

“Assessment of Stress and Coping among Caregivers of Postoperative Cerebral Palsy Children at BIRRD Hospital, Tirupati”.

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Abstract; Background: Raising a child with cerebral palsy is stressful, for the parent because it requires an intensive physical engagement as well as coping with emotional reactions to the child's condition. **Objectives:** Assess the level of stress and coping among caregivers of postoperative cerebral palsy children, to correlate the stress with coping strategies of caregivers, and to determine the association between level of stress and coping strategies with the selected demographic variables. **Method:** Descriptive study was adopted to assess the stress and coping among caregivers of postoperative cerebral palsy children. Fifty caregivers were selected by purposive sampling technique. **Results:** Among 50 caregivers 13(26%) had severe stress, 28(56%) had moderate stress, and 9(18%) had mild stress. Among 50 caregivers 14(28%) had poor coping, 23(46%) had good coping and 13(26%) had very good coping. There is a significant relationship between stress and coping at 0.01 level. Relationship between stress with selected demographic variables such as age, gender, educational status, mothers having any health problems during pregnancy, history of any complications during pregnancy and child birth, mother having any habits during pregnancy was at 0.01 level. Type of family, family income per month in rupees at 0.05 level. Coping with selected demographic variables age, gender, educational status, mother having any health problems during pregnancy shows 0.01 level, and history of any complications during pregnancy and child birth was at 0.05 level. **Conclusion:** Health care personnel should conduct counseling sessions for caregivers on stress reduction techniques.

Keywords: stress, coping, postoperative, cerebral palsy.

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I. Introduction

Cerebral palsy (CP) is a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to non progressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of CP are often accompanied by disturbances of sensation, perception, cognition, communication, and behavior, by epilepsy, and by secondary musculoskeletal problems¹.

In India, there are approximately 33,000 people with cerebral palsy. Worldwide, the incidence of cerebral palsy is 1 in 500 births. For most people with cerebral palsy, the cause is unknown. There is no known cure. Among the large variety of childhood developmental disabilities, cerebral palsy (CP) is considered to be the major physical disability, affecting the functional development of children with a prevalence of 2 to 2.5 per 1000 live births².

Parents have different modes of adapting to stress and demands caused by the disorder. The Resiliency Model of Family Stress, Adjustment and Adaptation postulates that the use of certain coping strategies facilitates successful family adaptation to the child's condition³.

Need For The Study

Parents of children with health problems experience higher level of situational stress than parents of healthy children. Financial constrains and parental role alterations are some of the stressors experienced by the parents during rearing of the disabled child. Caring of healthy child is not a difficult task, but caring for disabled child is little bit tough to the caregivers, the investigator came across many caregivers were under stress and enquiring about their child health status. Therefore the investigator felt that there is need to conduct this study on who are providing care to the postoperative cerebral palsy children.

