STRESS AND COPING AMONG MOTHERS OF CHILDREN WITH HEARING IMPAIRMENT

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Abstract: Introduction: The sense of hearing provides a background, which gives a feeling of security and participation in life. It plays a critical role in the development of speech and language and in monitoring one’s speech. Consequences of hearing impairment include inability to interpret speech sounds, often producing a reduced ability to communicate, delay in language acquisition, economic and educational disadvantage, social isolation and stigmatization. Purpose: to assess the parenting stress and coping among parents of children with hearing impairment. Methods: mothers stress and coping was measured with Berry and Jones parental stress Scale and Hamilton Mc Cubbin Coping Health Inventory for Parents respectively. Results: Among 100 mothers 29 (29%) had mild stress, 67(67%) had moderate stress and 4(4%) had severe stress levels and 23 (23%) had poor coping, 53(53 %) had moderate coping and 24(24%) had adequate coping. There was a statistically significant association exists between the level of stress among mothers with their age, education (p<0.05) and child’s age at identification of hearing impairment (p<0.01) and also between level of coping among mothers with their matrimonial relation and family type. This shows that there is significant negative correlation (-0.13) exists between the stress and coping among mothers of children with hearing impairment. Conclusions: Majority of mothers 67% had moderate stress and 53% had moderate coping. There exists significant association between their stress and coping with their demographic variables. So mothers need counseling sessions regarding impairment and they should follow some relaxation techniques to cope with daily stress.

Keywords: Stress, Coping, Hearing impairment
INTRODUCTION

The sense of hearing provides a background, which gives a feeling of security and participation in life. Consequences of hearing impairment include inability to interpret speech sounds, often producing a reduced ability to communicate, delay in language acquisition, economic and educational disadvantage, social isolation and stigmatisation. Over 5% of the world’s population – 360 million people – has disabling hearing loss of which 328 million adults and 32 million children\(^1\). Disabling hearing loss refers to hearing loss greater than 40dB in the better hearing ear in adults and a hearing loss greater than 30dB in the better hearing ear in children.

Epidemiological data for pre-lingual hearing loss show that 1 in 1000 neonates are born with severe to profound hearing loss of which 50% of the loss is inherited\(^2\). According to Gretchen Steven et.al\(^3\) the prevalence of child and adult hearing impairment is substantially higher in middle- and low-income countries than in high-income countries, demonstrating the global need for attention to hearing impairment. The sex ratio of male-female was found to be approximately 1:1. The cause of hearing impairment was found to be acquired in 38% of the cases and genetically inherited in 18%. However, in 44% of the cases, the etiology of hearing loss could not be determined.

Parenting stress affects parent-child relationships and important child outcomes. Higher levels of parenting stress have been related to poorer social and emotional development and higher rates of behavior problems in both deaf and hearing children\(^4\).

Early childhood deafness presents unique and long-term challenges for parents, including communication difficulties, increased medical/audiological care, and educational challenges. Previous research has identified several factors that contribute to parenting stress in parents of deaf children. These factors were income, age at diagnosis, extent of hearing loss, language abilities, mode of communication, and perceived social support besides child behavior problems\(^5\).

Stress is associated with life satisfaction and also development of some physical diseases. Birth of a disabled child with mental or physical disability (especially deaf or blind children), impose an enormous load of stress on their parents especially the mothers\(^6\).

The time immediately after the diagnosis of hearing loss is usually perceived as the most stressful and parents report this period as a burden and it brings about the greatest loss of quality of life to hearing parents\(^7\).

The diagnosis of deafness in a child often leads to a crisis in the life of the parents. Depression is a common stress-related response for hearing parents of children with hearing loss. The initial reactions of hearing parents of hearing impaired children to the diagnosis are more likely to be emotional and negative, and may be characterized by denial, grief, anger and guilt and these feelings may continue well beyond entry into early intervention.

As hearing loss is not a visible handicap, hearing parents who give birth to a deaf child are often unaware of the child’s hearing loss. Hearing loss if undetected and untreated can result in the delay of speech, language, and communication skills. The psychological reaction to this diagnosis typically includes feelings of grief, helplessness, guilt and anger, given the central role of hearing to human communication, a sense of isolation within the parent-child dynamic is inevitable\(^8\).
Mothers are more inclined than fathers to experience depression in response to their child’s hearing loss; they may feel grief, depression, or shame. Some may also ask questions of "why me" and conclude that they are being punished for sins or bad acts of the past.

