



## INTERPERSONAL SUPPORT OF PARENTS OF MR CHILDREN

### Mental Health Nursing

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### ABSTRACT

Parents perceive the handicapped child as an extension of themselves and may feel shame, social rejection, ridicule and embarrassment. Parental reactions may be affected by economic status, personality traits and marital stability. In short, an initial parental response may be a form of emotional disintegration. The aim of study was to assess interpersonal support of parents of MR children. Interpersonal Support Evaluation List (I.S.E.L.) developed by S. Cohen and H. Hoberman (1983) was used. 250 parents of mentally retarded children were selected through purposive sampling technique from different MR centres of selected Urban area of North India. Majority of study subjects ISEL score 83.2% was average and 16.8% was good but none had a low and very good. Conclusion of the study suggests that there was need for support to parents who have severe MR children.

### KEYWORDS

Parents, MR children, interpersonal support, social life.

### INTRODUCTION:

The family structure is grounded by the biological constants in the relationship of parent and children. Children are God's gift and they form an integral part of harmonious co-existence of the family. The family plays a vital role in guiding the child to be a member of the society. In order to meet the expectations, every parent wants fit, beautiful, handsome, intelligent children who will do well in the competitive society we live in. Parents may avoid social contacts due to fear of embarrassment or rejection. They may hardly find time for recreation or leisure due to caring responsibilities. Some parents may feel rejected or neglected from their own family members, and some may get adequate support also. Probably the unity, strength and support within the family are important factors, which influence the nature of coping.

### NEED OF THE STUDY:

Parents with Mentally Retarded Children experience stress in attempting to meet the socialization needs. Lack of socialization may be due to specific skill deficit of the disabled child or be attributed to negative attitudes among community members, neighbours and relatives towards the persons with disability and their family. The inability to share the problems exists through no fault of the parents, or of the general public. It is simply the result of having looked upon mental abnormalities with superstition, with fear, with ignorance of true facts.

Mentally retarded child makes the parents incapable of living an independent life. In India, family bears the main burden of caring for such persons unlike in the developed world. Family members, particularly parents, are more affected by the condition. Normally the people in the society and the professional workers do not feel the actual stress and the burden to the extent it is experienced by the family members of the mentally retarded child.

### AIM OF THE STUDY:

To assess interpersonal support of parents of MR children at selected MR centre of urban area of North India.

### METHODOLOGY:

Quantitative research was approached and descriptive research design was adopted. 250 parents were selected through purposive sampling technique. Standardized tool was adopted to assess the interpersonal support. Interpersonal Support Evaluation List (I.S.E.L.) developed by S. Cohen and H. Hoberman (1983) was used. This scale consists of 40 statements concerning the perceived availability of potential social resources. The interpersonal support evaluation list (I.S.E.L.) falls in 4 subscales consisting 10 items each. There are 4 important aspects of social support known as Appraisal Support, Tangible support, Self Esteem support and Belonging support. All parents were given ISEL questionnaire in Hindi and English.

### RESULTS:

**Table 1**

CRITERIA MEASURE OF ISEL SCORE		
Category Score	Frequency	Percentage
VERY GOOD(81-120)	0	0
GOOD(55-80)	42	16.8
AVERAGE(28-54)	208	83.2
LOW(0-27)	0	0.0

Table 1 show that Majority of study subjects ISEL score 83.2% was average and 16.8% was good but none had a low and very good ISEL score

**Table 2**

Area of ISEL	Level of mental retardation	N	Mean	Standard Deviation
Appraisal Support	Mild	180	12.21	2.29
	Moderate	61	11.74	2.06
	Severe	9	12.67	2.40
Tangible Support	Mild	180	11.06	1.85
	Moderate	61	10.74	1.91
	Severe	9	10.56	2.74
Self-Esteem Support	Mild	180	14.90	2.02
	Moderate	61	15.30	2.19
	Severe	9	14.78	2.05
Belonging Support	Mild	180	12.55	2.11
	Moderate	61	11.89	2.04
	Severe	9	12.44	1.24

Table 2 show that Self-esteem support was more (mean=15.30 SD=2.19) among moderate MR children's parents as compared to severe and mild MR children's parents; however appraisal support was relatively more (mean=12.67 & SD=2.40) seen among severe MR children's parents as compared to moderate and mild MR children's parents; tangible support & belonging support was more [(mean=11.06 & SD=1.86) and (mean=12.55 & SD=2.11) respectively] found among mild MR children's parents as compared to moderate and severe MR children's parents.

ISEL shows that self esteem support mean was higher than belonging, appraisal and tangible support score in parents of mentally retarded children. An association between ISEL score and socio-demographic variables of parents of mentally retarded children was analyzed. The findings revealed that there was no significant association between ISEL score and the socio-demographic variables such as age, sex, marital status, education, occupation, monthly family income, religion and type of family.

### DISCUSSION:

Present study shows that ISEL score 83.2% was average and 16.8% was good but none had a low and very good ISEL score. These findings are supported by Francesca, Cuzzocrea et al. (2016) who

conducted study to compare parental stress, coping strategies and social support perceived in families of children with low functioning autism (n = 8), high functioning autism (n = 10), Down syndrome (n = 12) and parents of Mild MR Children (n = 20) in Italy. Results showed that social support was an important protective factor against stress for all parents, but particularly support from family members and especially for parents of children with Down syndrome. Parents who have more social support, coping strategies was less in them. These results suggest the advisability of fostering functional coping strategies and social support received in families of children with disabilities, and especially in those with children with low functioning autism.

#### Acknowledgments

We thank to all the parents and health care professionals of MR centers, who directly or indirectly helped in data collection and other support during this research study.

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