



# INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact factor: 4.295

(Volume 4, Issue 4)

Available online at: [www.ijariit.com](http://www.ijariit.com)

## Assessment of the emotional maturity of mothers of children with cerebral palsy among rural area

Madhuri Wane

[mwane@rediffmail.com](mailto:mwane@rediffmail.com)

Ravi Nair Physiotherapy College, Sawangi, Maharashtra

### ABSTRACT

*To assess the level of Emotional Maturity among mothers of C.P. Children in rural areas. To find out the area of emotional maturity which is most affected. Methods include face to face Interview by using EMS in Marathi/Hindi, obtained necessary permission from the concerned authority after explaining the objectives and purpose of this study, statistical analysis was done by using descriptive and international Statistic. As a result of our study, 4% of the women had emotionally immature and 96% of them had an extremely immature type of EMS. Hence it can be concluded that mothers of children with cerebral palsy suffer psychologically, they have physical distress and are influenced by child multiple problems and caregiving demands, and maternal adjustment to the strain of caring for the child with a disability needs a lot of social support.*

**Keywords**— C.P, E.M.S

### 1. INTRODUCTION

Cerebral palsy (CP) is the term used to describe a set of non-progressive disorders of movement and posture that leads to limitations in functional activity and can be attributed to disturbances that occurred in the fetal or infant brain. These disorders of movement are frequently accompanied by other medical or functional issues: disturbances of sensation, perception, cognition, communication, and/or behavior, epilepsy, and/or secondary musculoskeletal problems [1]. The prevalence of CP has been reported to be 2.11 to 3.6 cases/1000, making it the most common movement disorder of childhood. The most prevalent variant is spastic CP. Muscles affected by spasticity have increased velocity-dependent sensitivity to stretch, causing stiffness, tightness, and interference with movement, which can lead to joint contracture and deformity. Children with mild forms of spastic CP usually walk independently. Visual gait analysis has identified slower velocity, shorter stride length, and long double support time in ambulatory children with CP relative to typically developing peers [4].

None of the common treatments for spastic CP, including physical and occupational therapy, bracing, medications, and surgical procedures is completely satisfactory. Non-invasive treatments often have limited or temporary treatment effects that fail to substantially change the natural course of the condition or improve an affected limb's functional capacity [5, 6]. Localized treatment with injections of botulinum toxin A is associated with only temporary improvements in selected gait parameters and in reducing spasticity. Systematic reviews suggest that a combination of approaches may be more effective than a single approach to treatment. Cerebral Palsy is a group of permanent movement disorders which occurs in developing brain of an infant. Associated with deformities, contractures due to abnormal movement, postures, balance, coordination and cognitive-perceptual deficits. Occurs in about 2.1 per 1000 live birth. Need long-term care and treatment. Functional limitations and dependency are challenging for parents. In rural area as a mother is a primary caregiver so the adjustment to the strain of disabled child leads to emotional disturbances. Greater impact on the functional outcome. With limited educational background, rural mothers are working on daily wages leading to financial constraints which aggravate emotional stress. Interventions directed at caregivers are needed.

### 2. AIMS AND OBJECTIVES

- To assess the level of emotional maturity among mothers of C.P. children in rural areas.
- To find out the area of emotional maturity which is most affected.

### 3. MATERIAL AND METHODOLOGY

#### 3.1 Material

- Emotional Maturity Scale EMS by Dr. Yashvir Singh and Dr. Mahesh Bhargava.
- Five possible modes of responses are provided such as very Much, much, undecided, probably and never.

### 3.2 Methodology

- Cross-Sectional study
- Population: Mothers of C.P child reporting to occupational therapy units
- Sampling technique: Purposive sampling
- Eligibility criteria
  - Mothers of C.P children from rural area
  - Mothers having psychiatric illness are excluded
- Sample size: 50

### 4. PROCEDURE

- Face to face interview by using ems in Marathi/Hindi.
- Obtained necessary permission from the concerned authority after explaining the objectives and purpose of this study.
- Statistical analysis was done by using descriptive and international Statistic.

