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Assessment of psychosocial status and economic issues of parents of child with locomotor disability in selected Hospital, Kolkata

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Abstract

Assessment of psychosocial status and economic issues of parents of child with locomotor disability in selected hospital, Kolkata, West Bengal” was undertaken with the objectives to assess the psychosocial status and economic issues of parents, to find out the association of psychosocial status and economic issues of parents and related demographic variables. The conceptual framework used in the study was the Modified Roy’s adaptation model. A descriptive survey design was adopted. Nonprobability convenience sampling technique was followed. Structured interview schedule was used. Fifty eight Percent respondents were from rural area. Majority (72%) of respondents were belonged to upper lower socio-economic group and 91% of their child had permanent locomotor disability. Ninety three percent of parents experienced frustration frequently and 66% of parents stated hopelessness always. Regarding personal habits 77% of parents experienced poor sleep and 77% had poor personal care. Eight seven percent of respondents reported financial hardship due to their child’s illness.

Statistically significant association was found between parent’s emotional status and socio economic status; personal habits and between economic issues and socioeconomic pattern of parents. The study has implications for nursing service, education, administration and research.

Keywords: Psychosocial status; economic issues; locomotor disability; personal habits

Introduction

In an era of rapid technological advancements and evolving global dynamics, the need for continuous learning and skill enhancement has never been more critical. The ability to adapt to new challenges and acquire relevant knowledge is essential for both individual and organizational success. This document explores key concepts, strategies, and best practices aimed at fostering professional development, improving efficiency, and driving sustainable growth.

The modern landscape of education and professional training emphasizes the integration of innovative methodologies, digital tools, and data-driven approaches to maximize learning outcomes. Organizations are increasingly leveraging technology to enhance training programs, making learning more accessible, engaging, and effective. The shift toward competency-based learning, personalized skill development, and hands-on training ensures that individuals remain competitive in their respective fields.

Material and Methods

The quantitative descriptive survey design was adopted for the present study.

Setting of the study

i) Pilot study: Pilot study was conducted at National Institute for Locomotor Disabilities (Divyangjan), B.T.

Road, Bonhooghly, Kolkata-700090, West Bengal

ii) Final study

Final study was conducted at National Institute for Locomotor Disabilities (Divyangjan), B. T. Road, Bonhooghly, Kolkata-700090, and West Bengal.

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Inclusion criteria

1. Parents whose Children were in age group of 6-15 yr having only permanent locomotor disability.
2. Parents of children who were being accompanied by atleast either of the two parents.

Exclusion criteria

1. The parents who have children with locomotor disability below 5 years and above 12 years.
2. Parents of children with multiple disabilities.
3. Parents of children with disability other than locomotor such as visual, hearing, or mental disability.
4. Disabled children who were not accompanied by any parents.

Sample

All subjects who fulfilled the inclusion criteria and were willing to participate, were enrolled in the study.

Description of the tool

The following tools were used for collecting data:

Part-A: Socio demographic profile for the parents of child with locomotor disability

The tool were developed to collect demographic data of the parents of child with locomotor disability. The tool consists of 12 items such as age, gender, types of family, number of living children, residential area, education of head of the family, occupation of head of the family, monthly family income, the numbers of members of the family and religion of parents of child with locomotor disability.

First draft of the structured interview schedule was prepared and content validity was established by requesting suggestions and opinions from experts from the field of orthopedic and trauma, community medicine, psychiatric, clinical psychology, psychiatric nursing and medical surgical nursing. Final draft of the structured interview schedule was prepared with modifications and addition suggested by the expert.

Part B: Psychosocial status

The tool was developed to collect data related to psychosocial status. The structured questionnaire containing several questions pertaining to emotional and social status. The person self-reports on 8 items which are indicators of emotional states or groups, that is 1) Frustration, 2) Depression, 3) Anger, 4) Guilt, 5) Hopelessness, 6) Mental support

Part-C: Economic Issues

The tool was developed to collect data related to economic issues. The structured questionnaire containing several questions pertaining to economic issues. The person self-reports on 8 items which are indicators of economical issues, i.e., 1) Employment, 2) Financial assistance, 3)

Expenditure for special arrangement, 4) Financial burden, 5) Two most source of expenditure.

Ethical consideration

Ethical permission was taken from the institutional committee of National Institute for Locomotors disability, B.T. Road, Kolkata and consent from the sample prior to data collection.

Statistics Analysis

Both descriptive and inferential statistics were used to analyze and classify the tabulated data. The analysis and interpretation of the data was done in accordance with the objectives of the study.

Discussion

In accordance with the literature our result reflects that locomotor disability of child affect emotional status and there is a significant change in personal habits of parents and economic issues of parents.

