EFFECTIVENESS OF EDUCATIONAL PACKAGE ON EXPRESSED EMOTION, QUALITY OF LIFE AND BURDEN AMONG FAMILY MEMBERS OF MENTALLY HANDICAPPED IN A SPECIAL SCHOOLS, TIRUNELVELI DISTRICT

Mr. Rajaemmanuel Solomon* | Dr. Balasubramanian N**
* Research Scholar in Himalayan University, Itanagar in Arunachal Pradesh, India.
** Research Supervisor in Himalayan University, Itanagar in Arunachal Pradesh, India.

ABSTRACT:
Intelligence is the incredible product of brain. Man has relied on intelligence and the development of language to achieve his current state of dominance in the world. It helps human beings to adapt to a wide range of environments. Individuals differ from one another in their ability to understand complex ideas, to adapt effectively to the environment, to learn from experiences and to engage in various forms of reasoning. Researcher planned for the educational package regarding expressed emotion, quality of life and burden of mentally handicapped among family members.

An evaluative study was conducted to find out the effectiveness of STM on homecare of intellectual disability children in terms of improvement in knowledge, attitude and decrease caregivers’ burden among primary caregivers. The study was conducted among 120 primary caregivers of intellectual disability children. Samples were recruited by simple random sampling technique. The findings revealed that there was highly significant increase in knowledge, attitude and decreased caregivers’ burden after implementation of STM. Hence it is concluded that STM is highly effective.

Key words: emotions, quality of life, mentally handicapped, educational package.

ABOUT AUTHORS:

Author, Mr. Rajaemmanuel Solomon is a Ph.D. Scholar at Himalayan University, Itanagar, Arunachal Pradesh, India.

Author, Dr. Balasubramanian N is Ph.D. Guide at Himalayan University, Itanagar, Arunachal Pradesh, India. He is active researcher with many publications in his name. He has attended and organised various National and International conferences.
INTRODUCTION:
Mentally handicapped is a condition where the child or adult has an IQ below the average of a normal child and is often combined with deficits in adaptive behavior. At least 2% of Indian population are said to be suffering from one or other kind of mental disability. Previously the terms used to be were “Idiot”, “Moron” and “Imbecile”. Later they were replaced by “Mental Handicaps”, “Mentally challenged” or “Retardation” respectively. Positive connotations like “Differently able” and “Special Children” were also used to denote these individuals.

Early intervention, support and teaching to parents, care takers, teachers can enable these children to train to be self-reliant in their life.

Intelligence is an incredible product of brain. Individuals differ from one another in their ability. Intellectual disability is a condition experiencing significant limitations in two main areas: intellectual functioning and adaptive behavior. Worldwide, approximately 156 million people, or 3% of the world’s population are intellectually disabled (WHO). Census of India (2011) revealed that, 6% or 1.2 million are intellectually disabled. It is estimated that 1,00,847 persons in Tamilnadu State, and 5195 persons in Tirunelveli District have intellectual disability children. Depends on levels of disability or severity of the conditions caregiver’s role varies. Various research findings stated that caregivers generally have little knowledge and negative attitude towards the intellectual disability children, it may raise the burden of the primary caregivers. Hence investigator planned for this study and developed structured teaching module (STM) on homecare of intellectual disability children towards primary caregivers and evaluated its effectiveness. The family members need to know about the expressed emotions, quality of life, myths and facts to be known, coping the burdens which are an important aspect of management. By doing so, the family members will understand and accept the client’s problems, and make plans, according to the capacity of their client. Hence, the investigator planned for the educational package regarding expressed emotion, quality of life and burden of mentally handicapped among family members.

METHODS AND MATERIALS:
An evaluative study was conducted to find out the effectiveness of STM on homecare of intellectual disability children in terms of improvement in knowledge, attitude and decrease caregivers’ burden among primary caregivers. A true experimental research design of pre and posttest with control group was adopted for the present study. The study was conducted among 120 primary caregivers of intellectual disability children. Samples were recruited by simple random sampling technique. Two areas were used to categorized as experimental and control group (N=60+60=120). The investigator developed a STM on homecare of intellectual disability children. Data was collected using a validated and reliable tool developed by investigator such as demographic data, structured knowledge closed ended interview schedule, attitude scale, and caregiver’s burden assessment scale was used. Ethical clearance was obtained from the ethical committee of Himalayan University, Itanagar. The purpose of study was explained to the participants and confidentiality was assured. The participants took about 45 minutes to give their response during the interview.

RESULT:
In the experimental group, highest percentage of the caregivers were in the age group of 31 and above (70%), Muslims (65%), had higher secondary schooling (40%), homemaker (96.7%), had income 5001-10000 (81.7%), male child (98.3%), 11-15 years old children (50%), primary caregivers as mothers (98.3%), moderate level of intellectual disability (76.7%), causes of disability is genetic (95%), below one year disability was recognized (96.7%), first child (93.3%), child had autism (68.3%), parents had consanguineous marriage (83.3%), no previous knowledge regarding homecare of intellectual disability (88.3%).

In the control group, the highest percentage of the caregivers were in the age group of 31 and above (83.3%), Muslims (53.3%), had primary schooling (50%), homemaker (100%), had income 5001-10000 (83.3%), male child (91.7%), 6-10 years old children (73.3%), primary caregivers as mothers (95%), moderate level of intellectual disability (66.7%), causes of disability is genetic (91.7%), below one year disability was recognized (91.7%), first child (98.3%), child had autism (61.6%), parents had consanguineous marriage (80%), no previous knowledge regarding homecare of intellectual disability (93.3%).

In the experimental group the mean knowledge score of posttests three (K4) 41.3+_2.42, posttest two (K3) 39.07+_3.62, and posttest one (K2) 37.96+_3.91 was significantly higher than the pretest (K1) 22.03+_6.24 compared to control group. In the experimental group the mean attitude score posttest three (A4) 155.3+_16.56, posttest two (A3) 153.8+_18.42, posttest one (A2) 151.5+_19.3 was significantly higher than the pretest means attitude score (A1) 95.3+_25.3 compared to control group. In the experimental group the mean caregivers burden
score posttest three (B4) 63+_6.87, posttest two (B3) 62.5+_6.56, posttest one (B2) 61.18+_6.75 was significantly lower than the pretest means caregivers burden score (B1) 37.57+_10.62 compared to control group.

In the experimental group, highly significant difference was found in ANOVA for repeated measures shows that there was significant increase for the mean pretest to posttest three knowledge scores (F=1.94, P<0.053), attitude score (F=533.84, P<0.001), caregivers burden score (F=383.12, P<0.001). The Bonferroni test shows that there was significant difference (P<0.001). This indicates significant improvement in knowledge, attitude scores and decrease in caregivers burden score among the experimental group. Therefore, it can be concluded that STM was effective.

CONCLUSION:
Lack of awareness has found among primary caregivers of intellectual disability children before implementation of STM. The findings revealed that there was highly significant increase in knowledge, attitude and decreased caregivers' burden after implementation of STM. Hence it is concluded that STM is highly effective.

REFERENCES: