



EFFECTIVENESS OF THE COPING ENHANCEMENT PROGRAM ON THE MOTHERS OF THE SPECIAL CHILDREN: A SYSTEMATIC REVIEW

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ABSTRACT

Parenting is a hugely stressful job, and flustering a mother of a child with a disability is one of the big stressful life events that can occur. The aim of this systematic review was to summarize coping strategies used by mothers of special children, identify which tools are most frequently used to measure coping strategies in mothers of special children and report on outcomes of useful coping strategies. According to PRISMA guidelines, the articles indexed in PubMed, Web of science, Psyc INFO, and CINAHL database using a combination of expressions including "Coping" AND "Special children" OR "Coping enhancement AND "Mother", were searched and analysed. The researcher found that the mothers of special children used more functional coping styles. The most widely used strategy by mothers of special children appears to be social support-seeking. This review underlines that Coping measurement should be adapted to recognize effective strategies which decrease side effects of the reactions to stressful life occurrence.

KEYWORDS : Mothers, Special Children, Coping Enhancement and Systematic Review

1. INTRODUCTION:

Parenting is a hugely stressful job, and flustering a parent of a child with a disability is one of the big stressful life events that can occur. (Bagher Bonab et al, 2017). The difficulties experienced by parents coping with a child with disability have been mentioned as a source of anxiety, over shielding, austerity and a higher insistence on control within the household (Angela Paster et al, 2009). Children with special needs include congenital disability, impairment, developmental disability, disability, chronic illness, handicap, developmental delay, and technology-dependent child (Chithra Boovaragasamy et al, 2019). Developmental disability mention to a range of state including intellectual disability, autistic spectrum disorder, epilepsy, cerebral palsy, learning disability, etc. (Deepak Ganjiwale et al, 2016)

Caring for children with severe or intellectual and developmental disabilities can be a source of stress, peculiarly because they basically require essential full-time attention. (Jeffrey B. Jackson et al, 2018). Meaningful physical, psychological and social insistence, appear out of the specific life circumstance of families with children with Down syndrome with distinctive characteristics, may have overextension the households capacities and asset, and consequences in enhancing risk of parents psychological problems such as anxiety, depression and somatization symptoms. (Mona, M. Barakat and Rehab, E. Mohamed, 2019).

Stress management is the activity of change which individuals use to decrease the stress. Working mothers generally use childcare facilities, reduce their hours of work to part time and take on long maternity leave as coping mechanisms. (Sousan Valizadeh et al, 2018).

Problem-focused strategies necessitate managing the source of stress by encountering the problem, developing strategies and remobilizing assets. Emotional-focused coping aims to change a person's negative emotional state, which generally involves ventilation, displacement, contradiction, indifference. (M. Thomas Kishore, 2011). Different coping strategies are accepted by different persons, as mothers' coping strategies may vary from the fathers. Each parent has a distinctive way of interaction with the circumstance. Some have a constructive way of dealing and some pessimistic, and it varies in each stage of life. (Laimayum et al, 2019).

In India, as per census 2011, out of the 1210 million

populace, 26.8 million peoples are disabled, which is 2.21% of the total populace. (Laimayum et al, 2019) The Prevalence of children with disabilities in common population is 4.4%. (Natalija et al, 2018)

The parental participation is a crucial strategy for effective practice of comprehensive education and is critically vital for educating learners with special educational needs. (Olusegun, 2014) Nevertheless, studies with families having disabled dependents are sparse, stressing out the need to evolve scientific research in this area. It is of uppermost importance to comprehend the effect of the birth of a child with disabilities for the family, and the effective strategies of action can be described. (Margarida Pocinho and Liria Fernandes, 2018)

1.1 REVIEW AIMS

This review explores to provide a summary of coping approaches used by mothers of special children. Thus, the main aim of this systematic review was to (1) summarize coping strategies used by mothers of special children (2) identify which tools are most frequently used to measure the stress and the coping strategies in mothers of special children and (3) report on outcomes of coping enhancement program on the mothers of special children.

