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Effectiveness of Relaxation Training On Quality of Life among Mothers of Mentally Disabled Children

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Abstract

The birth of a child with an intellectual disability can have a profound impact on a family, so Compared to parents of typical children, parents of special needs children are more likely to have an effect on their mental health.. Parents of children with disabilities often report physical and mental stress when caring for their children, which affects their quality of life (QOL). Researchers show parents of children with intellectual disabilities are generally at risk of poor quality of life. Keeping this in view the investigator aimed to assess the effectiveness of relaxation training on Quality of life among mothers of mentally disabled children. On the basis of the inclusion and exclusion criteria, 250 mothers were chosen. For this investigation, a true experimental design was used. Mothers who attended Vidhya Sudha Special School comprised the population, and 125 mothers from each group were chosen based on purposeful sampling.. There is a statistically significant mean difference in QOL-Physical Health scores at posttest 1 ($p<0$ 1) and post-test 2 ($p<0.001$) and post-test 3 .001), in QOL-Psychological health at posttest 3($p<0.001$), QOL-Social relationship at posttest 2 ($p<0.001$) and post-test 3 ($p<0.001$) and in QOL-Environmental posttest 3 ($p<0.04$) between study group and control group. Progressive relaxation is an effective intervention on in improving quality of life among mothers with mentally disabled children.

Keywords: Relaxation training, Quality of life, mentally disabled children.

1. Introduction

The birth of a disabled child has a negative impact on family life, emotions and behavior. In India, the lack of public institutions and foundations to provide the necessary care and education to children with intellectual disabilities has led families to find solutions to their problems and, in most cases, to Forced to overcome problems.[1,2.]

Waiting for a child with normal characteristics and expecting a normal child is the basis for all hopes, expectations and plans for the future, but the birth of a child with different characteristics is a social sphere, expectations, It makes a huge difference in your plans, your work life, and your financial, family issues. [3, 4] . This situation can have a negative impact on parents' life satisfaction. The literature indicates that these families have a high degree of despair, that these families are in a pessimistic mood, that these families have enhanced subjective well-being, status, emotions, and reduced life satisfaction in these families. It points out that you have a negative emotion that represents the element. [5, 6.]

Children's disabilities and difficulties place a burden on families, especially long-term caring parents. Children with disabilities can affect the quality of life (QOL) of their parents [7,8] ."Parents may have to spend most of their time caring for a child with a disability. It negatively affects quality of life." [9,10] .

"Previous studies have also suggested that increased parental care of children with disabilities reduces caregiver quality of life. Decreased parental care and support for children with disabilities ultimately can lead to a vicious circle that affects the quality of life, health and well-being of children with disabilities**.** [11]

"Children with disabilities present special challenges to parents. This study was conducted to better understand the quality of life of parents with children with disabilities. Helps professionals better understand the challenges faced by children with disabilities and their impact on their parents' quality of life.

The objective of this study is to assess the effectiveness of relaxation training on quality of life among mothers of intellectually disabled children.

2. Methods

Sample and Sampling Current study is a true experimental design, as the preliminary and final tests with the control groups have been used for this study. Samples consist of all mothers with mental retarded children from city of Chennai. Population was mothers who attended Vidhya sudha special school and the sample size 'as 250 mothers were selected by purposive sampling technique. Interventions were carried out during 8 weeks, 16 weeks and 24 weeks in the study group. Interventions have been administered to a control group at the end of post test 3.

Section A: Consists of Background variables of mothers, age education, income, occupation and place of residence.

Section B: Consists of Background variables of Demographic variables or child age, sex of the child and diagnosis of the child.

Section —C: **Quality of life** — **BREF Scale**

W H O Quality of life — **BREF** scale is used to assess the quality of life among elderly, in this study. The test was developed by World Health Organization in the year 1996, which is a standardized instrument to assess the general Quality of Life of the population.

This instrument focused on individuals own views of their wellbeing.

Score interpretation

The W.H.O Quality one - BREF scale is comprised of self-assessment items, which can be grouped into 4 domains: physical domain psychological domain, social domain and environment domain. The total items were 26 and it was based on a four point Likert scale. The maximum score indicated higher quality of life.[(12)]

Sampling criteria:

Inclusion criteria:

Mothers with mentally disabled children

- between the age group of 20 to 45years.
- Who attend the school regularly
- Who are willing to participate in the study

Exclusion Criteria:

- Who cannot understand and follow Tamil or English.
- Who have severe mentally disabled children.
- Who have undergone any complementary therapies

Intervention Technique:

The relaxation techniques used in this study included active relaxation, passive relaxation, remembered relaxation, and phases of the examination process. This method was developed around the advantages and disadvantages of Jacobson's progressive relaxation method.[13]

