

Asses the Quality of Life & Explore the Associated Determinants Among Mothers of Mentally Challenged Children Residing Bagalkot District

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Abstract

Original Research Article

Background: Quality of life is a state associated with a positive perspective of the future and fantastic dimension of life. Hope is something that enables them to overcome the current situation and drives the individuals to act, move and achieve something. Quality of life refers to the level of standard attained in daily life of mother living with mental retardation which is measured using quality of life brief scales considering quality of life in terms of four domains.; physical domain, psychological domain, social relationship, environmental domain. **Methods:** Qualitative non-experimental approach with cross sectional descriptive survey research design was used for the study to accomplish the objectives. According to WHO quality of life brief scale where use collect data. a sample of 60 mothers was selected by convenient sampling technique. The data collected where analyzed using descriptive inferential statistics. **Results:** Assessment of levels of quality of life among mothers reveals that, majority of mothers (37) had poor quality of life and moderate (17) and (6) where good quality of life. Maximum physical health score of mother was 3.71 and minimum score was 1.29, the mean and SD was 2.5 ± 0.575 .maximum score of social health among mother was 3.67 and minimum score 1.00, the mean and SD was 2.54 ± 0.39 .maximum score of psychological health domains was 3.33 and minimum score was 1.33, the mean and SD 2.57 ± 0.248 .maximum score of environmental health among mothers was 3.38 and minimum score was 1.63, the mean and SD was 2.62 ± 0.22 .finding depicts that , there was a significant association found between marital status and quality of life ($\chi^2 = 10.229$, $P < 0.00$). Multiple logistic regression analyzes was done to determine quality of life mother mentally challenged children. A significant association was found between quality-of-life mothers and family monthly income ($P < 0.000$) with OR 0.153(CI 95%-1.407 to 1.63). No association found between other variables of quality of life and determinants. **Conclusion:** The study concludes that a significant positive correlation of quality of life among mothers living with mental retardation

Keywords: Quality of life, mothers, mental retardation.

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INTRODUCTION

Human society is the manner or condition in which the member of a community live together for their mutual benefit. It allows its members to achieve their needs or wishes which cannot be fulfilled by themselves all alone. family in society is the smallest social unit which consists of components [1] Around 10% of the world's population, or 650 million people, live with disability. The first ever world report on disability, produced jointly by WHO (World Health Organization) & the World Bank, suggested that more than a billion people in the world today experience disability [2]. Mental retardation is characterized by significant limitations both intellectual functioning & in adaptive behavior as expressed in conceptual, social and practical adaptive skills. This disability originates before the age of 18. Characteristics like, delay in development, slow

retardation [3]. Students with mental retardation are capable of learning a great deal; however they often need to be taught systematically & creatively in order to master certain skills. Many, cleaning, washing, preparation of food etc. are need to be taught & practiced multiple times to help them independently participate in daily routines & activities. With right environment & training program, students with mental retardation should show improvement in current life skills & begin to make programs with new skills. [4].

MATERIALS AND METHODS

Research approach quantitative research approach. Research design cross sectional descriptive survey research design. A purposive sampling technique were used to select of 60 Mothers of mentally challenged children attending Divya Jyoti center Bagalkot., Written

consent was taken from participants for the study. Self-structured questionnaires for Socio demographic variables, WHO Quality of life brief scale. were used as tool for data collection. The data was analyzed by using descriptive and inferential statistical.

Study design:

The study design adopted for this study was Non experimental descriptive design.

1. Setting of the study: The present study was conducted Mothers of mentally challenged children attending Divya Jyoti center Bagalkot.

Participants:

Mothers of mentally challenged children attending Divya Jyoti center Bagalkot. who met the inclusion criteria were selected as sample for the study

Instruments:

The study was conducted using a Structured Self-structured questionnaires for Socio demographic variables, WHO Quality of life brief scale. were used as tool for data collection.

Description of data collection instruments

Part I: The socio demographic and profile of mothers of mentally challenged children.

PART II: WHO Quality of life brief scale. will be used to assess the level of quality of life

Data Collection Procedures:

Data collection is gathering information needed to address the research problem. Prior to actual data collection, the investigator obtained permission from principle. Sajjalashree Institute of Nursing Sciences Navanagar Bagalkot and principle DivyaJyoti mentally challenged center. The main study was conducted from 01-09-2021 to 30-09-2021 among with following steps.

Study variable-1: Level of determinants.

Study variable-2: Quality of life among mothers of mentally challenged children.

