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Research Article

Assessment of Effectiveness of Selected Relaxation Strategies on Stress and Coping among the Mothers of Differently Abled Children.

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ABSTRACT

The mother plays a vital role in parenting, which has more challenges and consequently greater stress in bringing up their disabled children. The aim of the research is to assess the effectiveness of selected relaxation strategies on stress and coping among mothers of differently abled children, and association of posttest level of stress and coping with their selected demographic variables. The research was quantitative in nature, and adopted quasi-experimental [one group pretest-posttest] design which involved 60 mothers with purposive sampling technique conducted at Little Flower Convent at Nungambakkam, Chennai. A structured questionnaire was used to elicit the demographic variables,and three points Likert scale was used to assess the level of stress and coping. After four weeks intervention of selected relaxation strategies [deep breathing for10min, and progressive muscle relaxation for 20min] the analysis revealed that with respect to stress the 't' test value 13.2 which was significant at P = 0.005 level and coping the 't' test value 10.7 which was significant at P = 0.001 level. The findings proved that the selected relaxation strategies i.e deep breathing and progressive muscle relaxation are very effective method to reduce stress and increase coping of mothers of differently abled children.

Key word Selected relaxation strategies, deep breathing, progressive muscle relaxation, stress, coping, and the mothers of differently abled children.

INTRODUCTION

Parenting stress is a major health problem among mothers, especially more in mothers of differently abled children. It affects parent–child relationships and important child outcomes. Higher levels of parenting stress have been related to poorer social and emotional development and higher rates of behavior problems in both deaf and hearing children. Deafness is one of the commonest congenital disabilities in the world. It is estimated to be 30 times more common than any other congenital defect.As reported by WHO, there are about 250 - 300 million deaf people in this world, including around 70 million children with hearing loss. Deafness is the third disability among children. Two out of three of these children live in under-developed nations. India has the largest share with one out of twelve persons having hearing loss. As per the census data of the Government of India, 2011, there are 2, 19, 16,769 differently abled persons in India, and of them there are16, 42,579 in Tamilnadu. 3% of the country's total population falls in this category. The prevalence of hearing loss in school – age population is about 40,000 in India.A vast majority of hearing parents of children with hearing impairment have little or no prior experience with childhood hearing loss. At the same time these parents who are coping with powerful emotional reactions such as shock and sorrow, are also confronted with the need for an abundance of information regarding their child's hearing loss.Dr. Jacobson (2008) said, "An anxious mind cannot exist in a relaxed body." he stated progressive muscle relaxation was a systematic technique for achieving a deep state of relaxation. The selected relaxation strategies [deep breathing and progressive muscle relaxation] are very useful method of exercises if the mothers had troubles by racing thoughts regarding the child's disability, they might find that systematically relaxing the muscles tended to help slow down the mind. As per Dr. Jacobson's view the selected relaxation strategies for the mothers of the differently abled children helped them to cope with the ongoing periodic crises and kept them relaxed.

METHODS AND MATERIALS

The effectiveness of selected relaxation strategies on stress and coping among mothers of differently abled children was assessed in this study. The research was quantitative in nature, and adopted quasi-experimental [one group pretest posttest] design which involved 60 mothers with purposive sampling technique, conducted at Little Flower Convent at Nungambakkam, Chennai. Every day the selected relaxation strategies [deep breathing[10min], progressive muscle relaxation [20min] were demonstrated by the investigator at noon time at school and the mothers practiced early in the morning and before going to the bed in the night at home for four weeks. A structured questionnaire was used to elicit the demographic variables, and the stress assessment scale used to assess mothers stress as reference was given on the basis of 3 points Likert scale as Never- 0, Rarely-1 and Always -2 and the level of stress indicated 0-7 stress free, 8-14 Mild stress,15-22

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Table 1: To assess the level of stress and coping among mothers of differently abled children before the selected relaxation strategies. N = 60

	Level of Stress								Level of coping					
	Stress free		Mild		Moderate		Severe		Inadequate		Moderately Adequate		Adequate	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Pre test	0	0	5	8.3	26	43.3	29	48.4	1	1.7	43	71.7	16	26.6
Post test	20	33.3	29	48.4	11	18.3	0	0	0	0	4	6.7	56	93.3

Table 2: To assess the effectiveness of the selected relaxation strategies on stress and coping among mothers of differently abled children. N = 60

Variables	Pre test		Post test		
	Mean	SD	Mean	SD	Paired 't' test
Stress	21.5	4.79	10.5	5.05	t =13.2 P = 0.005 Significant
Coping	18.2	3.18	23.2	1.65	t =10.7 P = 0.001 Significant

Moderate stress and 23-30 severe stress. The coping scale used to assess level of coping of the mothers as reference was given on the basis of 3 points Likert scale as Yes - 2, No - 1, and Undecided – 0 and the level of coping indicated 0 - 10 Inadequate,11- 20 Moderately adequate, 21- 30 Adequate. These scales were used to assess the level of stress and coping before and after the intervention.

