



Working Mothers Having Girl Child With Disability: Analysis Of Stress And Burnout From Various Perspective

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ABSTRACT

Basically burnout is a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur with individuals who work with other people in some capacity. The consequences of burnout are potentially very serious for workers, their clients, and the larger institution in which they interact. An analysis of burnout among working mothers having girl child with Disabilities brings an understanding to develop care and concern about both child with benchmark disabilities as well as towards their parents. .

A survey was conducted in the four schools of Coimbatore city on 60 mothers. The samples were selected based on purposive sampling method. Maslach Burnout Inventory (MBI) was administered to measure the level of burnout of mothers having girl child with ID. The data has been analyzed with the help of student's t-test. The t-value is interpreted on the particular level of significance. Qualitative interpretation is presented in result and discussion to interpret the condition of burnout among working mothers of girl child with Disabilities. The researchers found that there is a significant difference in the level of burnout of mothers based on their age, age of their girl child with mental retardation, their working experience and socio-economic status but there were no significant difference found in the level of burnout of mothers having girl child with ID based on their locality of residence, educational qualification and the type of family.

Keywords: Stress, Burnout, Mothers having girl child with Intellectual Disabilities

As per NEP (2020), the new education policy must provide to all students, irrespective of their place of residence, a quality education system, with particular focus on historically marginalized, disadvantaged, and underrepresented groups. This can only be achieved, if the girl children with special needs in society get optimum care and concern for their development at home and in the school. In this direction, parents of children with benchmark disabilities can provide complete attention and services; if they are free from various types of stress. Stress is the wear and tear our bodies experience as we adjust to our continually changing environment; it has physical and emotional effects on us and can create positive or negative feelings. Stress is the emotional and physical strain caused by our response to pressure from the outside world. Common stress reactions include tension, irritability, inability to concentrate, and a variety of physical symptoms that include headache and a fast heartbeat. As a positive influence, stress can help in compelling us to action; it can result in a new awareness and an exciting new perspective. As a negative influence, it can result in feelings of distrust, rejection, anger, and depression, which in turn can lead to health problems such as headache, upset stomach, rashes, ulcers, high blood pressure, heart disease, and stroke. With the death of a loved one, the birth of a child, a job promotion, or a new relationship, we experience stress as we readjust our lives. In so adjusting to different circumstances, stress will help or hinder us depending on how we react to it (*Subramaniam, 2010*).

The initial research on this syndrome involved interviews, surveys and field observations of employees in a wide variety of professions including health care, social services, mental health, criminal justice, and education (Jackson & Maslach, 1982). Some studies were also conducted to find out the stress level of parents of Persons with Disabilities (PwD) and professionals working with PwD and their parents. *Chaturvedi & Malhotra (1984)* investigated the perception and attitude of parents towards their mentally

retarded child and they found that most parents had unrealistic hopes and expectations and their feelings of shame, guilt and self blame were predominant. Rejection, hostility, neglect of child and other negative attitudes were significantly more often seen in younger parents, urbanites and those with higher education. The negative attitudes were found to be more towards a child with additional psychiatric problems. The study conducted by *Rastogi (1984)* on parents of children disability for their personality pattern with the help of Middle Sex Hospital Questionnaire (MSHQ), which was administered separately to mothers and fathers. Both the parents had obtained higher scores on scale of anxiety, phobia and depression; however a higher degree of neurotic traits were noticed in mothers than the fathers. It was found that the removal of misconceptions about mental retardation brings positive change in attitude of parents and brings down their stress level (*Channabasavanna et.al., 1985*).

Seo, J., H. & Kim, H. K. (2022) presented about the burnout of mothers with Infants and Toddlers during the COVID-19 Pandemic. The purpose of this study was to analyze the factors influencing burnout of mothers with infants or toddlers in the COVID-19 pandemic. The subjects of this study were 105 mothers who sent their children to daycare centers or kindergartens located in S and G cities. They were women who have experienced caring for children entirely at home during the COVID-19 pandemic. The collected data were analyzed using descriptive statistics, *t*-test, ANOVA, Man-Whitney U test, Pearson's correlation coefficients, and a stepwise multiple regression using the SPSS Window 25.0 program. Through the research results, it was confirmed that parenting stress, parenting efficacy, depression, and spouse's support influence the mother's burnout. Therefore, in future studies, it is necessary to expand mental health programs to lower parenting stress and depression into interventional studies on specific educational strategies such as programs to promote efficacy and improve spouse's support.

