



IS SPIRITUALITY HELPING TO OVERCOME ANXIETY, DEPRESSION AND MENTAL STRESS AMONG BLIND ADOLESCENTS? : A CROSS SECTIONAL STUDY OF A BLIND SCHOOL, MEERUT

Community Medicine

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ABSTRACT

Background Vision impairment can extend from no vision – visual impairment – or exceptionally low vision to not having the option to see specific hues. Serious vision misfortune or visual deficiency can influence your kid's development and learning. Early mediation can enable your kid to contact his maximum capacity. Otherworldliness gives an individual a feeling of rising above their prompt conditions and an intrapersonal development of direction and importance for their own life, with an inward feeling of association and trust in their own interior assets. **Objective** The goals of this study were to examine the impact of spirituality on both coping skills and vision-specific health-related quality of life (HRQOL) and the effect of psychological manifestations among Sparsh Govt. Blind Inter College, Partapur Meerut. **Methods** A cross sectional study was conducted and purposive sampling was used. Percentages and chi square test was used to find the most common and association of different psychological manifestations. **Result** In our study, 13.8% had depression of varying degree. The most common psychological manifestation was anxiety (46.7%) among them and 11.7% of students were feeling stress in their life. Students with depression and stress affected coping ability while stress had no affect **Conclusion** It was found in the study that spirituality was positively associated with coping ability and hence with general mental health. Moreover, spirituality was associated significantly with vision-specific HRQOL. The results showed that spirituality played a mediating role in the linkage between vision impairment and general mental health among adolescents of Sparsh Govt. Blind Inter College, Partapur, Meerut.

KEYWORDS

Visual impairment ,Depression, Anxiety, Stress, Coping ability, Spirituality

Introduction

“A physical , psychiatric, intellectual or sensory impairment, whether temporary or permanent, provided that it lasts for a significant period of time, that limits the capacity to perform one or essential activities of daily life and which can be caused or aggravated by economic and social environment” is the definition given by World Health Organization(WHO) of blindness^[1]. Blindness continues to be one of the major public health problems in developing countries. Cataract and refractive errors account for over 82% of visual impairment (VI) in India^[2]. People with VI are three times more likely to suffer from depression and anxiety disorders^[3]. Among visually impaired children, high prevalence of psychiatric morbidity has been reported previously^[4,5]. Evidence indicates that higher levels of depressive disorders and severe anxiety symptoms amongst older as well as younger patients with VI, and it is much higher than those found among the general population in the community^[6,7]. Vision loss is one of the leading causes of disability in older adults, and is associated with reduced quality of life and increased depressive and anxiety symptoms^[8-13]. People with blindness may suffer from repudiation, umbrage, inferiority complex, anxiety, depression and similar psychological problems. It could be because of their capacity in comparison to healthy people or due to the feeling of low esteem^[14]. Blindness causes restriction in will and ability to move around and an active control over oneself and the surroundings. Hence, making the disability alone a big factor in making people with blindness feel dejected and desolated^[15]. With this concept the research question is “What is the level of anxiety, depression and mental stress among adolescents of a blind school and what is the relation of spirituality in managing their stress level”?

Objectives:

1. To assess the prevalence of anxiety, depression and mental stress in blind adolescents.
2. To find out the level of spirituality and its relation with their stress.

Material & Methods

Study Setting: Sparsh Govt. Blind Inter College, Partapur, Meerut.

Study Population: Students studying in the school, 103 in total.

Study Design: Cross Sectional

Sample Technique: Purposive Sampling

Inclusion Criteria: Students volunteering for the study, who were present at the time of study

Exclusion Criteria: Students not giving consent.

Sample Size: 94

Research Tool:

1. DASS 21 – to assess anxiety, depression, anxiety-depression and mental stress
2. Coping Scale; Hamby, Grych & Banyard, 2013
3. Spiritual Scale; adapted from Rahul Bansal, Khan Amir Maroof, Pawan Parashar, Bhawna Pant, Spirituality and health, 2008.

