Challenges Facing Mothers of Mentally Disabled Child: A Qualitative Study of the Mothers’ Experiences

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Abstract:
Background: The childhood period can be a challenging time for all parents; however, parents of children with disabilities may experience specific sources of burden. Consequently, they have been viewed as being at risk for a variety of family life problems and challenges. Aim of the study: Identify the challenges facing mothers of mentally disabled child. Subjects & Methods: Research design: A descriptive Phenomenological study design (multi-method component triangulated design) . Setting: The study was carried out in 5 nongovernmental organizations providing health care and rehabilitative services for mentally disabled children in Alexandria. Subjects: 60 mothers having mentally disabled children were included in the study. Tools of data collection: Two tools were used for data collection. The first tool was personal and socio-demographic structured interview questionnaire for the mothers of mentally disabled child to assess personal and socio-demographic data about the participants and their children . The second tool was focus group discussions guide for the mothers of mentally disabled child that used to identify challenges experienced by the mothers. Results: Findings of the present study revealed that 23.3% of the mothers have more than one mentally disabled child. 60% of them were unable to pay for health services. The emerged raw qualitative data were clustered into three categorical schemes: Firstly, challenges facing mothers of mentally disabled children whether child related, family related or community related challenges. Secondly, the adaptation of the mothers’ with these challenges and Thirdly, Maternal Feelings Regarding the Future. Conclusion: The study concluded that mothers of mentally disabled children experience various psychological and emotional, social, economic and physical challenges. Recommendations: Establishing a special unit for mentally disabled children within the family health centers and pediatric hospitals. Use mobile equipped units to provide appropriate free health care services for disabled children in remote areas provided by highly qualified team.

Keywords: Disability, Mental health, Mental disabilities, Challenges, adaptation

INTRODUCTION

Children with mental disabilities are one of the most marginalized and excluded groups of children, experiencing widespread violations of their rights(1). Despite the obligation in the Convention on the Rights of Persons with Disabilities are provided with equal access to and quality of health care, their access to health services is often limited, leading to health inequalities unconnected to their disabilities(2).

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations(3).

According to the World Health Organization intellectual or mental disability means a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability to cope independently (impaired social functioning), and begins before adulthood, with a lasting effect on development (4), mental retardation refers to a condition which is marked by subnormal intellectual functioning and adjustment difficulties which occur before a person is eighteen years of age(5).

According to the estimates based on the World Health Organization (WHO) Global Burden of Disease study, 15.3% of the world population had moderate or severe disability. While 93 million (5.1%) of children aged 0–14 years has moderate or severe disability. Additionally, in high income countries 2.8 % of people aged 0–14 years have moderate or severe disability, while in Eastern Mediterranean region they constitute 5.2% of those at age 0–14 years (6).
In 2005 the United Nations Children’s Fund (UNICEF) estimated the number of children with disabilities under age 18 at 150 million worldwide. In Egypt, there is a limited statistical data about disability. According to Egypt population census of 2006, the population with disabilities is representing 0.7% of the total Egyptian population. While, in Alexandria governorate they represent 0.5% of Alexandria population.

The childhood period can be a challenging time for all parents; however, parents of children with disabilities may experience specific sources of burden. The presence of a mentally challenged child in the family has far reaching implication for the family as a whole. The impact of the disability and problem associated with it is not restricted to the child but extend far beyond the child and affects all family members. Consequently, parents of mentally disabled child have been viewed as being at risk for a variety of family life problems and challenges.

Mothers as a main family caregiver play a vital role in caring for mentally disabled individuals including children and adolescents. Mental disability of the child causes a great amount of challenges to the mother. Presence of behavior problems in mentally disabled children is a serious concern for the mothers. It produces variant forms of challenges among them including; social, emotional, economic, and physical challenges. Some mothers shamed to participate in social functions with their mentally disabled child. Even though, some mothers cope well and get adjusted to their situation, but some cannot cope better.