Sequeira et. al. (1990) studied a group of 55 mothers of male (N=30) and female (N=25) children with MR in the age group of 5-12 years with moderate (N=30) and severe (N=25) degree of retardation to assess the extent of the burden perceived and coping style utilized by the mothers in relation to and degree of retardation in their child. No significant difference in the perceived burden with reference to the sex of the child were found but significant differences were found by way of disruption of routine family activities, when degree of retardation was taken into account. Denial, rehearsal of outcome, finding a purpose and seeking emotional support were the commonly utilized coping styles found among mothers of children with MR. *Singh (1990)* investigated the insecurity and anxiety levels of mothers of children with MR and they found significant difference between the mothers of retarded and normal children. In the retarded group, between mothers of male and female children and those of high and low social economic status, significant differences were investigated. *Srivastava (1990)* conducted a study to find out the differences in frustration – aggression patterns of mothers of educable mentally retarded children and normal children. In their study, an Indian adaptation of Rozenzweig Picture Frustration Study (adult form by Pareek, 1968) was administered on 50 mothers of educable mentally retarded and 50 mothers of normal offspring to measure their reactions to frustrating situations. The results indicated that on direction of aggression, mothers differed significantly on extra punitive (E) and impulsive (M) factors. Further the mothers of normal children and mothers of educable mentally retarded children differed in their frustration reactions. *Peshwaria & Menon (1991)* presented a rationale for working with families who have children with disabilities in India. They describes various types of parents and family involvement programs to reduce the stress level, which includes individual programmes, group activities, parent training programs, siblings group and self help groups. *Venkatesan & Vepuri (1992)* designed their study to elicit parental perceptions of adjustment towards their children with MR. They found that mother – respondents perceive more adjustment problems in their children than father respondents and associated variables like parental education and sex of the affected child do not appear as significant variable in the perceived adjustment status of MR adults.

Chandorkar & Chakraborty (2000) presented that the parents of mentally retarded children had a higher prevalence of psychological morbidity than the parents of normal children. The most common psychiatric disorder was dysthymid followed by generalized anxiety disorder and moderate depression. *Maslach, Schaufeli, & lieter, (2001)* presented that Burnout may occur in any job, but it is a special problem in emotionally demanding helping professions, such as nursing, teaching, social work, childcare, counseling or police work. Often the most idealistic and caring workers are the ones who burn out. As somebody say, "You have to be on fire to burn out". *Basu, Mitra and Bhattacharya (2004)* conducted an interview with 80 mothers of children with mild mental retardation and concluded that the mothers must develop inner strength, mostly from formal and informal social support to deal effectively with the stressful situation. The study conducted by *Kumar et al. (2004)* to find out maternal expressed emotions for children with mental retardation revealed expressed emotions to be significantly more among the mothers of children with mental retardation. The findings also suggested that emotional over involvement and hostility was found more among mothers of children with mental retardation.

Burnout is a real term used in psychology to express a syndrome in which a person who works, often in a high demand job, suddenly becomes disillusioned, exhausted and disinterested in work. Work performance suffers, the individual with burnout may seem withdrawn, and some people, feeling that there's no recovery

from the condition, leave careers at which they've been very successful, or behave in ways that cause them to get fired. In other words burnout means –a condition that evolves slowly over a period of prolonged stress, wearing down and wearing out of energy, exhaustion born of excessive demands which may be self-imposed or externally imposed by families, jobs, friends, value systems or society which depletes one's energy, coping mechanism and internal resources, a feelings state which is accompanied by an overload of stress and which eventually impacts one's motivation, attitudes and behaviors.

Research has revealed that psychiatric morbidity (depression, anxiety, experiencing high levels of stress) are common among mothers of mentally disabled children. Studies from different countries on parents of children with disabilities suggested that 35-53% of mothers of children with disabilities have symptoms of depression. Burnout is a psychological term for the experience of long-term exhaustion and diminished interest. Research indicates general practitioners have the highest proportion of burnout cases (according to a recent Dutch study in *Psychological Reports*, no less than 40% of these experienced high levels of burnout). Burnout is not a recognized disorder in the DSM although it is recognized in the ICD-10 as "Problems related to life-management difficulty".

The well-studied measurement of burnout in the literature is the *Maslach Burnout Inventory*. Maslach and her colleague Jackson first identified the construct "burnout" in the 1970s, and developed a measure that weighs the effects of emotional exhaustion and reduced sense of personal accomplishment. This indicator has become the standard tool for measuring burnout in research on the syndrome. The *Maslach Burnout Inventory* uses a three dimensional description of exhaustion, cynicism and inefficacy. Some researchers and practitioners have argued for an "exhaustion only" model that sees that symptom as the hallmark of burnout. Many theories of burnout include negative outcomes related to burnout, including job function (performance, output, etc.), health related outcomes (increases in stress hormones, coronary heart disease, circulatory issues) and mental health problems (depression, etc.).

