

STRESS AND COPING AMONG THE MOTHERS OF CHILDREN WITH INTELLECTUAL DEVELOPMENT DISORDER: A CROSS-SECTIONAL STUDY

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Abstract:

Background: Stress is a major problem that human being experiences in their day-to-day life. Stress is a common problem, mothers with Intellectual development disorder children having some stress due to their disability, aimed to investigate the stress and coping among mothers of children with Intellectual development disorder. **Objectives:** To assess the level of stress and coping among mothers of children with Intellectual development disorder and to find out the association between the level of stress and coping among mothers of children with Intellectual development disorder at Anbaham special school Perambalur. **Design:** A descriptive study to assess the level of stress and coping. Setting: Anbaham Special School Perambalur. Participants: 30 samples fulfilled inclusion criteria: 30 Mothers of children with Intellectual development disorder were selected by non-probability convenient sampling technique, level of stress were assessed by Cohen's perceived stress scale. **Result:** Stress and coping of the mothers of children with Intellectual development disorder were assessed. Out of 30 sample the level of stress majority 12(40%) of mothers of Children with Intellectual development disorder children having both moderate stress and severe stress. 6(20%) mothers of children with Intellectual development disorder children have mild stress. In case of coping majority 26(87%) of mothers of children with Intellectual development disorder having moderate coping and 4(13%) of mothers of children with Intellectual development disorder having adequate coping. There was significant association with the demographic variables except for the job of the mothers of children with Intellectual development disorder Chi-square 10.788. It was found that the level of stress for the mothers of children with Intellectual development disorder having both same level of moderate and severe stress and they have moderate level of coping. Conclusion: Mothers of children with Intellectual development children have both moderate and severe stress and they have moderate level of coping.

Keywords: Stress, Coping, Mothers, Intellectual Development Disorder, Special School, Cohen's Stress Scale etc.

INTRODUCTION

Motherhood is a journey filled with strength, sacrifice, and unconditional love. As Wooten (n.d.) expressed, "Being a mother is learning about strengths you didn't know you had and dealing with fears you didn't know existed." A mother plays a crucial role in shaping her child's development, but this role becomes significantly more challenging when raising a child with an Intellectual Developmental Disorder (IDD). IDD is characterized by limitations in intellectual functioning and adaptive behavior, including communication, self-care, and social skills (Folkman, 2018). In India, contributing factors such as poverty, cultural deprivation, and malnutrition have been linked to the development of intellectual disabilities (Minde, 2017). Prabhu's findings indicate that malnutrition remains a key factor associated with intellectual deficiency among children in the Indian context.

Mothers of children with intellectual developmental disorder (IDD) experience significant stress due to the challenges of caregiving, which can lead to mental and physical health issues. Common coping strategies

include acceptance, positive reframing, religious coping, and seeking social support. While stress levels can be high, mothers often demonstrate moderate to strong coping mechanisms, though this varies based on factors like the severity of the child's disability and available support systems. Raising a child with IDD can place immense psychological and physical demands on mothers. These demands often lead to chronic stress, affecting their mental health, family life, and social relationships (Edwards, n.d.). Stress is the body's response to any change or threat that disrupts its normal balance and, when persistent, can lead to physical and psychological illnesses such as anxiety, depression, hypertension, and weakened immunity (Zegans, 2018; Cavin, 2019). Mothers of children with IDD frequently prioritize their child's needs over their own, often receiving minimal support from health systems and society (Robert David, 2019). As a result, they face continuous challenges in caregiving, navigating health services, and managing behavioral concerns, leading to increased vulnerability to long-term health risks.

Stress experienced by mothers

- **High levels of stress:** Many mothers report moderate to severe stress, which can negatively impact their quality of life and lead to symptoms of depression and anxiety.
- **Factors contributing to stress:** Stress is often heightened by the severity of the child's disability, behavioral problems, and the overall burden of care.
- **Chronic stress:** The long-term nature of the caregiving role can lead to chronic stress that affects a mother's physical and mental health.

Coping strategies used by mothers

- **Positive reframing and acceptance:** Mothers often use strategies like positive reframing, acceptance, and religious coping to manage their emotions and stress.
- **Social and emotional coping:** Seeking social support and spending time with loved ones are common coping mechanisms.
- **Active and problem-focused coping:** Techniques such as planning, active coping, and effective time management help mothers navigate daily challenges.
- **Avoidant strategies:** While less common, some mothers may resort to behavioral disengagement or substance use, though many studies indicate a preference for more positive strategies.

