

Relationship between Caretakers Variable on Age and Coping Strategies of Primary Caretakers Attending to Children with Cardiac Problems

Y. D. Haritha¹, Dr. Nasreenbanu²

Department of Human Development And Family Studies, College of Home science, Acharya N. G. Ranga Agricultural University, Hyderabad (Telangana State) India

(Major Advisor) Principal Scientist, AICRP- Human Development, PG & RC, Acharya N. G. Ranga Agricultural University, Hyderabad (Telangana State) India

Abstract: *The present study makes an attempt to understand the Relationship between Caretakers Variable on Age and Coping Strategies of Primary Caretakers Attending to Children with Cardiac Problems. Caretakers who were ready and willing to extend their cooperation for in depth interview were selected as population for the study. Thus a total number of 60 caretakers were selected purposively for conducting the present study. The results revealed that caretakers used both approach and avoidance coping styles. It reflected, based on the age caretakers was found to be positively correlated under avoidance coping strategies indulging in cognitive avoidance i.e. trying to forget the whole thing, trying not to think about the problem.*

Keywords: Age, Caretakers, Coping Strategies, Cardiac Problems

1. Introduction

Becoming a parent, is one of the most powerful of the human experiences, is often accompanied with feelings of celebration and relief, but it can also be a time of anxiety, and stress. The term "Parenting" is derived from the Latin root *pario*, meaning life-giver, and encompasses much more than just the care giving activities parents perform.

Jack Rychik (2012) reported that carrying a fetus with a Congenital heart disease is a stressful event which can potentially influence a mother's anxiety level," "Prenatal diagnosis is helpful in that it gives parents time to learn about the defect, review treatment options, plan for necessary interventions and consider their options. While this is intrinsically a stressful time for parents. Using psychological evaluation tools and self-report instruments, the study team measured traumatic stress, depression and anxiety among the mothers.

More than 39 percent of the women experienced clinically important traumatic stress, 22 percent experienced depression, and 31 percent experienced state anxiety. Lower income were both associated with higher levels of depression, anxiety and traumatic stress. When the researchers controlled for partner satisfaction and income, they found denial to be most important factor contributing to depression.

Lawoko S *et al.* (2003) reported that this work was undertaken to describe the Quality of Life (QOL) of parents of children with heart diseases and to identify the most important factors that had an impact on it.

Last JM *et al.* (2001) found that, Quality of Life (QOL) is an estimate of remaining life free of impairment, disability or handicap. Chronic conditions put increased stress on the child and the child's parents and siblings. Children with any chronic condition have twice the risk of developing mental

health disorders of healthy children, and three times the risk if they have an accompanying disability.

Vogels T *et al.* (1998) revealed that, the parents rate their children's Quality of Life to be worse than the children themselves do It may be affected by their expectations for the child and by the fact they have different definitions and understanding of a disease and its consequences for the future.

2. Research Method

A total number of 60 caretakers who were ready and willing to extend their cooperation for in depth interview were selected as population for the present study. The sample was limited to Primary care takers for two reasons. First much of the research on family care giving which has been done aboard was focused only on below 15 year old children. Secondly, reports have suggested that parents are particularly vulnerable to the strains of illness experienced due to multiple roles to be shouldered. The main focus of the study was to provide various alternative strategies for the primary caretakers.

3. Research Findings and Discussion

Caretakers who were ready and willing to extend their cooperation for in depth study were selected as population for the study that is "Relationship between Caretakers Variable on Age and Coping Strategies of Primary Caretakers Attending to Children with Cardiac Problems". Thus a total 60 caretakers were selected purposively for conducting the present study.

Description of the Cardiac Problems

- Cardiac illness is the most acute pressure, which any family may experience and it also creates a potential threat equally to both the victim and the caretaker.

Volume 3 Issue 12, December 2014

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

- For the patient, the threat involves painful medical procedures, surgeries, and its side effects, and frequent hospitalization.

Relationship between Caretakers Variable on Age and Coping Strategies

Approach coping	Avoidance coping		
Caretakers Variable: AGE			
Logical Analysis	0.02258	Cognitive avoidance	0.21359*
Positive appraisal	-0.01227	Acceptance	-0.10716
Guidance and support	-0.02903	Alternate Rewards	0.06170
Problem solving	-0.05633	Emotional discharge	-0.01312

P*0.05; level of significance; P**0.01 level of significance
r tab value at 5% level of significance = 0.2500; r tab value at 1% level of significance = 0.3248

The above table presents the relationship between caretaker variable on age and coping strategies of primary caretakers attending to children with cardiac problems. Out of the eight coping responses, the first four represents Approach coping and the remaining four comes under Avoidance coping.

Under Approach coping, the first area is logical analysis, which deals with handling the situation objectively, finding some personal meaning to the situation and anticipating the new demands. In this area, the level of significance is 0.02258 logical analysis in coping with the situation.

The second area under Approach coping is Positive appraisal, which includes caretaker's ability to see the good side of the situation and how the event could change one's life in a positive way. In this area, the level of significance is -0.01227 positive appraisals in coping with the situation.

The third area under Approach coping is guidance and support, which involves seeking support from relations, talking to a closed person about the problem and praying for guidance and strength. In this area, the level of significance is -0.02903 caretakers sought guidance and support.

The fourth area under Approach coping is problem solving, which involves a plan of action, using alternate ways of solving problem and trying out new ways of confronting the problem. In this area, the level of significance is -0.05633 used to problem solving strategies.

Under Avoidance coping, the first area is cognitive avoidance i.e. avoiding the situation, denial, day dreaming, and imagining that problems would go away on their own. In this area, level of significance is **0.21359*** used cognitive avoidance. The second area under avoidance coping is acceptance i.e., accepting the situation with all its intensity, realizing that one has no control over the problem and believing that outcome would be decided by fate. In this area, the level of significance is -0.10716.

The third area under avoidance coping is seeking alternate rewards i.e., getting involved in new activities, making new friends and indulging in more recreational activities. In this area, the level of significance is 0.06170.

The fourth area under avoidance coping is emotional discharge, which involves yelling or shouting to let off steam, showing the frustration of role capacity on others and keeping away from people in general. In this area, the level of significance is -0.01312 used avoidance coping emotional discharge technique.

4. Conclusion

The data collected with respect to relationship between caretaker variable on age and coping strategies of primary caretakers attending to children with cardiac problems revealed that caretakers used both approach and avoidance coping styles. It reflected based on the age caretakers was found to be positively correlated under avoidance coping strategies indulging in cognitive avoidance i.e. trying to forget the whole thing, trying not to think about the problem.

References

- [1] Jack Rychik, Shaddy, Robert E, Gleason, Marie Murphy. 2012. *Pediatric Cardiology*.
- [2] Lawoko, S., & Soares, J. J. F. 2002. Distress and hopelessness among parents of children with congenital heart disease, parents of children with other diseases, and parents of healthy children. *Journal of Psychosomatic Research*. 52: 193-208.
- [3] Last JM, Spasoff RA, Harris SS, Thuriaux MC, Anderson JB. 2001. Quality of Life Research. *A dictionary of Epidemiology*. 4th edition. New York: Oxford University Press. 148, 12: 655.
- [4] Vogels T, Verrips GH, Verloove-Vanhorick SP, Fekkes M, Kamphuis RP, Koopman HM, Theunissen NC, Wit JM. 1998. Measuring health-related quality of life in children: the development of the TACQOL parent form. *Qual Life Res*. 7 (5): 457-465.