Result

- i) **Demographic data:** 88% parents belong to the 20 -40 years of age group; 71% of the parents were female; 58% of the parents were from rural area; 50% of parents had completed education up to middle class certificate level. 37% of parents were unskilled worker; 43% had a family monthly income of up to rupees 2,641-7,886 and 73% belonged to lower category. 91% have child suffering from permanent disability and 67% have child suffering from cerebral palsy.
- ii) **Psychosocial status:** 65% of the parents expressed feeling of depression at all times and 32% of them expressed depression sometimes and 93% expressed frustration either always or sometimes. 65% of parents expressed hopelessness always and 23% of them expressed hopelessness at sometimes. 74% of parents expressed anger either always or sometimes; 72% of parents quarrel with their spouse rarely. 67% of parents reported a decline in watching movies; 68% reported a decline in watching TV and videos, 77% were having poor sleep either at always or sometimes; 78% parents were having little time either at always or sometimes or 77% were taking poor personal care either always or sometimes.
- iii) **Economic issues:** 92% of respondents faced with interference with job, 87% of them had to take unpaid leave to attend their children; 52% of them had resigned from a job due to their child’s illness; 56% had taken the monetary help of their family members / relatives to take care of the child and 87% reported financial hardship due to their child’s illness.

So, it can be concluded that these attributes (anger, guilt) of emotional status were associated with the socio economic class of the respondents (Table-1).

Table 1: Association between parent’s emotional status and their socio-economic status n=100

Frustration	Always Sometimes or rarely	14(51.9) 13(48.1)	44(60.3).574 29(39.7)	.449	Not significant
Depression	Always Sometimes or rarely	14(51.9) 13(48.1)	51(69.9) 2.81 22(30.1)	.094	Not significant
Anger	Always Sometimes or rarely	02(07.4) 25(92.6)	22(30.1) 5.58.018 51(69.9)		Significant
Guilt	Always Sometimes or rarely	04(14.8) 23(85.2)	26(35.6) 4.061.044 47(64.4)		Significant
Hopelessness	Always Sometimes or rarely	20(74.1) 07(25.9)	46(63.0) 1.07.300 27(37.0)		Not Significant

The association between interference of food habits of parents and their number of living children which was found to be statistically significant (Table-2).

Table 2: Association between interference with personal habits and their number of living children. n=100

Interference with personal habits	Frequency of interference	Number of children the parents are taking care of		χ^2 p	Significance At 0.05 level
		Only the affected child f (%)		More than the affected child f (%)	
Sleep habit	Always	10 (28.6)	24 (36.9)	.707.400	Not significant
	Sometimes or rarely	25 (71.4)	41 (63.1)		
Food habit	Always	05 (14.3)	23 (35.4)	5.024.025	Significant
	Sometimes or rarely	30 (85.7)	42 (64.6)		
Personal care	Always	11 (31.4)	31 (47.7)	2.470.116	Not significant
	Sometimes or rarely	24 (68.6)	34 (52.3)		

Discussion

The study was conducted with the core purpose of assessing the psychosocial status and economic issues of parents of child with locomotor disability and association with selected variables. A descriptive survey design was used. The sample concluded 100 parents of child (5-12 years) with locomotor disability. On the basis of the objectives of the present study and its findings, a discussion was held in relation to other studies.

In the present study, the majority (71%) of the participating parents were female in gender. This finding is supported by a study by Kriti Kiran *et al.* where more than 86% of the participants were female. However this finding is in contrast with the findings by Sandip Ramesh Rao Dhole, where 85% were male [1].

In terms of occupation and socio economic condition of the participants it was found that majority (37%) of them were unskilled workers. Similarly, 72% of them belonged to the upper lower socio economic class which is similar to the participants in a study done in India in 2006 where 50% of them belonged to the upper lower socio-economic class [2].

In the present study, it was found that (91%) of children had permanent type of locomotor disability. This finding is in contrast with the finding of a study done in Trivandrum, in 1999 where about only 15% of the children experienced permanent locomotor disability [3].

In the present study majority (65%) of the parents expressed feeling of depression at all times and 32% of them expressed depression sometimes. This result was supported by another study by Thomas SV. *et al.* (February 1999) which revealed that 48% of parents of children with epilepsy also experienced depression frequently. This finding was also supported by a study by Aditi S Jambekar where it was found that 94% of the parents of children with special needs experienced stress and worry [4].

In the present study, a very high percentage (93%) of parents expressed feeling of frustration. This study result was supported by Thomas SV, Bindu VB. (February 1999) where 52% of patents of child with epilepsy experienced frequent frustration [3].

