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A comparative study: Stress level in the mothers of children with hearing and visual impairment

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Abstract
Objective: The aim of the present study is to assess the Stress level in the mothers of children with hearing and visual impairment. Hearing impairment is the inability of an individual to hear sounds adequately. Visual impairment is a term experts use to describe any kind of vision loss, whether it's someone who cannot see at all or someone who has partial vision loss. Stress experienced by the families is influenced by child specific variables like age, sex and severity of the problem; socio-demographic variables such as social class, family income and domicile; and family coping resources and strategies like acceptance of the child's diagnosis and perception of stigma associated with the disorder (Beresford, 1994).
Methodology: The sample size consisted of mothers of 30 hearing and 30 visually impaired children from Jabalpur. The study was conducted at Jabalpur in Madhya Pradesh. The samples were selected by purposive sampling method The tools used for assessing the variables are Sociodemographic, self made consent form and Parental Stress Scale (PSS, Berry & Jones, 1995).
Result & Conclusion: Stress in mothers of hearing and visual impaired children. In hearing impaired the percentage of mothers parental stress was high in 83.3% and low in 16.7%. In visual impaired the percentage of parental stress was high in 93.3% and low in 6.7%.

Keywords: hearing impairment, visual impairment & stress

Introduction

The term 'Disability' has many different meanings; the Global Burden of Disease (GBD) however, uses the term disability to refer to loss of health, where health is conceptualized in terms of functioning capacity in a set of health domains such as mobility, cognition, hearing and vision (WHO, 2004) [18]. Deafness is a condition wherein the ability to detect certain frequencies of sound is completely or partially impaired. When applied to humans, the term hearing impaired is rejected by the deaf culture movement, where the terms deaf and hard-of-hearing are preferred. Hearing impairment is the inability of an individual to hear sounds adequately. This may be due to improper development, damage or disease to any part of the hearing mechanism.

Visual impairment is a term experts use to describe any kind of vision loss, whether it's someone who cannot see at all or someone who has partial vision loss. The American Foundation for the Blind (Salvin, 2010) estimates that 10 million people in the United States are visually impaired. As per Indian Census an estimated 2.8% of Indian Population is having some or other form of disability. Whereas studies conducted by various organizations show that an estimated 5 to 7% population is disabled (NSSO-2001 estimation & Sarva Shiksha Abhiyan Mission 2006-07 estimation).

An estimated 10% of the world's population experiences some form of disability or impairment (WHO Action Plan, 2006-2011) [19].

The stress factors accompanying the birth of a normal child are intensified when the child is disabled. The parents' social life may become non-existent. They may be fearful of rejection by their friends and relatives. Additional stress is likely to occur in families of disabled infants, depending on each family's unique characteristics, like number of members in the family, presence of other chronic illness, disabilities and so on. However, the psychological impacts experienced by these families are common-shock, denial and grief. Generally, parents of a disabled child progress through six emotional stages upon discovering their child's disability: disbelief, guilt, rejection, shame, denial and a feeling of helplessness. Though reactions to the birth or diagnosis of a disabled child may vary from parent to parent, or family to family, people seem to share common elements. Frequently, the parents' initial feelings are shock and numbness; parents may experience periods of panic, anxiety and helplessness, as well as periods of indifference and anger, at which time they face nearly overwhelming depression, apathy and bitterness (McDowell *et al*., 1985).

Impaired vision in an individual will have a profound effect on his psyche (Baker, 1954) [2], a view which is held also by many other authorities (Merry, 1937; Barker, 1948) [13, 3]. Jain (1979) [10] observed that the social implications of wearing spectacles induced frigidity like states in many an individual. A sample of 75 subjects was taken, out of theses 25 had normal vision, 25 had curable eye problems and 35 had incurable visual defects. A visual acuity between 2/60 to 6/60 and visual fields less than 20° when it was unimprovable with any modality of treatment was included in the incurably blind group. When the visual acuity was more than 6/42 with the

necessary optical correction or treatment the subject was included in the curably impaired. No patient with duration of visual impairment less than four years was included. The psychological assessment was made with the help of emotional section of Cornell Medical Index (Brodman *et al*, 1949) [7]. They found that patients with retinal diseases scored highest in all fields (19.72) and patients with refractive errors, the lowest (17.20). Glaucoma patients were found to score in between the two (17.40).

The study of "Psychological factors associated with visual impairment" had done by Bansal *et al* (1980) [4]. Took a total of 75 subjects and administered Cornell Medical Index health questionnaire. Twenty-five out of these had normal vision, another third had curable ocular disease and the rest were permanently handicapped.

