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Impact of Gender and Locality on Anxiety and Mental Health of the Parents' of Developmental and Intellectually disabled children of Mayurbhanj District in Odisha

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Abstract

The study was aimed to find out the level of anxiety and mental health among parents having children with severe and profound mental retardation. Data was collected through stratified sampling technique from 160 *parents administering Comprehensive Anxiety Scale by Sinha & Sinha (1955) and Mental Health Checklist (MHC) by Kumar (1992). The t-test and Correlation techniques were used to find out the impact of gender and locality on level of anxiety and mental health of the parents of intellectually disabled children. Results showed that there was not found significant difference in levels of anxiety and mental health among parent's having developmental and intellectual disabled children in respect of gender and locality. There has been found positive correlation between anxiety and mental health of the parents having developmental and intellectually disabled children in respect of gender and locality.*

Keywords: Anxiety, Gender, Locality, Mental Health, Parents with IDD

i. Introduction

Caring for someone with a mental disorder can affect the dynamics of a family. It takes up most of the carers' time and energy. The family's responsibility in providing care for people with mental disorders has increased in the past three decades. This has been mainly due to a trend towards community care and the de-institutionalization of psychiatric patients. This shift has resulted in the transferred of the day-to-day care of people with mental disorders to family members. Up to 90% of people with mental disorders live with relatives who provide them with long-term practical and emotional support. Carer burden increases with more patient contact and when patients live with their families. Strong associations have been noted

between burden (especially isolation, disappointment and emotional involvement), caregivers' perceived health and sense of coherence, adjusted for age and relationship.

Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behaviour areas. About one in six children in the India have one or more developmental disabilities or other developmental delays. The most common forms were: developmental delay (69.3%), speech delay (14.3%), global delay (5.7%), gross motor delay (5.3%) and hearing impairment (3.6%). The prevalence rate of autism spectrum disorder (ASD) is estimated to be 1 in 500 and incidence rate is approximately 1 in 91 000 people in India.

As surveys show, most of the severe degrees of mental retardation come from the higher educational and income groups. On the other hand, the mild and moderate degrees of sub normalities are found in the underprivileged and socially disadvantaged classes. The male retarded out-number the females, the ratio being 2: 1, which has been explained as sex linked inheritance.

Good mental health is more than just the absence of mental illness. It can be seen as a state of mental health that allows one to flourish and fully enjoy life .everyone has both positive and negative experience in life. The ability to cope with negative experience varies greatly from one person to another and in large part, determines whether people enjoy their lives.

Mental health refers to our cognitive and emotional wellbeing-it is all about how we think, feel and behave. WHO defines mental health as the concept as :a state of wellbeing in which the individual realized his or her own abilities can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her own community (WHO, 2007).Individually, mental health affects our expressive, cognitive perspective, rational and coping abilities, understanding our general health and wellbeing and capacity to integrate into and become productive members of society (Dwivedi & Harper ,2004). There are a number of personal and environmental factors, which affect the mental health of parents.

- **Review of Literature**

The high level of stress or mental health problems experienced by parents of children with IDD could be related to subjective factors such as feeling social isolation and life dis-satisfaction (Majumdar, Da Silva, & Fernandes, 2019). Parents of these children may struggle with a multitude of emotions inter-changeably over years, and often have feelings of guilt that somehow they caused the child to be disabled, for logical or illogical reasons (Upadhyaya & Havalappanavar, 2017). Other factors related to parenting a child with an ID that may negatively impact parent mental health may include dis-appointment that their child will not reach the career ideals they had envisioned or feelings of embarrassment, shame and isolation. In this study, higher risk for psychiatric diagnosis of anxiety and depression together was associated with the gender of the parent.

ii. Profile of Mayurbhanj district in Odisha

Mayurbhanj is a land locked district with a total geographical area of 10418 Sq.km. and is situated in the Northern boundary of the state with district headquarters at Baripada. The district is bounded in the North-East by Medinipur district of West Bengal, Singhbhum district of Jharkhand in the North-west, Baleshwar district in the South-East and by Kendujhar in the South-West. More than 39 % of total geographical area (4049 Sq.Km.) is covered with forest and hills. The district comprises of 4 numbers of Sub-divisions with 26 nos of blocks with 404 Gram Panchayats and 3966 villages. Mayurbhanj district is one of the 30 districts in Odisha state in eastern India. It is the largest district of Odisha by area. Its headquarter terraria Baripada. Other major towns Rairangpur, Karanjia and Udala. As of 2011, it is the third-most-populous district of Odisha (out of 30), after Ganjam and Cuttack.

iii. Objectives of the study

1. To study the impact of gender and locality on anxiety level of the parents having developmental and intellectually disabled children.
    a) To find out the impact of gender on anxiety level of the parents having developmental and intellectually disabled children.
    b) To find out the impact of locality on anxiety level of the parents having developmental and intellectually disabled children.
2. To study the impact of gender and locality on mental health of the parents having developmental and intellectually disabled children.
    c) To find out the impact of gender on mental health of the parents having developmental and intellectually disabled children.
    d) To find out the impact of locality on mental health of the parents having developmental and intellectually disabled children.
3. To find out the correlation between anxiety and mental health among parents of developmental and intellectually disabled children in respect of gender and locality.