2. MATERIAL AND METHODS

2.1. Study selection and data collection processes

This review was performed according to PRISMA guidelines. A comprehensive search of electronic databases including PubMed, Web of science, Psyc INFO, and CINAHL database was conducted as part of a systematic review examining outcomes of coping enhancement program on the mothers of the special children. All databases searches were using a combination of the following free-text terms: "Coping" AND "Special children" OR "Coping enhancement AND "Mother". In the initial stage, duplicates were excluded and reference lists of relevant articles were examined to identify additional studies meeting the criteria for inclusion. After this first literature search, titles and abstracts were screened by reviewer to identify those meeting inclusion criteria.

2.2. Eligibility criteria

The studies included in this review met the following criteria : (1) Coping strategies used by mothers of the special children, (2) An intervention study focused on mothers of special children, (3) Used quantitative research includes a non-intervention or pre-post comparison group to examine coping

strategies and (4) the papers published in a peer – reviewed journals with original research articles. Papers were rejected if they: (1) were without mother coping strategies, (2) were qualitative studies, review papers, case reports /case series, thesis/dissertations and (3) were not published in English.

2.3. Data extraction

A data extraction tool was used to systematically record data from included studies: (1) Study characteristics, author type of study design, year and country where data were collected, (2) Characteristics of children: number of children, mean age of children and diagnosis, (3) Characteristics of mother: number of mother, mean age of mother and employment status, (4) Tools used to measure coping enhancement and (5) Findings

2.4. Study quality assessment

Study quality was evaluated using the quality assessment tools from: (1) The STROBE reporting guidelines for observational studies and (2) The critical review form for quantitative studies. Each question could be answered complete (score= 2), partially (score=1) and imprecise

(score=0). A total score was calculated for each study. Studies were then rated as poor (total score less than 12 points), fair (total score between 13 and 24 points), good (total score between 25 and 30 points), or excellent (total score between 30 and 36 points), based on the scores obtained. Studies were rated independently by third reviewers.

3. RESULTS

Our search strategy yielded 524 studies (PubMed n = 269, Web of Science n = 123, PsycINFO n = 100 and CINAHL n = 34). After excluding duplicate publications, we identified 212 potential articles. In the screening phase, titles and abstracts of all identified studies were examined. This led to the exclusion of 151 studies, as they were not deemed suitable for the present review. Consequently, 61 studies were selected for the eligibility phase. Out of these, 29 studies were excluded because they did not meet selection criteria. Finally, 9 empirical studies were ultimately identified as relevant to our research (Table 1). The PRISMA flow diagram (Fig. 1) provides more detailed information on the study selection process.

