, the community or paid caregivers is critical to maintaining balance in the home. Parents of mentally challenged children commonly experience a gamut of emotions over the years. The aim of the study was to assess the coping strategies of parents of mentally retarded children. Coping Checklist By Kiran Rao, Subukrishna and Prabhu, Coping Check list, (1989) was used to assess the coping. 250 parents of mentally retarded children were selected through purposive sampling technique from different MR centres of selected Urban area of North India. Majority of study subjects coping strategies score 99.6% was average and the least 0.4% was good but none of them had poor coping strategies score. Conclusion of the study suggests that there was need for support to parents who have severe MR children.

Keywords: *Parents, Mentally Retarded children, coping strategies, social life.*

Mental retardation is a condition of incomplete development of the mind, which is especially characterized by impairment of skills, manifested during the development periods, which contribute to overall level of intelligence. The diagnosis of mental retardation in a child can trigger a range of emotional responses in parents and across family systems, which in turns attribute into some level of psycho-social problems. (Majumdar, M., Pereira, Silva. D. Y., & Fernandes, J, 2005).

The parents wonder if they did something wrong, during the course of the pregnancy or after birth, while taking care of the child. They wonder if God is punishing them for their sins. Many parents might feel that a mentally retarded child is something to be ashamed of and cannot be allowed out of the house. Neighbours, relatives or others might make cruel remarks about the child and parents might feel isolated and without support (Chandrashekar, Sarayu., 2017).

Parents may avoid social contacts due to fear of embarrassment or rejection. They may hardly find time for recreation or leisure due to caring responsibilities. Some parents may

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Coping Strategies of Parents of Mentally Retarded Children

feel rejected or neglected from their own family members, and some may get adequate support also. Probably the unity, strength and support within the family are important factors, which influence the nature of coping.

Objectives Of The Study

To measure coping strategies adopted by parents of mentally retarded children at selected MR centres in Chandigarh.

METHODOLOGY

Quantitative research was approached and descriptive research design was adopted. 250 parents were selected through purposive sampling technique. Standardized tool was adopted to assess the coping strategies. Coping Checklist By .Kiran Rao, Subukrishna and Prabhu, Coping Check list, (1989) was used to assess the coping among parents of MR children.

This check list provides some of the commonly used methods of handling stress and reducing distress. In this check list there are 7 types of coping strategies as shown below: Problem solving, Positive distraction, Negative distraction, Acceptance/Redefinition, Religion /Faith, Denial/Blame & Social Support. Higher the scores indicate better coping mechanisms/strategies.

Ethical Considerations

Confidentiality and anonymity of the subjects was maintained. Prior to the study, verbal consent was taken from the parents regarding their willingness to participate in the study.

RESULT

Table 1: Frequency and percentage of coping strategies score adopted by the parents of mentally retarded children N=250

CRITERIA MEASURE OF COPING SCORE		
Category Score	Frequency	Percentage
GOOD (47-70)	1	0.4
AVERAGE (24-46)	249	99.6
POOR (0-23)	0	0.0

Table 1 shows that Majority of study subjects coping strategies score 99.6% was average and the least 0.4% was good but none of them had poor coping strategies score.

Table 2: Areas of Coping Strategies (7 areas) in relation to degree of Mental Retardation of children N=250

Area of coping strategies	Level of mental retardation	N	Mean	Standard Deviation	
Negative distraction	Level of Mental Retardation	Mild	180	3.26	1.41
		Moderate	61	3.10	1.16
		Severe	9	3.67	1.50
Social support	Level of Mental Retardation	Mild	180	3.63	1.11
		Moderate	61	3.52	1.13
		Severe	9	3.44	1.13
Problem solving	Level of Mental Retardation	Mild	180	6.53	1.29
		Moderate	61	6.74	1.12
		Severe	9	6.89	1.17
Acceptance/redefinition	Level of	Mild	180	7.89	1.33

Coping Strategies of Parents of Mentally Retarded Children

	Mental Retardation	Moderate	61	8.03	1.32
		Severe	9	8.22	1.99
Positive distraction	Level of Mental Retardation	Mild	180	5.76	1.58
		Moderate	61	5.54	1.51
		Severe	9	5.22	1.99
Religion/faith	Level of Mental Retardation	Mild	180	5.61	1.83
		Moderate	61	5.74	1.75
		Severe	9	4.78	2.05
Denial/blame	Level of Mental Retardation	Mild	180	3.92	1.17
		Moderate	61	3.79	1.14
		Severe	9	3.89	.93

Table 2 represents the Negative distraction, Problem solving and Acceptance/redefinition was adopted more [(mean=3.67 & SD=1.50), (mean=6.89 & SD=1.17) and (mean=8.22 & SD=1.99) respectively] as coping strategies among severe MR children's parents as compared to moderate and mild MR children's parents; however, Social support, Positive distraction and Denial/blame was adopted more [(mean=3.63 & SD=1.11), (mean=5.76 & SD=1.58) and (mean=3.92 & SD=1.17) respectively] as coping strategies among mild MR children's parents as compared to moderate and severe MR children's parents and Religion/faith was adopted more (mean=5.74 & SD=1.75) as coping strategies among moderate MR children's parents as compared to severe and mild MR children's parents.

Coping strategies checklist score shows that acceptance/ redefinition coping strategies mean was higher than negative distraction, social support, problem solving, positive distraction, religion/ faith and denial/blame score in parents of mentally retarded children.

An association between Coping strategies score and socio-demographic variables of parents of mentally retarded children was analyzed. The findings revealed that there was no significant association between Coping strategies score and the socio-demographic variables such as sex, marital status, education, occupation, monthly family income, religion and type of family but there was a statistical significant association between age of parents with coping strategies score.

DISCUSSION

Present study shows that majority of parents (99.6%) had average (24-46) coping score, where 0.4% parents had high (47-70) coping score. Coping mean \pm SD score of parents was 36.54 ± 3.68 . Among coping strategies areawise, acceptance/redefinition mean \pm SD score (7.94 ± 1.35) was higher than problem solving, positive distraction, religion/faith, denial/blame social support and negative distraction (6.59 ± 1.24 , 5.69 ± 1.58 , 5.61 ± 1.81 , 3.88 ± 1.15 , 3.60 ± 1.11 and 3.23 ± 1.36 respectively) in parents of mentally retarded children. These findings were supported by **Sheikh, et al. (2018)** who conducted study on Psychiatric Morbidity, Perceived Stress and Ways of Coping among Parents of Children with Intellectual Disability in Lahore, Pakistan. Results show that the more frequently used coping styles by parents were active coping, planning, acceptance, and religion but only 16% of parents relied on substance use for coping.

CONCLUSION

Parents of mentally retarded children are less social due to stigma related to mentally retarded child. They are more caring towards their child due to more responsibilities. Some

parents may have problems related to physical, mental & social. Despite of problems they tend to find coping mechanism to overcome these problem. Based on the findings of the present study the conclusions drawn were the parents adopting varying degree of coping strategies. The majority of parents had average coping strategies scores and very few had low score. When level of mental retardation in children were compared with coping strategies score in parents, severe MR children's parents adopting coping more than Mild and Moderate MR Children's parents.

Negative distraction, Problem solving and Acceptance/redefinition was adopted more among severe MR children's parents as compared to moderate and mild MR children's parents; however, Social support, Positive distraction and Denial/blame was adopted more among mild MR children's parents as compared to moderate and severe MR children's parents. While, Religion/faith was adopted more among moderate MR children's parents as compared to severe and mild MR children's parents.

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Conflict of Interest

The authors declare they have no conflicts of interest.

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