The commonly held attitude is that having a child with Intellectual Disabilities is traumatic. Most of the mothers of children with ID experience feelings of confusion, shock, disbelief, guilt, bitterness and envy. Although most mothers suspect that something is wrong with their child and even have tangible proof of the fact, many of them are afraid to face the truth.

When mothers are informed that their child is mentally retarded, they terribly shock. The blow is really hard. They disbelieve the doctor and hope he may be wrong. They even try to convince him that there is nothing wrong with their child, that he is just not understood. They try to convince themselves that they have known other children who had been similar to their child in nearly childhood but who later grew to be normal. This disbelief is bolstered up by relatives and friends. It is because of this refusal to accept the doctor's verdict that they look for someone who will tell them that the child is normal and that even though he shows certain signs of retardation, he/she will grow out of it in the near future. Looking behind this disbelief is the realization that something is wrong with the child. Some studies are conducted to analyze the stress level of parents of persons with disabilities, but studies to analyze the stress level of mother based on the above factors are limited in India.

The study was conducted with the following objectives-

- To find out the difference in level of burnout among mothers having girl child with disability attending special schools based on their *age of the girl child*.
- To find out the difference in level of burnout among mothers having girl child with disability attending special schools based on their *age of the mother*.
- To find out the difference in level of burnout among mothers having girl child with disability attending special schools based on their *working experience in the years*.
- To find out the difference in level of burnout among mothers having girl child with disability attending special schools based on their *socio-economic status*.
- To find out the difference in level of burnout among mothers having girl child with disability attending special schools based on their *locality of residence*.
- To find out the difference in level of burnout among mothers having girl child with disability attending special schools based on their *educational qualification*.

Methodology

The present study is a descriptive study and survey method was used to find out the burnout among mothers having girl child with ID. Purposive sampling technique was used for the selection of the sample of the present study. Purposive sampling starts with a purpose in mind and the sample is thus selected to include people of interest and exclude those who do not suit the purpose. 30 Mothers of children having girl child with ID has been selected for data collection. The data were collected at New Prashanti academy school and Kalanilayam School, established at Rama Krishna Mission University. Both the organizations are situated in Coimbatore city.

The important criteria for the selection of the sample were - Mothers should not be suffering from any disease like epilepsy, heart attack, high blood pressure or any psychosomatic disorder and must be a full time

working lady with an office hour of not less than 7 hour per day.

Description of Tool

Following tools were used by the investigator for collecting the data for the present study:

1. A performa was developed to collect the demographic details (related to different variables) of this study. The major information were collected about age of the mother, age of the girl child, educational qualification of mother, occupation of mother, economic status of the family, working experience of the mother, number of siblings, and locality of residence.
2. The *Maslach Burnout Inventory* was used to measure the burnout level of the mother of girl child with disabilities. Before using this checklist researchers analyzed the items and found the suitability for the target population. *Maslach* has developed inventories on burnout among different types of population. Among those inventories – the burnout scale developed for working professionals was used for data collection of the present study.

The *Maslach Burnout Inventory* designed to assess the three components of the burnout syndrome: emotional exhaustion, depersonalization, and reduced personal accomplishment. There are 25 items, which are divided into three subscales. The items are written in the form of statements about personal feelings or attitudes (e.g., “I feel burned out from my work,” “I don’t really care what happens to some recipients”). The items are answered in the terms of the frequency with which the respondent experiences these feelings, on a 5-point, fully anchored scale.

Basically this tool is in English language but it was translated in to Tamil language because Tamil is the regional language of Coimbatore city and participants may understand better in the Tamil language, So for this purpose, the person who was post graduate in English literature had translated the tool in from English to Tamil and further the Tamil version of the tool is translated into English by an scholar having post graduate degree in Tamil. The items of translated (English → Tamil → English) tool was matched with the original tool and it was found that the two items were found different from the original tool. Those two items in Tamil version were cross checked and corrected. The final tool contained the items in both English and Tamil language.

Maslach has developed a set of inventories like MBI – Human Services Survey (MBI-HSS), MBI – Educators Survey (MBI - ES), MBI – General Survey (MBI - GS). *Maslach burnout inventory* tool was already validated and published as well as used in the various field.

Procedure

The questionnaire was distributed to 52 mothers who were working under Sarva Shiksha Abhiyan (SSA) in Coimbatore city. After receiving their consent in writing for data collection, the inventory was distributed to all the samples. Before distributing the questionnaire the researcher has discussed with coordinator of the SSA about the purpose and any benefits of participants from this study.