FINDINGS

Table 1 represents the pretest level of stress among mothers of differently abled children before the selected relaxation strategies. None of the mothers were stress free; 29 (48.4%) had severe stress but in posttest 20 (33.3%) mothers were stress free; and none of them had severe stress. As for as the pretest level of coping among mothers it was revealed that 1(1.7%) of the mothers had inadequate coping; 16 (26.6%) mothers adequate coping. But in posttest none of the mothers coping was inadequate; 56 (93.3%) mothers coping was adequate. The analysis revealed that with respect to stress, the paired't' test value 13.2 is statistically significant at P = 0.005 level. As far as coping is concerned the paired't' test value 10.7 is statistically significant at P = 0.001 level. Table3, revealed that there is significant association between the posttest level of stress and their demographic variables of family income and mother's job. There is no association with respect to other demographic variables of age, sex, education, religion, locality, consanguineous marriage, type of family any differently abled children in the family and any care taker in the family. The above table reveals that there is significant association in the post test level of coping and their demographic variables of mother's education, mother's job, locality and any other differently abled children in their family. There is no association with respect to other demographic variables.

RESULT AND DISCUSSION

From the findings of this study before practiced the selected relaxation strategies among mothers of differently abled children none of the mothers were stress free; 5 (8.3%) had mild stress; 26 (43.3%) had moderate stress; and 29 (48.4%) had severe stress. After the selected relaxation strategies 20 (33.3%) mothers were stress free; 29 (48.4 %) had mild stress; 11 (18.3%) had moderate stress; and none of them had severe stress. It was revealed that the mothers stress decreased after the selected relaxation strategies. As for the level of coping among mothers of differently abled children before the selected relaxation strategies it was revealed that 1(1.7%) of the mothers had inadequate coping; 43 (71.7%) had moderately adequate and 16 (26.6%) had adequate coping. After the selected relaxation strategies none of the mothers coping was inadequate; 4 (6.7%) mothers coping was moderate; and 56 (93.3%) mothers' coping was adequate. It was revealed that the mothers coping improved after the selected relaxation strategies.The effectiveness of the selected relaxation strategies was tested by test of significance it revealed that with respect to stress, the mean value 21.5 with SD 4.79 of pretest and the mean

Table3: Association between posttest level of stress among the mothers of differently abled children and their demographic variables. N=60

Demographic variables		Post test level of Stress								
		Normal		Mild		Moderate		Severe		Chi square
		No	%	No	%	No	%	No	%	
family Income	<15000	14	70	9	31.0	6	54.6	0	0	
	15001-30000	4	20	12	41.4	5	45.4	0	0	$X^2 = 12.26$
	30001-45000	0	0	5	17.2	0	0	0	0	P = 0.01
	>45000	2	10	3	10.4	0	0	0	0	Significant
Job of mothers	Working women	0	0	0	0	2	18.2	0	0	$X^2 = 9.21$
	House wife	20	100	29	100	9	81.8	0	0	P = 0.01 Significant

Table 4: Association between posttest level of coping of the mothers of differently abled children and their demographic variables. N=60

Demographic variables		Post test level of coping In adequate No	%	Moderate No	%	Adequate No	%	Chi square
Education	NFE	0	0	2	50	0	0	$X^2 = 29.21$
	Primary	0	0	0	0	4	7.1	P = 0.001
	HS	0	0	1	25	28	50.0	Significant
	HSS	0	0	1	25	19	33.9	
	Graduates	0	0	0	0	5	8.9	
Job of the mothers	Working women	0	0	2	50	0	0	$X^2 = 28.96$ P = 0.001
	House wife	0	0	2	50	56	100	Significant
Differently abled children in the family	Yes	0	0	4	100	3	5.4	$X^2 = 32.45$
	No	0	0	0	0	0	0	P = 0.005 Significant

value 10.5 with SD 5.05 of posttest projects 't' test value as 13.2 is statistically significant at P = 0.005 level. As far as coping is concerned the mean value 18.2 with SD 3.18 of pretest and the mean value 23.2 with SD 1.65 of posttest projects 't' test value 10.7 is statistically significant at P = 0.001 level.The association between posttest level of stress and coping was tested by chi-square test it revealed that there was significant association between the post- test level of stress and their demographic variables of income [P = 0.01] and mother's job [P = 0.01] and there was significant association between the post- test level of coping and mother's education [P = 0.001], mother's job [P = 0.001], and the presence of any other differently abled children in their family [P = 0.005]. There was no association with respect to other demographic variables of age, sex, child's education, religion, locality, consanguineous marriage, type of family, and any care taker in the family.

CONCLUSION

This quantitative study was done to assess the effectiveness of selected relaxation strategies -deep breathing and progressive muscle relaxation- on stress and coping among mothers of differently abled children. The finding revealed that selected relaxation strategies were very effective to reduce the stress [P = 0.005] and improve the coping [P = 0.001] among mothers of differently abled children. With the evidence of this study it is recommended that these selected relaxation strategies should be practiced by the mothers every day to prevent stress induced physical and psychological complication in future.

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