

ANXIETY AMONG MOTHERS OF MENTALLY CHALLENGEED AND NORMAL CHILDREN WITH REGARDS TO AREA OF RESIDENCE

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With the birth of a disable child, parents were reported to experience complex feeling that include the feeling of loosing someone beloved. The reaction to a loss has patterns of shock, denial, deal, depression, and acceptance adjustment in adults. Guilty feeling, depression, and anxiety were part of this process and it takes more than a couple of months to reach the acceptance adjustment phase in some parents and they developed more severe symptoms than others. Daily care routine; economic problems, received appropriate help and education are the basic hardship of the parents of a disabled child. Diagnostic confusions, behavioral and health problems, and feeling of loneliness in parents also add to these hardships. The increase in the severity of the disability results in a more dependent child, more responsibility for the parents, and therefore more anxiety in the parents. The true sufferers are the parents of disabled children. The parents having the female disabled child suffer with more stress, emotional problems and neurotic problems. Likewise the parents' with mentally retarded child also face intensive problem of stress. Sometimes the parents have to take the advice of their physician or counselor to give some basic training. In Indian context the social situations are more pathetic because of the financial problems of the parents and also lack of proper education. Parents of children with mental retardation exhibit the sane rang of behavior as parents of normal children. Most are well adjusted, but same may have varying social and instinctual deficiencies parents of children with mental retardates, however defer from most parents in that they have ongoing need for both formal and informal support networks. Speedwell and associates (2003), in their study, observed that parents of sick or disabled children are likely to be more stressed than parents of non-disabled children and may benefit from being given information about their child's condition and its implications, but the stage at which parents should receive such information and who should provide it, has not been fully investigated. Seiquira & associates (1990) found that more than 50% of the mothers of mentally retarded children were having severe financial burden. Reports that 61% of parents studied by them had financial constraints. Many earlier studies on mentally retarded children also have reported rising financial burden because of two reasons, one is additional expenditure involved in caring for the MRC and the other is reduced sources of income because the parents had to spend extra time in parenting severely retarded children. Cavkaytar (2007) determined the effectiveness of a parent training programme teaching self-care and domestic skills to children with mental retardation. It was conducted for three mothers,

children and classroom teachers. Multiple probes across behaviours design were used. Experimental procedure consisted of three meetings and a home visit. Results showed that children achieved the target skills independently. They continued to use these skills during the follow up phase. Overall findings indicated that parent training programme was effective on teaching self-care and domestic skills. Savina and Charova (2002) compared the child-rearing beliefs of mothers of retarded or deaf children with the attitudes of mothers of normal children in Russia. The Parent Attitude Research Instrument was administered to 50 mothers (mean age 35.2 years) of normal children with a mean age of 8 years, 50 mothers (mean age 36.9 years) of deaf children with a mean age of 8 years, and 50 mothers (mean age 38 years) of retarded children with a mean age of 8 years 4 months. Pathology in children was found to have a negative effect on mothers' attitudes. Children's handicaps were shown (1) to limit their mother's ability to communicate with them effectively and (2) to impair maternal perception. The degree of deviation in the mothers' attitudes was linked directly to the degree of child pathology. Despite clinically significant levels of symptoms and impairment, two-thirds of mothers with a diagnosis were receiving no psychiatric treatment. In addition to contributing to needless suffering, the economic costs of untreated psychiatric illness are high (Simon, Barber, Birnbaum; 2001). Untreated maternal illness leads to lost productivity of mother (Judd, Akisskal, Zeller et al: 2000) and higher utilization of public resources by their children (Janicke, Finney, Riley; 2001). In addition, having a mother with psychiatric symptoms predicts poor response to child psychiatric treatment (Brent, Kolko, Birmaher et al; 1998).

I. OBJECTIVES

1. To study and compare of anxiety between mothers of mentally challenged and normal children.
2. To study and compare of anxiety between mothers of urban and rural children.
3. To study interaction effect between type of mother and area of residents with regards to anxiety.

Hypothesis:

1. There will be no significant difference between mothers of mentally challenged and normal children with regards to anxiety.
2. There will be no significant difference between mothers of urban and rural children with regards to anxiety.

- There will be no significant interaction effect between type of mother and area of residents of mother with regards to anxiety.

Sample:

For the present research total 200 mothers of mentally challenged and normal children randomly selected from the various rehabilitation center of mentally challenged children of Ahmedabad City. Total sample was categorized such as 50 urban mothers of mentally challenged children, 50 urban mothers of normal children, 50 rural mothers of mentally challenged children and 50 rural mothers of normal children.

Variables:

In present research type of mother and area of residence of mentally challenged and normal children mothers were considered as independent variable and scores of anxiety was taken as dependent variables.