iv. Methodology

1. Hypotheses

a) There is no significant difference of anxiety level among parents of developmental and intellectually disabled children on the basis of gender.
b) There is no significant difference of anxiety level among parents of developmental and intellectually disabled children on the basis of locality.
c) There is no significant difference of mental health among parents of developmental and intellectually disabled children on the basis of gender.
d) There is no significant difference of mental health among parents of developmental and intellectually disabled children on the basis of locality.

e) There is no significant correlation between anxiety and mental health among parents of developmental and intellectually disabled children in respect of gender and locality.

2. Research design

The research design is given below:

	Urban				Rural			
Gender	Anxiety		Mental Health		Anxiety		Mental Health	
Male	20	20	20	20	20	20	20	20
Female	20	20	20	20	20	20	20	20
	40		40		40		40	
	80				80			
	160							

The sample for the study consisted of 160 parents of developmental and intellectually disabled children (IDD) selected by the age of 25-40 yrs as well as 80 parents from rural and 80 parents from urban background were selected for the study.

3. Location of the study:

The present study was conducted in Mayurbhanj district of Odisha.

v. Tools used:

The following **tools** were used for collection of data:

- **Personal Data Questionnaire**

It included various socio-demographic variables such as name, age, education, school, class, family income, residence, gender etc of the parents of disabled children.

- **Sinha Comprehensive Anxiety Test:**

For obtaining the data on anxiety and mental health, Comprehensive Anxiety Scale/Test developed by Sinha & Sinha (1955) was used. Sinha Comprehensive Anxiety Test (S C A T) Hindi version was constructed by A.K.P. Sinha (Raipur M.P.) and L.N.K. Sinha (Patna), It was approved by National Psychological Corporation, Agra. Scale comprises of 90 questions, which are related to the personality of the individual. Individuals have to respond to all questionnaires without any time limit.

- **Mental Health Check list (MHC):**

This Scale developed by Kumar (1992) was used to measure mental health of the college students. It consists of 11 items and it is a Likert type of scale with numerical values 4, 3, 2, and 1 was assigned

to 4 types of responses. Total scores are 44 and minimum are 11. Low scores on this checklist indicate higher mental health level, while high scores indicate lower mental health level.

vi. Analysis and Interpretation of the data

Mean, stranded deviation (SD) and significance difference of each sample group was calculated with help of t-test to study the anxiety and mental health of the parents of developmental and intellectually disabled child IDD).

- Impact of gender and locality on anxiety level of the parents having developmental and intellectually disabled children

Table-1

Objective 1.a) 'To find out the impact of gender on anxiety of the parents having developmental and intellectually disabled children'.

Mean, S.D. and 't' value of anxiety among female and male parents having developmental and intellectually disabled children

Gender	Group	N	Mean	SD	't' Value
	Female	80	35.21	9.66	0.05**
	Male	80	21.77	3.11	

*****Significant at 0.01 level***

Above table -1 shows anxiety level among parent's of developmental and intellectually disabled children on the basis of gender, the calculated mean is 35.21 for female and 21.77 for male respectively. The standard deviation (SD) in case of the male parents is 9.66 and that of female sample is 5.11 and obtained 't' value is 0.5, which is significant at 0.01 level, which means that there lies significant difference of anxiety level among parents of intellectually disabled children on the basis of gender.

So, our hypothesis H1 (a) 'There is no significant difference of anxiety among parents of developmental and intellectually disabled children on the basis of gender has been rejected.

Table-2:

Objective 1.b)'To find out the impact of locality on anxiety of the parents having developmental and intellectually disabled children'.

Mean, S.D. and 't' value of anxiety among parents of developmental and intellectually disabled children on the basis of locality

Locality	Group(Locality)	N	Mean	SD	't' Value
	Urban	80	24.21	4.76	4.82**
	Rural	80	18.43	2.78	

*****Significant at 0.01 level***

Above table - 2 shows the difference of anxiety level among parents of developmental and intellectually disabled children on the basis of locality, the calculated mean is 24.21 for urban sample and that of 18.43 is for rural sample respectively. The standard deviation (SD) in case of the urban parents is 4.76 and that of the rural sample is 2.78 and obtained 't' value is 4.82, which is significant at 0.01 level. It means that there lies significant difference in anxiety level among parent's of developmental and intellectually disabled children on the basis of locality.

So, our hypothesis H1 (b) 'There is no significant difference of anxiety among parents of developmental and intellectually disabled children on the basis of locality has been rejected.

Table-3

a) **Objective 2**. a) To find out the impact of gender on mental health of the parents having developmental and intellectually disabled children.