In the present study, majority (88%) of parents expressed hopelessness. This study result supported by the findings of study conducted in India (1999) on parents of children with epileptic seizure. This study showed that 76% of parents had frequent hopelessness [3].

In this present study regarding anger, a high percentage seventy four (74%) of parents expressed anger. But this is in contrast with the findings of a study conducted by Thomas SV. *et al.* (1999) on parents of children with epileptic seizure. This study revealed that 38% of parents experienced

anger frequently [3].

In this study it was seen that all the participating parents expressed that they had received emotional support from their spouse and 80% of them got support from spouse in giving child care. Seventy two present of the parents expressed that they rarely quarreled with their spouse. This study result is supported by another study done in India, 1999 where the 92% of parents of children with epileptic seizure expressed that they received emotional support from their spouse and in 36% of families, the child illness was a reason for arguments between parents [3].

In the present study majority of the parents reported a decline in their social activities after their child developed locomotor disability. In this regard it was seen that 67% of parents reported that they had decline in watching movies, 68% reported decline in watching TV and videos and 71% reported decline in visiting friends and relatives. However, the decline in visiting holy places was only 35%. But this result is in contrast with the findings of another study done in India, in 1999. The majority of the parents expressed a decline in their social and leisure activities due to their child's epilepsy. This study showed that Social activities of parents i.e. going to the movies is decreased 31%, watching TV and videos 29%, visiting friends and relatives 38%, celebrating functions 18% and visiting holy places 0% [3].

In present study the majority (77%) of parents experienced poor sleep, 78% experienced little time for meals and 77% had poor personal care. This result is supported by another study in India (1999) where the 82% of parents of child with epileptic seizure experienced poor sleep, 76% experienced little time for meals and 74% experienced poor personal care [3].

In the present study, the parent's feeling of anger and guilt were associated with their socioeconomic class; in other hand frustration, depression and hopelessness were not associated with their socioeconomic class. This study also reveals that there was no association between emotional status and age; emotional status and gender. The parent's food habits were associated with number of living children; in other hand sleep habit and personal care were not associated with number of living children.

Regarding the impact of child's disability on the parent's economic condition, it was found in this study that 87% of them had to take unpaid leave to attend to their children. However another study conducted in 1999 among parents of epileptic children showed that nearly 47% of parents had to take unpaid leave to take care of their children [3].

In same study only 5.3% of parents required job transfer for better care of their child. In contrast. the present study showed that nearly 24% of parents obtained a job transfer

for it.

In this study fifty six (56%) percent of the parents had drafted the monetary help of their family members or relatives to take care of the child. This study result is supported by Thomas SV. *et al.* (1999) conducted a study on parents of epileptic child. This study showed that 55% of the parents had drafted the help of other family members (Grandparents, elder children and other senior members in the case of a joint family) to take care of the child. Twenty two were receiving monetary support from other members in the family ^[3].

In this study, 87% percent of respondents reported financial hardship due to their child's illness. This result of the study is supported by Aditi S Jambekar, *et al.* conducted a study on parents of child with special needs where 74% of parents faced financial constraints due their child's illness. This study result also supported by the study conducted in India in 1999 on parents of children with epilepsy where 60% of them reported financial hardship to take proper care their child ^[4, 3].

In present study, fourteen (14%) had to incur extra expenditure such as personal transport for the child's travel to school. However another study showed the higher percentage (34%) of participants had to make special arrangements for their child's travelling as extra expenditure ^[3].

In this study, 37% of the participants found cost of travel as the most important expenditure. Cost of physiotherapy as the most important expenditure was reported by 25% of participants and cost of medicines by 17%. Regarding the second most important source of expenditure 35% felt it was due to cost of medicine, 29% felt as a cost of travel and 16% expressed it due to cost of physiotherapy. This result is supported by another study by Ananya Ray Laskar, *et al.* (2005-2006) which revealed that the parents of the disabled children were severely burdened in terms of financial issues and mental health. This study result is also supported by Thomas SV, *et al.* (1999) where regarding the single most important expenditure, the 54% of participants felt it was the cost of drugs, 36% of them felt the cost of travel to hospitals and only 6% of them felt the cost of hospitalization ^[5, 3].

In present study, financial hardship faced by parents not associated with number of living children; in other hand there is association between received financial assistance and number of living children.

Conclusion

In accordance with the literature our result reflects that locomotor disability of child affect emotional status and there is a significant change in personal habits of parents and economic issues of parents. Psychologist should be recruited in all national level institutes and counselling facilities should be available as a integral part of rehabilitation. The health insurance and day -care centre should be available for disabled children. All these facilities should be considered as a necessary part of reduction the social and financial burden.

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Conflict of Interest

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