Methodology

After obtaining ethical clearance, the study was conducted in Sparsh Govt. Blind Inter College, Partapur, Meerut that was selected purposively as our study was focused on blind children. School has strength of 103 students and they were staying in the hostel. After explaining the purpose of the study, informed consent was obtained from the school authority as the guardian of the children. Out of 103 students, 94 were present at the time of the study and formed our sample size. For conducting the study the questionnaires used were-

1. DASS 21 for mental health, giving information on anxiety, depression, stress^[15]
2. Coping Scale; Hamby, Grych & Banyard 2013, 13-item factor, consisting of items reflecting both appraisal and behavioral methods of coping.^[26]
3. Spiritual Scale; adapted from Rahul Bansal, Khan Amir Maroof, Pawan Parashar, Bhawna Pant, Spirituality and health, 2008, were used.^[27]

The study was conducted over a period of 3 week.

Data Collection: After taking informed consent we gathered information by visiting their school and asking the questions to each student individually.

Data Entry: The data entry was made in Excel sheets

Data Analysis: The data was analyzed using appropriate statistical tools.

Dependent Variable: Depression, Anxiety, Stress.

Independent Variable: age, no. of Siblings, Type of blindness, Birth order, Coping ability, Spiritual Quotient.

Results

In our study, 86.2% were not suffering from depression but 13.8% had depression of varying degree, out of them 10.6% were suffering from moderate to severe depression.

The most common psychological manifestation was anxiety (46.7%) among them, 15.9% had extreme or very extreme degree of anxiety manifestation.

11.7% of students were feeling stress in their life, which was moderate to severe in 8.5% students. [Table 1]

Anxiety, depression and stress were significantly co-existed with each other among the students (<.00). That indicates students suffering from any one of the psychological manifestations, could be the cause or result of other mental disturbances.[Table 2]

For students who did not have depression and stress, their coping abilities were significantly better than those who had it (<0.05). But coping abilities were not affected by presence or absence of anxiety (>0.05).[Table 3]

The overall spiritual quotient among students was 77.65%. But it was observed that who had high spiritual quotient, their coping abilities were significantly better among them (<0.05). [Table 4]

Discussion

This study is conducted to assess the level of mental health and spiritual status among the 94 visually impaired children of age group 13-20 years studying in Blind School Meerut and to assess how they cope up with their problems. All of the participants in this study are males. The age group which participated in our study is mainly 17-20 years (45.7%) followed by 13-16 years (37.2%); mean age is 16.25 Majority (46.9%) of participants have more than 4 siblings and 26.6% are second in birth order.

Blindness is a state of significant physical impairment where people are dependent or take assistance for simple daily task. Children with visual impairments may face difficulties that result in their experiencing emotional disturbances. There are various reasons for mood disorders among children with vision loss, such as fewer opportunities to learn social skills^[15], loneliness^[16], reduced mobility^[17] and greater dependency on help^[18]. In the present study number of congenitally blind participants were 73.4%.

In our study, the total prevalence of Depression is 13.8%; out of which majority (8.5%) have moderate depression, 3.2% have mild depression and 2.1% have severe depression. Prevalence of Anxiety was found to be 46.8% in varying degrees also, 17% have moderate, 13.8% have mild, 8.5% have severe anxiety and 7.5% have extremely severe anxiety. Anxiety and mood disorders are among the more common emotional disorders in youths, and may affect 5–15% of children and adolescents^[19]. Nurullah Bolat et al in 2011 conducted a cross sectional study in specialized primary school for visual impairment and 40 sighted individuals; he mentioned that anxiety levels of the visually impaired are significantly higher than those of sighted ones^[20].

11.7% of the students have some degree of stress out of which, 7.4% have moderate, 3.2% have mild and 1.1% have severe stress. One of the author in 2013 explained that children with vision loss may find it hard to predict other people's behavior and reactions from their facial expressions of their emotions^[21].

It is also plausible that people with visual impairments are more likely to experience problems with functioning, which may lead to them experiencing depression and anxiety.