II. Review Of Literature

- Kiran Kriti, Ankita Pradhan, SabaTuffel (2019) was conducted a cross sectional study on Severity of cerebral palsy and its impact on level of stress in the caregivers. The study includes 100 caregivers with the age group between 21 and 62 years participated in the study. Of them 13 were male and 83 were female. CP children aged between 1 and 12 years were included in the study. The result shows that Weak non significant correlation found between GMFCS and PSS (P = 0.943, 95% of confidence interval of difference: 2.04 – 4.01). Strong significant positive correlation between co morbid factors and parental stress (P = 0.000, 95% CI of difference 4.5–13.2 for visual impairment, P = 0.000, 95% CI of difference: 2.1–15.1 for hearing impairment, and P = 0.000, 95% CI of difference: 4.4–13.3 for seizure disorder) however, a negative no significant correlation was found between parental stress and SES (P = 0.634, 95% CI of difference: 1.4–0.6)⁴.
- Tatjankristica, Ljiljana Mihic et al (2014) was conducted a study on stress and resolution in mothers of children with cerebral palsy. The results showed that the sample consisted of 100 mothers of children aged 2–7, diagnosed with cerebral palsy. unresolved mothers had children with poorer functional status, experienced more stressful life events, and were more depressed compared to resolved ones. The functional status of a child and maternal depression were shown to be significant resolution predictors. Importantly, they were more successful in predicting the resolved than the unresolved status⁵.
- Scrimin. S, M Haynes, et al (2009) was conducted a study on Anxiety and stress in mothers and fathers in the 24 h after their child’s surgery. The results shows that a total of 154 parents (91 mothers, 63 fathers) of children who had just undergone elective surgery for a major intervention (n=41), minor intervention (n=64) or day surgery (n=49). Completed questionnaires aimed at assessing levels of state anxiety and acute stress symptoms. In this study parents reported high levels of state anxiety (26% had scores on the state scale 2 standard deviations above the norm) and acute stress symptoms (28% in at least one of the four acute stress disorder symptoms categories). Childs type of surgery is related to parental anxiety [F(2,134)=38.12, P = 0.0001, $\eta^2 = 0.133$]. parental state anxiety was predicted by parents gender, trait anxiety and health external locus of control. Parents number of acute stress symptoms was predicted by parental trait anxiety, health external locus of control, parents level of education and the number of social contacts⁶.

III. Operational Definitions

Stress: In this study it refers to mental or emotional strain of the mothers about postoperative cerebral palsy children. It measured with modified stress scale. **Coping:** Coping is a problem solving behavior that attempts to bring about the state of equilibrium in the person distressed by the impact of anxiety related to care burden among caregivers of postoperative cerebral palsy children, **Children:** In this study it refers to the children age group of 0- 10years.

Hypothesis :

- There will be a significant association between level of stress and coping strategies among caregivers of postoperative cerebral palsy children.
- There will be a significant association between level of stress and coping strategies with selected demographic variables.

Assumptions:

- The caregivers of postoperative cerebral palsy children experience high levels of stress.
- The caregivers of postoperative cerebral palsy children adapt to the situation by using various coping methods.
- Caregivers perception of stress differ according to their socio-demographic data such as Age, gender, educational status, occupation, type of family, religion, family income per month in rupees, residence, number of children in the family, which child got cerebral palsy, mother had any health problems during pregnancy, history of any complications during pregnancy and child birth.

IV. Methodology

Research Design:

The research design selected for the present study was descriptive research design. The study was conducted at BIRRD Hospoital, Tirupati. The population of this study includes caregivers of postoperative cerebral palsy children. Sample size considered of 50 caregivers. Purposive sampling technique was adopted.

Inclusive criteria :

- Caregivers of postoperative cerebral palsy children at BIRRD hospital.
- Caregivers who are available at the time of data collection.

Exclusive Criteria :

- Caregivers who are not willing to participate.
- Botox cases (inj: botulinum toxin A)
- Child age more than 11 years

V. Data Analysis

After giving score for each caregiver the collected data were tabulated. Descriptive and inferential statistics were used for analysis the data.