Sociodemographic Variables

Age of mother, type of family religion, present occupation of parents, past occupation of parents, mothers' income, number of children in family, family income marriage age of mother, residence, type of marriage, pregnancy age of mother, mental illness in the family, current illness in the family

Statistical analysis:

The obtained data were statistically examined in terms of the objectives of the study using descriptive and inferential statistics. A master sheet was prepared with responses given by the study participants. Frequencies and Percentage was used for the analysis of demographic data, Multiple linear regression analysis to find the determinants (Predictors) of quality of life

Among Mother. The Chi square(χ^2) test to find out the association between socio demographic variables and quality of life Among Mother.

Ethical Clearance:

A certificate of ethical permission was obtained from ethical committee of the institution and written consent was taken from each participant.

RESULTS

Part I. Description of Socio- demographic variables

60 mothers that highest percentage is 55% belonging is group 31 to 40 years. 38.3% in the age group of 20 to 30 age of mother's. Lowest percentage is 6.6% were belonging to age group 40 to 50 years. It reveals that majority of mothers under the study were belonging to age group 31 to 40 years. majority 25% of mother's graduation and above education ,23% had secondary education ,13.33% mothers had no formal education and 15% of mothers had primary education and 23.3% of mothers had PUC education. It reveals that majority of participated mothers were 61.6% in the joint family and 38.3% of the participated mothers were in the nuclear family. It reveals that majority of mothers under the study from joint family. According to religion majority is 80% of mothers were Hindus. Followed by 10% of the mothers were Christian and 10% of the mothers were muslims. It reveals that the majority is 43.3% mothers of were Cooley, 26.6% of mothers were teachers,18.3% mothers were computer work,8.3% of mothers in social work and 3.3% mothers in business. It reveals that the majority of mothers occupation under study of Cooley. It reveals that the majority is 61.6% of mothers were house of wife and 21.6% of private employee and 8.3% of mothers in government employee and 1.6% of mothers were in business it reveals that majority of mothers under the study was house wife Percentage wise distribution of mothers based on their family income shows highest percentage is 86.6% mothers income between 5000 to 10000 and 6.6% mothers had an income between 11000 to 20000, and 5% of mothers had an income between 21000 to 30000 and lowest percentage is 1.6% had an income 31000 to 40000. It reveals that majority of mothers under the study of mothers monthly income between 5000 to 10000 Percentage wise distribution of mothers based on their family income shows highest percentage is 86.6% mothers income between 5000 to 10000 and 6.6% mothers had an income between 11000 to 20000, and 5% of mothers had an income between 21000 to 30000 and lowest percentage is 1.6% had an income 31000 to 40000. It reveals that majority of mothers under the study of mothers monthly income between 5000 to 10000. Percentage wise distribution of mothers based on their family income shows that highest percentage is 60% of mothers income between 10000 to 20000 ,30% of mothers had an income between 21000 to 30000,8.3% of mothers had income between 41000 to above and lowest percentage of mothers having family income 1.6%.It reveals that the majority of mothers

family income between 10000 to 20000. It reveals that majority of mothers were 100% of all mothers will be married. The percentage wise distribution mother based on their age of the marriage the highest percentage is 65% at the age of 11 to 20 and the lowest percentage is 35% at the age 21-30years. Percentage wise distribution of mothers according their area of residence that reveals highest percentage is 51.6% of mothers were from

village and 48.3% of mothers were from town. Percentage wise distribution of mothers regarding to their type marriage. It reveals that the highest percentage is 65% in the outside relationship and the lowest percentage is 35% in the blood relationship.

Part II: Assessment of perceived stress among NICU staff nurses.

Table 1: Frequency and percentage distribution of NICU staff nurses according their level of perceived stress (PSS-14) N=100

Levels of perceived stress			
Descriptions	Scores	Frequency	Percentage
Low	0-18	13	13%
Moderate	19-37	83	83%
High	38-56	4	4%

Table 1 shows that majority 83(83%) of staff nurses were having moderate level of perceived stress, followed by 13(13%) of staff nurses were having low

level of perceived stress, 6(6%) of staff nurses were having high level of perceived stress.

Table 2 Mean, SD of NICU staff nurses according their level of perceived stress PSS-14) N=100

	Mean	SD	Median	Range
Perceived stress scale (PSS-14)	27.24	5.96	28	29

Table 2 depicts that mean \pm SD score of perceived stress among NICU staff nurses was 27.24 ± 5.96 , median was 28 and range was about 29.

PART II: - Assessment of quality of life among mentally challenged children.

Section A – Assessment of quality of life among mothers of mentally challenged children. N=100

Table Levels of quality of life among mothers of mentally challenged children

Levels of quality of life	Range of score	No. of respondent	Percentage
Poor quality of life	<40	37	61.67%
Moderate quality of life	41-80	17	28.33%
Good quality of life	81-130	06	10%

Table 3 Assessment of levels of quality of life among mothers reveals that, the majority of mothers [37] had Poor Quality of life, [17] had moderate quality of life

and [6] had good quality of life (TABLE (5.4)). Section B – Mean and SD of quality-of-life scores of mothers.

