

# A Study to Evaluate the Effectiveness of Psycho-Education in Improving the Level of Adaptation among Mothers of Mentally Retarded Children with the Application of Health Belief Model in Selected Schools for Mentally Retarded at Nagpur (Maharashtra)

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## Abstract

The present study has been designed to enhance the knowledge of mothers about mental deficiency and its management. As improving the knowledge of the mothers, help to have a more positive attitude towards the children who are mentally deficient. If the mothers are educated about the needs of mentally deficient child, they would be better equipped to manage their mentally deficient child and cope up with situation. They would also be sensitized towards exploring existing resources for help and guidance.[1] Study is conducted in Nagpur in Nandanban school for Mentally retarded Children.

**Keywords:** Psychoeducation; Adaptation; Mental retardation; Health belief model.

## Background of the study

*“There is only one precious child in the world, and every mother has that.”*

The term mental retardation is used to indicate a person's intelligence and daily functioning which are expected to be lower than the other people of the same age. Children with mental retardation are important and endearing youngsters with a special style of learning. Most of them are healthy and happy. They learn and show progress, although at a rate slower than the others. While different therapists, educators, and other specialists can provide special training, the best thing mothers can do is include their child in warm and lively family living.[2]

## Need of the study

Mental deficiency may be viewed as interplay of

several biomedical, sociocultural and psychological factors with practical emphasis on scholastic achievement and adjustment in the society.

The coping strategies used by mothers are likely to be influenced by cultures as could be the informal supports available to mothers from family and friends.

The presence of a child with Mental Retardation in the family creates additional needs. The birth of a retarded child at home is likely to be one of the most traumatic events experienced in a family (*Journal of the Indian Academy of Applied Psychology, July 2008*). Parents and other children in the family must undergo a variety of changes to adopt to the presence of a disabled member. Most parents expect that their children will be attractive, smart, graceful, athletic, and loving. Parents of a handicapped child not only mourn the loss of unfulfilled expectations but often face enormous strain, pain and stress, shock, realization, retreat and feeling of guilt on their psychological and economic resources. shock, realization, retreat and feeling of guilt on their psychological and economic resources.[3]

There is abundant evidence that parents especially mothers undergo more than the average amount of psychological stress.

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Keeping the above factors, the present study has been designed to enhance the knowledge of mothers about mental deficiency and its management. As improving the knowledge of the mothers, help to have a more positive attitude towards the children who are mentally deficient.

If the mothers are educated about the needs of mentally deficient child, they would be better equipped to manage their mentally deficient child and cope up with situation. They would also be sensitized towards exploring existing resources for help and guidance.[1]

Hence researcher is interested to conduct a study to identify their extend of adaptation of mothers and to develop and assess the efficacy of psycho education on Mental Retardation

*Objectives are as follows:*

1. To assess the pre-interventional level of adaptation among mothers towards Mentally Retarded children.
2. To evaluate the effectiveness of psychoeducation in improving the likelihood of action in terms of level of adaptation among mothers of Mentally Retarded children.
3. To evaluate the effectiveness of psychoeducation in improving the individual perception in terms of knowledge regarding Mental Retardation among mothers of Mentally Retarded children.
4. To find out the correlation between individual perception and likelihood of action among mothers of Mentally Retarded children
5. To associate pre-interventional level of adaptation with selected socio demographic variables.
6. To find out the relation between difference in means of change in level of adaptation and selected socio demographic variables.

#### *Research design*

Sample	Pre test	Treatment	Post test
	Day 1	Day 1	Day 8
Mothers of mentally retarded children	01	X	02

*Sampling:* Simple Random Sampling

*Sample size:* 30 mothers

*Variable*

Dependent

Knowledge and level of adaptation among mothers of the mentally retarded children.

Independent

Psycho-education on mental retardation and its management

#### *Description of the tool*

The tool consists of three sections that is Section A, Section B, and Section C.

*Section A* consists of socio demographic variables like age, religion, educational status, occupation status, income, expenditure over mentally retarded children, type of family, number of family.

*Section B* comprises of self structured multiple choice questionnaire for assessing Knowledge

*Section C* comprises 3 point rating for assessing the adaptation of mothers.

#### *Data analysis and Interpretation*

##### *Section A*

Distribution of study subjects according to socio-demographic variables using frequency and percentage.

##### *Section B*

- Question wise analysis on pre and post interventional knowledge of mothers regarding Mental Retardation.

- Question wise analysis on pre and post interventional adaptation of mothers towards Mentally Retarded child.

- Area wise analysis on pre and post interventional adaptation of mothers towards Mentally Retarded child.

- Overall comparison of pretest and post-test level of knowledge as per criteria.