Recommendations for support

- **Acknowledge and address psychological needs:** Mental health providers should screen mothers for psychological distress and provide adequate care.
- **Provide psychoeducation:** Educating parents on appropriate coping styles and stress management techniques is crucial.
- **Facilitate peer support:** Support groups can offer a valuable outlet for mothers to share experiences and coping strategies.
- **Include the family as a unit:** Care plans should consider the psychological needs of the entire family, not just the child.
- **Promote self-care:** Mothers need to be encouraged to find time for rest, hobbies, and other activities that help them recharge.

Coping strategies are essential for mothers to manage the stress associated with caregiving. Coping is defined as the conscious effort to solve personal and interpersonal problems and to minimize or tolerate stress and conflict (John Pary, 2019). These strategies can be influenced by personal, cultural, and environmental factors. Research suggests that mothers of children with IDD often adopt emotion-focused coping, yet may lack structured support or training in effective methods. When appropriate coping mechanisms are in place, mothers experience improved well-being and resilience (CDC, 2020). The present

study aims to assess the level of stress and coping among mothers of children with IDD at a selected special school in Perambalur, with a view to informing targeted interventions and supportive policies that can improve their quality of life.

The present study adopted a quantitative research approach with a descriptive cross-sectional design to assess the level of stress and coping among mothers of children with Intellectual Development Disorder (IDD) at a selected special school in Perambalur district, Tamil Nadu. The study population consisted of mothers of children diagnosed with IDD who were attending the special school. A total of 30 mothers were selected using a non-probability purposive sampling technique based on inclusion criteria, which included mothers who were willing to participate, able to understand the tool, and whose children had a confirmed diagnosis of IDD. Mothers of children with multiple disabilities other than IDD and those unwilling to participate were excluded from the study.

The data collection tool consisted of three parts: Section A included demographic variables such as age, education, occupation, income, number of children, age of the child with IDD, and type of family. Section B used a standardized Stress Assessment Scale to measure the level of stress, and Section C employed the COPE Inventory to evaluate the coping mechanisms used by the mothers. The content validity of the tool was established with expert review, and reliability was tested using the test-retest method, yielding a reliability coefficient of 0.84, indicating strong reliability. Ethical clearance was obtained from the Institutional Ethical Committee and permission was granted by the school authorities. Written informed consent was obtained from all participants, ensuring confidentiality, anonymity, and the right to withdraw from the study at any time.

Data collection was conducted over a period of two weeks. The mothers were briefed about the study objectives and guided through the questionnaire by the investigator. The collected data were coded, entered, and analyzed using descriptive statistics such as frequency, percentage, mean, and standard deviation to describe the demographic profile and levels of stress and coping. Inferential statistics, including the chi-square test, were used to identify the association between the levels of stress and coping and the selected demographic variables.

Validity and Reliability

The research tool used in this study consisted of two sections. Section A was developed by the investigator to collect the socio-demographic profile of the participants, including variables such as the age of the mother, monthly income, gender of the child, religion, education of the mother, type of family, and occupation

of the mother. The content validity of the tool was established through review and suggestions from experts in Psychiatric Medicine, Psychiatric Nursing, and Biostatistics, who recommended simplification of language and reorganization of certain items, which were incorporated before finalization. Section B comprised standardized instruments—Cohen's Stress Scale and the Brief COPE Inventory—used to assess stress and coping levels among mothers of children with Intellectual Development Disorder. The stress scale & coping included 8 items and was interpreted. The reliability of the tool was established through a pilot study conducted from 01-06-2023 to 08-06-2023 among three mothers using a convenient sampling technique at a selected special school in Perambalur. Informed consent was obtained, and the study procedures were tested for clarity and feasibility. The results confirmed

the tool's consistency and suitability for the main study. Ethical considerations were maintained throughout the study, including informed oral and written consent and ensuring privacy and confidentiality of the participants' data.

Instruments:

The data collection instruments consist of two sections: Section A: Demographic data of the study subjects. Age of the mother, Monthly income, Gender of the child, Religion, Education of the mother, Type of the family and Job of the mother.

