Original Research Article

Assessment of Stress and Coping among the Parents of Children with Epilepsy at Selected Hospital, Tirupati, AP

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ABSTRACT

ABSTRACT: Coping process usually invoked to reduce stress levels. Levels of social support available and positive coping methods such as problem focused coping, assertiveness training, exercise and time management may reduce the experience of stress.

OBJECTIVES:
- To assess the stress and coping among the parents of children with epilepsy.
- To determine the association between the results of the stress and coping with demographical variables of parents of children with epilepsy.
- To determine the association between the stress and coping among the parents with demographic variables of their children with epilepsy

METHODOLOGY: A descriptive research approach was selected to assess the stress and coping among100 parents of children with epilepsy in selected hospital Tirupati. The samples were identified and collected the data by using stress and coping scale.

RESULTS: out of 100, 39% of the parents had increased stress and inadequate coping. 60% of parents had moderate stress and moderate coping. 1% of the parents had less stress and adequate coping .Statistically significant association between stress and coping among parents of children with epilepsy with their demographic variables like age, gender, education, occupation, family system, residence, frequency of fits and relationship with the patient.

CONCLUSION: Based on the obtained findings the researcher prepared a booklet which will help them to reduce stress and by following the tips for coping strategies.

Key Words: stress, coping, parents, children, epilepsy.

INTRODUCTION

No men (or women) is an island even if he (or she) is ocean deep in managing the care of child with a acute condition.
                                    -Catherine D. DeAnglelis.

Life would be simple indeed if all of our needs were automatically satisfied. Many obstacles both personal and environmental prevent this ideal situation. The term stress has typically been used to refer both to the adjective demands placed on an organism and to the organisms internal biological and psychological responses such demands. Prahbhjot Malhi (2005) [1] had stated that childhood epilepsy is one of the most significant and prevalent neurological conditions in the developing years. childhood epilepsy is a high risk factor for poor psychosocial out comes including depression anxiety low self esteem, behavioural problems and academic difficulties in children .On hearing the diagnosis of epilepsy parents likely go through series of response like shock bewilderment, disappointment, hopeless-

ness, guilt and anger. Schor (2004) [2] reported that the health and wellbeing of children were linked to their parents physical, emotional, social health, and child rearing practices. Inability to cope with increased stress so they require assistances .Lisa J. Meltzer (2006) [3] identified that family care giving has become a central part of our health care system, caregivers put their own health and wellbeing at risk. For example, depression and other illness having reported in over 35% of caregivers, care giving to a loved one with a chronic illness requires a significant amount of work during night resulting in sleep deprivation 60% to 95% of caregivers reported poor sleep quality owing to care giving. Nag (2000) [4] stated that 40 million people of the world have epilepsy. Prevalence of epilepsy has been estimated as 5.5 to 7.8 million people with epilepsy in India, which is about 1/8th of the world population.

Research approach: Quantitative research approach was adopted for this study. Descriptive studies usually entail the precise measurement of phenomenon as they currently exist within a single group.

Research design: Descriptive research design refers to the overall plans for obtaining answers to the research questions and for testing the research hypothesis. Descriptive design was used for the present study.

Sample: Parents of children with epilepsy attending to the outpatient department of Neurology and epilepsy camp.

Sampling technique: Convenient sampling technique.

Inclusion criteria
- Parents above 18 years of age
- Parents staying with the children and giving care.
- Those who were available during data collection
- Those who were willing to participate.

Exclusion criteria
- Parents who were not willing to participate in the study.
- Parents who were included for the study.

Data collection: Data collection tools are the instruments used by the researcher to observe and measure the key variables in the research problem. Stress and coping instrument was used

Part I: Demographic Data
Caregivers Variables: age, gender, education, occupation, income, marital status, family system, number of children, residence and relationship with the patient.
Child's information: age, gender, religion, duration of the illness, number of episodes in a year, and duration of treatment.

Part II: Stress and Coping scale. used to assess stress and coping among parents of children with epilepsy, the scores from 1 to 4 which were characterized as never, sometimes , very often and always.