Refers to theoretical principles of respiratory control such as hyper inspiration, hypo inspiration, and conscious inspiration, and links to the previous short form by reducing the number of muscles involved to make it applicable and workable in a short period of time. In this method eight muscle groups are involved in contraction and relaxation exercises, starting with the fingers of the hands and wrists and ending with the muscles of the soles of the feet**.**

Mothers were selected as per purposive sampling technique. As per sample size calculation 250 mothers were selected, each control and study group 125 was allotted. Pre test was conducted for both the group. 8 weeks intervention was given to the study group. Post test1was conducted at the end of 8 weeks .Reinforcement was given to the mother to continue 16 weeks posttest2 and 24 weeks posttest 3 was conducted. For the control group after post test intervention was given.

3. Results

Section 1 Baseline characteristics and baseline outcome measures of the mothers in the study group and control group.

Table I: Frequency And Percentage Distribution of Mothers of Children With Mentally Disabled

N =250

Baseline characteristics	**Study Group (n=125)**		**Control Group (n=125)**		**Chi-square test (χ^2)& *p* value**
	n	**%**	**n**	**%**	
Age in years					
21 -25 years	11	8.8	17	13.6	$\chi2$=1.21
26 -30 years	53	42.4	57	45.6	*P*=0.55
>30 years	61	48.8	51	40.8	
Education status					
High school	57	45.6	59	47.2	
Higher secondary	56	44.8	58	46.4	$\chi2$=0.59 *P*=0.89
Graduate	8	6.4	3	2.4	
Post graduate	4	3.2	5	4.0	
Residence					
Urban	51	40.8	9	7.2	$\chi2$=0.21
Semi urban	67	53.6	20	16.0	*P*=0.90
Rural	7	5.6	96	76.8	
Marital status					
Married	121	96.8	120	98.4	
Separated	3	2.4	3	0.8	$\chi2$=0.98 *P*=0.61
Divorce	1	0.8	2	0.6	
No. of children					
One	48	38.4	50	40.0	$\chi2$=0.71
Two	71	56.8	59	47.2	*P*=0.70

Three	5	4.0	14	11.2	
More than Three	1	0.8	2	1.6	
Family income/month					
Rs.10,000	10	8.0	9	7.2	$\chi 2$=0.35
Rs 10,001-15,000	54	43.2	20	16.0	*P*=0.83
> Rs.15,000	61	48.8	96	76.8	
Type of family					
Nuclear family	91	72.8	78	62.4	$\chi 2$=1.21
Joint family	34	27.2	47	37.6	*P*=0.55
Previous history of development delay children					
Yes	26	20.8	52	41.6	$\chi 2$=0.59
No	99	79.2	73	58.4	*P*=0.89
Mode of transport to the school					
Government bus	20	16.0	30	24.0	
School bus	52	41.6	54	43.2	$\chi 2$=1.58
Own vehicle	53	42.4	41	32.8	*P*=0.45
Weather you receive any social fund					
Yes	82	65.6	78	61.9	
No	43	34.4	48	38.1	$\chi 2$=1.20
Age of the child					*P*=0.27
4 Years	26	20.8	36	28.8	$\chi 2$=0.59
5 Years	52	41.6	44	35.2	*P*=0.89
6 Years	47	37.6	45	36.0	
Age of the child					
4 Years	26	20.8	36	28.8	$\chi 2$=0.59
5 Years	52	41.6	44	35.2	*P*=0.89
6 Years	47	37.6	45	36.0	
Gender of the child					
Male	62	49.6	61	48.8	
Female	63	50.4	64	51.2	$\chi 2$=0.02 *P*=0.90
Diagnosis of child					
Down syndrome	31	24.8	34	27.2	
Autism	44	35.2	41	32.8	
ADHD	46	36.8	45	36.0	$\chi 2$=0.30 *P*=0.96
Mental Retardation	4	3.2	5	4.0	

(p>0.05 Non significant)

Table2: Comparison of Pretest and Posttests Mean and Standard Deviation of Quality of life among mothers of mentally disabled children between study and Control group

(N=250)