Table1: Participant Characteristics

Author(year)	Type of study design (nation)	Number of children (n)	Mean age of children \pm SD	Diagnosis related groups	Number of mother (n)	Mean age of mother \pm SD	Coping measures	Findings
Nivedhitha and Anuja (2020)	cross-sectional study (South India)	30	6.5 \pm 4.5	Autism Spectrum Disorder	30	25.40 \pm 2.95	Depression, Anxiety and Stress Scale 21, WHO Quality of Life Scale (WHOQOL-BREF), and COPE Inventory	There was a significant negative correlation between the domains of QOL at 0.05 levels.
Laura and Mallory (2018)	cross sectional study (USA)	78	4.63 \pm 1.04	Autism Spectrum Disorder	78	36.21 \pm 6.43	Childhood Autism Rating Scale and Temperament and Atypical Behavior Scale	Mother is reporting more utilization and helpfulness of family support had children with more atypical behavior at $r = .32$, $p = .005$ and $r = .25$, $p = .031$.
Muhammad H Sheikh et al, (2018)	cross-sectional study (Pakistan)	100	9.5 \pm 3.5	Intellectual Disability	100	35.4 \pm 6.7	Agha Khan University Anxiety Depression Scale, the Family Stress and Coping Questionnaire, Brief COPE questionnaire	70% of the Mother had significant levels of anxiety and depression. There was a statistically significant difference in the mean AKUADS scores formother of children at ANOVA; $F(3, 96) = 2.755$, $p = 0.047$.
Naoko Iida (2018)	Interventional study (Japan)	16	6.8 \pm 2.0	Autism Spectrum Disorder	16	40.3 \pm 4.6	Stress Coping Inventory; the Beck Depression Inventory Second Edition; the State-Trait Anxiety Inventory	The Beck Depression Inventory Second Edition ($P = 0.05$) and the trait anxiety scores ($P = 0.01$) was significantly decreased. The change in the stress-coping strategy of distancing had a (Pearson $r = -0.518$, $P = 0.05$) significantly negative correlation with the change in the externalizing Child Behavior Checklist T-scores of children with ASD.
Suyog (2018)	cross-sectional single interview study (North India)	100	8.29 \pm 3.11	Intellectual disability	60	37.02 \pm 7.35	Symptom checklist 90 revised and Mechanism of Coping Scale	Global severity index of SCL90R are correlated negatively with age of parents ($P = 0.015$) and positively with Fatalism ($P = 0.004$); expressive-action ($P < 0.000$) and passivity ($P = 0.001$) coping mechanisms.
Theodore S Tomeny (2016)	larger cross sectional study (USA)	111	11.98 \pm 3.31	Autism Spectrum Disorder	111	44.1 \pm 5.28	Children's Social Behavior Questionnaire, and Stress-Short Form and Symptom Checklist-10R	ASD symptom severity of family income was positively related to maternal parenting stress ($r = 0.47$, $p < 0.001$) and maternal psychopathology symptoms ($r = 0.29$, $p = 0.002$).

Vijaya K. Gothwal et al, (2015)	cross-sectional study (South India)	143	9.5 ± 4.2	Visual(66),Hearing (61),Cerebral palsy(15),Autism(44),Genetic syndromes(17), Global developmental disabilities(11), Attention deficit hyperactivity disorder(4)	220	33.4 ± 7.1	Rasch model-CHIP	The subscale is maintaining social support satisfied all the Rasch model expectations (<2.0 logits).
A. C. Woodman and P. Hauser-Cram (2013)	longitudinal Intervention study (USA)	241	15.11 ± 0.32	Developmental Disabilities	151	43.87 ± 4.81	Coping and Planning scales	Maternal parenting efficacy was highly correlated at $r = 0.63$, $P < 0.001$. Coping strategies were greater outcome on maternal well-being for parents of children with higher levels of behavior problems.
Mathilde and Lina(2010)	cross-sectional prospective design study (Lebanon in the Middle East)	147	46.62 ± 12.85	Intellectual Disability	101	39.79 ± 7.39	Parenting Stress Index and Coping Health Inventory	In regression model, predicted parental coping of social support $\beta = 0.51$, $p = .000$ and parenting stress ($\beta = 0.16$, $p = .001$) shows significant.

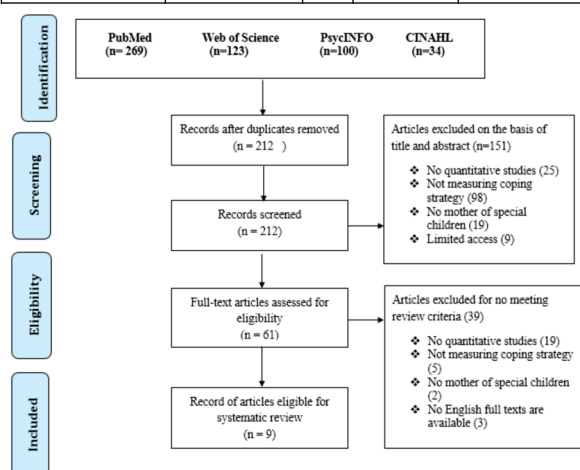


Fig. 1 PRISMA flow diagram

4. DISCUSSION

This review was mainly aimed at exploring the effectiveness of coping enhancement program on the mothers of the special children. The quality appraisal of the reviewed papers reported that they satisfied most of the required criteria include pertinence of the topic; methodological quality and analysis of the results and accordingly impact were compatible.