Procedure for data collection: A formal written permission was obtained from Dean, professor and HOD of Neurology Dept, Tirupati. Investigator introduced herself and explained the purpose of the study explained the significance of the study. Data was collected by structure interview techniquefrom100 parents of children with epilepsy. The time limit 45 to 60mts was taken for the investigator to interview each sample. Meanings of the words which are difficult were answered by the researcher. The investigator maintained confidentiality and had no difficulty in collecting the data.

Data analysis and Interpretation: Analysis is the systematic organization and synthesis of research data. It was planned to analyze the data in terms of descriptive statistics and inferential statistics on the basis of objectives of the study. As per selection criteria, the collected data was grouped and analyzed by using descriptive and inferential statistical.

Section-I Distribution of demographic variables among parents of children with epilepsy.

Demographic Variables	Percentage (%)
Age in years	
a) 18-27	25
b) 28-37	43
c) 38-47	27
d) 48 and above	5
Gender	
a) Male	41
b) Female	59
Education status	
a) Non literate	33
b) Primary school	28
c) High school	17
d) Higher secondary school	8
e) College	14
Occupation	
a) Unemployed	44
b) Coolie	27
c) Cultivation	9
d) Business	8
e) Employed	12
Family income in Rs.	
a) Below 1000	39
b) 1001-2000	26
c) 2001-3000	9
d) 3001 and above	26
Family system	
a) Joint family	12
b) Nuclear family	88
Residence	
a) Urban	22
b) Sub-urban	18
c) Rural	60
Relationship with the patient	
a) Father	41
b) Mother	59

Table 1: shows that, 25% of parents were between 18 to 27 years and only five (5%) were above 48 years. Out of 100 parents 41 (41%) were fathers and 59 (59%) were mothers. Regarding the educational status of parents 33% were illiterates, 14% were completed their college studies, about the occupational status of the parents44% were unemployed and 12 were employed. Regarding the family income 39% were earn below 1000 Rs. 26%were earning more than 3000 Rs/- month. About the family system 12% were living in joint family and 88% were living in nuclear family. Regarding the number of children for parents 17had one child and 20% have three and above. Regarding the residence of parents 22% were living in urban areas and 60% were in rural area.
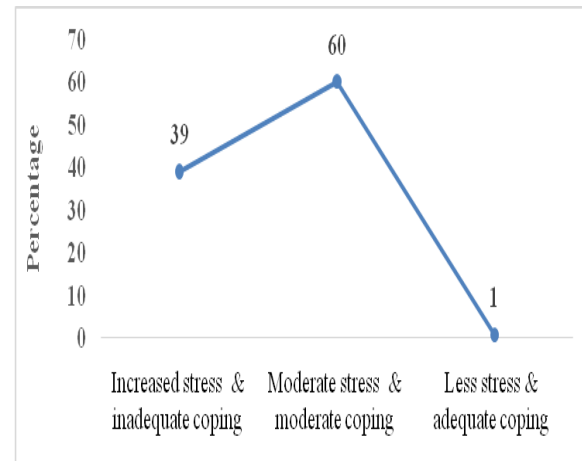

Fig :1 Shows that Distribution of the level of stress and coping among the parents of children with epilepsy .

Fig :1 shows that 60% of parents had moderate stress and moderate coping ,39% had increased stress and inadequate coping, one percent had less stress and adequate coping .

Table :2 Distribution of mean and standard deviation of stress and coping among parents of children with epilepsy.

Mean	Standard deviation	Minimum	Maximum
53.50	9.09	36	78

Table 2 shows that the mean and standard deviation of stress and coping among the parents of children with epilepsy were 53. 50 and 9.09 respectively.

Table 3: Association of level of stress and coping among the parents of children with epilepsy with their selected demographical variables .

Demographic Variables	Increased stress and inadequate coping	Moderate stress and moderate coping	Less stress and adequate coping	X² p-value
Age in years				
a) 18-27	16	9	-	15.64
b) 28-37	18	24	1	df=6
c) 38-47	4	23	-	P<0.02
d) >48	1	4	-	SS
Education status				
a) Non literate	19	14	-	16.33
b) Primary school	11	17	-	df= 8
c) High school	6	11	--	p<0.05
d) Higher secondary school	1	7	-	SS
e) College	2	1	1	