Various studies which have been conducted in the area of parenting have shown that parents have positive attitude towards children. With regard to individuals, extremely high and low parenting stress, over involved parent-child relationships, fewer previous surgeries, and younger age predicted greater disturbance. Mothers of developmentally delayed children reported that they are more anxious than mothers of children with normal mental ages (Wells, 1987) [17]. Beckman (1991), Feldman (2002) [9], Aral (2007) [1], How (2006) and Moore *et al* (2006) [14] reported this for other disabilities such as blindness, mental deficiency, emotional and behavioral disorder and chronic diseases. Ozlem and co-workers (2000) observed extreme anxiety in mothers of cerebral palsy children. They emphasized the necessity of regular psychological protection. However, Kricos (2000) [11] considered hearing loss as the most stressful disability from the family point of view. Parents are faced with anxiety from the beginning of the testing stage and will be so for years. Dellve (2006) [8] found high parental stress, physical and emotional strain among mothers, especially among single mothers. Fathers showed high stress related to incompetence, which decreased after the intervention. Decreased strain was found among full-time working mothers and fathers after the intervention. Parents' perceived knowledge and active coping and mothers' perceived social support were increased at follow-up.

In present research in Researcher seems to indicate that the severity of the handicap and the degree of dependency by the child on his family is the most important factor in his acceptance. Very few studies have been conducted to assess the level of stress, impact on life of the parents who have to spent whole life with the children of hearing and visual impaired. Thus, the present study aims at assessing the stress of a child on their parents and may be useful in planning joint therapeutic or other treatment plans for the child as well as parents.

Aim

To assess the Stress level in the mothers of children with hearing and visual impairment.

Hypothesis

There will be significant differences in the stress level in the mothers of children with hearing and visual impairment

Methodology

Sample

The sample size consisted of mothers of 30 hearing and 30 visually impaired children from Jabalpur. The study was conducted at Jabalpur in Madhya Pradesh. The samples were selected by purposive sampling method.

Inclusion Criteria

- Mothers of hearing/ visually impaired children below 18 years of age
- Those consenting and cooperating for the study

Exclusion Criteria

- Mothers of children with multiple disabilities.
- Mother having any physical or psychiatric problem.

Tool Used

1. Socio demographic data sheet: A self made semi-structured socio-demographic data sheet especially designed for the study was used to collect information regarding child's age, sex, education, birth order, number of siblings, domicile, type of family, nature of delivery, complications during birth, postnatal complications, milestones development, childhood trauma and other clinical details.

2. Parental Stress Scale (PSS, Berry & Jones, 1995): The scale is used for the assessment of parental stress for both mothers and fathers and for parents of children with and without clinical problems. Parental stress scale is a self-report scale that contains 18 items representing pleasure or positive themes of parenthood (emotional benefits, self-enrichment and personal development) and negative components (demands on resources, opportunity costs and restrictions). Respondents are asked to agree or disagree with items in terms of their typical relationship with their child or children and to rate each item on a five-point scale: (1) strongly disagree, (2) disagree, (3) undecided, (4) agree and (5) strongly agree. The 8 positive items are reverse scored so that possible scores on the scale in between can range 18 to 90. Higher scores on the scale indicate greater stress. The Parental Stress Scale demonstrated satisfactory levels of internal reliability (.83), and test-retest reliability (.81).

Consent Form

A self made form explaining about the purpose and consent for participation in the study.

Procedure

In the beginning of research work authorities of the special school were contact. After the permission data was collected. After collecting addresses of hearing and visually impaired children from special schools data of the study was collected through personal contact with their mothers at home. Mothers of hearing and visually impaired children were contacted and their consent was taken for the study. After developing a good rapport mothers firstly socio-demographic and clinical details were collected. Stress scale was then administered to measure their stress level. Data obtained were analyzed using the Statistical Package for the Social Sciences, (SPSS) version 16.

Results

Table 1: Showing the mean age of children with hearing and visually impairment and their mothers

Variable		Groups				t-Value
		Hearing Impaired		Visually Impaired		
		M	SD	M	SD	
Age	Child Age	13.2000	2.83330	12.2000	3.75454	1.164
	Mother Age	39.5667	5.33488	40.3000	6.56611	0.475

Table 1 represents the mean age of children with hearing and visually impaired and their mothers. The both group mean age of hearing impaired children was 13.2 years and that of visually impaired children group was 12.2 years. The mean age of mothers of hearing impaired children was 39.56 years and that of visually impaired children mothers was 40.3 years. Both groups did not differ significantly with respect to their age. This supports the facts that both groups matched with respect to age.

Table 2: Showing parental stress in mother's of hearing and visual impaired children

Parental Stress Scale	Groups				χ^2
	Hearing Impaired		Visual Impaired		
	F	%	F	%	
High	25	83.3	28	93.3	1.456
Low	5	16.7	2	6.7	

The table 2 presents the parental stress in mothers of hearing and visual impaired children. In hearing impaired the percentage of mothers parental stress was high in 83.3% and low in 16.7%. In visual impaired the percentage of parental stress was high in 93.3% and low in 6.7%.