It is important for any child to be healthy and free from any disabilities. Many children may face life with physical or mental disabilities that deprive them a normal childhood. Disabled are particularly vulnerable to health problems and experience difficulties in meeting their healthcare needs.

Mental disability in a family is perceived in different ways and creates uncertainty for parents, family members and the community at large. It is important that health care providers have an in-depth understanding of the experiences encountered by these families. Learning the challenges they face in caring for children is the first step in identifying ways to improve support for such caregivers. The mothers, who benefited from a social support network, have more positive reactions to emotional and physical challenges.

Nursing as a family-oriented profession involves supporting mothers of children with disabilities to gain an awareness of their role and to cope appropriately with the challenges facing them.

Significance of the study
Parents of mentally challenged children commonly experience a gamut of emotions over the years. They often struggle with guilt. One or both parents may feel as though they somehow caused the child to be disabled, whether from genetics, alcohol use, stress, or other logical or illogical reasons. This guilt can harm the parent’s emotional health if it is not dealt with. Raising a child who is mentally challenged requires emotional strength and flexibility, adequate support can be provided by nursing team who will minimize such challenges facing these parents.

AIM OF THE STUDY:
The aim of the study was to:
Identify the challenges facing mothers of mentally disabled child.
Research questions:
What are the challenges facing mothers of mentally disabled child?
Subjects and Methods:
Research design:
A descriptive Phenomenological study design (multi-method component triangulated design) was adopted to carry out this study.
Study Setting:
The study was conducted in 5 randomly selected Non-Governmental Organization (NGOs) providing health care and rehabilitative services for mentally disabled children.
children in Alexandria. These organizations were Dar Al-shahied Mohamed Mahmoud El Saied (Ali ibn Abi Talib Association), Al Wafaa Association for Mentally Handicapped, Caritas Association - Egypt, Nour El Tawheed Center, and Agial Center.

Study Subjects:

The target populations for this research were the mothers of mentally disabled children who were selected randomly from the previously mentioned settings. In-depth interview and Five Focus Group Discussions (FGDs) were conducted in the NGOs having the largest number of mother's attendance. Each focus group was composed of 10-12 mothers. The total number of mothers included in this study was 60 mothers.

Tools of data collection:

Two tools were used to collect the necessary data:

Tool I: Personal and Socio-demographic Structured Interview Schedual for the Mothers of Mentally Disabled Child:

It was developed by the researchers after a thorough reviewing of related literature to identify personal and socio-demographic data about the participants and their children; it included the following: the mothers’ age, marital status, level of education, occupation, ability to pay for health services, and weather they have more than one mentally disabled child or not. Data about the mentally disabled child include, age, sex, birth order, and the type of child's disability.

Tool II: Focus Group Discussions Guide for the Mothers of Mentally disabled child:

It was developed by the researchers to collect the qualitative data from the mothers of the mentally disabled child, to identify challenges experienced by them when caring for their children and what they do to address or deal with these challenges. It consisted of the following parts: Part I: Introduction; in this part the researchers introduce themselves (name, occupation), and explain the study purposes and confirming the confidentiality of data. Part II: Engagement questions (ice breaking questions) these questions were used to help participants ease into the discussion and being free to express their opinions, these questions such as what is their opinion regarding children, the care provided for them and the difference in providing care for normal child and mentally disabled one. Part III: Exploration questions (Key questions) which addressed the key issues the researchers wanted to cover in FGDs session, these included; the challenges facing the mothers, and mothers’ adaptation with these challenges and mothers’ feelings about the future. Finally, Part IV: Exit question (closing question) such as: is there anything else they would like to say?

Content validity & reliability:

Tool (I) and (II) were developed by the researchers and validated by juries of five experts in the field of community health nursing and pediatric nursing. Their suggestions and recommendations were taken into consideration.

Field work:

Data were collected by the researchers over a period of three months from March to May 2015.

