

Anxiety and Depression Level of Working Women Having Mentally Retarded Children and Knowledge Assessment on the Quality Time Spent with Mentally Retarded Children-A Case Study

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Abstract

The anxiety and depression level of working women having mentally retarded children were assessed using Becks Anxiety Index (BAI) and Hamilton Depression Rating Score (HDRS), respectively which revealed 30% of the study subjects are having potentially high anxiety level. Whereas, HDRS showed no higher level of depression. The study on the quality time spent with MR children revealed that 25% of the working women have adequate knowledge.

Keywords: Anxiety, Depression, Working women, Mentally Retarded, Quality time

Introduction

The global over all prevalence of MR is 1-3% according to WHO. The magnitude of a MR is such that, it influences the psychological, social and financial aspects of a whole family [1]. While taking care of MR children, the psychological attributes of the parents play a key role as the psychological health of the mother of a MR is instrumental in determining the development of the child. According to Emerson [2], around 35-53% of mothers of MR children are having symptoms of depression. Beckman [3], Burden [4] and Bradshaw and Lawton [5] found that mothers of mentally retarded children had a high level of stress. Various investigators describe the emotional and social stress of parents of these MR Children.

In brief women are forced to go for work due to economic necessity. Obviously, this employment power may not allow women to spend enough time with their MR children. Noticeably, the factor such as maternal employment and the time spent with the MR children is considered a key of this study. It is assumed that the knowledge of mother who is having MR child on time management is very scanty. Also it is more evident that, the mothers with MR children are very prone to anxiety and depression. Hence a study was undertaken to assess knowledge of working women on the importance of quality time spent with their MR children and their

personal variables and the anxiety level and depression levels were studied using BAI [6,7] and Hamilton Depression Rating Scale (HDRS) [8,9].

Materials and Methods

A study was conducted in a IT company in Bangalore with a sampling size of 60 working women with MR children. The sampling and interviewing were done using purposive sampling techniques with inclusive criteria such as a) working women in IT companies b) between the age group of 20 to 50 years c) who are available during the study d) willing to co operate and participate in the study and e) only females.

To meet the objective of this study, tools were developed by the author which comprised of a structured interview schedule consists of Part -A and Part-B.

Part-A is demographic characteristics which include age, religion, designation, type of family, monthly income, previous exposure to guidance programmes as detailed in Table 1.

Part -B consists of 25 structured interview schedules which consist of 5 sections.

- Section 1: Consists of 3 questions of meaning of quality time and mentally retarded.

- Section 2: Consists of 7 questions on the importance of quality time spent with MR children.
- Section 3: Consists of 5 questions on the treatment of MR children
- Section 4: Consists of 5 questions on rehabilitation of MR.
- Section 5: Consists of 5 questions on bonding between child and mother.

As the Beck Anxiety Inventory is a well accepted self-report measure of anxiety in adults and adolescents for use in both clinical and research settings [6, 7] the study subjects were subjected to BAI also.

Hamilton Depression Rating Scale (HDRS)[8,9] was also conducted to assess the depression level of the mothers of MR children.

Results

Table 1 narrates the frequency and percentage distribution of demographic variables used in the current study. The study was undertaken in 60 respondents.

Table 2, figure 1 shows the knowledge level of working women on the importance of quality time spent with MR Children. Majority of the working women (41.6%) are having inadequate knowledge on this subject. A moderately adequate knowledge was observed in 20 people out of 60 people, which accounts to 33.4%. Only 25% of women having adequate knowledge on this subject. And hence it is inferred that majority of the working women are not having adequate knowledge on quality time spent with their mentally retarded children.

Characteristics	Category	Respondents (n = 60)	
		Number	Percentage
Age Group	21-30	30	50.0
	31-40	20	33.3
	41-50	10	16.6
Previous exposure to guidance programme	NO	45	75.0
	YES	15	25.0
Religious	Hindu	35	58.3
	Christian	15	25.0
	Muslim	10	16.6
Education	Degree	15	25.0
	Post Graduate	35	58.3
	Post Graduate and above	10	16.6
Designation	Team Leader	12	20.0
	Employee	30	50.0
	Managing Director	8	13.3
	Contract Basis	10	16.6
Type of family	Nuclear	50	83.3
	Joint	10	16.6
Family income per month	Less than Rs 30000	13	21.6
	Rs 35000 to Rs.40000	20	33.3
	Rs 40000 to Rs.45000	17	28.3
	Rs 45000 and above	10	16.6

Table 1: Frequency and percentage distribution of demographic variables used in the current study.