Mean, S.D. and 't' value of mental health among the parents of developmental and intellectually disabled children on the basis of gender

Gender	Group(parents)	N	Mean	SD	't' value
	Male	80	19.05	2.40	5.16**
	Female	80	21.32	3.09	

*****Significant at 0.01 level***

Above table-3 reveals the difference of mental health among parent's of developmental and intellectually disabled children on the basis of gender, the calculated mean is 19.05 for male sample and 21.32 is for female sample respectively. The standard deviation (SD) of male parents is 2.40 and that of female is 3.09 and obtained 't' value is 5.16, which is significant at 0.01 level. It means that there exists significant difference of mental health between male and female parents.

So, our hypothesis H2 (a) 'There is no significant difference of mental health among parents of developmental and intellectually disabled children on the basis of gender has been rejected.

Table-4

Objective 2. **b)** 'There is no significant difference of mental health among parents of developmental and intellectually disabled child on the basis of locality

Mean, S.D. and 't' value of mental health among of the parents having developmental and intellectually disabled children on the basis of locality

locality	Group	N	Mean	SD	't' value
	Urban	80	19.04	2.99	5.38**
	Rural	80	21.22	3.54	

*****Significant at 0.01 level***

Above table - 4 shows that the mean scores of mental health of urban parents are 19.04 and that of rural parents is 21.22. The standard deviation (SD) in case of the urban parents is 2.99 and that of rural sample is 3.54 and obtained 't' value is 5.38, which is significant at 0.01 level, it means that there lies significant difference between mental health of urban and rural parents on the basis of locality.

So, our hypothesis H2 (b) 'There is no significant difference of mental health among parents of developmental and intellectually disabled children on the basis of locality has been rejected.

Table-5

Objective 3. 'To find out the correlation between anxiety and mental health among parents' of developmental and intellectually disabled children in respect of gender and locality'.

Correlation (r) between anxiety and mental health of the parents having developmental and intellectually disabled children in respect of gender and locality:

variable	N	Co-relation
Anxiety	160	0.72**
Mental Health		

*****significant at the level of 0.01.***

Above table 5 observed that the correlation (r) scores of anxiety and mental health of parent's having developmental and intellectually disabled child were found 0.72, which is significant at 0.01 level, it indicates high correlation between anxiety and mental health of parents having developmental and intellectually disabled child in respect of gender and locality,

So, our hypothesis H3 'there is no significant correlation between anxiety and mental health of parent's of developmental and intellectually disabled children has been rejected.

vii. Discussion:

The main objective of the present research was to study the level of anxiety and mental health of parents having developmental and intellectually disable child in respect of gender and locality.

It is observed from the findings that there has been found significant difference in anxiety and mental health on the basis of gender and locality.

And high correlation was found between anxiety and mental health of parents having developmental and intellectually disabled child.

Bridging social capital is outward-focused and links various minority or smaller ethnic groups within a large multi-cultural umbrella conceptualize, treat and cope with parents having developmental and intellectually disabled child, is much different than the people of dominant' culture. Very often ethnic minority people have to face problems like discrimination, fear of being swallowed by dominant culture (Kleinman, 1988). Economic and political disparities factors would make them susceptible for developing mental disorders (Karlsen & Nazroo, 2002).

Universal screening should lead to early detection and timely intervention of medical conditions, ultimately leading to a reduction in mortality, morbidity and lifelong disability. The dividends of early intervention would be huge, including improvement of survival, reduction of malnutrition, enhancement of cognitive development, educational attainment, and overall improvement of quality of life of the child.

High level of stress and mental health problems experienced by parents of children who could be related to subjective factors such as feeling social isolation and life dissatisfaction (Majumdar, Da Silva, & Fernandes, 2005). Parents of these children may struggle with a multitude of emotions interchangeably over years, and often have feelings of guilt that somehow they caused the child to be disabled, for logical or illogical reasons (Upadhyaya & Havalappanavar, 2008).

According to Anderson (2018) disabilities must cope with grief, worries about the future of their children. Parents of children with disability face some additional stress, first, they often live with uncertainty about what caused their child's disability, as well as possible guilt over hither they did or failed to do something that led to their child's disability. Other factors related to parenting a child with an ID that may negatively impact parent mental health may include disappointment that their child will not reach the career ideals they had envisioned or feelings of embarrassment, shame, and isolation. In this study, higher risk for psychiatric diagnosis of anxiety and mental health together was associated with the gender of the parent.

Literature has been searched the both electronic databases including Pub Med and manual searches for this. Caregivers with high supernatural explanations of mental illness had stigma, which evidences the need to challenges supernatural explanations of mental illness. Behavioural problems in children with autism are also associated with parent–child dys-functional interactions among parents. Studies have shown that there is a two-way connection between parent–child relationships and behavioural problems in children. This means that children's behavioural problems could predict the tendency of mental health change in the emotional quality and parent–child relationships. In other words parents have to work harder during these parent–child interactions (Rajkumar, 2020).

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