Pilot study (Mock):

Focus group study pilot (Mock) was done by the researchers on 6 mothers in order to ascertain the relevance, clarity and applicability of the tools, test wording of the questions and estimate the time required for the focus group discussion. Based on the obtained results, the necessary modifications were done.

Administrative & Ethical considerations:

An official letter from the Faculty of Nursing was directed to the NGOs in Alexandria that provide health care and rehabilitative services for mentally disabled children in order to obtain their approval to carry out the study in the above mentioned selected settings.

Meetings were held with the directors of the selected settings to clarify the purpose of the study and to gain their cooperation and support during data collection. Informed consent was obtained from all mothers after providing an appropriate explanation about the purpose of the study and nature of the
research. Their permission was obtained before using tape for data recording.

The confidentiality and anonymity of individual responses, volunteer participation and right to refuse participating in the study were emphasized to the women

Statistical analysis:
The collected quantitative data were coded and analyzed using PC with the Statistical Package for Social Sciences (SPSS version 16) and tabulated frequency and percentages were calculated. Whereas, the collected qualitative data were transcribed verbatim (word for word) in order to capture the exact words, phrases voiced by the participants. Proofread (read through for errors) in order to check the accuracy of all transcripts against the audiotape were done. Sensitive information as the accidental use of an individual's name during the discussions was replaced by appropriate participant ID. Findings together with pertinent quotations were then organized according to the discussed topics. After that, the main categories covering the objective behind the research were formulated and clustered into themes. These themes provided the major heading for the results. Finally, trustworthiness and quality of the qualitative data were ensured by adopting triangulation, member checking, peer debriefing, inquiry audit and thick description strategies.

RESULTS

In this study the results were divided into two main parts. Part I: quantitative results and part II: qualitative results.

Part (I) Quantitative results: Table (1): illustrates the personal and socio-demographic data of the studied mothers and their children. It was found that slightly more than two thirds (66.7%) of the studied mothers were aged 40 to less than 50 years old, with a mean age of 45.76 ± 6.58 years. 60% of the mothers were either illiterate or can just read and write. More than three quarters of them were married. The majority of the mothers (80%) were housewives. Slightly less than quarter (23.3%) of them have more than one mentally disabled child. In addition, 60% of them were unable to pay for health services for their children. Regarding the socio-demographic data of the mentally disabled child, it is clear from the table that more than half (53.3%) of the children were aged 12-15 years old, with a mean age of 10.70 ± 5.01 years. More than half (56.7%) of the children were female and a similar percentage of them had Down's syndrome as their type of disability. The second birth order or more constitutes three fifths (60%) of the mentally disabled children.

Part (2): Qualitative Results: The emerged raw qualitative data in the current study can be clustered under the following categorical schemes: Firstly, the challenges facing mothers of mentally disabled children either child related, family related or community related. Secondly, the adaptation of the mothers' regarding these challenges. Thirdly, Mothers' feeling about the future.

Firstly: Challenges Facing mothers of mentally disabled children:
There are three major themes emerged from the study that explains the mothers' challenges in the everyday life of caring for the mentally disabled child. These were child related challenges, family related challenges and community related challenges.

I) Child related challenges:
The major themes emerged from the study that explain the child related challenges includes: Extraordinary care and additional responsibilities to meet the physical needs of the mentally disabled children, communication problems and behavioral and emotional problems.

1. Extraordinary care and additional responsibilities to meet the physical needs of the mentally disabled children:
Extraordinary care and additional responsibilities can take a physical toll on mothers leading to exhaustion. Most of mothers in the present study stressed that raising mentally challenged child is so exhausting and difficult compared with typical children.

"تدريب الأطفال مش سهلة وبالذات لو كان الطفل معاق"
Musculoskeletal disorders were the main complaints of the mothers. Others added that they have chronic diseases that result from over stress. Backache, strain, fatigue, knee pain, muscle aches, joint stiffness and spinal disc herniation were the major physical challenges facing the participants in this study. Also, hypertension and Diabetes were prevalent among those mothers.