VI. Results

TABLE 1(Annexure-1) : Distribution of socio demographic variables among caregivers of postoperative cerebral palsy children. The data present in table 1 shows that out of 50 caregivers majority 25(50%) were aged 26-30 years, and 2(4%) were age group of below 20 years. As for the gender the majority of caregivers 30(60%) were females and 20(40%) were males. Related to educational status, majority of caregivers 15(30%) were had collegiate education, and 2 (4%) had technical education. Pertaining to occupation of caregivers, majority 20(40%) were home makers, and 2(4%) were business. Related to type of family, majority of the caregivers 27(54%) were in nuclear family, 1(2%) were in single parent. Regarding the religion, majority of the caregivers 40(80%) were Hindus, and 3(6%) were Christians. Related to family income, majority 32(64%) were had income of 5001-10000 rupees and 3(6%) were had income of below5000 rupees. Related to place of residence, majority 30(60%) were from semi urban, and 11(22%) were from rural and 9(18%) were from urban. Regarding number of children in the family, majority 27(54%) were had two children's and 4(8%) were had four and above children's. Related to which child got cerebral palsy in family, the majority 41(82%) were first children, and 9(18%) were second children. Regarding to mothers had any health problems during pregnancy, majority 32(64%) had no health problems, and 18(36%) were had history of health problems during pregnancy. Related to history of any complications during pregnancy and child birth, majority 31(62%) had complications during pregnancy and child birth, in that majority babies had birth asphyxia during childbirth, and 19(38%) were had no history of any complications during pregnancy and child birth. Related to mothers having any habits during pregnancy, majority 46(92%) were mothers had no habits during pregnancy. Regarding to Family History of cerebral palsy, the majority 48(96%) were had no family history of cerebral palsy, and only 2(4%) were had family history of cerebral palsy. Related to caregivers health status, majority 40(80%) were healthy, and 10(20%) were suffering with illness. Related to whether using any long term medications, majority 37(74%) were not using any long term medications, and 13(26%) were using life time medications.

Table 2(Annexure-II): distribution of caregivers according to their stress level : table 2 shows that out of 50 caregivers, 13(26%) caregivers had severe stress, 28(56%) caregivers had moderate stress, and 9(18%) caregivers had mild stress.

Table 3 (Annexure -III) : Distribution of caregivers according to their coping strategies: table 3 shows that out of 50 caregivers, 14(28%) caregivers had poor coping, 23(46%) caregivers had good coping, and 13 (26%) caregivers had very good coping.

TABLE 4 (Annexure IV) Relationship between level of stress and coping strategies among caregivers of postoperative cerebral palsy children: table 4 shows that shows that there is a significant difference between stress and coping strategies at $P < 0.01$ level.

Table 5 (Annexure-V): Association between demographic characteristic with level stress among caregivers of postoperative cerebral palsy children at BIRRD hospital : table 5 shows that the level of stress is significant with age, gender, educational status, mothers having any health problems during pregnancy, history of any complications during pregnancy and child birth, mother having any habits during pregnancy at, $P < 0.01$ level. And type of family, family income per month in rupees significant at, $P < 0.05$ level

Table6 (Annexure-VI): Association between demographic characteristics with coping strategies among caregivers of postoperative cerebral palsy children at BIRRD Hospital. Table 6 shows that the level of coping strategies is significant with age, gender, educational status, mothers having any health problems during pregnancy at, $p < 0.01$ level, and history of any complications during pregnancy and child birth significant at $P < 0.05$ level.

VII. Discussion

The aim of the present study was conducted to explore the level of stress and coping strategies among caregivers of postoperative cerebral palsy children at BIRRD Hospital, Tirupati. The findings of the study based on the objectives have been discussed below. Fifty caregivers of postoperative cerebral palsy children were studied.

- The First objective to assess the level of stress and coping among caregivers of postoperative cerebral palsy children.

The results of the present study was supported by, SANGEETA PATIL, was conducted a study on “Level of Stress and Coping strategies seen among parents of Neonates”, the researcher were select 40 samples with convenient sampling technique. Results of the this study shows majority belonged to age group 18-23 years (57.50%). and (57.50%) were found in secondary education. 28(70%) majority of mothers had moderate stress and 12 (30%) had severe stress Assessing the stress level of mothers in neonates. While 35(87.50%) mothers of neonates were in average coping and 5(12.5%) were in good coping⁷.

- The second objective of the study was to correlate the stress with coping strategies used by caregivers of post operative cerebral palsy children.

The results of the present study was supported by, Dr. VALLIAMMAL SHANMUGAM, Dr. RAMACHANDRA , was conducted a study to assess the level of stress and coping strategies of mothers of neonates admitted in Neonatal Intensive care unit Government general hospital, Bangalore,. Data was collected from 100 NICU mothers, among 100 mothers 34% (34) had mild stress, 28% (28) had moderate stress and 38% (38) had severe stress. among 100 mothers 25% (25) had poor coping, 50% (50) had moderate coping and 25% (25) mothers had good coping. there was a significant correlation between stress and coping strategies at $P < 0.05$ level⁸.