Discussion & Conclusion

The aim of the present study was to assess the stress among the mothers of children with hearing and visual impairment by using parental stress scale developed by (Berry and Jones 1995) [6]. For this purpose group of hearing impaired children mothers were compared with visually impaired children's mothers. The two groups were matched on the basis of children's age and mother's age. The mothers of children with multiple disabilities and more than one child with disability were excluded. The mean age of hearing impaired children was 13.20 years with the standard deviation of 2.833 and in visually impaired children their mean age was 12.20 years with the standard deviation of 3.754. The mean age of hearing impaired children's mothers was 39.56 years with the standard deviation of 5.33 and in visually impaired children's mothers mean age was 40.3 years with the standard deviation of 6.566. Both the groups did not differ significantly with respect to their ages. This supports the fact that both the groups were matched with respect to age.

In term of parental stress in mothers of hearing impaired and visual impaired children, there was no significant difference were found. The findings of Vijesh and Sukumaran (2007) [16] point towards the fact that irrespective of the differences in child related and mother related variables, the level of stress in mothers of children with hearing and visually impaired is almost the same, and is of a moderate level. This may be due to the non-progressive nature of the condition. Another reason for this can be that all the children studied attend special schools and the mothers think positively in the hope that their children will attain some level of independence. For any parent the maximum stress producing event in their life is that point at time when they realize that their child is disabled. It was found that mothers of both the groups had high stressed (i.e. 83.3% in mothers of hearing and 93.3% in mothers of visual impaired).Thus Parental stress was comparatively higher in mothers of visually impaired children.

Limitations

1. Only mothers of hearing and visually impairment children were considered.
2. The sample had been taken from one place only.
3. Only hearing and visual impaired children without any other impairments.

Future Direction

1. Sample can be increased for the generalization of result.
2. Sample can be taken from both parents' mother and father.

References

1. Aral N, Ceylan R. Hopelessness Levels of Mothers with and Without Disabled Children. Journal of Social Sciences. 2007; 4(6):746-750.
2. Baker HJ. The partially seeing. Introduction to Exceptional Children. Third Ed.: The MacMillan Company, New York, 1954.
3. Baker HJ. The social psychology of Physical Disability J. Social Issues, 1948; 4:28.
4. Bansal RK, Jain IS, Kohli TK, Bansal SL. Psychological factors associated with visual impairment J. of Psychiatry. 1980; 22:173-175.
5. Beckman PJ. Comparison of mothers' and fathers' perceptions of the effect of young children with and without disabilities. American Journal on Mental Retardation. 1991; 95:585-595.
6. Berry JO, Jones WH. The Parental Stress Scale: Initial psychometric evidence. Journal of Social and Personal Relationships. 1995; 12:463-472.
7. Brodman K, Erdmann AJ, Wolff MG. CMI. Health Questionnaire, Cornell University Medical College, New York, 1949.
8. Dellve L, Samuelsson L, Tallborn A, Fasth A, Hallberg LR. Stress and well-being among parents of children with rare diseases: a prospective intervention study. J Adv Nurs. 2006; 53(4):392-402.
9. Feldman DE, Champagn F, Korner N. Waiting time for rehabilitation services. Journal of Child: care, health and

development. 2002; 28(5):351-8.
10. Jain IS. Facts and fancies about Eye Problems. 7th Lecture, Chandigarh Chapter of Indian National Science Academy, Punjab University, Chandigarh, 1979.
11. Kricos PB. Family counseling for children with hearing loss. In: Alpiner J, McCarthy P editors. Rehabilitative audiology. 3rd ed. New York: Lippincott Williams & Wilkins, Ltd., 2000.
12. Mc Dowell G, Shea TM, Bouer AM. Parents and Teachers of exceptional students. A Handbook for involvements. Boston: Allyn and Bacon Inc, 1985.
13. Merry RV. Problems in the education of visually handicapped children. Harvard University. Press, Mass, 1937.
14. Moore A, Vosvick M, Amey FK. Stress, social support and depression in formal caregivers to people with HIV/AIDS in Lome, Togo. Int J Social Soc Policy. 2006; 26(12):63-73.
15. National Sample Survey Organization. Disabled Persons in India: NSS 58th Round. Report No. 485. New Delhi: Ministry of Statistics and Program Implementation. Government of India, 2001.
16. Vijesh PV, Sukumaran PS. With Cerebral Palsy Attending Special Schools, 2007, 18(1).
17. Wells RD. Chronically Ill children and their mothers: predictors of resilience and Vulnerability to hospitalization and surgical stress, Studies pertaining to parenting. 1987; 8(2):83-9.
18. World Health Organization. Global Burden of Disease Report. Geneva: World Health Organization, 2004. Availableathttp://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part3.pdf.
19. World Health Organization, Disability and rehabilitation: WHO action plan 2006-2011. Geneva: World Health Organization. Available at http://www.who.int/entity/disabilities/publications/dar_action_plan_2006to2011.pdf.