Quality of life		Study			Control			Mean Difference	Independent t-test & *p* value
		n	M	SD	n	M	SD		
QOL-Physical Health	Pretest (n=250)	125	13.1	5.17	125	14.9	5.73	1.776	t=2.56 *p*=0.10
	Posttest 1 (n=250)	125	43.0	4.87	125	40.9	5.37	2.088	t=3.21 *p*=0.001***
	Posttest 2 (n=245)	123	68.9	5.86	122	57.1	4.99	11.77	t=20.64 *p*=0.001***
	Posttest 3 (n=245)	123	76.4	3.51	122	63.6	4.88	12.18	t=22.42 *p*=0.001***
QOL-Psychological	Pretest (n=250)	125	13.4	6.38	125	14.4	7.20	0.984	t=1.14 *p*=0.25
	Posttest 1 (n=250)	125	39.7	5.29	125	39.7	6.98	0.048	t=0.61 *p*=0.951
	Posttest 2 (n=245)	123	56.8	6.24	122	55.8	6.64	0.996	t=1.20 *p*=0.228
	Posttest 3 (n=245)	123	68.9	6.76	122	66.8	6.59	2.034	t=2.382 *p*=0.01*
QOL-Social relationship	Pretest (n=250)	125	26.1	9.69	125	25.8	9.25	.312	t=0.26 *p*=0.79
	Posttest 1 (n=250)	125	48.7	8.84	125	47.0	9.76	1.672	t=1.41 *p*=0.157
	Posttest 2 (n=245)	123	76.5	9.52	123	68.0	13.2	8.496	t=5.76 *p*=0.001***
	Posttest 3 (n=245)	123	78.6	10.0	123	68.4	13.1	10.216	t=6.82 *p*=0.001***
QOL-Environment	Pretest (n=250)	125	20.8	5.23	125	21.3	5.65	0.424	t=0.61 *p*=0.53
	Post-test 1 (n=250)	125	41.0	6.16	125	40.5	5.84	0.520	t=0.68 *p*=0.49
	Post-test 2 (n=245)	123	78.1	5.99	122	78.4	6.20	0.280	t=0.36,*p*=0.71
	Post-test 3 (n=245)	123	79.7	6.30	122	78.9	5.97	0.797	t=1.01 *p*=0.04*

(*p*<0.05*significant level)

Data presented Table 2 shows that there is a statistically significant mean difference in QOL-Physical Health scores at posttest 1 (p<0.001) and posttest 2 (p<0.001) and posttest 3 (p<0.001), in QOL-Psychologicalhealth at post-test 3(p<0.001), QOL-Social relationship at posttest 2 (p<0.001) and posttest 3 (p<0.001) and in QOL-Environmentat posttest 3 (p<0.04) between study group and control group.This shows that intervention is an effective on in improving quality of life among mothers of children with mentally disability.

4. Discussions

Families with children with mental disorders face repetitive physical and emotional crises, two-way family problems, messy schedules, and potentially costly costs. financial and emotional harm to the family. The birth of a child with mental retardation often requires reorientation, a reevaluation of goals, responsibilities, and family relationships**.** (14.15).

Jamison (1965) believes that Parents who have the opportunity to relax and recuperate have better conditions. Using behavioral or psychotherapeutic techniques such as relaxation, yoga, and especially following these types of complementary therapies can reduce psychological distress and improve quality of life. Ahmad and Rossaque (2014) believe that most people demonstrate the importance and consistency of practicing this type of therapy for 30 minutes for a month to improve quality of life.

The present study depicts that there is a improvement in QOL-Physical Health domain scores at posttest 1 ($p<0.001$) and posttest 2 ($p<0.001$) and posttest 3 ($p<0.001$), in QOL-Psychologicalhealth domain at post-test 3($p<0.001$), QOL-Social relationship domain at posttest 2 ($p<0.001$) and posttest 3 ($p<0.001$) and in QOL-Environmentat domain posttest 3 ($p<0.04$) between study group and control group.This shows that intervention is an effective on in improving quality of life in all domain in different duration among mothers of children with mentally disability

The present study also demonstrates that the brief relaxation technique used in this study can be used in a wide range of societies, demonstrating its usefulness and application. There is still controversy about the extent to which relaxation can improve an individual's mental health, how stable the sequelae .Of course, this study shows that this technique alone reduces stress symptoms. One of the benefits of relaxation is that it is easy to learn and can be performed by non-professionals. As such, this training is recommended to promote mental health and quality of life in vulnerable individuals such as mothers of children with disabilities who spend most of their time caring for them.

5. Conclusions

Mothers of children with mental disabilities in the control group had a poorer quality of life. Mental health care providers need to be aware of these issues and therefore should be guided by appropriate psychiatric practice and educate parents on how to raise children with disabilities, the availability of services and how to use them. All of these services should begin as soon as the child with an intellectual disability is born.

This study also recommends further research, similar research can be done in a variety of settings, comparative studies can be done with school-going and non-schooled mothers, comparative studies Self-care can be done in established communities with mothers in their homes and residence. A similar study could be conducted for different medical conditions, triangulation of qualitative and quantitative measures could be used to determine the effect of relaxation training in women. Maternal, long-term follow-up studies of 1 to 3 years duration can be conducted as well as biochemical studies. Variables can be evaluated after the intervention .

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