

Assess the level of coping strategies adopted by care givers of differently abled child in selected Paediatric OPD's of hospitals in Pune city.

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KEYWORDS

Assess, coping, differently abled child, care givers.

ABSTRACT

Introduction: Intellectual impairment, cerebral palsy, autism spectrum disorder, epilepsy, and other conditions are referred to as development disabilities. The term used to describe the bulk of childhood impairments is developmental abnormalities, or any physical or psychological illness that may prevent a child from developing cognitively, physically, or emotionally in relation to other children. The arrival of a disabled child may have an effect on every aspect of the family relations. It entails re-evaluating how well the household is operating.¹ **Titil of study:** “Assess the level of coping strategies adopted by care givers of differently abled child in selected Paediatric OPD's of hospitals in Pune city. **Material and Methods:** Quantitative approach with exploratory research design. It was carried out on 100 samples. The non-probability purposive sampling technique was used to select samples. **Result:** Findings showed that the frequency & percentage distribution . Majority 81% were having poor coping strategies, 19% were having good coping strategies and no one having very poor & very good coping strategies adopted by care givers of differently abled child with mean of 75.4 with S.D of + 7.08. **Conclusion:** Study concluded that the information demonstrates the relationship between carers' coping mechanisms and their degree of stress and r value is 0.0399. Although there is a formal negative correlation, there is only a weak association between the variables (The nearer value is to zero, the weaker the relationship). As a result, there is no connection between carers' coping mechanisms and their degree of stress.

INTRODUCTION

The term used to describe the bulk of childhood impairments is developmental abnormalities, or any physical or psychological illness that may prevent a child from developing cognitively, physically, or emotionally in relation to other children. The arrival of a disabled child may have an effect on every aspect of the family relations. It entails re-evaluating how well the household is operating.¹In contrast to physical anomalies that are evident from birth, the majority of abnormalities are not treated until a child starts school. Parents may find it challenging to identify a developmental issue since they are not familiar with a child's developmental periods, particularly if it is their maiden child. A care giver is a member of the patient's informal support network who provides care and devotes the majority of their or her time to the activity without expecting financial compensation. The children's sources of physical and emotional support throughout this period are their families.

In order to meet his needs, the family of a disabled child tries to adapt in many different areas. The stress that comes with parenting young child on an emotional and physical level could take many

different forms. Caregiving for all these children can be a both physically and mentally taxing duty that reduces the life satisfaction of the carers as well, depending on the type of impairment. When treating & rehabilitating poor children, the interests of the carers are infrequently taken into consideration. To manage the physical, mental, and emotional stress they experience when caring for a loved one, even carers may need aid.²

Globally, more than one billion or 15% of the world's population are estimated to live with disabilities. About 80% of them lived in developing countries. It is more prevalent among women than men. Individuals with physical disabilities affected forty-five million people worldwide of them 90% living in developing countries. According to the World Bank and World Health Organization(WHO) report in year 2024.¹²

NEED OF THE STUDY

The psychological and physical strain that comes with raising such children may be multidimensional. Caregiving for such children can be both physically and mentally taxing occupation, this affects the carers' quality of life, depending on the type of impairment. The needs of the carers are rarely considered in treating and rehabilitating disadvantaged children. Even carers might require help to manage the physical, mental, and emotional strain they feel while providing care for a loved one. The WHO defines it as a person's perspective of his or her place in the world in relation to culture and value systems. Amna Arif has done research on Stress and coping strategies in parents of children with special needs. 150 samples of parents were used in the study, which used a co-relational approach. It was discovered that parents were employing more empowering and useful coping mechanisms to manage the stress brought on by caring for adolescents with special needs.⁴

A study on the quality of life & coping mechanisms of those who care for children with disabilities both physical and mental was undertaken by D. Ganjiwale. In addition to their carers, there were 116 pupils from a special needs school in Anand, Gujarat. To assess coping mechanisms and QOL, the World Health Organization-QOL (WHO-QOL) & BREF COPE tests, respectively, were given.⁵

The goal of the current survey was to examine caretakers' levels of stress. In order to meet his needs, the family of a disabled child makes adjustments in many different areas. It is probable that there are various physical and psychological strains associated with raising these children. Caregiving for these children can be a both mentally and physically exhausting duty that reduces the life quality for the carers as well, depending on the type of impairment. Researchers have also noticed a difference in carers' conduct around them.

AIM OF THE STUDY

The level of coping strategies adopted by care givers of differently abled child .

METHODOLOGY

In present study, researcher adopted Quantitative approach with exploratory research design. It was carried out on 100 samples. The non-probability purposive sampling technique was used to select samples. Reliability done on 10 sample and the result was $r = 0.89$ indicating that the tools are of adequate dependability & reliable. Also pilot study done on 10 sample. The accuracy, usefulness, as well as applicability of the current study methodology were assessed in a pilot study, and it was discovered to be acceptable

RESULT

SECTION I: DESCRIPTION OF DEMOGRAPHIC PROFILE:

The above study shows that 54% of participants from 31-40 years of age and 46% of participants belongs to 41-50 years of age group and there were no participants in 51-60 years of age. 43% of participants were having primary education and 19% were having secondary and 37% were higher secondary educated. 71% of participants were having private service, 15% from Govt service and 14% were self-employed respectively. 80% of participants were residing in urban area, 20% were

residing in rural Area and no participants were residing in suburban area. Participants came from nuclear households in 30% of cases and joint families in 70% of cases. 83% of participants were Hindu and 17% were Muslims. 38% of participants monthly income was 10000/- , 32% monthly income was 10000/- to 20000/- and 30% were 20000 to 30000/- monthly incomes. 69% of participants were 1 dependent and 31% were having 2 dependents.

SECTION II:

Table : finding related to assess the coping strategies adopted by care givers of differently abled child.

Coping strategies	Frequency	Percentage
Very Poor coping strategies (0-40)	0	0
Poor coping strategies (41-80)	81	81
Good coping strategies (81-120)	19	19
Very good coping strategies (121-160)	0	0

Coping strategies	Mean	SD
Very Poor coping strategies (0-40)	75.4	7.08
Poor coping strategies (41-80)		
Good coping strategies (81-120)		
Very good coping strategies (121-160)		