The majority of mothers stated that they have communication problems with the child, as they sometimes cannot express their feelings properly, they cannot state exactly what they need.

Some mothers added that children also require more physician and other health-care appointments and may need close medical monitoring.

Moreover, some mothers pointed out that their mentally disabled children require extra attention and protection from being physically and sexually abused.

The majority of the mothers believes that they must act as a protector of their child; also some of them wish to live more than their children, in order to provide lifelong protection for them.

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II) :Family related challenges:
The major themes emerged from the study that explain the family related challenges includes: Helplessness and lack of interfamilial support, lack of child acceptance, familial social isolation, family destruction and break down and Familial economic challenges.

1. Helplessness and lack of interfamilial support:
Sometimes, mothers devoted heroic efforts to help his/her mentally challenged child while the other parent may opt to take the opposite approach. mothers might feel they are not getting enough support from their husband in taking care of the child. The majority of mothers in the current study reported that they felt helpless; they provide all care without support from others. Additionally, some mothers expressed that their partners were only supporting the children financially.

"أحياناً كتَره بِتتخرب البَت وَبِتختوبها معاها..." ـ حماني بْتحبها ويَّبوعها معاها.

3. Familial social isolation:
The social life of the family was found to be disrupted by the presence of mentally disabled child. Sometimes parents avoid going with the child to any social gatherings such as parties because of the child’s disturbing behavior.

"توّحَرَه فَرٌلاً أَو غَرٌبٌ مَا لَانَا بِنافِعٌ الولد يُعْمَل مَشَكَلٌ فِي الأُمْاَكَانَ." ـ إِبْطَا ناً تُرَوَّحَ لَهَدْ لَا نَعْلُومَ لَأَحٌانٍ راِيحٌنِعْنِهَذَا.

Also some mothers agreed that morals and ethics play an important role in accepting the mentally disabled person.

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4. Family destruction and break down:
Some respondents pointed out that disability may lead to family destruction and some mothers were divorced as a result of having a mentally disabled child. Some respondents added that mothers in law in some cases ask her sons to remarry to have a healthy child.

"بَصِرَاحٍّ احٌان كَتَرٍ بَعِتَبَرَ الَبَيْت وَبِجْحَضَ لَطَاق أَنَّ الأَمْ " ـ جاَيَّت فَلَ عَلَقَ.

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5. Familial economic challenges:
Poverty was revealed by mothers as being responsible for their inability to meet certain important needs of the mentally disabled child. Some mothers were house wives who did not have any means of earning income and depended solely on their husband; those who did not have husbands expected to get help from other people, especially relatives. This was a problem if they could not get help they needed. They could not manage buying drugs for their children and physiotherapy when they did not receive them at the hospital. They also could not afford bus fare to attend the clinic with their children on the day of their appointment.
Challenges Facing Mothers of Mentally Disabled Child

Overcrowded transportation put extra burden on the familial income as a private transportation is needed to reach to the clinics in order to receive the needed care. "The transport fees are a burden and other expenses such as paying for the electricity and the rent."

Mothers mistrust governmental services: The majority of mothers in this study believes that the government didn’t help them; they also believe that the government did not punish the persons who are responsible about the occurrence of disability among poorer. All of them agreed that there are lack of accountability in the governmental hospitals which cause a lot of suffering for the poor families.

Activity of daily living of the mothers were affected by the presence of a mentally disabled child. Much time was spent in providing care for the disabled child which hinder other important activities such as working. Income generation in the family was affected and this further escalated family poverty.

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Also some of the mothers raise an important issue that reflects poor community awareness about the mental disabilities, as they considers all mental disabilities categorized as a **hereditary disease**.