Table 5.3: - Domain wise mean and SD of quality-of-life score.

Area	Mean	SD	Range
Physical health	36.76	7.48	30
Psychological health	26.68	6.15	24
Social health	31.63	6.55	31
Environment health			
Area			
Physical health			

Table 5.4: - Shows that maximum score of physical health score of physical health score of mothers Was 3.71 and minimum score was 1.29, the mean and SD of physical health score was 2.57 ± 0.575 . Maximum score of psychological health domains among mothers

was 3.33 and Minimum score Was 1.33, the mean and SD of psychological health score was 2.57 ± 0.248 .

PART III: -Multiple linear regression analysis to find the determinants (Predictors) of quality of life Among Mother.

Table 5.5: -Multiple linear regression analysis to find the determinants (Predictors) of quality of life Among Mother

SL.	Determinants	Std. error	P value	OR	95%confidence internal Exp(B)
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NO				value	Lower limits	Upper limits
1	Mother age	0.061	0.563	0.965	0.857	1.088
2	Illiterate	1.249	0.314	0.284	0.284	3.285
3	7 th std	0.000	-	4.419	4.419	4.419
4	PUC	0.326	0.819	0.828	0.164	4.174
5	Degree	-	-	-	-	-
6	Nuclear family	0.761	0.119	0.305	0.069	1.356
7	Joint family		0	-	-	-
8	Mother income					
	5000-10,000	1.129	0.000	1.53	1.683	1.407
	11,000-20,000	0.000	-	2.556	2.556	2.556
	21,000-25,000	0.000	-	0.667	0.667	0.667
	26,000-30,000	-	0	-	-	-
9	Coolie	4.129	0.994	5.314	0.000	
10	House wife	2.785	0.996	6.626	0.000	
11	Govt. employee	4.102	0.995	1.050114	0.000	
12	Private. employee	1.358	0.996	2.21431	0.000	
13	Children's					
	Head children one	2.157	0.996	6.41943	0.000	
	Head children two	2.587	0.990	4.966146	0.000	
	Head children three	2.817	0.989	3.568171	0.000	
	Head children more than four	-	0	-	-	
14	Family income					
	2000-40000	1.841	0.998	3.08718	0.000	
	41000-80000	1.757	0.997	4.67233	0.000	
	81000-12.0000	0.000	1.49968	1.49968	1.499E-68	1.499E-68
15	Rural	6847.943	0.994	3.30022.	0.000	
16	Urban	-	0	-	-	
17	consanguineous	2776.817	0.983	1.32025	0.000	
18	Non- consanguineous	-	0	-	-	
19	Mental illness					
	YES	2.527	0.982	3.852242	0.000	
	NO	-	0	-	-	
20	Present illness					
	YES	3023.642	0.992	2.52313	0.000	
	NO	-	0	-	-	
21	Mother care taker	2.670	0.998	4.86229	0.000	
22	Father care taker	2.679	0.998	1.38528	0.000	
23	Family member care Taker	-	0	-	-	
24	Child age 1-5 years	3.351	0.999	4.8814	0.000	
25	Child age 6-10 yrs	7943.211	0.991	7.04640	0.000	
26	Child age 11-15yrs	-	0	-	-	
27	Child sex - male	1.843	0.991	3.88492	0.000	
28	Child sex -female	-	0	-	-	
29	Child birth -1	5.054	0.993	5.423203	0.000	
30	Child birth -2	4.222	0.993	1.024153	0.000	
31	Child birth -3	3.310	0.993	1.163122	0.000	
32	More than 4	-	0	-	-	
33	Duration of illness at Birth	3.823	0.997	2.87663	0.000	
34	Duration illness 1-5yrs	2.358	0.995	3.11365	0.000	
35	Duration illness 6-10 yrs	2.215	0.993	1.07381	0.000	
36	Siblings -one	3.486	0.998	5.16944	0.000	
37	Siblings -two	3.680	0.996	1.14881	0.000	
38	Siblings-Three	2.680	0.993	1.28998	0.000	
39	Siblings-more than three	-	0	-	-	

Table 5.5: Multiple logistic regression analysis was done to determine the determinants associated With QOL of mother of mental challenged children a significant association was found between QOL of life

mother and family monthly income (P<0.000) WITH OR.(CI 95%-1.407 TO 1.683.

There is no association found between other variables quality of life and determinants.

PART IV: Association between quality of life and categorical socio-demographic and clinical Characteristics of mothers.