Section B: Questionnaire related to stress and coping. Cohen's stress scale and coping scale containing 8 questions to assess the level of stress among the mothers with Intellectual development disorder children

RESULTS AND OBSERVATIONS:

INTERPRETATION OF STRESS

Mild	0–13
Moderate	14–26
Severe	27–40

INTERPRETATION OF COPING

Adequate coping	23–32
Moderate coping	12–22
Inadequate coping	Below 12

The study findings revealed that 12 (40%) of the mothers experienced moderate stress, another 12 (40%) experienced severe stress, and 6 (20%) reported mild stress. In terms of coping, 26 (87%) of the mothers demonstrated adequate coping mechanisms, while 4 (13%) exhibited inadequate coping. Among the demographic variables, only occupation showed a statistically significant association with the level of stress ($\chi^2 = 10.788 > 9.488$, $p < 0.05$), suggesting that a mother's occupation influences her stress level, while other factors such as age, income, gender of the child, religion, education, and family type were not significant. Regarding coping, only the gender of the child showed a significant association ($\chi^2 = 6.827 > 5.991$, $p < 0.05$), indicating that the child's gender may influence the mother's coping strategy, whereas age, income, religion, education, family type, and occupation did not show any statistically significant association with coping levels.

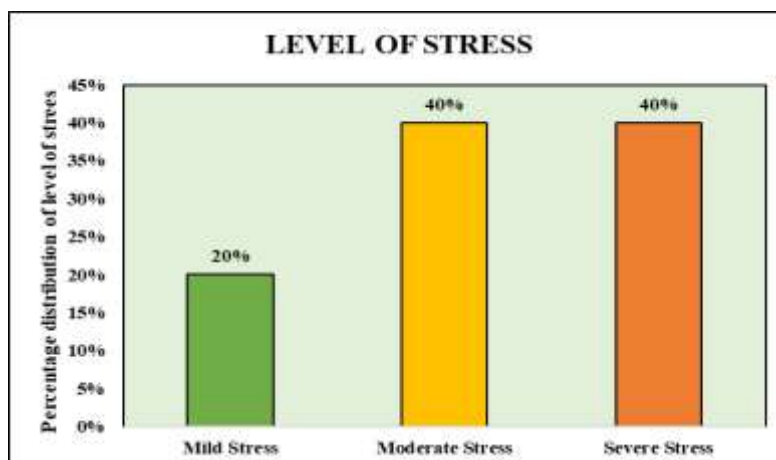


Figure 1 : Frequency and percentage distribution of stress among mothers of children with Intellectual development disorder.

Table 1. Distribution of demographic variables among mothers of children with intellectual development disorder.

Sl. No	Demographic Variables	Category	Frequency (f)	Percentage (%)
1	Age in years	a) 18–23	4	13%
		b) 24–28	6	20%
		c) 28–34	8	27%
		d) >35	12	40%
2	Income (in thousands)	a) <10	0	0%
		b) 10–20	15	50%
		c) 21–30	8	27%
		d) >30	7	23%
3	Gender of the child	a) Male	18	60%
		b) Female	12	40%
4	Religion	a) Hindu	15	50%
		b) Christian	7	23%
		c) Muslim	8	27%
5	Education of the mother	a) Uneducated	5	17%
		b) Primary	7	23%
		c) Higher secondary	10	33%
		d) Graduate	8	27%
6	Type of family	a) Nuclear	12	40%
		b) Joint	10	33%
		c) Separated	8	27%
7	Job of the mother	a) Government	4	13%
		b) Private	12	40%
		c) Housewife	14	47%

Table 2. Association between levels of stress among mothers of children with Intellectual development disorder

Sl. no	Demographic variables	Level of stress						Chi-Square	Tab. value	Sign
		Low Stress		Moderate Stress		High Stress				
		F	%	F	%	F	%			
1	AGE IN YEARS									
	a) 18-23	0	5	2	6	2	2	0.814	12.59 DF=6	NS
	b) 24-33	1	9	3	6	2	5			
	c) 28-33	2	11	4	9	2	7			
	d) >33	1	10	7	20	4	10			
2	INCOME									
	a) <10000	0	0	0	0	0	0	3.415	12.59 DF=6	NS
	b) 10k-20k	5	10	7	25	3	15			
	c) 21k-30k	1	9	3	12	4	6			
	d) >30000	2	6	4	9	1	8			