- The third objective of the study was to determine the association of stress levels and coping strategies with selected demographic variables.

The study was supported by MS.NAYANA D.SHINDE, et al conducted a study on a study to assess the stress and coping strategies among caregivers of patients admitted at critical care areas of Pravara Rural hospital, Loni(BK)”, A total of 60 caregivers were participated in the study, the results of this study shows that there was a significant association found between stress and socio demographic variables like age, marital status, occupation, type of family, distance from hospital and monthly income, significant at $P < 0.05$ level. A significant association was found between coping strategies and socio demographic variable like age, marital status, relation with patient and occupation at $P < 0.05$ level⁹.

VIII. Conclusion

Nursing implications: The findings of the study have implications in various areas of nursing profession i.e nursing service, nursing education, nursing administration and nursing research.

Nursing services:

- Most of the nurses happen to be women and competent professionals, have responsibility to promote stress management and relaxation techniques. The knowledge and understanding the level of stress and coping strategies, can act as a reference for nurses in planning appropriate interventions to Minimize the stress levels.
- Nurses need to help the caregivers to adjusted to the hospital environment by giving information and proper explanation throughout the treatment period. Such information should include orientation of caregivers, about the child condition and postoperative implications.
- Nursing staff need to be educated on concept of stress and coping among caregivers of postoperative cerebral palsy children. Also they need to learn to use some of the stress relaxation techniques for their own well being while helping the stressed caregivers.
- Nurses need to adapt compassionate and sympathetic personality while giving comprehensive care.
- Nurses need to develop positive attitude towards caregivers of postoperative cerebral palsy children.
- Self instructional modules or pamphlets can be issued regarding the stress and coping which includes definitions, causes, and indicators of stress, coping strategies and stress management techniques.

Nursing Education :

- In nursing schools and colleges, students should be trained in planning and implementing health education programmes based upon the needs.
- The nursing students should be able to identify the psychological needs and problems of caregivers having cerebral palsy children.
- Nursing students who are posted in postoperative wards are instead to teach caregivers regarding to relaxation techniques.

- As a nurse educator one need to contribute to the existing body of nursing knowledge about the needs of psychological and emotional support of caregivers of postoperative cerebral palsy children, to facilitate holistic approach to meet both the needs of children and caregivers.
- In-service education programe can be conducted to upgrade the knowledge of nurses about factors causing stress and its relationship with coping, which may help to plan effective care.

Nursing Administration:

- Nurses should develop proper understanding regarding stress among caregivers.
- Nursing personnel can do focused group discussion, and teaching wherever it is necessary.
- In-service education programmes has to be conducted for staff nurse to upgrade the knowledge.

Nursing Research:

- The researcher in nursing profession should focus the attention towards identifying the stress levels and coping strategies.
- There should be more scope for research in this area to identify the psychological problems faced by the caregivers of postoperative cerebral palsy children
- There is a need for extensive research in this area regarding counseling and information programme for family members to cope up with chronic stress.

Suggestions:

- A comparative study can be conducted to find out the relationship between demographic variables and stress and coping strategies among caregivers of postoperative cerebral palsy children.
- The study can be replicated with large population.
- Similar studies can be conducted on large scale
- Stress management programmes may be organized for caregivers of cerebral palsy children.

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Annexure – 1

TABLE1: Distribution of socio demographic variables among caregivers of postoperative cerebral palsy children at BIRRD Hospital.

