

## Study of mental health among parents of specially able children

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### ABSTRACT

The aim of the study was the measurement of Mental Health of parents of specially-abled children reference with DEIC Department of Jam khambhaliya the sample of 60 parents 30 mothers and 30 fathers parents of DEIC Department Jam khambhaliya, Gujarat. I have used the mental health analysis Questionnaire (Revised) was measured by Dr. Ashwin Jansari, Dr. Harkant Badami, and Dr. Charulata Badami from Ahmedabad. The reliability of the scale was 0.87 and the scale was validated against the criteria was 0.71. Collected data were statistically analyzed with the help of the 't' test. his study result  $H_{01}$ . non-significant difference between mantel health of father and mother parents,  $H_{02}$ . There is no significant difference in mantel health of rural and urban aria parents

**Keywords:** *Mental Health, Children, Parents*

Raising a specially-abled child is an extremely challenging task for parents all over the world. In India, the challenge becomes tougher due to an overburdened healthcare system ill-equipped to provide for the special needs of such children, an education system obsessed with rote-learning and marks, and a superstitious society that equates mental disorders with insanity.

Below are some things to do as a parent of a specially abled child: Specially abled children need the right support, timely help and intervention to grow up as confident men and women. When the seeds of love are sown, children start overcoming their limitations and it starts to reflect in their behavior. To raise a child with disability, parents need to keep patience as well as mental toughness as their routine activity such as sleep and working hours need fresh mind and to keep that mental peace and be with family with same intimacy is tough task. both mother and father need mutual understanding and future planning to overcome economic, emotional and social hurdles.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood

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*“Mental health is that type of adjustment between the world and the person because of which the person gets more and more satisfaction.” – LEHNAR & CUBE*

*“From the mental hygiene point of view deviate behavior is characterized as accretive neurotic of psychotic.” – CROW & CROW.*

### **Objective**

1. To study of mental health among father and mother parents
2. To study of mental health among urban and rural area parents

### **Hypotheses**

H<sub>01</sub>: There is no significant difference of mental health of father and mother parents

H<sub>02</sub>: There is no significant difference of mental health of rural and urban area parents

### **Variables**

#### **Independent variable**

1. Father parents / Mother parents
2. Urban / Rural

#### **Dependent variable**

1. Mental health

#### **Controlled Variables**

1. Equal number of gender.
2. All those variables and other environmental effects which create negative effects which create negative effect on this research will control or remove from this research as possible.
3. Data collection from parents coming for their specially abled children's treatment at D.E.I.C. department, district hospital Jam-khambhaliya.

### **Research Design**

Main aim of this study is to get information about study mental health among special child parent's types of parents and types of area. This is 2x2 factorial design were used for the study variables mental health types of parents and types area.

### **Sample**

The sample consisted of 60 parents of DEIC Department Jam-khambhaliya, in which 30 Father from 15 urban and 15 rural parents and 30 Mother parents from 15 urban and 15 rural.

### **Tools**

The Mental Health Analysis Questionnaire (Revised) was developed by Dr. Ashwin Jansari, Dr. Harkant D. Badami, Dr.(Smt.) Charulata H. badami from Ahmedabad. The finale form scale was thus prepared comprising of 100 statements with a view to measure positive and negative attitude.

### **Reliability**

The reliability of the scale was determined by test – retest method. The test –retest reliability was 0.87.

### **Validity**

Besides face validity as all the items of scale concerned with the variable under focus, the scale has high content validity. The scale was validated against the external criteria and coefficient obtained was 0.71.

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### Norms

Norms for the scale are available for all the age groups. The norms should be regarded as reference point interpreting mental health index scores. Norms are available for each of the ten areas as well as for the entire scale.

### ANALYSIS

The data obtained from subject was analyzed with help of “t” test to study the effects of variables.

*Table 1: Difference of mental health of father and mother parents.*

No.	N	Mean	Sd	“t” Ratio	Level Of Significant
Father Parents	30	57.3	10.52	0.08	0.01
Mother Parents	30	57.53	10.55		

Table no 1 showed non-significant difference of mental health between mother and father parents SD 10.52 and 10.55 “t” ratio 0.08 of 0.01 level.

*Table 2: Difference of mantel health of rural and urban aria parents.*

No.	N	Mean	Sd	“t” Ratio	Level Of Significant
Urban	30	56.53	10.45	0.64	0.01
Rural	30	58.3	10.62		

Table no 2 showed non-significant difference of mental health between urban and rural area SD 10.45 And 10.62, “t” ratio 0.64 of 0.01 level.

### DISCUSSION

Congenital heart defects (CHDs) are the most common birth defect in the United States, affecting nearly 40 000 (1%) births per year. Of these children, 25% have “critical” CHDs (CCHDs), requiring one or more cardiac surgeries in the first year of life. The survival of children with CCHDs has improved considerably over the past decade, allowing them to survive complicated surgeries and go on to have near-normal life expectancy. However, these biomedical advances have not been accompanied by a concurrent increase in our understanding of the psychological impact of CCHDs on the families of which these children are a part.

Parents of children with CCHDs (PCCHDs) are at high risk for mental health morbidity—coping with their children's medical appointments and cardiac procedures, long and multiple hospitalizations, digestive and/or feeding issues, and increased risk for major respiratory illnesses—all of which amount to extensive financial, emotional, and familial costs. Most children with CCHDs will have at least one cardiac procedure in the postpartum period, a time when parents, especially mothers, are most vulnerable for mental health problems. This risk is exacerbated substantially when parenting a child who experiences a major illness or acute injury that requires significant medical intervention and/or time in an intensive care unit (ICU). For example, while the prevalence of postpartum depression is 10% to 15% for women in the general population, it can increase to 39% among mothers of children who spend time in the neonatal ICU after birth. Trauma is also common, with approximately one third of parents of children hospitalized in the ICU developing acute stress disorder (ASD),

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10% to 20% developing posttraumatic stress disorder (PTSD), and a prevalence of trauma symptoms approaching 84%.

After analyzing upper shown both tables we get non-significant difference which indicates that both hypothesis is accepted. Parents of children with CCHDs are at elevated risk for mental health problems. There is an urgent need for additional research on the severity, course, persistence, and moderators of these mental health problems over time, and for the development and testing of screening approaches and interventions that can be feasibly delivered in the context of ongoing pediatric cardiac care. Such research would connect PCCHDs to appropriate care, ameliorate psychological symptoms and suffering, and consequently enhance the overall care and well-being of children with CCHDs.

### FINDING

1. There is limitation in collecting the data of specially abled children's parents' thus there is big possibility of getting non-significant difference.
2. In specially-abled children, the responsibility of mother and father is equal as per needs as it may lead to non-significant difference as well.

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### ***Conflict of Interest***

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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