

FAMILY SUPPORT, COPING STRATEGIES AND MENTAL HEALTH ISSUES AMONG MOTHERS WITH DOWN SYNDROME CHILDREN

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ABSTRACT

Background: Down syndrome is perhaps the most widely recognized hereditary problem. In this chromosomal issue a person has either a halfway or full extra copy of chromosome 21. mothers as the main caregivers who suffer most from emotional overload and stress. Family support and coping strategies are the resources that can help mothers to cope with their stressful life.

Objective: To find out the relationship among family support, coping strategies and mental health issues among mothers with Down syndrome children.

Methodology: A correlation study design along with purposive sampling technique was employed on sample size of 130 participants to find out the relationship among study variables. MPSS (Zimet et al., 1998), CSI (Tobin et al., 1985), DASS (Lovibond & Lovibond, 1995) was used to collect data.

Results: The results of this study revealed family support has significant positive correlated with emotional focus engagement coping strategy while significant negative correlated with emotional focus disengagement coping strategy and mental health issues among mothers with Down syndrome children. Problem focused engagement has significant negative correlation with mental health issues among mothers with down syndrome children while emotion focused disengagement has significant positive correlation with mental health issues among mothers with down syndrome children.

Conclusion: It was concluded that if mothers will get family support, they will be more involved in emotion focused engagement and problem focused engagement coping that will decrease their mental health issues and if they will use emotion focused disengagement and problem focused disengagement coping their mental health issues will increase.

Keywords: Family Support, Coping Strategies, Mental Health Issues, Mothers, Down syndrome.

INTRODUCTION

The most prevalent chromosomal disorder linked to intellectual disability, down syndrome is marked by a number of distinct clinical characteristics. Around 1 in 800 babies around the world have it (Bull, 2020). Children with down syndrome are prone to a variety of health issues, including congenital heart abnormalities, gastrointestinal anomalies, and respiratory infections, in addition to delayed motor development and mental retardation (Rogers & Coleman, 1992). One of a woman's most difficult responsibilities in life is being a mother, which necessitates ongoing development and adaptation of the mother-child bond (Mishori, 2014). Receiving a disability diagnosis is frequently viewed as a catastrophe, and mothering a child with a handicap presents a number of difficult obstacles. Raising a kid comes with a framework of expectations and the investment of many physical and emotional resources (Siman-Tov & Kaniel, 2011; Wayment & Brookshire, 2018). Mothers of disabled children frequently experience signs of psychological distress, a sense of loss, a continuing crisis, and harm to their mental health (Benson, 2018; Padden & James, 2017; Zablotskyn et al., 2013).

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Family support is the provision of peer-delivered services to those who are deemed to be a person's family. Family support is a resource that can help mothers cope with their trying lives and lessen the burden. It frequently comes from the companion and other family members. (2014) Cohen et al. In particular, family support is a critical factor in shielding people from the negative impacts of life's challenges (Hobfoll & Spielberger, 1992; Holahan & Moos, 1987, 1991). Family support is probably going to be especially important for those who are dealing with difficulties in the family environment, such mothers of chronically ill children (Kazak, 1989).

Folkman and Lazarus (1980) described coping strategies referring to the specific efforts that individuals utilize to dominate, endure, decrease, or limit upsetting occasions that are both conduct and mental. Coping strategies can be divided into two primary classifications. The first is the feeling centered coping strategies which alludes to the endeavors to direct the negative feelings that happen because of unpleasant conditions. In the event that the critical thinking coping comes up short or even it may not be utilized on the grounds that the issue is too impervious to even consider changing, the individual for the most part utilizes the feeling focused coping strategies to beat the troubling feelings which happen because of the issue. Feeling focused coping strategies are utilized to control trouble and the brokenness, where there is pretty much nothing or nothing else to be done (Elçi, Ö, 2004).

Mental illnesses are ailments that affect emotion, thought, and behaviour (or a combination of these). Distress and/or difficulty functioning in social, occupational, or familial contexts are symptoms of mental diseases (Iarovici, 2014). According to the resources model of coping put out by Holahan and Moos (1991, 1994), coping serves as a process via which resources, such familial support, relate to adjustment. Coping acts as a calming factor that helps prevent people from becoming upset in difficult situations (Lazarus & Folkman, 1984).

