





PSYCHOLOGICAL SUPPORT FOR MENTAL HEALTH OF MOTHERS TO CHILDHOOD THE CHILDREN WITH DISABILITY



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ABSTRACT

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Child rearing (CR) or parenting can be referred as, bringing-up of children by mothers or parent substitutes. It is bounded with the practices in the society related to cultural patterns and beliefs. It is probably the most challenging responsibility for a mother who has a child with disability. Successful CR is important for any child's complete growth and realization of self-assurance. Bringing up a child with disability causes lots of pain and brings extra challenges and demands to the mothers in their day to day life. Total 40 mothers and caregivers are involved for this study. The study focuses on, to assess the mental health and rearing practice of mothers on their children with disability and the psychological support service. Most of the mothers fall in the category of fair in mental health and also fair in rearing their disability children. Mothers who are selected for this study accept their life and its challenges around their children with disability and coping measures by the psychological support.

Contribution/ Originality: This study is one of very few studies which have investigated in the field of disability. It documents that most of the mothers who accept their life and its challenges around their children with disability fell in the category of fair in mental health and also fair in rearing their disability children.

1. INTRODUCTION

Mother is a person who takes care of her children through bringing up them with extra care and extra affection. Caregiver can be any person who provides assistance, help and support to any family members or associates who are in need of psychological and physical necessities.

Numerous studies have reported on this area of research. They have reported positive and satisfying aspects of caregiving which is a growing body of evidence. Moreover, this caring can have contrary effects on health and welfare influence the rearing practice.

2. CHALLENGES

In an Asian country like Pakistan, mothers found that the stigma still surrounding disability hindered their social lives and enjoyment of life. As for Bangladesh found that although mothers have adopted a biomedical understanding of disability and treatment, family elders create conflict by insisting that traditional healing approaches be used. The mothers reported that this further alienates and isolates them from the remaining people of

the whole family. One mother reported that her husband had threatened to leave her and marry someone else if she cannot come back from therapy with a 'normal' child. The parents of children with developmental deferments constantly report higher levels of child behavior issues. And also, they report parenting stress than parents of normal developing children.

Raising children with disability was considerably associated to parental psychological distress [odds ratio: 1.72 for one child, 2.85 for two children] when compared to mothers of normal children. Existing studies in this area of research indicate that having child especially infant with a serious health condition increases the probability that parents' divorce or live apart; that the mother does not work as retainers outside of the home; and that mother relies on public assistance. For mothers, who have a disabled child has a possibility of increase stress, take a toll on mental and physical health, and make it difficult to find appropriate and affordable child care. All of these potential effects could have repercussions for the value of the rearing a child with disability. In spite of these findings, few attentions have been focused to help materials that can promote good mental health and welfare in mothers and caregivers. The important components of CR are activities which promote the physical, intellectual, and psychosocial development of the children which lead them to grow up to express their full potentials. Also, it is important for the specialists in health to focus on the mental health of all mothers of the children with disability and to assess their needs for psychological support to rear a child with disability.

3. REVIEW OF LITERATURE

There are several studies conducted in this field and a few are given as literature review here.

Ganjwale *et al.* (2016) has done a research on the caregivers of physical and mental disability children entitled, 'Quality of life and coping strategies of caregivers of children with physical and mental disabilities.' The conducted this study to meseasure or assess the quality of life and coping tools used by the caretakers of children who are physically challenged. Also, the study was conducted in place called Anand in the state of Gujarat, India. The study identified that there are significant differences among the caregivers and these are due to the type of the disability of the children. Moreover, it suggested to conduct rehabilitation programmes to offer psychological support to the caregivers to ease their burden if any through the collaborative efforts.

Moreover, Saramma and Thomas (2010) have conducted a study on child rearing entitled, 'Child Rearing Knowledge and Practice Scales for Women with Epilepsy' in the year 2010. This study revealed that the instrument introduced by them is reliable and it can be used to measure the child rearing knowledge and practice in early infancy. This instrument was designed to evaluate the child rearing knowledge and its practice under 4 main domains. Also, the content validity of the instrument was elicited by a 20 medical experts. The reliability of this instrument was evaluated for 20 individual items of CRKS by 25 young mothers. The measuring method was keenly observed and received ideas to conduct the present study.

Indhumathi (2015) also has done a research among the children with mental retardation for her PhD degree from Annamalai University in the year 2015. The main objectives of this study are, to identify the mental retarded children who are facing phonological disorders, to provide remedies for the mental retarded children and to provide support to the caretakers of the children with mental retardation. The third objective fulfills the needs of the caretakers of the children with mental retardation.

These past studies helped and supported the researchers to conduct the present study, especially the methodology, measurement, findings, etc.

4. AIM

The aim of the research study is to study the psychological support for mental health of mothers to rearing the children with disability in a special school at Kanchipuram District, from Tamilnadu State, India.