- 't' test to analyze the effect of psycho-education on knowledge of mothers regarding Mental Retardation.

- 't' test to analyze the effect of psycho-education on level of adaptation of mothers towards their mentally retarded child

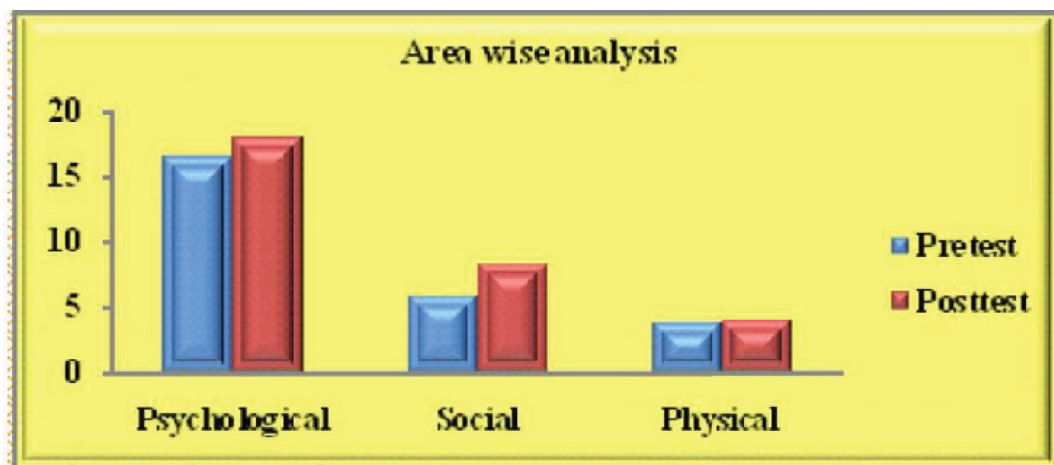
**Table: Showing frequency and percentage of mothers who gave correct answers for the questions in pre and post test**

S. No.	Parameters on Knowledge of mothers Regarding Mental Retardation	Frequency		Percentage	
		Pre Test	Post Test	Pre Test	Post Test
1	What is Mental Retardation	6	27	20	90
2	Prevalence of Mental Retardation	6	13	20	43.3
3	Etiology of mental Retardation	17	28	56.6	93.3
4	Diagnosis of Mental retardation is	13	26	43.3	86.6
5	Activities of Daily living of a Mentally	22	30	73.3	100
6	Mentally Retarded child can be educable, trainable etc.	19	29	63.3	96.6
7	Mentally Retarded children Educated in	29	30	96.6	100
8	Personnel involved in care of child	25	29	83.3	96.6
9	Facilities in community	20	28	66.6	93.3
10	I can teach simple task to my child	14	25	46.6	83.3
11	Agencies that supports	11	29	36.6	96.6
12	Facilities provided by Mental Deficiency Act	22	30	73.3	100

**Area wise analysis on pre and post interventional level of adaptation of mothers towards their mentally Retarded children.**

**N=30**

S. No.	Areas of adaptation	Maximum possible score	Pre Test			Post Test			t test value	Inferences
			Mean Score	Mean Score %	SD	Mean Score	Mean Score %	SD		
1.	Psychological	60	49.5	16.5%	0.74	53.7	17.9	0.63	9	Not significant
2.	Social	18	15.4	5.9%	0.28	19.8	8.30%	0.24	4.5	* Significant
3.	Physical	12	11.4	3.80%	0.16	12.06	4.02	0.1	3.1	Not significant



Df=29

### Section C

Analysis on correlation between knowledge and adaptation among mothers of mentally retarded children using Karl-Pearson's formula.

### Section D

Chi Square analysis to find association between pretest level of adaptation and selected socio-demographic variables.

### Section E

"t" test analysis on relation between difference in means of change in adaptation with selected socio demographic variables.

*Df=29 Interpretation:* This Shows that in pretest social 5.9% As 't' value calculated is 4.5, which is greater than table value (2.05) at  $df = 29$  ( $P > 0.05$ ) it is found to be highly significant. The pre test mean score value of Psychological adaptation is 16.5% and in the post test it is 17.9%. Regarding the physical adaptation pre test mean score 3.80% were as the post test value is 4.02.

*Interpretation table* shows that in the pre test

mean score is 36.6% mothers having good adaptation, 63.4% having average adaptation and 0% having poor adaptation regarding Mental Retardation and after the psychoeducation the post test mean score is 90% having good adaptation, and 30% having Average adaptation regarding Mental Retardation.

*Figure 12:* Scatter diagram showing the correlation between knowledge and adaptation among mothers of Mentally Retarded children.