Depression, anxiety and stress were coexisting in our study i.e. child who had anxiety may have stress or depression along with it. It is obvious that the onset of a visual impairment requires a great deal of coping and adjustment. Coping is a process in which one takes their own conscious effort to solve personal, interpersonal and intrapersonal problems with great deal of environmental resources to minimize or tolerate stress and conflict. In our study coping skills were significantly better in those students who did not have stress or depression. But presence of anxiety did not affect the coping skills of the students.

Spiritual wellness is an important component of our well being and an

integral aspect of the holistic health philosophy. It seems the body, mind and spirit are connected. The health of any one of these elements seems to affect the health of the others. When we feel spirituality connected and fulfilled, everything in our lives including physical and emotional pain, are easier to deal with, we feel lighter and happier. Spirituality can contribute to choices of coping behaviors in several ways. Spirituality itself is ingrained in constructs of interconnectedness with the world, universal value systems, and participation in healthful activities^[22]. In our study, coping skills were better in those students whose spiritual quotients was high. It shows that spirituality could be a powerful factor in their coping for their depression and stress. Fahey et al in 2003 in their book "Fit and well: Core concepts and labs in physical fitness and wellness" mentioned that also mentioned that spirituality as an important element of wellness and quality of life^[23]. A study was conducted at Ophthalmology Department of the Sir Mortimer B. Davis Jewish General Hospital, Montreal, Quebec, Canada on Spirituality and coping behaviors in 85 individuals with visual impairments aged 23 to 97. A regression analysis indicated that the religious wellbeing sub scale of the Spiritual Well Being Scale is a significant predictor of adaptive coping behaviors, indicating that higher religious well-being facilitates adaptive coping.^[24]

Conclusion

In this study it is found that children those who were spiritually strong and had faith in Almighty had better coping skills and were bit far away from depression and stress and their quality of life was much better.

Recommendations

Spirituality has emerged as a tool to overcome the barriers of performance of the blind children. It keeps them in continuous cycle of motivation of positive mental health. So further research on large scale is needed to substantiate these findings and develop strategies for blind school children.

Table 1: Distribution of the psychological manifestations among visually challenged children

SN	Type of psychiatric manifestation	Frequency	%
1	Degree of Depression		
	Normal	81	86.2
	Mild	3	3.2
	Moderate	8	8.5
	Severe	2	2.1
2	Degree of Anxiety		
	Normal	50	53.2
	Mild	13	13.8
	Moderate	16	17
	Severe	8	8.5
3	Degree of Stress		
	Normal	83	88.3
	Mild	3	3.2
	Moderate	7	7.4
	Severe	1	1.1

Table 2: Distribution of the co-morbidities of psychological manifestations among visually challenged students

1	Anxiety	Depression	
		Present	Absent
	Present	13	31
Absent	0	50	
Chi Square=17.144 (<.000)			
2	Anxiety	Stress	
		Present	Absent
	Present	10	34
Absent	1	49	
Chi Square=9.73 (<.002)			
3	Depression	Stress	
		Present	Absent
	Present	7	6
Absent	4	77	
Chi Square=25.93 (<.000)			

Table 3: Distribution of coping ability with psychological manifestations among visually challenged students

1	Anxiety	Coping Ability	
		Good	Poor
	Present	41	3
	Absent	49	1
Chi Square=1.33 (>0.05)			
2	Depression	Coping Ability	
		Good	Poor
	Present	11	2
	Absent	79	2
Chi Square=4.58 (<0.05)			
3	Mental Stress	Coping Ability	
		Good	Poor
	Present	9	2
	Absent	81	2
Chi Square=5.93 (<0.05)			

Table 4: Distribution of the Spirituality and coping ability

1	Spiritual Quotient	Frequency	Percentage
	Present (1to10)	73	77.65
	Absent(0 to -5)	21	22.34
Spiritual Quotient and Coping Abilities			
2	Spiritual Quotient	Coping Abilities	
		Good	Poor
	Present (1to10)	42	23
	Absent(0 to -5)	11	18
Chi Square=5.806 (<0.05)			

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