One week gap was given to the participants for filling the given checklist. Some of the participants could not complete in the given one week. Hence Researcher has again visited to those participants and collected the questionnaire after 12 days. Out of 52 participants only 33 has returned the filled inventory during the given time. The demographic details of three checklists were not found to be properly filled. Hence, they were not included for data analysis and the responses of 30 participants were included finally. Written consent was taken from all the mothers having girl child with mental retardation before for their participation for this study. A copy of the proforma is attached in the appendix.

Data Analysis and Interpretations

As per the research design and plan, the data has been collected on mothers having girl child with disability and analyzed with the help of student’s t-test. The t-value is interpreted on the particular level of significance. The result of the study is interpreted in terms of the following objectives and hypothesis.

Table 2: Comparison of Mean burnout score of mothers having girl child with disabilities based on the age of their girl child

Age (Girl child)	N	Mean	Standard Deviation	t = 6.693 df = 28 p<0.001 HS**
Age (up to 15)	13	55.0	18.52	
Age (Above 15)	17	45.52	11.922	

Figure- 4.1: Comparison of Mean burnout score of mothers having girl child with disability based on the age of girl child

If we follow the criteria for interpretation of score by Maslach inventory then the burnout score of the mothers based on the age of their girl child with ID age above 15 years is 45. Here, Maslach indicates that – “the samples belonging to score between 36 – 50, seems to be under a low amount of job-related stress and

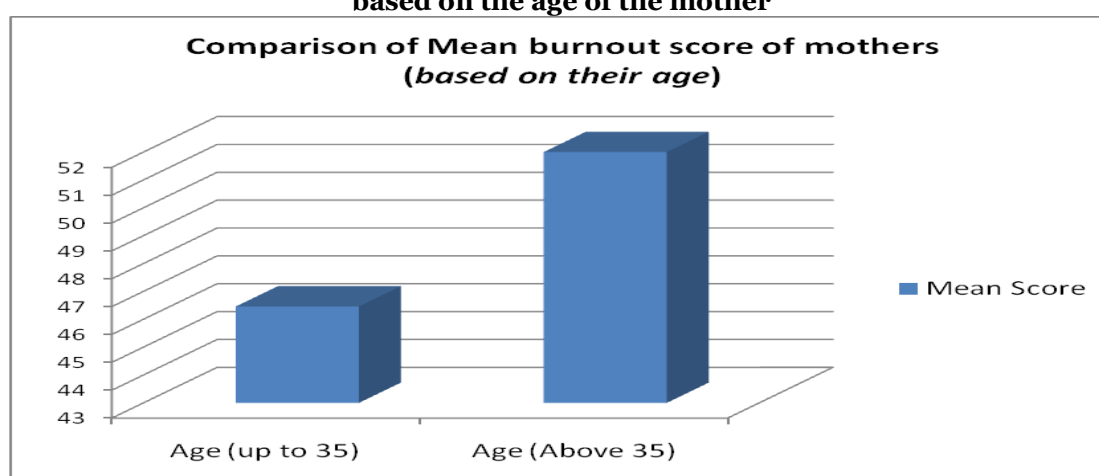
are not likely to burn out, however, the mean score of mothers having girl child aged up to 15 years is 55 and Maslach inventory suggest availability of a moderate amount of stress on the job and hence the person have a fair chance of burning out. For each question on which a person scores 4 or above, he must take action to improve his attitude or the situation surrounding those things that trouble him most". The difference in mean score was statistically significant at $P < 0.001$. The hypothesis-"there will be a significant difference in the level of burnout among mothers based on the age of their girl child with ID" is rejected at 0.001 level.

Table- 2: Comparison of Mean burnout score of mothers having girl child with disabilities based on the age of the mother

Age (of the mother)	N	Mean	Standard Deviation	t – 4.223 df – 28 p<0.001 HS**
Age (up to 35)	13	46.46	17.01643	
Age (Above 35)	17	52.0	13.5007	

The difference in mean score is found statistically significant. Hence it can be interpreted that the age of the mother having girl child with intellectual disability is directly proportional to their stress and burnout.

Figure - 1: Comparison of Mean burnout score of mothers having girl child with disability based on the age of the mother



As per Maslach inventory it was found that the mean burnout score of mothers based on the age of the mother having girl child with disability whose age above 35 years is 52 where Maslach tool indicates that-"the sample belonging to score between 51-70 expresses a moderate amount of stress on the job and have a fair chance of burning out. However, the mothers whose age is up to 35 years has a mean score of 46, here Maslach indicates "a low amount of job-related stress and are not likely to burn out.

Hence, the result of the study shows that there is a significant difference in burnout among mothers having girl child with mental retardation based on the age of the mother and the hypothesis-"There will be a significant difference in the level of burnout among mothers having girl child with intellectual disabilities based on their age" is rejected at 0.001 level.