OBJECTIVES

- To assess the level of stress among mothers of children with hearing impairment
- To assess the level of coping among mothers of children with hearing impairment
- To associate the level of stress and coping among mothers of children with hearing impairment with selected demographic variables.

Materials and methods:

Research approach: Quantitative research approach was adopted for the present study.

Research design: A non-experimental descriptive research design was adopted for the study.

Setting of the study: The study was conducted at SRAVANAM Sri Venkateswara Institute for Hearing Impaired, Tirupati.

Population: The target population chosen for this study was mothers of hearing impaired children who were falling under inclusion criteria.

Sample size and sampling Technique: 100 mothers were selected by “Purposive sampling” technique.

Description of the research tool

The present study planned mainly to assess stress and coping among mothers of hearing impaired children. Hence the following tools were used in the study: It consists of the part I, II, and III.

Part I - Contains questions to collect demographic data related to mothers of hearing impaired children

Part II – Berry, J. O., & Jones, the Parental Stress Scale

Part III - Mc Cubbin Coping Health Inventory for Parents

Pilot study: Pilot study was conducted on 10 subjects and reliability was computed by applying Test-retest method by using Pearson’s correlation co-efficient formula. The tool was found reliable with a score of r = 0.76 for stress scale and r = 0.89 coping Scale.

Data collection: self reported questionnaire was administered.

Results:

Distribution of level of stress and coping among mothers of children with hearing impairment.

LEVEL OF STRESS AMONG MOTHERS

- 29% mild
- 67% Mode rate
- 4%
The above fig-1 shows that among 100 mothers 29(29%) had mild stress, 67(67%) had moderate stress and 4(4%) had severe stress levels.

LEVEL OF COPING AMONG MOTHERS

The above fig-2 shows that 23(23%) of Mothers had poor coping, (53 %) had moderate coping and 24 (24%) had adequate coping.

Table-1: Mean standard deviation and correlation between stress and coping among mothers with hearing impaired children.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>scale</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stress</td>
<td>52.12</td>
<td>6.601622</td>
<td>-0.13</td>
</tr>
<tr>
<td>2</td>
<td>Coping</td>
<td>105.89</td>
<td>14.62245</td>
<td></td>
</tr>
</tbody>
</table>

The above table 1 shows that Pertaining to stress the mean value was 52.12 and standard deviation was 6.60 and related to coping the mean value was 105.89 and standard deviation was 14.62. There is statistically significant negative correlation (r= -0.13) exists between stress and coping among mothers.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Demographic Variables</th>
<th>Chi-Square Test ($\chi^2$) stress</th>
<th>DF</th>
<th>Inference</th>
<th>Chi-Square Test ($\chi^2$) coping</th>
<th>DF</th>
<th>Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td>15.300</td>
<td>6</td>
<td>S*</td>
<td>3.008</td>
<td>6</td>
<td>NS</td>
</tr>
<tr>
<td>2</td>
<td>Marital Status</td>
<td>2.160</td>
<td>6</td>
<td>NS</td>
<td>0.995</td>
<td>6</td>
<td>NS</td>
</tr>
<tr>
<td>3</td>
<td>Religion</td>
<td>3.438</td>
<td>4</td>
<td>NS</td>
<td>4.292</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>4</td>
<td>Geographical Background</td>
<td>4.763</td>
<td>4</td>
<td>NS</td>
<td>6.531</td>
<td>4</td>
<td>NS</td>
</tr>
<tr>
<td>5</td>
<td>Family Income (in Rs.)</td>
<td>7.158</td>
<td>6</td>
<td>NS</td>
<td>11.336</td>
<td>6</td>
<td>NS</td>
</tr>
<tr>
<td>6</td>
<td>Education of mother</td>
<td><strong>17.718</strong></td>
<td>8</td>
<td>S*</td>
<td>2.545</td>
<td>8</td>
<td>NS</td>
</tr>
<tr>
<td>7</td>
<td>Mother Occupation</td>
<td>4.340</td>
<td>8</td>
<td>NS</td>
<td>11.589</td>
<td>8</td>
<td>NS</td>
</tr>
</tbody>
</table>
The data presented in the above table: 2 revealed that there was a statistically significant association exists between the level of stress among mothers with their age and education at 0.05 level and child’s age at detection at 0.01 levels. There is no statistically significant association exist between the level of stress among mothers with the marital status, religion, geographical background, family income, occupation, family type, number of children, illness, matrimonial relation, family history, any other child with hearing impairment, degree of hearing impairment of child. It also revealed that there was a statistically significant association exists between the level of coping among mothers with their matrimonial relation at 0.05 level and family type at 0.01 levels. There is no statistically significant association exists between the level of coping among mothers with their age, education, marital status, religion, geographical background, family income, occupation, , number of children, illness, , family history, any other child with hearing impairment, degree of hearing impairment of child.