3	GENDER OF THE CHILD									
	a) Male	6	20	10	20	2	20	0.82	5.991 DF=2	NS
	b) Female	6	12	5	15	1	13			
4	RELIGION									
	a) Hindu	8	15	3	14	4	21	3.949	9.488 DF=4	NS
	b) Christian	2	10	2	8	3	5			
	c) Muslim	2	11	2	7	4	9			
5	EDUCATION									
	a) Uneducated	0	7	3	5	2	5	5.31	12.59 DF=6	NS
	b) Primary	4	3	2	10	1	10			
	c) Higher Sec.	3	12	4	9	3	12			
	d) Graduate	2	7	5	10	1	10			
6	FAMILY TYPE									
	a) Nuclear	6	10	3	15	3	15	5.862	9.488 DF=4	NS
	b) Joint	4	15	4	10	10	8			
	c) Separate	2	12	3	8	8	7			
7	OCCUPATION									
	a) Government	2	6	1	4	1	3	10.788	9.488 DF=4	S
	b) Private	3	10	3	20	6	10			
	c) Housewife	4	12	7	16	3	19			

Table 3. Association between level of coping among mothers of children with intellectual development disorder

Sl.no	Demographic variables	Level of stress			Chi-Square	Tab. value	Sign
		Low Stress	Moderate Stress	High Stress			
1	AGE IN YEARS						
	a) 18-23	0	3	1	1.045	12.59 DF=6	NS
	b) 24-33	1	4	1			
	c) 28-33	1	6	1			

	d) >33	1	9	2			
2	INCOME (in rupees)						
	a) <10000	0	0	0	0.65	12.59 DF=6	NS
	b) 10k-20k	1	12	2			
	c) 21k-30k	1	6	1			
	d) >30000	1	5	1			
3	GENDER OF THE CHILD						
	a) Male	2	14	2	6.827	5.991 DF=2	S
	b) Female	1	9	2			
4	RELIGION						
	a) Hindu	1	12	2	0.404	9.488 DF=4	NS
	b) Christian	1	5	1			
	c) Muslim	1	6	1			
5	EDUCATION						
	a) Uneducated	1	3	1	0.706	12.59 DF=6	NS
	b) Primary	1	5	1			
	c) Higher Sec.	1	8	1			
	d) Graduate	1	6	1			
6	FAMILY TYPE						
	a) Nuclear	1	9	2	0.293	9.488 DF=4	NS
	b) Joint	1	8	1			
	c) Separate	1	6	1			
7	OCCUPATION						
	a) Government	0	3	1	0.548	9.488 DF=4	NS
	b) Private	1	9	2			
	c) Housewife	1	11	2			

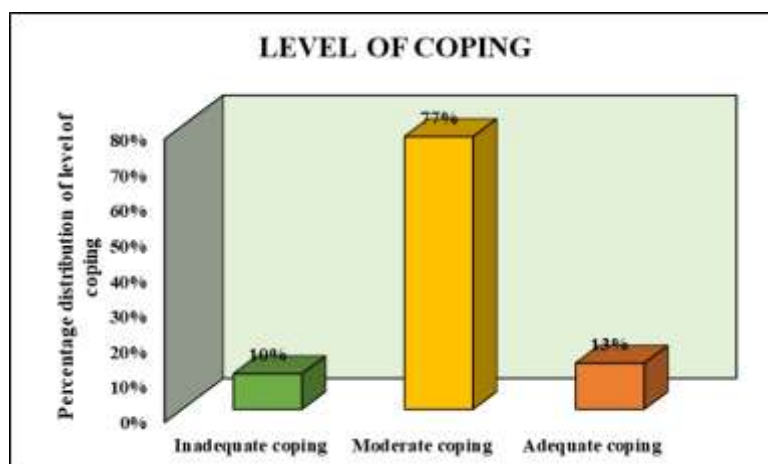


Figure 2 : frequency and percentage distribution of coping among mothers of children with intellectual development disorder

DISCUSSION

The present study was conducted to assess the level of stress and coping among mothers of children with Intellectual Development Disorder at Anbaham Special School, Perambalur. The findings revealed a significant difference between the levels of stress and coping, with a paired 't' value of 1.107. The study concluded that mothers of children with Intellectual Development Disorder predominantly experienced moderate to severe levels of stress, while their coping levels were generally moderate, indicating a need for supportive interventions to enhance their coping abilities and reduce stress.

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Conflict of Interest: The authors declare no conflict of interest.

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