Table- 3: Comparison of Mean burnout score of mothers having girl child with disability based on work experience of the mother

Work exp. of the mother	N	Mean	Standard deviation	t=9.119 df=28 p<.001 HS**
Up to 5 years	18	56.41	12.6904	
Above 5 years	12	45.11	17.5627	

The difference in mean burnout scores of mothers having girl child with intellectual disability based on work experience of the mother is statistically significant. As per Maslach inventory, the burnout scores of the mothers having girl child with disability whose age above 5 years is 45.11 where Maslach tool indicates a low amount of job-related stress.

However, the mothers whose experience of working is up to 5 years only has a mean score of 56.41 where maslach indicates a moderate amount of stress on the job and have a fair chance of burning out. Here the

inventory suggests - scored at 4 or above, consider ways you can reduce the stresses involved. If possible, take action to improve your attitude or the situation surrounding those things that trouble you most”.

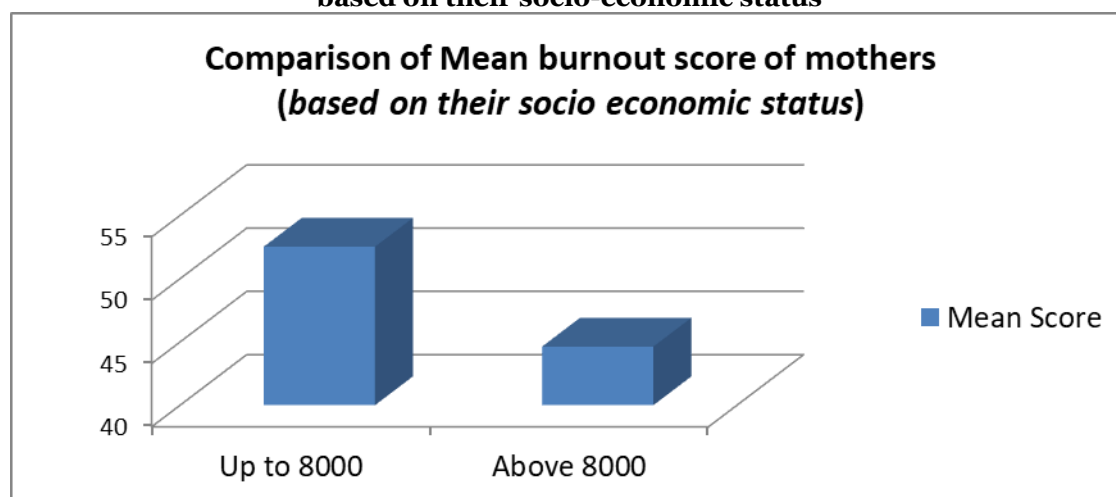
Hence, the result of the study shows that there is a significant difference in burnout among others having girl child with mental retardation based on the work experience of the mother and the hypothesis- “There will be a significant difference in the level of burnout of mothers having girl child with mental retardation based on the working experience is rejected at 0.001 level.

Table – 4.4: Comparison of Mean burnout score of mothers having girl child with disability based on their socio economic status

Socio-economic status	N	Mean	Standard deviation	t = 5.3116 df = 28 p>0.001 HS**
Up to 8000	19	52.52	15.3817	
Above 8000	11	44.63	15.3576	

From the above tables we find that the mean burnout scores of the mother based on the socio-economic status. However, the t-value is 5.3116 which is more than the table value $t = 3.408$ at 28 degree of freedom. The difference in mean score is found statistically significant. Hence it can be interpreted that the socio-economic status of girl child with mental retardation is directly proportional to their stress and burnout.

Figure – 4.4: Comparison of Mean burnout score of mothers having girl child with disability based on their socio-economic status



If we follow the interpretation criteria of Maslach inventory then we can find that the burnout score of the socio-economic status of the mothers having girl child with disability which is above 8000 is 44 where Maslach tool indicates that – “the sample belonging to score between 36-50 which express a low amount of job-related stress and are not likely to burn out. Look over those questions on which you scored at 3 or above and think about ways you can reduce the stress is involved”.

However, the mothers whose socio-economic status is up to 8000 has a mean score of 52 where Maslach indicates that- “the sample belonging to score between 51-70 which express a moderate amount of stress on the job and have a fair chance of burning out. For each question on which you scored at 4 or above, consider ways you can reduce the stresses involved. If possible, take action to improve your attitude or the situation surrounding those things that trouble you most”.

The result of the study shows that there is a significant difference in burnout among others having girl child with mental retardation based on their socio-economic status and the hypothesis- “There will be a significant difference in the level of burnout of mothers having girl child with mental retardation based on their socio-economic status” is rejected at 0.001 level.