S.NO	DEMOGRAPHIC VARIABLES	N	%
1	Age		
	Below 20 years	2	4.00
	21-25 years	4	8.00
	26-30 years	25	50.00
	31 years and above	19	38.00
	Total	50	100.00
2	Gender		
	Female	30	60.00
	Male	20	40.00
	Total	50	100.00
3	Educational Status		
	Illiterate	8	16.00
	Primary education	12	24.00
	Secondary Education	13	26.00

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	Collegiate education	15	30.00
	Technical	2	4.00
	Total	50	100.00
4	Occupation		
	Home maker	20	40.00
	Employee	9	18.00
	Business	2	4.00
	Laborer	19	38.00
	Total	50	100.00
5	Type of family		
	Nuclear	27	54.00
	Joint	12	24.00
	Extended	10	20.00
	Single parent	1	2.00
	Total	50	100.00
6	Religion		
	Hindu	40	80.00
	Muslim	7	14.00
	Christian	3	6.00
	Total	50	100.00
7	Family income per month in rupees		
	Below 5000	3	6.00
	5001-10000	32	64.00
	10001-15000	8	16.00
	15001 and above	7	14.00
	Total	50	100.00
8	Residence		
	Urban	9	18.00
	Rural	11	22.00
	Semi urban	30	60.00
	Total	50	100.00
9	Number of children in the family		
	One	9	18.00
	Two	27	54.00
	Three	10	20.00
	Four and above	4	8.00
	Total	50	100.00
10	Which child got cerebral palsy in family		
	First	41	82.00
	Second	9	18.00
	Total	50	100.00
11	Mothers having any health problems during pregnancy		
	Yes	18	36.00
	No	32	64.00
	Total	50	100.00
12	History of any complications during pregnancy and child birth		
	Yes	31	62.00
	No	19	38.00
	Total	50	100.00
13	Mother having any habits during pregnancy		
	No	46	92.00
	Yes	4	8.00
	Total	50	100.00
14	Family history of cerebral palsy		
	Yes	2	4.00
	No	48	96.00
	Total	50	100.00
15	Caregivers health status		
	Healthy	40	80.00
	Suffering with illness	10	20.00
	Total	50	100.00
16	Whether using any long term medications		
	Yes	13	26.00

No	37	74.00
Total	50	100.00

Annexure II

**Table 2 : distribution of caregivers according to their stress level
(n=50)**

LEVEL OF STRESS					
MILD STRESS		MODERATE STRESS		SEVERE STRESS	
Number (n)	Percentage (%)	Number (n)	Percentage (%)	Number (n)	Percentage (%)
9	18%	28	56%	13	26%

Annexure III

**Table 3: Distribution of caregivers according to their coping strategies
(n =50)**

COPING STRATEGIES					
POOR COPING		GOOD COPING		VERY GOODCOPING	
Number (n)	Percentage (%)	Number (n)	Percentage (%)	Number (n)	Percentage (%)
14	28%	23	46%	13	26%

Annexure IV

TABLE 4: Relationship between level of stress and coping strategies among caregivers of postoperative cerebral palsy children.

S.No	Variable	Mean	Standard deviation	Correlation coefficient	P value
1	Stress	49.09	10.325	-0.742**	Significant at 0.01 level
2	Coping	12.76	3.192		

Annexure V

Table 5: Association between demographic characteristic with level stress among caregivers of postoperative cerebral palsy children at BIRRD hospital.

SNO	Demographic variable		Low stress		Moderate stress		High stress		Chi-square	P value	Sig
			N	%	N	%	N	%			
1	Age	Below 20 years	1	11.10%	1	3.60%	0	0.0%	17.748	0.007	**
		21-25 years	2	22.20%	1	3.60%	1	7.70%			
		26-30 years	6	66.70%	17	60.70%	2	15.40%			
		31 years and above	0	0.00%	9	32.10%	10	76.90%			
2	Gender	Female	1	11.10%	17	66.70%	12	92.30%	14.623	0.001	**
		male	8	88.90%	11	39.30%	1	7.70%			
3	Educational status	Illiterate	0	0.00%	0	0.00%	8	61.50%	40.835	0.000	**
		Primary education	1	11.10%	7	25.00%	4	30.80%			
		Secondary Education	2	22.20%	10	35.70%	1	7.70%			
		Collegiate	4	44.40%	11	39.30%	0	0.00%			