METHODS

Before describing the study's goal to the participants, their agreement was obtained. Data were gathered using a correlation study methodology and a purposive sampling technique. The sample size was determined using the formula proposed by Field and Francis (2017). 130 participants contributed data, which was gathered (mothers with Down syndrome children). A form created by the researcher was used to gather the participant's demographic data, which included age, education, occupation, spouse's line of work, family structure, number of children, and toddler management techniques. The family support was measured using the multidimensional scale of perceived social support (Zimet et al., 1998). This measure has 12 items in total, three subscales (support from family, friends, and significant other), and a 7-point Likert scale. The reliability of this scale is 0.88.

The 32-item Coping Strategies Inventory (Tobin et al., 1985) contained eight primary scales, four subsidiary scales, and two tertiary scales. The CSI's dependability is between .71 and .94. Items from the depression anxiety stress scale from Lovibond and Lovibond (1995). It consists of three subscales that use a 4-point Likert scale to assess the emotional states of sadness, anxiety, and stress. 0 means that it did not apply to me at all, and 4 means that it did apply to me frequently. For the subscales of depression, anxiety, and stress, the DASS-21 reliability is 0.81, 0.89, and 0.78, respectively. All participants received material explaining that the data obtained from them would be kept private and would only be used for research.

STATISTICAL ANALYSIS

The acquired patient data was examined using the SPSS-21 edition of the Statistical Package for the Social Sciences. Alpha p0.05 was regarded as significant.

RESULTS

Data was collected from 130 participants (mothers with Down syndrome children).

Table-I: Cronbach’s Alpha of Family Support, Coping Strategies Inventory and Depression Anxiety Stress Scale (N= 130)

Variable	No. of Items	α
Family Support	4	.89
Coping Strategies Inventory	32	.77
Depression Anxiety Stress Scale	21	.94

Note. α = Cronbach’s Alpha

Table I has shown Cronbach’s Alpha for three scales i.e. Perceived Social Support Scale includes 12 items with .89 Cronbach’s Alpha, Coping Strategies Inventory includes 32 items with .77 Cronbach’s Alpha and Depression Anxiety Stress Scale includes 21 items with .94 Cronbach’s Alpha.

Table-II: Correlation Mean and Standard Deviation of Family Support, Coping Strategies and Mental Health Issues (N=130)

Variable	FS	PFE	EFE	PFD	EFD	DASS
FS	...	.151	.297**	.020	-.217*	-.470***
PFE	...	...	.399***	.282**	.130	-.269**
EFE	...	...	...	.252**	.163	-.169
PFD	...	...	...	...	.437***	.020
EFD	...	...	...	...	...	.349***
DASS	...	...	...	...	...	...
<i>M</i>	20.73	23.49	22.41	24.20	21.97	25.02
<i>SD</i>	5.83	4.25	4.02	3.76	4.69	13.79

Note. *M*=Mean, *SD*= Standard Deviation, FS= Family Support, PFE= Problem focus engagement, EFE= Emotional focus engagement, PFD= Problem focus disengagement, EFD= Emotional focus disengagement

Table II illustrates the Pearson Correlation among family support, coping strategies and mental health issues in mothers with Down syndrome children. The findings indicated that family support has significant positive correlated with emotional focus engagement while significant negative correlated with emotional focus disengagement and mental health issues among mothers with Down syndrome children. Problem focused engagement has significant negative correlation with mental health issues among mothers with down syndrome children while emotion focused disengagement has significant positive correlation with mental health issues among mothers with down syndrome children. Similar results were found in previous studies have indicated problem focused coping strategies are related to wellbeing and emotion focused disengagement strategy is correlated with more psychological problems.

Table-III: Multiple Regression Analysis on Family Support and Coping Strategies for Mental Health Issues in Mothers with Down Syndrome Children (N=130)

Variable	β	R^2	ΔR^2
Step-I			
Family Support	-.35**	.22	
Step-II			
Problem focused engagement	.23**	.35	.13
Problem focused disengagement	.04		
Emotional focused engagement	.05		
Emotional focused disengagement	-.32**		

Note. **= $p < .01$

Table III has shown the role of family support and coping strategies in mental health issues among mothers with Down syndrome children. In Step-I, the R^2 Value is .22 revealed that the predictor explained 22% variance in the mental health issues of mother with $F(5, 128) = 36.29, p < .001$. Findings indicated that family support has negatively predicted mental health issues. In Step-II, the R^2 Value is .35 revealed that the predictors explained 35% variance in the mental health issues of mother with $F(5, 124) = 13.28, p < .001$. Findings indicated that problem focused engagement positively predicted mental health issues while emotional focused disengagement negatively predicted mental health issues among mothers with Down syndrome children.

Table-IV: Independent Sample t-test for Family system, Coping Strategies and Mental Health Issues in Mothers with Down Syndrome Children (N=130)

Variable	Family System				t	p	Cohen's d
	Nuclear		Joint				
	M	SD	M	SD			
FS	21.92	5.50	20.00	5.95	1.84	.06	0.33
PFE	24.62	4.08	22.78	4.24	2.43	.01**	0.44
EFE	23.68	3.90	21.62	3.90	2.91	.001***	0.52
PFD	24.76	4.08	23.86	3.52	1.32	.18	0.23
EFD	22.14	5.13	21.87	4.43	.31	.75	0.05
DASS-total	21.54	13.67	27.20	13.50	2.31	.02*	0.41

Note. $df = 128, *p < .05, **p < 0.01, ***p < 0.00, M = \text{Mean}, SD = \text{Standard Deviation}, FS = \text{Family Support}, PFE = \text{Problem Focused Engagement}, EPE = \text{Emotion Focused Engagement}, PFD = \text{Problem Focused Disengagement}, EFD = \text{Emotion Focused Disengagement}, DASS = \text{Mental Health Problems}, CI = \text{Confidence Interval}, LL = \text{Lower Limit}, UL = \text{Upper Limit}.$

The table shows mean, standard deviation and independent t-test of the study variables. Finding revealed that there were significant differences on the basis of family system on problem focused engagement, emotion focused engagement and mental health issues among mothers with Down syndrome children.

Discussion

Present study aims to determine the relationship between Family Support, Coping Strategies and Mental Health Issues among mothers with Down syndrome children. The findings of present study indicated that family support has significant positive correlated with emotional focus engagement while significant negative correlated with emotional focus disengagement and mental health issues among mothers with Down syndrome children. Problem focused engagement has significant negative correlation with mental health issues among mothers with down syndrome children while emotion focused disengagement has significant positive correlation with mental health issues among mothers with down syndrome children. Similar findings were seen in a previous study conducted by Saxon et al. (2017) in which it revealed that problem focused engagement coping strategies are correlated with mental wellbeing and Emotion focused disengagement coping strategies are correlated with more psychological problems. Another study was conducted by Dualay et al. (2019) in which they found good family support positively correlated with effective coping strategies and lower anxiety levels in cancer patients undergoing chemotherapy. Results also showed that family support and coping strategies would be negative predictors of mental health problems.

Okun et al. (1984) examined Depression symptoms in women returning to college: The influence of traumatic life events and social support from family. According to the findings, there was a stronger than usual association between the number of unpleasant life events and depressive symptoms, as well as a negative correlation between depression and family social support. As the level of family support grew, the correlation between increases in the number of negative life events and increases in depression symptom scores decreased, as expected by the buffering theory.

In order to understand how proactive coping is used by senior people in relation to their depression and functional abilities, Eaton et al. (2006) conducted a study. The findings showed that proactive coping was negatively connected with functional disability and depression, whereas proactive coping and social support were positively correlated. Functional impairment was positively connected with depression.

A prior study examined the connections between depression, cognitive dysfunction, and coping in people with multiple sclerosis (Grandy et al., 2002). Findings showed that coping considerably attenuated the association between depression and cognitive impairment. Particularly, patients who utilised either high levels of avoidance or low levels of active coping had a higher risk of cognitive impairment being linked to depression. Through the use of meta-analysis, Nelson et al. (2007) investigated the connection between psychological discomfort and the employment of approach and avoidance techniques (both problem-focused and emotion/cognitive focused). The findings revealed no association between approach coping and distress and a consistent association between avoidance coping and suffering.

In order to analyse and evaluate the quality of empirical evidence regarding links between coping techniques and psychological distress among persons with head and neck cancer, Biswas et al. (2018) conducted a study. Through the findings, it was discovered that there was a negative

association between engagement coping strategies (direct action) and psychological discomfort and a positive correlation between disengagement coping mechanisms (avoidance).

Limitations and Recommendation

Data for this study was gathered from a small sample and from only a few cities. The data can be gathered from a wide sample and obtained from many towns and communities in order to generalize these findings. Comparison study in future can be done to check study variables on the basis of socio-economic status. Qualitative study can also be done to get in-depth information regarding mental health issues of mothers with Down syndrome children.

Conflict of Interest

No author of this paper has declared a conflict of interest.

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