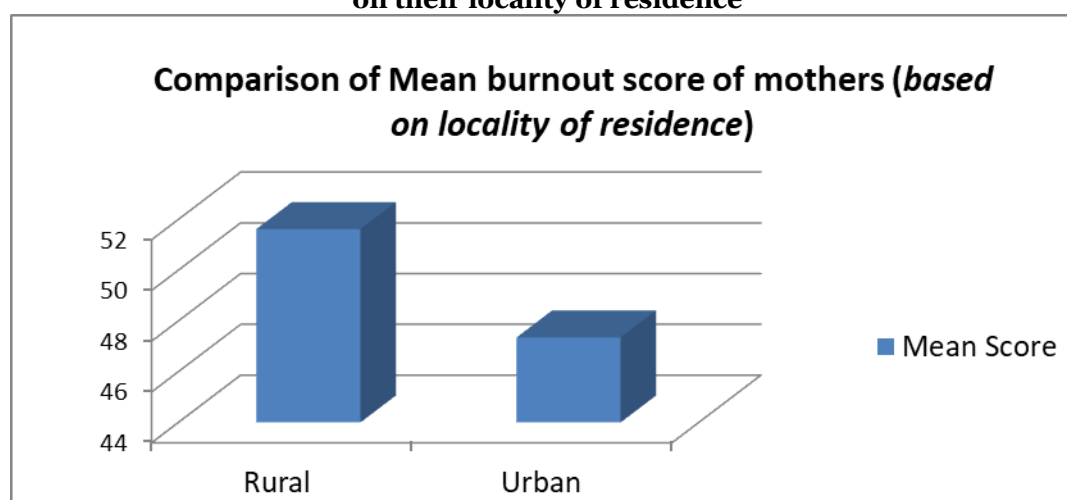
Table – 4.5: Comparison of Mean burnout score of mothers having girl child with disability based on locality of residence

Locality of residence	N	Mean	Standard deviation	t = 2.9638
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Rural	16	51.62	13.0224	df = 28 p<0.005 NS
Urban	14	47.35	18.33705	

From the above tables we find that the mean burnout scores of the mother based on their locality of residence. However, the t-value is 2.9638 which is less than the table value $t = 3.408$ at 28 degree of freedom. The difference in mean score is found statistically significant. Hence it can be interpreted that the locality of residence of mothers having girl child with mental retardation is not directly proportional to their stress and burnout.

Figure – 4.5: Comparison of Mean burnout score of mothers having girl child disability based on their locality of residence



If we follow the interpretation criteria of maslach inventory then we can find that the burnout score of the locality of residence of the mothers having girl child with disability in urban the mean score is 47 where maslach tool indicates that –“the sample belonging to score between 36-50 which express a which express a low amount of job-related stress and are not likely to burn out. Look over those questions on which you scored at 3 or above and think about ways you can reduce the stress is involved”.

However, the mothers whose locality of residence in rural area has a mean score of 51 where Maslach indicates that–“the sample belonging to score between 51-70 which express a moderate amount of stress on the job and have a fair chance of burning out. For each question on which you scored at 4 or above, consider ways you can reduce the stresses involved. If possible, take action to improve your attitude or the situation surrounding those things that trouble you most”.

Hence, the result of the study shows that there is no significant difference in burnout among others having girl child with mental retardation based on their locality of residence. So, the hypothesis - There will be no significant difference in the level of burnout of mothers having girl child with mental retardation based on the locality of their residence is rejected here at 0.001 level.

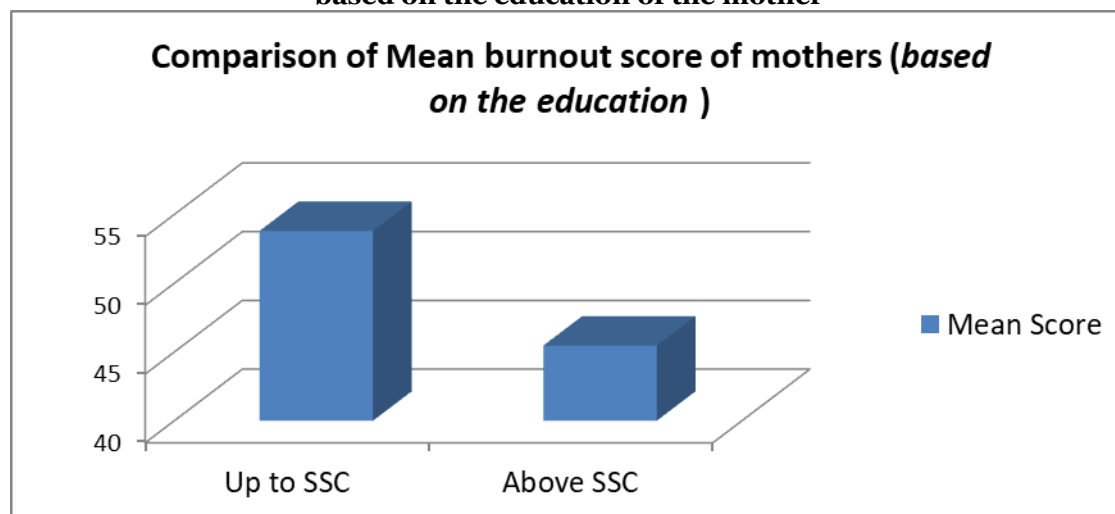
Table – 4.6: Comparison of Mean burnout score of mothers having girl child with disability based on the education of the mother