### 5. RESULTS AND DATA ANALYSIS

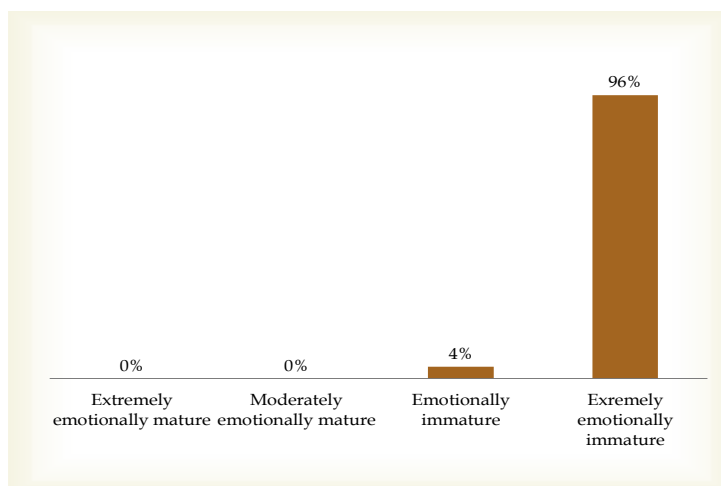


Fig. 1: Distribution as per E.M.S.

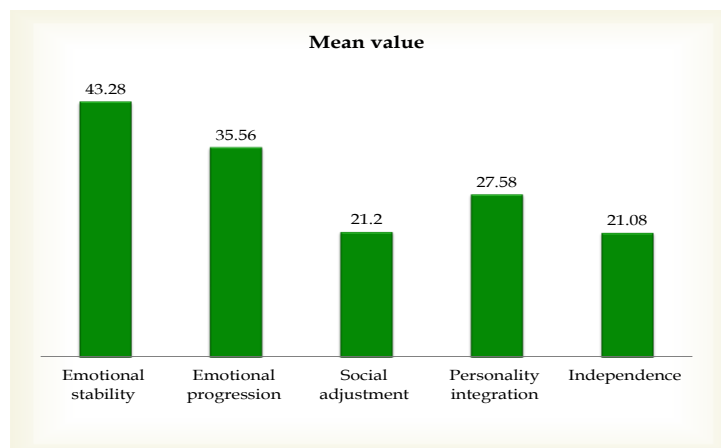


Fig. 2: Factor analysis of E.M.S

Table 1: Inter-relationship between components of emotional maturity

Components of emotional maturity	'r' Correlation	'p'
Emotional Progression	0.12	0.49 NS, p>0.05
Personality integration		
Emotional Progression	0.65	0.001 S, p<0.05
Independence		
Emotional Progression	0.71	0.006 S, p<0.05
Social Adjustment		
Emotional Progression	0.58	0.001 S, p<0.05
Emotional Stability		

**Table 2: Inter-relationship between components of emotional maturity**

Components of emotional maturity	'r' Correlation	'p'
Social Adjustment	0.008	0.23 NS, $p>0.05$
Personality integration		
Social Adjustment	0.65	0.003 S, $p<0.05$
Independence		
Social Adjustment	0.65	0.001 S, $p<0.05$
Emotional Progression		
Social Adjustment	0.48	0.007 S, $p<0.05$
Emotional Stability		

**Table 3: Interrelationship between independence, emotional stability and personality integration with other factors**

Independence	Correlation 'r'	Emotional Stability	Correlation 'r'	Personality Integration	Correlation 'r'
ES	-0.016 P=0.911,NS	EP	0.123 p=0.393,NS	ES	0.115, P=0.425,NS
EP	0.589 p=0.0001,S	SA	0.008 P=0.957,NS	EP	0.710 p=0.0001,S
SA	0.421 p=0.002,S	PI	0.115 P=0.425,NS	SA	0.659 p=0.0001,S
PI	0.546 p=0.0001,S	I	-0.016 P=0.911,NS	I	0.546 p=0.0001,S

### 5.1 Alternative Hypothesis

- H1: There is positive correlation between independence and ES,EP,SA and PI
- H2: There is positive correlation between emotional stability and EP,SA,PI and I
- H3: There is positive correlation between personality integration and ES,EP,SA and I

### 5.2 Null Hypothesis

- H01: There is no positive correlation between independence and ES,EP,SA and PI
- H02: There is no positive correlation between emotional stability and EP,SA,PI and I
- H03: There is no positive correlation between personality integration and ES,EP,SA and I