*Table 4.18 and figure 12:* Shows the value of calculated 'r' is 0.8 is greater than the tab. value 0.38 (at  $df = 28$ ) at 0.5% level of significance hence it proves a positive correlation between knowledge and adaptation of mothers towards their Mentally Retarded children, and adaptation can be better achieved by improving the knowledge level of parents through psychoeducation.

## Result

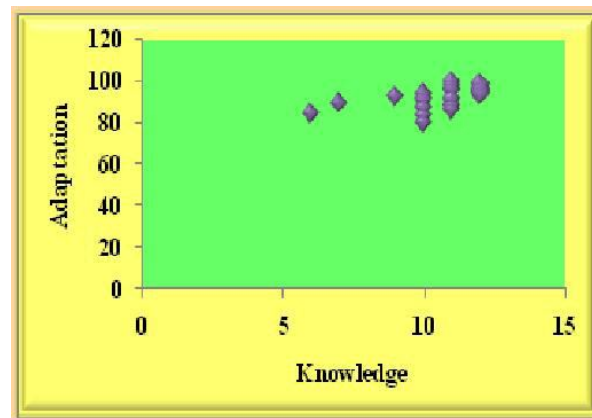
After the data collection and data analysis results and conclusions found:

**Table: Overall comparison of pretest and posttest level of adaptation as per criteria**

S. No	Criteria For Measurement	Pretest		Posttest	
		Frequency (f)	Percentage %	Frequency (f)	Percentage %
1.	Good	11	36.6%	21	90
2.	Average	19	63.4%	9	30%
3.	Poor	0	0	0	0
<b>Total</b>		30	100	30	100

**Table: Analysis on correlation between knowledge and adaptation among mothers of Mentally Retarded children**

S. No.	Variables	Mean Score	Mean %	SD	r
1.	Knowledge	3.9	2.26	1.6	0.8
2.	Adaptation	9.96	30.65	4.91	



Shows clearly that there is significant improvement in the adaptation level of mothers towards their Mentally Retarded child after the administration of psychoeducation. The total mean in the pre-test is 82.86 and in post test is 91.96. The SD in pre-test is 5.65 and in post-test 4.91 is which shows that the data is consistent. As 't' value calculated is 6.30, which is greater than table value (2.05) at  $df = 29$  ( $P > 0.05$ ) it is found to be highly significant. This data signifies that the psychoeducation is effective in improving the adaptation of mothers towards their mentally retarded children.

Pre test mean score is 36.6% and after the psychoeducation the post test mean score is 90% having good knowledge.

Shows clearly that there is significant improvement in the knowledge level of mothers towards their Mentally Retarded child after the administration of psychoeducation.

R is 0.8 and this value is less than 2, shows that there is a correlation between the knowledge and the adaptation among mothers of Mentally Retarded children. Here the hypothesis  $H_3$  that is significant correlation between knowledge and adaptation among mothers of Mentally Retarded children is accepted.

### *Implications*

Since the study reveals that the Psychoeducation on Mental Retardation with the help of Health Belief Model is effective in improving the knowledge and level of adaptation of mothers towards their mentally retarded children. The findings of the present study have implications for nursing practice, nursing administration, nursing education and nursing research.

### *Nursing practice*

Health beliefs are a person's ideas, perception, attitudes, and conviction about health and illness. Hence nurses must be educated the core beliefs of individual in relation to health and illness so that she can put the accurate action to overcome with problem faced rather than doing random interventions.

### *Nursing education*

Nurses can organize some educative session for all the individuals wish to seek the health care facilities. Nurses should be aware of the impact of culture on a client's view and understanding of the illness.

### *Nursing administration*

As a manager the nurse has to coordinate the activities of other members of health care team. And as an administrator she must use her critical thinking ability to identify the core beliefs and arrange behavioral programmes, classes on common illness and myths etc. to provide effective care.

### *Community health nursing*

Prevention at all levels, primary, secondary and tertiary is best achieved through psychoeducation. This will improve quality of life of both the affected child and family members.

### *Nursing research*

The study provide basis for further extended and intensive Nursing Research. As there are many more models which can be base of expertise nursing care for the client in any care setting.[4]

### *Outcome of the study*

The present study shows that the mothers of mentally retarded children having less knowledge regarding the actual cause of the mental retardation. Psychoeducation of the mothers of the Mentally Retarded children with the help of health belief model is effective.[3] As the health belief are a person's ideas, conviction and attitudes about health and illness. They may be based on factual information, misinformation common sense myths, reality or false expectations. Because health belief usually influences health behavior, they can positively or negatively affect a client's level of health.

So giving a psychoeducation based on health belief model is not just for the improvement in the knowledge of mothers about the mental retardation

but also for the changing of their attitude, their perception their belief and their behavior for their mentally retarded child.

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