"نأس كبر لما يتعرف أن في العيلة حد معاوق على طول ترخيص
الجواز من العيلة دى ويتعذر أن اي اعاقته ممكن تنقل عن طريق
الوراثة.

**Secondly: Adaptation of the mothers’ with these challenges.**

Mothers expressed various ways they used in order to address the challenges they were facing by living with a mentally disabled child. A variety of coping mechanisms and adaptation were employed in different situations depending on what seemed to be helpful to the mothers. All mothers agreed that, they support each others (social support group), they believe that the person who have the same problem like you, able to advice and helps you. They also believe that, the real family is there in the center.

"هانا الحمد لله أتفقنا ندفأ نه، ولأول مرة isFirst what I رأى
وجاه الصعوبات اللي بناقلنا بطرق كبيره، زي مثلا أنا نروح
لدكتور المتخصص عشان نصحنا وي تعالنا
وكمن احنا بارتها في الحق أو بتشوف الوصفات اللي ممكن
نعرفها من بعض أجا كلامات وعمليهم.

"بصارحنا ما يعيش بالان الا اللي كاشفها (ماسكها) عليكم كده
ضروري نعرف أن مدخن هبسنا علا وصيرك غير اللي زيكي.
"الأسرة الحقيقية هنا في الشتندر أو الذار دي، والله الواحد مش
بيضحك غير هذي".

**Thirdly: Maternal Feelings Regarding the Future**

One of the main concerns of mothers of mentally retarded children is about how their children will be taken care of when they die. Most of the respondents were anxious and worry and have fear from the future. Varying degrees of emotional distress were experienced by mothers as feelings of sadness and inner pain or bitterness, feel unhappy, guilty and have hopelessness.

"انا بصارحنا خليفة وفقاته قوي من يبكر ومش عارفة ازاي
ومين هبوعيه", "الفقد د يعدلني فعلا احسر بال�除يني
انجوست وخلقت هسس الاهل العقول د من غير اي حاجه
يتنس عليها وتحمي من اللي جاء بكره، وصارحنا معدين أي
خلاص انه ينسا ان يفالي نسبي بحاله فيه وعملت أكثر من ستة
عمليات ومعش قاديه", "حبيل ايه من بعد خليفة يتمزمة
انا بصارحنا بشوف نفسي يبكر في اللي حدث لاني
لاني وانا حامل تعرضت لضغط نفسي جامد بالذات بعد وفاة
جوزي، وده هو اللي خلآ بابي كده.

**DISCUSSION**

Mental retardation is a condition of arrested or incomplete development of the mind characterized by impairment of skills and overall intelligence in areas such as cognition, language, motor and social abilities W H O (19). For that reason, providing care for mentally disabled child poses a lot of challenges for the caregivers especially mothers. The findings of the current study revealed various psychological, social, physical and economic challenges that mothers experienced in providing care for their mentally disabled child. The mothers emphasizing on the great difference in providing care for normal child and mentally disabled one. Also, parents of children diagnosed with autism, cerebral palsy, down syndrome, fetal alcohol spectrum disorders, and other types of disabilities pose different and increased challenges compared with raising children without a disability. These findings agreed with Nurullah’s findings (20) who found that parents of children with developmental disabilities can experience negative feelings as stress, burden, sorrow, and physical exhaustion.

Moreover, the mothers in the current study pointed out that, generally there are no differences between the care provided to mentally disabled boy than girl. But some of them stated that the mentally disabled girl needs more protection and attention, and sometimes they need more care especially when they reach puberty and have menarche. Additionally, few mothers added that, either girls or boys were at risk of being physically and sexually abused such as being burned or raped. These findings confirmed by a study conducted in Australia by Ann Davis (21), who reported that individuals with developmental disabilities which include people with mental retardation, autism, cerebral palsy, epilepsy and learning disabilities were sexually assaulted ten times higher than the rate for non-disabled individuals.