Education of the mother	N	Mean	Standard Deviation	t - value t = 1.631 df = 14 p>0.05 NS
up to SSC	15	53.80	16.751	
Above SSC	15	45.46	13.632	

From the above tables we find that the mean burnout scores of the mother based on their education. However, the t-value is 1.631 which is less than the table value $t = 3.408$ at 28 degree of freedom. The

difference in mean score is found statistically significant. Hence it can be interpreted that the education of the mothers having girl child with mental retardation is not directly proportional to their stress and burnout.

Figure – 4.6: Comparison of Mean burnout score of mothers having girl child with disability based on the education of the mother



If we follow the interpretation criteria of maslach inventory then we can find that the burnout score of the education of the mothers having girl child with disability up to SSC the mean score is 53 where maslach tool indicates that –*“the sample belonging to score between 51-70 which express a moderate amount of stress on the job and have a fair chance of burning out. For each question on which you scored at 4 or above, consider ways you can reduce the stresses involved. If possible, take action to improve your attitude or the situation surrounding those things that trouble you most”*.

However, the mothers whose education is above SSC has a mean score of 45 where Maslach indicates that–*“the sample belonging to score between 36-50 which express a which express a low amount of job-related stress and are not likely to burn out. Look over those questions on which you scored at 3 or above and think about ways you can reduce the stress is involved”*.

Hence, the result of the study shows that there is no significant difference in burnout among others having girl child with mental retardation based on their education. So, the hypothesis - There will be no significant difference in the level of burnout among mothers having girl child with mental retardation based on their educational qualification is accepted at 0.01 level.

Item analysis of responses of working mothers having girl child with disability on Maslach Burnout Inventory

When we refer the above table, it shows that on item no. 1 (Worry at night and have trouble sleeping), item no. 4 (Always feel tired, even when you get enough sleep), item no.6 (Get angry and irritated easily), item no. 7 (Have recurring headaches, stomach aches, or lower back pain), item no.18 (Pay too little). Mothers of girl child with mental retardation show comparatively high level of burnout because the above scores are more than 65 out of 125. According to *Maslach* Inventory all together it shows a high amount of job-related stress and may have begun to burn out. Consider studying stress reduction, assertiveness, and burnout prevention. Mark each question on which you scored a 4 or above and rank them in order of their effect on you – beginning with the ones that bother you most. For at least your top three, make a list of ways you can reduce the stresses involved and take action to improve your attitude and/or situation. If your body is reflecting this stress, get a medical checkup.

These items shows that in general the mothers of girl child with mental retardation are very much worry and their sleeping is distributed and troubled at night, Most of the item they feel tired and exhausted does not take much more interest and shows less enthusiasm while going for work, get angry and irritated easily. They also have recurring headaches, stomach aches as well as lower back pain and feel overwhelmed there response also indicates that the mothers of girl child with mental retardation are not satisfied with the payment they receive on the job.

Findings of the study

- 1) A significant difference is found in the level of burnout among mothers based on the age of their girl child with disability.
- 2) A significant difference is found in the level of burnout among mothers having girl child with disability based on their age.
- 3) A significant difference is found in the level of burnout of mothers having girl child with disability based

- on the working experience.
- 4) A significant difference is found in the level of burnout of mothers having girl child with disability based on their socio-economic status”.
 - 5) It has been found that “There is no significant difference in the level of burnout of mothers having girl child with disability based on the locality of their residence.
 - 6) It has found that there is no significant difference in the level of burnout among mothers having girl child with disability based on their education.
 - 7) It has found that there is no significant difference in the level of burnout among mothers having girl child with disability based on the type of family.