Tool:

For the present research following tool was used for data collection,

Comprehensive Anxiety test by Dr. R.L Bharadwaj, Dr. H.Sharma and Dr. M. Bhargava

Reliability of the test:

The coefficient of reliability has been determined by using the following two methods:

- The test retest method (N=100) was employed to determine the temporal stability of the test. The product moment correlation between test and retest scores has been found to be .83.
- By applying the split-half method (Gutman Formula). The reliability coefficient of the test has been found to be .94 (N=100).

Thus results obtained by both methods ensure a very high reliability of the test.

Validity of the test:

Validity of the test; the co-efficient of validity was determined by computing the correlation between scores of the present test and other tests or scales as follows:

- With anxiety Dimension of eight state Questionnaire 'Form A' hindi version by Kapoor and Bhargava was .68.
- With anxiety Dimension of eight state Questionnaire 'Form B' hindi version by Kapoor and Bhargava was .74.
- With sinhas' comprehensive anxiety Test (Hindi) SCAT was .82
- With spielberger's state Trait anxiety scale were .42 and .48

Scoring:

The scoring of the anxiety test is very easy and of quantitative nature. The test can be scored accurately by hand and no scoring or stencil key is needed. Each item of test is answered either by 'Yes', or 'No'. The response indicated as 'Yes' should be awarded the score of one zero for 'No'. the total of all positive or 'yes' responses would be the total of anxiety score of the individual and should be written in the box, the proper place provided for the purpose on the page of the test for an easy smooth working.

Procedure:

Anxiety test was administered to each participants individually after established the rapport. Responses of each respondents of the research were scored by scoring key which have given in the manual of anxiety test.

Statistical Analysis:

To analyze the data two way analysis of variance (ANOVA) was used in order to study the main and interaction effect of two independent variables such as type of mother and area of residence. Null Hypotheses were tested at 0.01 and 0.05 level of significant.

II. RESULTS AND DISCUSSION

Table: 1

Showing Results of ANOVA on Anxiety of Various Groups

Source of Variation	Sum of Square	df	Mean sum of Square	F	Level of Sig.
A	5639.22	1	5639.22	25.69	.01
B	10.58	1	10.58	.48	NS
A * B	1534.58	1	1534.58	6.99	.05
Error	43023.60	196	219.51		
TSS	50207.98	199			

Table: 2

Showing Means Scores of Anxiety of Variable-A (Type of mothers)

	Mothers of mentally challenged children	Mothers of normal children
Mean	37.82	27.20
N	100	100

The result of Analysis of Variance of anxiety shows that the F ratio for anxiety on type of mother (Ass) is 25.69, which is significant at .01 level. It means significantly difference is exists between mothers of mentally challenged children and mothers of normal children on anxiety. Table. 2 Shows the mean scores of mothers of mentally challenged children is 37.82 and mean scores of mothers of normal children is 27.20 on Anxiety. So we strongly said that significant difference is exists between mothers of mentally challenged children and mothers of normal children on anxiety. Mothers of mentally challenged children have more anxiety than mothers of normal children.

Table: 3

Showing Means Scores of Anxiety of Variable-B (Area of residence)

	Urban	Rural
Mean	32.74	32.28
N	100	100

F ratio for anxiety on Area of residence (Bss) is 0.48 which is not significant. It means significant difference is not exists between urban and rural mother. Table 3 shows the mean scores of urban mother is 32.74 and mean scores of rural mother is 32.28 on Anxiety. So we can say that significant difference is not exist between urban and rural mother on anxiety.

Table No: 4

Showing Means Scores of anxiety of Variable - A x B (Type of mother and area of residence)

		Mothers of mentally challenged children	Mothers of normal children
Urban	Means	40.82	24.66
	N	50	50
Rural	Means	29.74	34.82
	N	50	50

F ratio for Anxiety on type of mothers and Area of residence (A x Bss) is 6.99 which is significant at .05 level. It means significant interaction effect is exists between type of mothers and Area of residence of mother on anxiety. Table.3 shows the mean scores of urban mothers of mentally challenged children is 24.66, rural mothers of mentally challenged children is 29.74, urban mothers of normal children is 40.82 and rural mothers of normal children is 34.82 on anxiety. So we strongly said that significant difference is exists between type of mothers and Area of residence of mother on Anxiety. Urban mothers of mentally challenged children have more anxiety than remaining groups of mothers.

III. CONCLUSIONS

1. Mothers of mentally challenged children have more anxiety than mothers of normal children.
2. Significant difference is not exists between urban and rural mother on anxiety.
3. Urban mothers of mentally challenged children have more anxiety than remaining groups of mothers.

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