DISCUSSION:

The research study was done to “Assess the level of stress and coping among mothers of children with hearing impairment in selected institutions for the deaf, Tirupati”. The discussion of the present study is based on findings obtained from descriptive and inferential statistical analysis of collected data. It is presented in view of the objectives of the study.

The first objective of the study was to assess the level of stress among mothers of children with hearing impairment. Stress was assessed by using the Parental Stress Scale and the collected data were analyzed. Among 100 mothers 29 (29%) mothers had mild stress, 67(67%) had moderate stress and 4(4%) had severe stress levels.
The results of the present study were supported by the earlier study conducted by Mahnaz Aliakbari Dehkordi et al., (2011)\textsuperscript{11} on “Stress in mothers of hearing impaired children compared to mothers of normal and other disabled children”. Results indicated a significant difference between stress levels of mothers of hearing impaired children and mothers of other disabled and normal children in subscales of intra-family stress, finance and business strains, stress of job transitions, stress of illness and family care and family members “in and out”.

The second objective of the study was to assess the level of coping among mothers of children with hearing impairment which was assessed by coping health inventory for parents. Among 100 mothers 23 (23%) of mothers had poor coping, 53(53 %) had moderate coping and 24(24%) had adequate coping.

The results of the present study were supported by the earlier study conducted by Joanna Kobosko (2011)\textsuperscript{12} on “parenting a deaf child – how hearing parents cope with the stress of having deaf children”. The results showed that mothers and fathers of deaf children differ in the intensity of their emotion-oriented and avoidance styles and that in stressful situations mothers use their styles significantly more often than fathers.

The Third objective of the study was to determine the association of demographic variables with level of stress and coping among mothers of children of hearing impairment. There was a statistically significant association exists between the level of stress among mothers with their age and education at 0.05 level and child’s age at detection of hearing impairment at 0.01 levels and with coping there was a statistically significant association exists between the level of coping among mothers with their matrimonial relation at 0.05 level and family type at 0.01 levels.

This study was correlated with the study conducted by Abdollah Ghasempour et al (2012)\textsuperscript{11} on “Comparison of psychological well-being and coping styles in mothers of deaf and normally-hearing children”. Results were found that in mothers of deaf children, psychological well-being and its components were significantly lower than mothers of normal children. It seems that child’s hearing loss effects on mothers psychological well-being and coping styles; this effect can be visible as psychological problems and lower use of adaptive coping style.

The results of the present study were supported by the earlier study conducted by Meinzen-Derr J et al (2008)\textsuperscript{14} on “Pediatric hearing impairment caregiver experience: impact of duration of hearing loss on parental stress”. The results showed that, Parents of children whose hearing loss was identified more than 60 months ago reported higher stress levels regarding educational aspects of their child’s needs as compared to parents of children with less than 24 months or 24-60 months duration since diagnosis. Parental stressors change over time with respect to the time of diagnosis of hearing impairment.

CONCLUSION:

The results of the study shown that among mothers 67% had moderate stress and 53% had moderate coping. Hence it is concluded that mothers should follow some relaxation techniques to reduce their stress and also follow some coping strategies like building a closer relationship with their spouse and talking over personal feelings and concerns with spouse concentrating on hobbies (art, music, jogging, cooking, etc.) and talking with other parents in the same type of situation and learning about their experiences.
REFERENCES:


