

## To study the role of parental counselling on disease outcomes among children with chronic diseases

Dr. Akriti Gupta<sup>1</sup> (Assistant Professor)

Dept. of Paediatrics, RD Gardi Medical College, Ujjain, M.P.<sup>1</sup>

Corresponding Author: Dr. Akriti Gupta

### Abstract

**Background:** Chronic diseases in children impose significant physical, psychological, social, & economic burdens on families. Parents often experience stress, anxiety, & difficulties in managing the long-term care needs of their children. Counselling interventions may improve parental coping abilities, disease management, & quality of life.

**Objective:** To evaluate the role of parental counselling in improving psychological well-being, treatment adherence, & quality of life among families of children with chronic diseases.

**Methods:** A cross-sectional analytical study was conducted among 100 parents of children diagnosed with chronic diseases attending paediatric outpatient clinics. Data were collected using a structured questionnaire assessing demographic characteristics, counselling exposure, parental stress levels, treatment adherence, & quality of life. Statistical analysis was performed using SPSS version 25. Chi-square test & independent t-test were used. A p-value <0.05 was considered statistically significant.

**Results:** Among 100 participants, 58% received structured counselling while 42% did not. Parents who received counselling demonstrated significantly lower stress scores ( $18.4 \pm 4.6$  vs.  $26.1 \pm 5.2$ ;  $p < 0.001$ ), better treatment adherence (87.9% vs. 65.4%;  $p = 0.002$ ), & improved quality-of-life scores ( $72.5 \pm 8.3$  vs.  $61.8 \pm 9.1$ ;  $p < 0.001$ ). Higher educational status was significantly associated with counselling utilization ( $p = 0.021$ ).

**Conclusion:** Parental counselling significantly improves psychological well-being, treatment adherence, & quality of life among families of children with chronic diseases. Incorporating structured counselling programs into routine paediatric care may enhance long-term disease outcomes.

**Keywords:** Parental counselling, chronic disease, paediatric care, treatment adherence, quality of life, stress management.

## Introduction

Children's chronic illnesses are a significant global public health concern. Long-term care, ongoing observation, & significant parental participation are necessary for conditions such as asthma, type 1 diabetes mellitus, epilepsy, congenital heart disease, chronic renal disease, & cerebral palsy [1]. The emotional, psychological, & social well-being of family members is greatly impacted by the stress of caring for a child with a chronic illness, which frequently goes beyond physical treatment [2].

Managing their children's long-term medical demands sometimes causes parents to suffer from anxiety, melancholy, guilt, uncertainty, & caregiver strain. Research has shown that parents of children with long-term illnesses experience more psychological discomfort than parents of children in good health [3]. Stress levels are raised by the intricacy of treatment plans, financial limitations, frequent hospital stays, & anxiety over the course of the illness.

In order to improve coping strategies, increase understanding of the disease, encourage medication adherence, & promote parent-child ties, parental counseling has become a crucial supportive intervention. Through counseling, parents can voice their worries, learn about managing diseases, & create useful coping mechanisms for everyday obstacles. Additionally, it helps family members become more resilient & adjust emotionally [4].

Counseling services are still underutilized in many contexts, despite the growing awareness of psychological assistance in pediatric healthcare. Healthcare professionals can create successful family-centered therapies by having a thorough understanding of how counseling affects parental outcomes [5].

The goal of the current study was to determine the effectiveness of parental counseling for parents of children with chronic illnesses & to examine its relationship to quality of life, treatment adherence, & stress reduction [6–7].

## Materials & Methods

A cross-sectional analytical study was conducted for 01 Year. The study was carried out in the pediatric outpatient & specialty clinics of a tertiary care teaching hospital. Parents or primary caregivers of children diagnosed with chronic diseases for at least six months were included.

### Inclusion Criteria

- Children aged from birth up to 18 years.
- Willingness to participate.
- Ability to provide informed consent.

### Exclusion Criteria

- Parents with diagnosed psychiatric disorders.

- Children with acute illness requiring emergency treatment.
- Incomplete questionnaire responses.

### **Sample Size**

A total of 100 parents were enrolled using convenience sampling.

### **Data Collection Tool**

A structured questionnaire was used comprising:

1. Sociodemographic information.
2. Disease-related characteristics.
3. Counseling history.
4. Parental Stress Scale.
5. Treatment adherence assessment.
6. Quality of Life (QoL) questionnaire.

### **Variables**

#### **Independent Variable**

- Exposure to parental counselling.

#### **Dependent Variables**

- Stress score.
- Treatment adherence.
- Quality of life score.

### **Statistical Analysis**

Data were analyzed using SPSS version 25.

Descriptive statistics included frequencies, percentages, means, & standard deviations.