Table: -Association between quality of life and categorical socio -demographic and clinical of mother. N=100

SL. NO	Variables	Chi – Square value (χ^2)	DF	P value
1	Mother education	4.153	4	0.386
2	Type of family	3.540	1	0.060
3	Cast	0.767	2	0.681
4	Present occupation	1.553	4	0.817
5	Past occupation	3.748	4	0.441
6	Mother income	2.570	3	0.463
7	Number of children	0.292	3	0.961
8	Family income	3.937	3	0.268
9	Marriage age	5.966	8	0.651
10	Living place	1.080	1	0.299
11	Type of marriage	1.35	1	0.713
12	Pregnancy age	10.229	10	0.421
13	Mental illness	1.148	1	0.284
14	Exercise	0.124	1	0.725
15	Care taker	0.475	2	0.788
16	Child age	0.453	3	0.929
17	Child sex	1.705	1	0.192
18	Child birth no.	2.805	3	0.423
19	Duration of illness	1.862	3	0.602
20	Siblings	0.865	3	0.834

Revels the association between quality-of-life categorical socio-demographic of mother. Findings depict that, there was a significant association found between marital status and quality of life $\chi^2=10.229$, $p<0.05$ and no significant association found between of life and other variables.

Maximum score of environmental health among mothers was 3.38 and minimum score was 1.63, the mean and the SD of environmental health score was 2.62 ± 0.22 .

Part III: Multiple linear regression analysis to find the determinants (predictors) of quality of life among mother.

Multiple logistic regression analysis was done to determine the determinants associated with quality of life of mothers of between quality of life of mothers and family monthly income ($p<0.00$) with OR.153(CI 95%-1.407 to 1.63). there is no association found between others variables of quality of life and determinants.

Part IV: -Association between quality of life and categorical socio-demographic and clinical characteristics of mother.

The association between quality of life and categorical socio -demographic characteristics of mothers. Findings depict that, there was a significant association found between marital status and quality of life $\chi^2 =10.229$, $p<0.05$ and no significant association found between of life and other variables.

LIMITATIONS: The study includes the mothers of mentally challenged children RESIDING BAGALKOT DISTRICT

CONCLUSION

that association between quality of life and categorical socio-demographic and clinical characteristics of mother. findings depict that, there was a significant association found between marital status and quality of life $\chi^2 = 10.229$, $p < 0.05$]and no significant association found between quality of life and other variables

Declaration by authors

Ethical Approval: Institutional ethical clearance approved.

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Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

- National Association of Neonatal Nurses. (n.d.). What is Neonatal Nursing. NANN. <https://nann.org/about/what-is-neonatal-nursing>
- Fogaça, M. de C., Carvalho, W. B. de, Cítero, V. de A., & Nogueira-Martins, L. A. (2008). Factors that cause stress in physicians and nurses working in a pediatric and neonatal intensive care unit: bibliographic review. *Revista Brasileira de Terapia Intensiva*, 20(3), 261–266. <https://pubmed.ncbi.nlm.nih.gov/25307094/>
- Vinothkumar, M., Arathi, A., Joseph, M., Nayana, P., Jishma, E., & Sahana, U. (2016). Coping, perceived stress, and job satisfaction among medical interns: The mediating effect of mindfulness. *Industrial Psychiatry Journal*, 25(2), 195. https://doi.org/10.4103/ijp.ipj_98_14
- American Nurses Association. (n.d.). Healthy work environment for nurses. ANA. <https://www.nursingworld.org/practice-policy/work-environment/>
- Baye, Y., Demeke, T., Birhan, N., Semahegn, A., & Birhanu, S. (2020). Nurses' work-related stress and associated factors in governmental hospitals in Harar, Eastern Ethiopia: A cross-sectional study. *PLOS ONE*, 15(8), e0236782. <https://doi.org/10.1371/journal.pone.0236782>
- Kim, K., Han, Y., Kwak, Y., & Kim, J. (2015). Professional Quality of Life and Clinical Competencies among Korean Nurses. *Asian Nursing Research*, 9(3), 200–206. <https://doi.org/10.1016/j.anr.2015.03.002>
- Kannappan, S. R., & Veigas, J. (2021). Perceived Stress and Resilience among Nurses Working in a Selected Hospital at Mangalore. *Journal of Health and Allied Sciences NU*. <https://doi.org/10.1055/s-0041-1736455>
- Wulandari, A. E., Susilaningsih, F. S., & Somantri, I. (2018). The Professional Quality of Life of Nurses who Work in the Intensive Care Unit and Emergency Unit. *Journal of Nursing Care*, 1(3). <https://doi.org/10.24198/jnc.v1i3.18983>
- Amin, A. A., Vankar, J. R., Nimbalkar, S. M., & Phatak, A. G. (2015). Perceived Stress and Professional Quality of Life in Neonatal Intensive Care Unit Nurses in Gujarat, India. *The Indian Journal of Pediatrics*, 82(11), 1001–1005. <https://doi.org/10.1007/s12098-015-1794-3>