Mental retardation places a severe burden on the individual and the family this involves assistance in carrying out activities of daily living and self-care, all evidence points towards a substantial burden caused by this condition. In most cases, this burden continues throughout life W H O (22). This was agreed by the mothers in the current study as
most of them stated that, they sometimes become overwhelmed by caring, for every member within the family, which leads to negative physical effects on the mother’s body. They may have a lot of physical problems due to extra effort. These physical challenges can be decreased by proper support from others in caring. The presence of a mentally retarded child in the family becomes a source of stress so that, support from other family members helps in reducing this stress. Grandparental support is an important factor in reducing stress Havalappanavar(23).

The current study found that, sometimes relatives especially mothers in law, aunts, and uncles are considered as the weapon that hit the mothers. Respondents pointed out that some mothers were divorced as a result of having a mentally disabled child. The mothers in law sometime ask her son to re-marry to have a healthy child. In contrast Upadhyaayaand Havalappanavar (23), revealed that none of the parents were having any problems with their grandparents and they were satisfied with their support.

The findings of the current study also shed the light on an important aspect of social challenges facing mothers as stigma, social isolation, lack of public awareness, social support, and marginalization. In addition, lack of familial support and rejection for disabled child were reported by the mothers in the current study. These findings were in line with Bauman (24) who reported that, parents of mental disabled children face a multitude of challenges. The first challenge faced by these parents is social isolation. Friends and family members may not understand the special needs of a mentally retarded children. The second challenge frequently is that parents of children with mental retardation are subject to stigma.

Additionally, the majority of mothers in the current study stated that they have communication problems with their children, as they sometimes cannot express their feelings properly, they cannot state exactly what they need. These findings were supported by Pisula et al. (25) study WHO found social communication and language deficits in first-degree relatives of individuals with Autism spectrum disorders (ASD). Both receptive and expressive language is affected.

The world health report 2001 found that mental health was neglected for far too long period and must be universally regarded in a new light W H O. (19). This statement was congruent with the current study findings as the majority of mothers in this study believe that the government didn’t help them; they also believe that the government did not punish the persons who are responsible about the occurrence of disability among poorer. All of them agreed that there is a lack of accountability in the governmental hospitals which cause a lot of suffering for the poor families. The most distressing aspect was inability of the child to acquire enough care due to an inadequate number of centers and hospitals. Mothers spent a lot of time looking for hospitals that could accommodate the child physiotherapy needs. So that, more focus on mental retardation care is needed, in order to decrease the psychological and emotional challenges facing mothers. The management and treatment of mental disorders in primary level of care are a fundamental step which enables the largest number of people to get easier and faster access to services.

Generally, inservice training for health care personnel regarding the essential needs and problems of the children with special needs is mandatory. Such training will ensure the best use of available knowledge of the largest number of people and makes possible the immediate application of interventions. Additionally, Mental health issues should be included in training curricula, with refreshing courses to improve the effectiveness of the management of mental disorders in general health services U.S. (26). This will in return decrease mothers mistrust for medical care that was reported by the mothers in the current study, where the majority of mothers believe that the junior physician in general hospital had no skills in diagnosis and management; especially for mentally disabled. Also, they added that improper diagnosis delay the care which leads to subsequent complications for their children.

Another type of challenges facing mothers in the current study was the economic challenges, there are two major themes
emerged in the current study that explained how living with a mentally disabled child interfered with the economic activities of the families, these were existing poverty that interfere with various income generating activities and extra expenditure due to the presence of disability. Furthermore, the mothers added that, overcrowded transportations put extra burden on the familial income as a private transportation is needed to reach to the clinics in order to receiving the needed care for the child. This findings confirmed by U.S (29) report which documented that transportation plays a critical role in providing access to employment, health care, education, and other community services. The transportation problem and such as scarcity and overcrowding affects the accessibility of services especially among handicapped.