## 6. DISCUSSION

Ones et al. suggested that quality of life in the mothers of children with CP was significantly lower and depression level was higher than those of control mothers. Dagenais and co-workers investigated the correlation between caregiver stress and the severity of the child's cerebral palsy. They found that caregivers stress is related to the child's disability level. A high percentage (45 percent) of parents and their children with a disability reported experiences of discrimination. Another fact to be revealed was that parents view their children, both disabled and non-disabled as equals and do not discriminate. Also, the right to identity, citizenship, and nationality has been fulfilled for 97 percent of children with disability in the sample. It was heartening to note that the right to be with parents and growing up in a family was being realized for 93 percent of children with disability and the disabled child is playing with other children in their neighborhood. Parents believed that providing education and or vocational training was their hope for the future economic independence of their children which would result in securing of rights for their children. However, most of the parents were not aware of the educational scholarship for disabled children. The parents are also not even aware of the inclusive education policy of the government of India. All parents also agreed that the possession of disability certificate for their disabled child enabled them to seek benefits from government policies and schemes and thus all had acquired the same. Some had experienced hostility from the service providers when they had sought special privileges mandated by the government on behalf of their children with disability. The parents mentioned that public infrastructure is organized so as to meet the needs of individuals without a disability. Some of them were disappointed by the fact that traveling long distances with children who had orthopedic impairments or mental retardation was a struggle due to lack of supportive infrastructure.

## 7. CONCLUSION

Mothers of children with cerebral palsy suffer psychological and physical distress. Influenced by child multiple problems and caregiving demands. Maternal adjustment to the strain of caring for the child with a disability need lot of social support.

## 8. REFERENCES

- [1] "Cerebral Palsy: Hope Through Research". <http://nih.gov>. February 2, 2015. Retrieved 4 March 2015.
- [2] "<http://www.nichd.nih.gov/>" Cerebral Palsy: Overview, September 5, 2014. Retrieved 4 March 2015.
- [3] Oskoui, M; Coutinho, F; Dykeman, J; Jette, N; Pringsheim, T (June 2013). "An update on the prevalence of cerebral palsy: a systematic review and meta-analysis." *Developmental medicine and child neurology* 55 (60):509-19. doi:1111/dmcn.12080.PMID 23346889.
- [4] Harish. Adam T, Juan C. Gallegos, kelvin J. Gertz, Joyce M. Engel, "Symptom Burden in Individuals with Cerebral Palsy." *Journal of Rehabilitation Research and Development* 47.9 (2010):863-67. Academic search premier. Web. 13 Mar. 2013.
- [5] "Cerebral Palsy: Hope Through Research" National Institute of Neurological Disorders and Stroke (U.S.). NIH PUBLICATION no. 13-159. August 2013. Retrieved 2014 – 01-23.
- [6] Blesedell Ce, Cohn ES, Schell AB. Williams and Spackman's Occupational therapy. Philadelphia, PA: P705-709.
- [7] Seoul, L.J. (1951). *Emotional Maturity. The development and dynamics of personality*. London: J.B. Lippincot. UN Enable – Work of the United Nations for Persons with Disabilities. United Nations Convention on the Rights of Persons with Disability. 2006, cited Sept. 22, 2014. Available at <http://www.un.org/disabilities/>
- [8] Division of Economic and Social Information and the Centre for Social Development and Humanitarian Affairs. *World Programme of Action concerning Disabled Persons*. New York, United Nations, 1983.
- [9] Ingstad B and Whyte SR. *Disability and culture*. Berkeley: University of California Press, 1995.
- [10] Pandey RS and Advani L. *Perspectives in disability and rehabilitation*. New Delhi: Vikas Publishing House Pvt. Ltd. 1995.
- [11] Alur M. *Invisible children: a study of policy exclusion* (Ph.D. Thesis), Institute of Education, Department of Policy Studies, University of London; 1998.
- [12] Robinson JE. Access to employment for people with disabilities: Findings of a consumer-led project. *Disability and Rehabilitation*, 2000, 22, 5.
- [13] Harris J. All doors are closed to us: a social model analysis of the experiences of disabled refugees and asylum seekers in Britain, *Disability, and Society*, 2003, 18 (4). 2003.
- [14] Austin JF. The role of parents as advocates for the transition rights of the disabled youth, *Disability Studies Quarterly*, 2000 Fall, 20 (4).
- [15] Olkin R. *What psychotherapists should know about disability*, New York: Guilford Publications, 1999.