Table 3 to be continued…				
Occupation a) Unemployed b) Coolie c) Cultivation d) Business e) Employed	26 10 2 - 1	17 17 11 7 11	1 - - - -	20.51 df=8 P<0.01 SS
Family income in Rs. a) Below 1000 b) 1001-2000 c) 2001-3000 d) > 3001	17 9 6 7	21 17 3 19	1 - - -	6.82 df=6 p>0.05 NS
Family system a) Joint family b) Nuclear family	5 34	6 54	1 -	7.58 df=2 P<0.05 SS
No of children a) One b) Two c) Three and above	6 25 8	11 37 12	- 1 -	0.739 df=4 p>0.05 NS
Residence a) Urban b) Sub-urban c) Rural	6 11 22	15 7 38	1 - -	8.35 df=4 P<0.05 SS
Relationshipwith the patient a) Mother b) father	32 7	26 34	0 1	15.35 df=2 P<0.001 SS

Table 3 shows that there was a statistically significant association between parents stress and coping with their age, gender, education status, occupation, family system, residence and relation to patient.

Table 4: Association of level of parents stress and coping with demographical variables of their children with epilepsy.

Children variables	Increased stress inadequate coping	Moderate stress & moderate coping	Less stress and adequate coping	X^2 P-Value
Age in years a) 0-5 b) 6-10 c) 11-12	15 14 10	13 23 24	- 1 -	5.49 df= 4 p>0.05 NS
Gender a) Boy b) Girl	22 17	36 24	1 -	0.828 df=2 p>0.05 NS
Religion a) Hindu b) Muslim c) Christian	34 5 -	50 10 -	1 - -	0.45 Df=2 p>0.05 NS
Durationof illness a) 0-3 years b) 4-7 years c) 8-12 years	25 7 7	37 12 11	1 - -	0.670 Df=4 p>0.05 NS
No of episodes a) One b) Two c) More than two	5 1 33	33 6 21	1 - -	25.00 DF=4 P<0.001 SS
Duration of treatment a) 0-3 years b) 4-7 years c) 8-12 years	25 14 -	37 23 -	1 - -	8.84 Df=4 p>0.05 NS

Table 4 shows that statistically significant association between parents stress and coping with the number of episodes of fits in children. There is no significant association between primary caregivers stress and coping with the variables of children with epilepsy age, gender, religion, the duration of illness and duration of the treatment respectively .

Summary:
The first objective of the study was to assess stress and coping among the parents of children with epilepsy .Out of 100, 39% of

parents had increased stress and coping. 60%of the parents had moderate stress and coping and 1% had less stress and adequate coping. The mean, standard deviation of stress and coping among the parents of children with epilepsy were 53.50 and 9.09 respectively. The findings of the study are correlated with the findings of the study conducted by B.Baver, Signes Hills (2000) [5] which showed that parents of children with epilepsy were more stressed.

The second objective of this study was to determine the association between the results of stress and coping among the parents of children with epilepsy with their demographic variables. Statistically significant association between parents stress and coping with their age, gender, educational status, occupation, family system, residence and relationship of the patient at p<0.05 level. The study results supported by Kindheit & Endwick lung (2000) [6] he stated that mothers had more stress.

The third objective of this study was to determine the association between stress and coping among the parents with demographic variables of their children with epilepsy .Statistically significant association between parents stress and coping with number of episodes of fits in children at p<0.05 level. The findings of the study was correlated with the study of Mims J (1997) [7] showed that there is significantly more stress in families of children with frequent seizure compared to families of children with infrequent seizure and families of children with no chronic illness. Camfield & Breav (2001) [8] stated that parents stress was significantly related to seizure frequency.

CONCLUSION
Based on the study results the investigator provided instructional manual to all parents to reduce by giving health education on first aid measure during a fit and stress reducing measures for parents.

Recommendations:
➢ Conducting counselling sessions frequently.
➢ Conducting health education programme.
➢ Encourage parents to participate in health education program
➢ Starting the parental groups to share experiences, problem, frustrations coping strategies and achievement.

Suggestion for future studies:
➢ Interventional study can be carried out.
➢ A similar study can be carried out with caregivers of adolescents.
➢ A study can be carried out in community set up.
➢ A similar study can be carried out separately for caregivers of children with epilepsy.
➢ A comparative study can be done in rural and urban settings.

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