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		education Technical	2	22.20%	0	0.00%	0	0.00%			
4	Occupation	Home maker	3	33.30%	11	39.30%	6	46.20%	9.122	0.167	NS
		Employee	4	44.40%	5	17.90%	0	0.00%			
		Business	0	0.00%	2	7.10%	0	0.00%			
		Laborer	2	22.20%	10	35.70%	7	53.80%			
5	Type of Family	Nuclear	3	33.30%	12	42.90%	12	92.30%	14.90	0.021	**
		Joint	5	55.60%	7	25.00%	0	0.00%	9		
		Extended	1	11.10%	8	28.60%	1	7.70%			
		Single parent	0	0.00%	1	3.60%	0	0.00%			
6	Religion	Hindu	7	77.80%	21	75.00%	12	92.30%	4.046	0.400	NS
		Muslim	1	11.10%	6	21.40%	0	0.00%			
		Christian	1	11.10%	1	3.60%	1	7.70%			
7	Family income per month	Below 5000	2	22.20%	0	0.00%	1	7.70%	14.13	0.028	*
		5001-10000	2	22.20%	19	67.90%	11	84.60%	6		
		10001-15000	2	22.20%	5	17.90%	1	7.70%			
		15001 and above	3	33.30%	4	14.30%	0	0.00%			
8	Residence	Urban	3	33.30%	6	21.40%	0	0.00%	9.069	0.059	NS
		Rural	3	33.30%	7	25.00%	1	7.70%			
		Semi urban	3	33.30%	15	53.60%	12	92.30%			
9	Number of children in the family	One	0	0.00%	5	17.90%	4	30.80%	10.65	0.100	NS
		Two	5	55.60%	13	46.40%	9	69.20%	0		
		Three	2	22.20%	8	28.60%	0	0.00%			
		Four and above	2	22.20%	2	7.10%	0	0.00%			
10	Which child got cerebral palsy in family	First	6	66.70%	23	82.10%	12	92.30%	2.370	0.306	NS
		Second	3	33.30%	5	17.90%	1	7.70%			
11	Mothers having any health problems during pregnancy	Yes	0	0.00%	7	25.00%	11	84.60%	19.86	0.000	**
		No	9	100.00%	21	75.00%	2	15.40%	8		
12	History of any complications during pregnancy and child birth	Yes	1	11.10%	19	67.90%	11	84.60%	13.12	0.001	**
		No	8	88.90%	9	32.10%	2	15.40%	2		
13	Mother having any habits during pregnancy	No	6	66.70%	27	96.40%	13	100.00%	9.724	0.008	**
		Yes	3	33.30%	1	3.60%	0	0.00%			

14	Family history of cerebral palsy	Yes	0	0.00%	0	0.00%	2	15.40%	5.929	0.052	NS
		No	9	100.00%	28	100.00%	11	84.60%			
15	Caregivers health status	Healthy	9	100.00%	21	75.00%	10	76.90%	2.764	0.251	NS
		Suffering with illness	0	0.00%	7	25.00%	3	23.10%			
16	Whether using any long term medication	Yes	1	11.10%	7	25.00%	5	38.50%	2.101	0.350	NS
		No	8	88.90%	21	75.00%	8	61.50%			

Annexure VI

Table 6: Association between demographic characteristics with coping strategies among caregivers of postoperative cerebral palsy children at BIRRD Hospital.