Associations were tested using:

- Chi-square test.
- Independent t-test.

Statistical significance was established at  $p < 0.05$ .

### **Ethical Considerations**

Institutional Ethics Committee approval was obtained before study commencement. Written informed consent was obtained from all participants.

## Results

**Table 1. Sociodemographic Characteristics of Participants (n=100)**

Variable	Counselling (n=58)	No Counselling (n=42)	p-value
Mean age of parent (years)	36.8 ± 7.1	35.9 ± 6.8	0.531
Female parent (%)	37 (63.8%)	24 (57.1%)	0.492
Higher education (%)	39 (67.2%)	18 (42.9%)	0.021*
Employed (%)	31 (53.4%)	18 (42.9%)	0.298
Urban residence (%)	40 (69.0%)	24 (57.1%)	0.221

\*Significant

Parents with higher educational levels were significantly more likely to participate in counseling services (p=0.021).

**Table 2. Distribution of Chronic Diseases among Children**

Disease	Frequency (%)
Asthma	24 (24%)
Type 1 Diabetes Mellitus	18 (18%)
Epilepsy	17 (17%)
Congenital Heart Disease	14 (14%)
Cerebral Palsy	12 (12%)
Chronic Kidney Disease	8 (8%)
Congenital Adrenal Hyperplasia	7 (7%)

Asthma was the most common chronic disease identified among participating children.

**Table 3. Comparison of Stress Scores & Quality of Life**

Variable	counselling Group	No counselling Group	p-value
Stress Score (Mean ± SD)	18.4 ± 4.6	26.1 ± 5.2	<0.001*

Variable	counselling Group	No counselling Group	p-value
Quality of Life Score	72.5 ± 8.3	61.8 ± 9.1	<0.001*

\*Statistically significant

Parents receiving counseling reported significantly lower stress levels & higher quality-of-life scores compared with those who did not receive counseling.

**Table 4. Treatment Adherence According to counselling Status**

Adherence Status	counselling (n=58)	No counselling (n=42)	p-value
Good adherence	51 (87.9%)	27 (64.3%)	0.002*
Poor adherence	7 (12.1%)	15 (35.7%)	

\*Statistically significant

Treatment adherence was significantly better among parents who received counseling.

## Discussion

The current study assessed how parental counseling helps families deal with chronic illnesses in children. Results show that counseling is linked to better treatment adherence, less parental stress, & an enhanced quality of life [8].

Fifty-eight percent of the 100 participants had undergone structured counseling. This percentage shows that psychosocial support in pediatric healthcare is becoming more widely recognized. Nonetheless, a significant portion of parents continued to lack access to counseling services, underscoring the necessity of increased accessibility [9].

According to the study, parents who received counseling had much lower stress scores. Emotional weariness & uncertainty about the course of treatment are common effects of chronic childhood illness. Counseling lessens caregiver stress, enhances coping mechanisms, & offers emotional support [10]. Parental anxiety & despair significantly decreased as a result of psychosocial therapies, according to earlier research.

Parents who got counseling had far higher quality-of-life scores. Stronger support networks, increased self-assurance in one's capacity to provide care, & a greater awareness of diseases can all lead to improved quality of life. Counseling helps families operate better overall by fostering adaptive coping strategies & realistic expectations.

In the counseling group, treatment adherence was noticeably higher. Parental comprehension of treatment procedures is crucial for effective disease management. Counseling sessions offer information on dietary changes, medication schedules, symptom monitoring, & follow-up needs. As a result, parents who are well-informed are more likely to follow treatment suggestions [11].

The use of counseling was found to be significantly influenced by educational standing. Higher educated parents might be more responsive to psychological therapies & more aware of the support options that are available. Therefore, healthcare practitioners should create focused approaches to connect with parents that have less education [12].

The results validate the increasing focus on family-centered care models. Families' practical & emotional problems can be addressed by including counseling into routine pediatric care. Parents can receive extensive help from multidisciplinary teams that include social workers, psychologists, nurses, & pediatricians.

### **Limitations**

Several limitations should be acknowledged. The cross-sectional design limits causal inference. Convenience sampling may introduce selection bias. Self-reported measures are susceptible to recall & reporting bias. The study was conducted in a single center, limiting generalizability.

Future longitudinal studies are recommended to evaluate long-term effects of counselling interventions on disease outcomes & family well-being.

### **Conclusion**

Parental counselling plays a vital role in the management of children with chronic diseases. counselling significantly reduces parental stress, improves quality of life, & enhances treatment adherence. Incorporating structured counselling programs into paediatric healthcare services can strengthen family resilience & improve long-term outcomes for children with chronic illnesses.

Healthcare institutions should prioritize family-centered counselling interventions as an integral component of comprehensive chronic disease management.

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