n-100

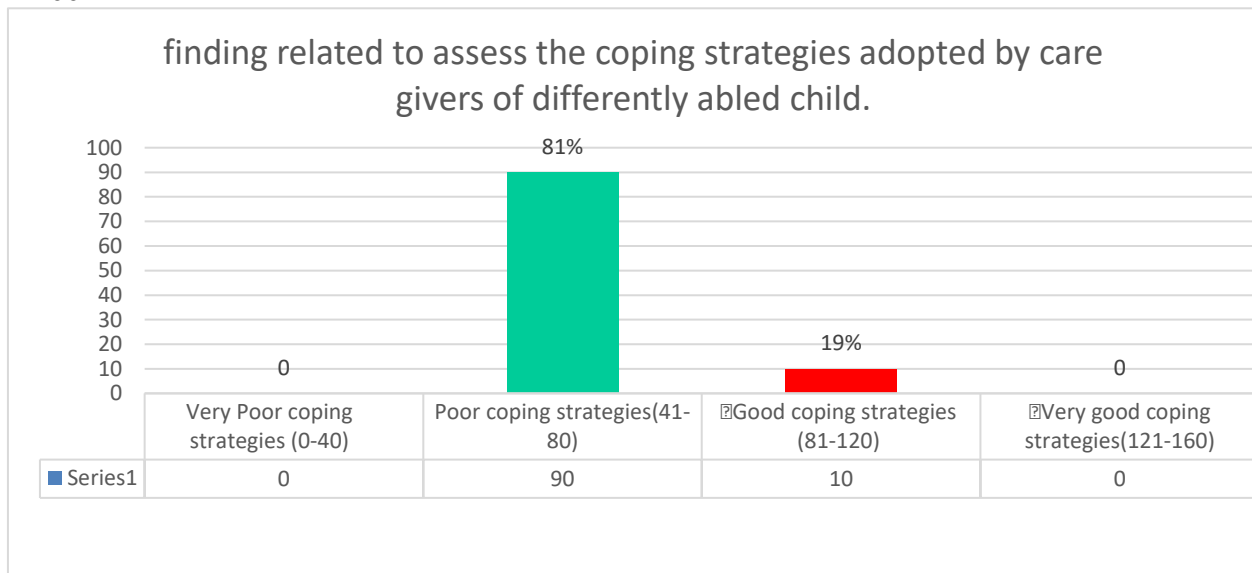


Figure 1 showed that the Majority 81% were having poor coping strategies, 19% were having good coping strategies and no one having very poor & very good coping strategies adopted by care givers of differently abled child with mean of 75.4 with S.D of + 7.08.

SECTION III :

FINDING RELATED TO ASSOCIATION BETWEEN COPING STRATEGIES ADOPTED BY CARE GIVERS AND SELECTED DEMOGRAPHIC VARIABLES.

Finding Related to Association Between Coping Strategies Adopted By Care Givers And Selected Demographic Variables.

Shows that there is no correlation between carers' coping strategies and certain demographic factors because all p values are higher than 0.05.

DISCUSSION

The study might be compared to a descriptive study of a similar nature conducted by Gurbinder Sindu to evaluate the stress levels and coping mechanisms of mothers of newborns in hospitals. The study's methodology was a descriptive survey. 50 new mothers who were hospitalised made up the sample, which was chosen using a purposeful random selection technique. According to the study, 5 (ten percent) of new moms in hospitals experienced severe stress, compared to mild stress in 27 (54%) cases, moderate stress in 18 (36%) cases, and severe stress in 27 (54%) cases. The majority (72%) of mothers of newborns in hospitals used somewhat adaptive coping mechanisms, whereas just 28% of them used adaptive coping mechanisms and none used maladaptive coping mechanisms. According to the study, there is a substantial correlation between degree of stress and the chosen demographic indicator, such as length of hospital stay. At the 0.05 level of significance, the computed length of hospital stay ($2=5.24$) surpassed the value in the table. As a result, the research hypothesis is confirmed, and the null hypothesis was refuted. The findings also showed that there was no correlation between stress levels and demographic characteristics including age, religion, or race, type of family, mother's academic background, occupation, family's monthly income, participation in any social groups, or entrance requirements. Age (chi square = 3), religion (chi square = 1.55), family type (chi square = 1.65), educational attainment (chi square = 3.13), occupation (chi square = 0.91), monthly income (chi square = 5.92), membership in any social groups (chi square = 0), most supportive relative (chi square = 3.7), and admission condition (chi square = 0) all had chi square values that were less than the tabulated value, so the null hypothesis was confirmed. The information demonstrated a substantial correlation between the level of coping techniques and the chosen demographic factors, such as mother's work: ¹

CONCLUSION

The use of coping mechanisms by carers and some demographic variables including age, education, profession, marital status, place of residence, and religion, are not related in any way. family's monthly salary, regardless of the dependents, all p values are greater than 0.05.

Assessing coping strategies adopted by caregivers is a crucial aspect of understanding the challenges they face in providing care. Caregivers employ a variety of coping strategies to manage the physical, emotional, and psychological demands of their roles. These strategies may include seeking social support, engaging in self-care activities and problem solving skill ..

It is essential to provide caregivers with adequate resources, education, and support to help them develop and maintain effective coping strategies, ultimately improving the quality of care they can provide.

Recommendation: Similar research can be conducted to evaluate the stress levels and coping mechanisms used by adolescents as a result of parental expectations.

Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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