5. OBJECTIVES

There are three objectives for this study. They are:

- To study the mental health of mothers with disability child,
- To study the rearing practice of a disability child by a mother and
- To study the psychological support for taking care of mental health and to rear a disability child.

6. METHODOLOGY

Research methodology is an organized way for solving a problem or issue. It is an art of studying how one can carry out a research. The methodology used for this research study is given here.

6.1. Research Design

The study employed a quantitative and qualitative descriptive design.

6.2. Setting of the Study

The research study was conducted at Adiparasakthi Annai Illam Centre for Special Children, Melmaruvathur of Kanchipuram District, Tamil Nadu, India.

6.3. Sample

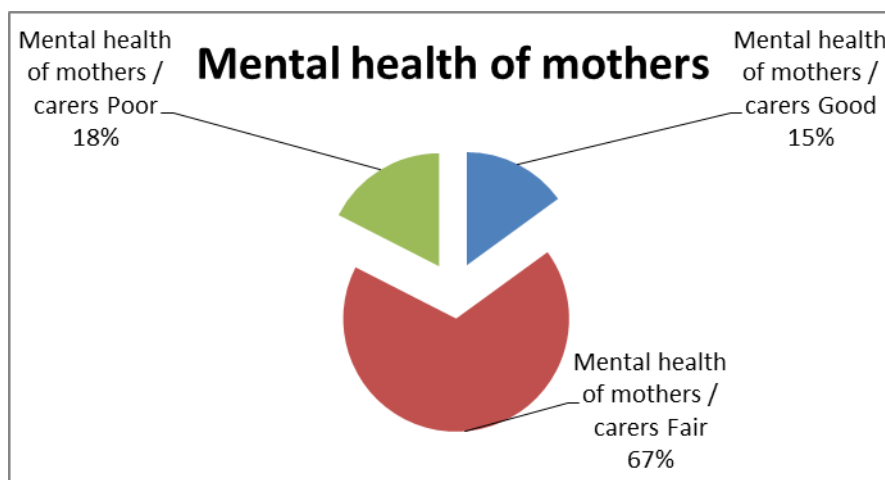
The research study involved 40 mothers and caregivers.

6.4. Criteria of Selection

Inclusion criteria are Mothers of children with disability, cerebral palsy, autism and multiple disabilities. The mothers of children are selected with the age group of 3-15 years.

7. TOOLS TO BE USED

Mothers of children with disability were asked a sequence of questions to assess their mental health. Also, they were asked a sequence of questions to assess their rearing practice of the children with disability. Group therapy was implemented to bring out their needs for psychological support in such a way that what information would they like to see that would assist and support their wellbeing to rear the children with disability.



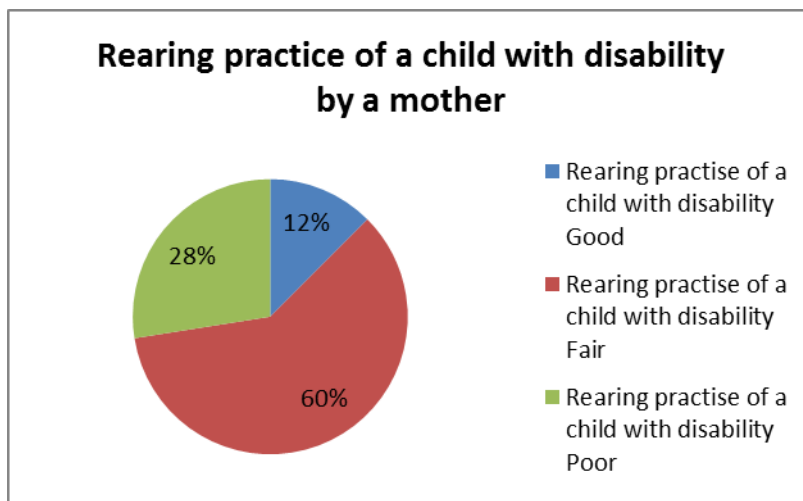
Graph-1 Mental health of mothers

The percentages mentioned in the above graph are calculated from the total number of mothers (i.e.40) and remaining are from the data collected and analyzed using MS.Excel.

8. RESULT

Results reported that out of 40 mothers and caregivers, 6 mothers were identified as good in mental health, 27 mothers were identified as fair in mental health, 7 mothers were identified as poor in mental health. It is represented in the following graph.

Rearing a child with disability by mothers stated that out of 40 mothers 5 were identified as good in rearing practice, 24 mothers identified as fair in rearing practice, 11 mothers identified as poor in rearing practice. It is represented in the following graph-2.



Graph-2 Rearing practice of a child with disability by a mother
 The percentages mentioned in the above graph are calculated from the total number of mothers (i.e.40) and remaining are from the data collected and analyzed using MS.Excel.

9. IMPACT OF GROUP THERAPY

The group therapy is divided into 4 phases. They are, phase-1 sharing pleasurable activities/events experienced by mothers, phase-2 sharing their views when comes to rear their children, phase-3 what affect to keep their mental health in good condition? Phase- 4 taking tips on child rearing skills and psychological support for mental health.

9.1. Pleasurable Activities/Events Shared by Mothers

Mothers suggested that some of the activities which give them pleasure when they feel bad. They are listening to music, when the child interact with strangers, when she plays with her own child, when letting out with the family, when do something new activity to her child, when her child learn new things, sharing her problem with others, whenever she learns new things, visit to the nature, learning day to day new things in life and reading books.

9.2. Sharing their Views When Comes to Rear their Children

A number of the mothers feel that the cooperation from the spouse or family members are denied or neglected. Whenever they are attending family functions they feel stigma by raising many questions about the development of children and unnecessary suggestions by others and the way they are observing their children with pity. The nature of the disability of the children exposed several types of issues like difficulty in boarding the bus, the activities of the child which disturbing others. Discouraging experience let by neighborhood in the way that there was no improvement noticed while the child underwent rehabilitation services. The mothers find difficulty between work life balance when comes to rear their children. Lack of financial support from the spouse either by the presence of him or expired experience also block rearing the children. Lot of fear when comes to a girl child by leave alone or with others concerning the safety. When looking their disabled child with extra effort often affects the rearing

practices of the sibling. When they compare their children with other age appropriate that is non-disabled children gets them hurt frequently.

9.3. What Affect to Keep their Mental Health in Good Condition?

The nature of the child's disability when experiencing the issues made by them like adamant, roaming around, making noise, excess in socialization at the home, neighborhood, and public. Almost all the family members completely depend only on mothers for taking care of the children with disability. Even though no rest found, they go through some medical ailments. If they want to do something for the career improvement it is hard to pursue. They forget many things in their life especially when it comes to plan to pursue new things. When left the children to spouse or family members to take care of them at the time of hospitalization due to physical ailments subjected to more difficulty and also denied. The mothers have to play a dual role in taking care of the family members and the disability child were very difficult and challenging in day to day routine life. The community use to utter "what sin have you done before to have a child with disability", throw on mothers make them feel very bad and also experience guilt.

10. DISCUSSION

10.1. Supportive Mechanism for Mental Health

Receiving maximum social emotional support from the spouse, family member's relatives, and friends and facilitators for effective coping is necessary. Open communication is permitted in well-functioning families and has reported as a helpful factor in many family studies. Informal support from friends and relatives was regarded as essential for managing in everyday life. Parental positive perceptions about children with disabilities serve as an adaptive function by supporting mothers to cope with relatively high stages of stress. Because of the recognition of their child's status, parents had realistic and optimistic attitude towards others. Whatever makes feel special and taken care of, take the time to enjoy it? Talk informally with other mothers at the rehabilitation center (and how they felt that they finally belonged somewhere), and suggested that formal parent-to-parent programs start for socialization and knowledge sharing.

10.2. Skills Required for Rearing a Child with Disability

Don't compare. Every child is unique, and will have own individual strengths and challenges. Kids develop of their own clock; they learn several skills late and more or less they never master. A word, a sentence, a smile, a hug, whatever that milestone may be, shares it with those who love us and our children. Don't hesitate to battle for the children and for their needs. Increase the engagement of children at all levels of society-within families, schools and communities. This must start at early as possible in child's life. It breaks down stigma and shifts people understand of disability. This leads to changes in arrogances and behaviors of others. Learn to see your child first and their additional needs second. The key to managing behavior is to listen to what the person is trying to convey you. Be constant in your method, and also try to avoid confrontation. Be aware of your verbal language, particularly when you are under stress. Any more reaction in to sensitive condition can only cloud judgments and cause greater confusion. We super mothers tend to be equally eventful and often over scheduled. However, while all on our program is important, it's also significant to create time to play, laugh, be silly and just enjoy our kids. Read to them, snuggle with them, and engage with them with what's important in their worlds. Make memories outside of hospital walls.

11. CONCLUSION

Mothers should learn to accept the child for who he/she is, identify what the child has instead of what he/she lacks, in addition to acknowledge the child as an individual/unique with different ability. It is also significant to

focus on the present instead of the future, as the saying goes 'It is the journey that counts, not the destination'. Mothers may need to gain an understanding that their life is about change and that they will be facing a range of different challenges associated to their children. Mothers need to cope with strategies. It is also significant for mothers to accept the need to take care of them. They should know that they are not alone in the caregiving journey.

12. IMPLICATION OF THE STUDY

From the study, it can be inferred that the purpose of the health professional helping the mothers by offering psychological support to make good mental health to rearing their children with disability was fulfilled by the feedback provided by the mothers was significantly successful.

13. RECOMMENDATION

Rehabilitation service process should involve taking care of the mother's mental health by offering psychological support to including the children with disability in the society by reducing handicap.

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