The reviewed articles, which included mothers of the special children, showed the outcome of raising a special child on the use of coping strategies. The most commonly used coping strategy by mothers of the special children seems to be active coping, positive reframing, planning, acceptance, and religious coping (Nivedhitha and Anuja(2020); Muhammad H Sheikh et al (2018); A.c. Woodman and P. Hauser-Cram (2013). Furthermore, the reviewed articles suggest that parent's use of coping strategies was also influenced by age, income, emotional health, coping styles and cognitive and adaptive functioning abilities (Wei Wei Lai and Tian, 2014; Francesco, 2020). In addition, two reviewed studies showed that mothers with special children sought significantly more support of social support than mothers of normal children (Mathilde and Lina(2010); Vijaya et al,

(2015)). These findings suggest that social support that focuses on parent's endeavor to grow relationships with others, engross in activities that increase feelings of discrete identity and self-worth plus policies to control psychological problems.

Only two studies reported the impact of maternal parenting stress (Theodore S Tomeny (2016); A. C. Woodman and P. Hauser-Cram (2013)). Parenting interventions were largely similar with both research and community samples, half of the interventions were generated for a problematic substance use population which includes psychosocial risk, Parenting knowledge, and maternal emotional regulation (Karen Milligan et al 2020; Eun-Young and SoojungChae, 2020). Parental stresses were associated within effective parental coping strategies, child behavioral difficulties, poor family environment, and avoidance and self-blame (Sanchia Biswas et al, 2015). In contrast, Joanna Smith et al (2013) reported that Parent's perceived are not always supported in pursuit for information and generating effective relationships with health professionals can be stressful. This systematic review also highlights the relationships between coping and quality of life that physical, psychological, social and environment domains (Nivedhitha and Anuja(2020)). Alana Fairfax, 2019 reported that positive and adaptive coping strategies were positively related with psychological quality of life among caregivers of children with chronic illness.

Finally, the current review highlights the paucity of published studies on mothers in children with different disabilities. This would be a fruitful area for further research, in order to establish whether mothers coping strategies vary according to special children. Decisive methodological limitations intrinsic in this review should be noted. Moreover, comorbidities between mother and special children such as parental efficacy, quality and support were frequently reported. The impact of these comorbidities will need to be explored in future studies. There is also a certain lack of data on follow-up measurements and transfer and generalization outcomes of mother training on coping strategies. Optimally, intervention programs should comprise follow-up measurements, but not all studies comprised follow-ups and remains accentuate required for longer-term intervals. In terms of methodologies, different research designs were applied. The reviewer especially excluded qualitative studies, even though they do

provide highly to the literature in this field, because their findings cannot be expanded to large people with the similar degree of reliability as quantitative analyses.

5. CONCLUSION

This review shows that mothers of special children used more functional coping styles. The most widely used strategy by mothers of special children appears to be social support-seeking. Furthermore, future psychometric studies are required to produce the growth of appropriate access deliberately tapping manage and the efficiency of coping asset to attain positive emotional and well-being impacts in mothers of special children. This review emphasized a lack of vigorous notable evidence on the outcome of socio demographic variables and mother training programs on coping strategies. Coping measurement should be adapted to recognize effective strategies which decrease side effects reactions to stressful life occurrence. Seamlessly, an execution of positive coping strategies might not only escort to a decrease in side effects but also literally produce a sense of proficiency for mothers of special children. If effective coping strategies are grasped to produce individual development and gratification, mothers of children will be stranded from an immoderate use of futile, and conceivably habitual, arid styles of coping.

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