Discussion

The aim of the study was to find out the difference in level of burnout among mothers of girl child with mental retardation based on ***age of the girl child, age of the mother, working experience in the years, socio-economic status, locality of residence, educational qualification, and type of family***. To fulfill this aim *Maslach burnout inventory* for working people is used on 30 mothers of girl child with mental retardation and data was analyzed based on t-test. The result shows that there is a significance difference in the level of burnout among mothers having girl child with mental retardation based on their age, their working experience, their socio-economic status and the age of their girl child with mental retardation. However, the variables like locality of residence, type of family and education of mothers does not bring any significant difference in the level of burnout in mothers of girl child with mental retardation. The item analysis of the total score gained by mothers on all the 25 items shows that they are on risk of comparatively high level of stress on the items like – item no. 1 (Worry at night and have trouble sleeping), item no. 4 (**Always feel tired, even when you get enough sleep**), item no.6 (**Get angry and irritated easily**), item no. 7 (**Have recurring headaches, stomach aches, or lower back pain**), item no.18 (**Pay too little**). **Mothers of girl child with mental retardation shows comparatively high level of burnout because the above scores are more than 70 out of 125.**

The study conducted by Chandorkar and Chakraborty (2000) also found that the parents of mentally retarded children had comparatively higher prevalence of psychological morbidity than the parents of normal children. They often have generalized anxiety disorder as well as moderate level of depression. The present study also investigate that on more than 50% items of *Maslach Inventory* mothers of girl child with mental retardation showed moderate level of stress.

Studied conducted by Chaturvedi and Malhotra (1984), most of the parents of children with disability had feelings of shame, guilt and self-blame. Rejection, hostility, neglect of child and other negative attitudes were significantly more often seen in younger parents, urbanities and those with higher education. The negative attitudes were found to be more towards a child with a attritional psychiatric problems. The study conducted by Balogun (2019) examined the moderating role of work-family conflict self-efficacy in the relationship between work-family conflict and burnout among a sample of working mothers in banks situated in Lagos State, Nigeria. In line with the first hypotheses, work-family interference significantly positively predicted burnout and its dimensions. This suggests that working mothers who experience high work-family interference reported high level of burnout.

The item analysis also shows that the parents of girl child with mental retardation feel overwhelmed, avoid participating in happy social gatherings and feel less enthusiastic on work.

Conclusion

Based on the result of the study on analysis of “analysis of burnout among mothers having girl child with disability”, following conclusion can be derived –

- Based on the age of the girl child with disability mothers undergoes high level of work stress, (moderate level of burnout as per *Maslach inventory*) on the job.
- It is also concluded that mothers having age above 35 years undergone comparatively high level of burnout than mothers having age below 35. It means growing with her own age and also the age of girl child with disability work as a causative factors of mothers.
- It is natural that a person loose interest while the get more exercise on the job. The conclusion can be derived that mothers usually having an experience of more than 5 years shows significantly high amount of stress than mothers having less work experience.
- The salary of the individual which decides socio-economic-status is also found a contributive factor when deciding the burnout level of the mothers. It is concluded that mothers having comparatively high socio-economic status undergone with low level of burnout.
- It is also concluded that the variables like the locality of residence, education of the mother and type of family are not very contribute factors in bringing the difference in burnout level of the mothers of girl child with mental retardation.

- It is also concluded that the items like Worry at night and have trouble sleeping? Always feel tired, even when you get enough sleep? Get angry and irritated easily? Have recurring headaches, stomach aches, or lower back pain? Feel overwhelmed? Pay too little? Lack access to a social-professional support group? are the measures contributive factors in increasing the stress and burnout level of the mothers of girl child with mental retardation.

Educational Implications of the study

1. The outcome of the study indicates that the various factors like age of the girl child, age of the mother, socio-economic status of the mother, working experience and locality of residence of the mother contributes in increase in level of burnout of the mother of girl child with mental retardation.
- a. Hence, mothers need to undergo with various stress management programs to reduce their stress and burnout level.
2. It is found that as the age of the girl child's increase the mother have more burden to look after girl child's need. Apart from this they require better social from the people in the community. Better social awareness can be created regarding the problem and social stigma faced by mothers of girl child with mental retardation.
3. The government and non-government organizations may look into the financial and moral support required by a mothers of girl child with mental retardation.
4. The various stress management programs like yoga, physical activity, nutrition and social support etc should be organized by such organizational to reduce the stress level of mothers of girl child with mental retardation.
5. The flexibility and support from the employers, where mothers of girl child with mental retardation are working should be provided so that the extra responsibility due to availability of the girl child with mental retardation can be successfully tackled by such mothers.
6. The research community in the area of special education must take the responsibility of conducting the research on stress and burnout undergone by mother of girl child with mental retardation simultaneously they need to investigate the better intervention package and programs for mothers of girl child with mental retardation.

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