Finally, this study sheds the light on many forms of challenges facing the mothers of mentally disabled child. So the mother support is considered to be the first responsibility of the medical team, especially nurses as they can help these mothers to deal with all forms of challenges. Public education and awareness campaigns on mental health and needs of mentally disabled should be launched in all primary health care settings and pediatric hospitals. The human rights of people with mental disability must be highlighted. Community health nurse and pediatric nurse together must be defended to protect the disabled child and provide adequate support for their mothers to have control over all types of challenges facing them.

CONCLUSION:

The findings of the present study revealed that, mothers of mentally disabled children experience various psychological and emotional, social, economic and physical challenges. Professional assistance, public awareness of mental disability in children, social support from the government, private sector, and non-governmental organizations are important for addressing these challenges.

RECOMMENDATIONS:

Based on the results of the present study, the following recommendations are suggested:

1. Establishing a special unit for mentally disabled child checkups and health counseling about mental health within the family health centers and pediatric hospitals.
2. Use mobile equipped units to provide appropriate health care services for disabled children in remote areas, which to be provided free of charge, and services must be provided by highly qualified team.
3. Developing comprehensive coordination and cooperation protocol among Alexandria Health Directorate, Alexandria University, NGOs, and other different sectors of the community to raise community awareness about mental health and care for disabled children.
4. Health care providers need to play a more visible role in continuously assessing mental disabled needs as well as to implement appropriate health education program to raise community awareness and to improve their knowledge, attitude, and practices toward mental health care.
5. More government-owned schools are needed, including schools providing special education for children with mental disability. These schools should be well equipped with resources (both human and materials), and should provide education free of charge or at reduced fees.
6. Encouraging the mass media to highlight disabled child's health needs and coping measures of this critical condition. Families should be made aware of existing facilities and be encouraged to use them. Media should advocate on human rights, empowerment and development of policies governing mentally disabled.
7. Further researches on child's disability with more emphasis on misconception and myths regarding mentally disabled care, which might hinder utilization of community health services.
Table (1): Personal and Socio-demographic Data of the Studied Mothers and their Children

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No</th>
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<tr>
<td><strong>Mother’s age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 40</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>40-</td>
<td>40</td>
<td>66.7</td>
</tr>
<tr>
<td>50- 60</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>Min-Max</td>
<td>35 – 60</td>
<td></td>
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<tr>
<td>Mean ± SD</td>
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<tr>
<td><strong>Level of education</strong></td>
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<tr>
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<td>60.0</td>
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<tr>
<td>Primary education</td>
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<td>University education</td>
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<tr>
<td><strong>Marital Status</strong></td>
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<tr>
<td>Married</td>
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<td>76.7</td>
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<tr>
<td>Divorced</td>
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<tr>
<td>Widow</td>
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<td>16.7</td>
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<td><strong>Occupation</strong></td>
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<td>Worker</td>
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<tr>
<td>Nonworking</td>
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<td><strong>Ability to pay for health services</strong></td>
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<tr>
<td>Able</td>
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<tr>
<td>Unable</td>
<td>36</td>
<td>60.0</td>
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<tr>
<td><strong>Types of child’s disability</strong></td>
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<tr>
<td>Down syndrome</td>
<td>34</td>
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<tr>
<td>Cerebral palsy</td>
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<td>43.3</td>
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<td><strong>Sex of mentally disabled child</strong></td>
<td></td>
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<tr>
<td>Male</td>
<td>26</td>
<td>43.3</td>
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<tr>
<td>Female</td>
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<td>23.3</td>
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<tr>
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<td>76.7</td>
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<td><strong>Birth order of mentally disabled child</strong></td>
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<tr>
<td>Second and more</td>
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<tr>
<td>6&lt; 12</td>
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<tr>
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<tr>
<td>Mean ± SD</td>
<td>10.70 ± 5.011</td>
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</table>
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24- Bauman S. Parents of children with mental retardation: coping mechanisms and support needs. Published thesis. Faculty of the Graduate School of the University of Maryland, College Park, 2004;5.


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