(n=50)

SN	Demographic variable		Low stress		Moderate stress		High stress		Chi-square	P value	Sig
			N	%	N	%	N	%			
1	Age	Below 20 years	0	0.00%	1	4.30%	1	7.70%	26.264	0.000	**
		21-25 years	0	0.00%	3	13.00%	1	7.70%			
		26-30 years	1	7.10%	14	60.90%	10	76.90%			
		31 years and above	13	92.90%	5	21.70%	1	7.70%			
2	Gender	Female	10	71.40%	18	78.30%	2	15.40%	14.740	0.001	**
		Male	4	28.60%	5	21.70%	11	84.60%			
3	Educational status	Illiterate	6	42.90%	2	8.70%	0	00.00%	21.482	0.006	**
		Primary education	4	28.60%	7	30.40%	1	7.70%			
		Secondary Education	1	7.10%	9	39.10%	3	23.10%			
		Collegiate education	3	21.40%	4	17.40%	8	61.50%			
		Technical	0	0.00%	1	4.30%	1	7.70%			
4	Occupation	Home maker	4	28.60%	13	56.50%	3	23.10%	15.972	0.014	NS
		Employee	0	0.00%	3	13.00%	6	46.20%			
		Business	1	7.10%	1	4.30%	0	0.00%			
		Laborer	9	64.30%	6	26.10%	4	30.80%			
5	Type of Family	Nuclear	11	78.60%	12	52.20%	4	30.80%	11.747	0.068	NS
		Joint	1	7.10%	4	17.40%	7	53.80%			
		Extended	2	14.30%	6	26.10%	2	15.40%			
		Single parent	0	0.00%	1	4.30%	0	0.00%			
6	Religion	Hindu	13	92.90%	17	73.90%	10	76.90%	2.269	0.686	NS
		Muslim	1	7.10%	2	17.40%	2	15.40%			
		Christian	0	0.00%	2	8.70%	1	7.70%			
7	Family income per month	Below 5000	1	7.10%	0	0.00%	2	15.40%	11.429	0.076	NS
		5001-10000	12	85.70%	15	65.20%	5	38.50%			
		10001-15000	1	7.10%	5	21.70%	2	15.40%			
		15001 and above	0	00.00%	3	13.00%	4	30.80%			
8	Residence	Urban	1	7.10%	5	21.70%	3	23.10%	5.50	0.23	N

“Assessment Of Stress And Coping Among Caregivers Of Postoperative Cerebral Palsy

		Rural Semi urban	1 12	7.10% 85.70%	6 12	26.10% 52.20%	4 62	30.80% 46.20%	8	9	S
9	Number of children in the family	One Two Three Four and above	2 11 1 0	14.30% 78.60% 7.10% 0.00%	5 10 6 2	21.70% 43.50% 26.10% 8.70%	2 6 3 2	15.40% 46.20% 23.10% 15.40%	6.18 5	0.40 3	N S
10	Which child got cerebral palsy in family	First Second	13 1	92.90% 7.10%	18 5	78.30% 21.70%	10 3	76.90% 23.10%	1.56 3	0.45 8	N S
11	Mothers having any health problems during pregnancy	Yes No	10 4	71.40% 28.60%	8 15	34.80% 65.20%	0 13	0.00% 100.00%	14.9 54	0.00 1	**
12	History of any complications during pregnancy and child birth	Yes No	10 4	71.40% 28.60%	17 6	73.90% 26.10%	4 9	30.80% 69.20%	7.26 9	0.02 6	*
13	Mother having any habits during pregnancy	No Yes	14 0	100.00% 0.00%	22 1	95.70% 4.30%	10 3	76.90% 23.10%	5.64 9	0.05 9	N S
14	Family history of cerebral palsy	Yes No	2 12	14.30% 21.40%	16 7	69.60% 30.40%	13 0	100.00% 0.00%	5.357	0.06 9	NS
15	Caregivers health status	Healthy Suffering with illness	11 3	78.60% 0.00%	21 7	75.00% 25.00%	10 3	76.90% 23.10%	4.833	0.08 9	NS
16	Whether using any long term medication	Yes No	5 9	35.70% 64.30%	7 16	30.40% 69.60%	1 12	7.70 % 92.30%	3.186	0.20 3	NS

Prof.Dr.A.Padmaja “Assessment of Stress and Coping among Caregivers of Postoperative Cerebral Palsy Children at BIRRD Hospital, Tirupati”. IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.04 , 2019, pp. 01-10.