Level of knowledge	Frequency	Percentage
Inadequate (0-13)	25	41.6
Moderately Adequate (14-18)	20	33.4
Adequate (19-25)	15	25.0
TOTAL	60	100

Table 2: Knowledge level of working women on the importance of quality time spent with MR children.

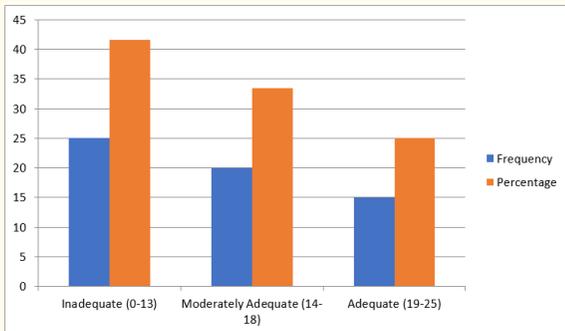


Figure 1: Graph representing knowledge level of working women on the importance of quality time spent with MR children.

Becks Anxiety index (BAI) was studied amongst the 60 respondents. Table 3 and figure 2 shows that, 20% women having low anxiety, 50% having moderate anxiety and 30% having potentially high anxiety levels.

Anxiety level	Number of respondents	Percentage
0-21 Low anxiety	12	20
22-35 Moderate anxiety	30	50
36 and above High anxiety	18	30

Table 3: Anxiety level of working women having mentally retarded children (n=60) using BAI.

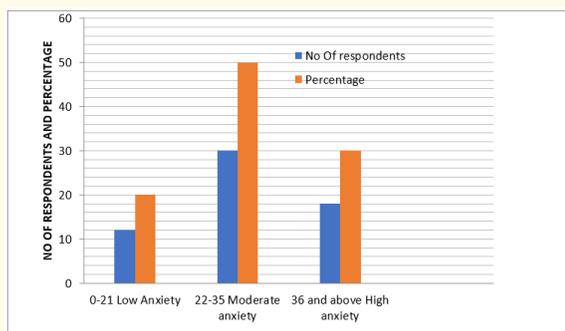


Figure 2: Graph representing anxiety level of working women having mentally retarded children.

From the table 4 and pie diagram 3, it is inferred that out of the 60 working women with MR children, 13 are having normal level of depression (21.66%), 32 women are having low level of depression (53.33%) and 15 are having a moderate level of depression (25.00%) as calculated using HDRS. No high level of depression was recorded among the 60 study subjects.

Depression level	Number of respondents	Percentage
0-7 Normal Level	13	21.66
8-20 Low Level	32	53.33
21-25 Moderate Level	15	25.00
25 and above High Level	0	0

Table 4: Depression level of working women having mentally retarded children (n=60) – derived using Hamilton Depression Rating Scale (HDRS).

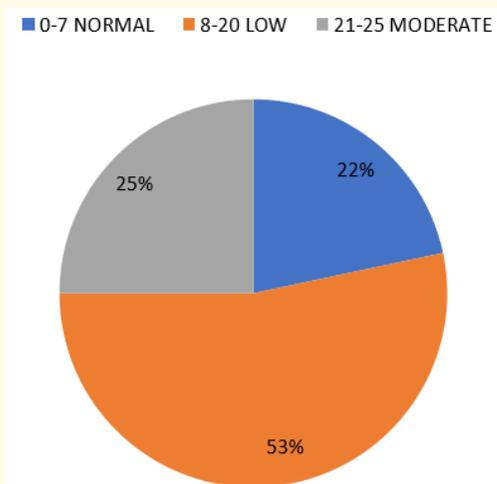


Figure 3: Pie diagram representing depression level of working women having mentally retarded children.

Discussions and Conclusions

This present study reveal that, 41.60% mothers are having inadequate the knowledge level on the quality time spent with their MR children. Only 25% are having adequate knowledge. The results show that there is a significant association between the knowledge level of working women on the quality time spent with their MR child and demographic variables such as age, religion, family income, which were significant at 0.05 level by chi square. There is no significant association found between the knowledge of samples with designation, education, type of family and previous exposure to guidance programme [10].

It is evident that people with anxiety develop depression and vice versa. Roughly 50% of people diagnosed with depression with also be diagnosed with an anxiety disorder.

The Beck Anxiety Inventory (BAI), created by Aaron T. Beck, MD, and colleagues, were used to measure the anxiety of such mothers, which reveal that 50% are moderate anxiety, 30% having high anxiety and only 20% are having low anxiety level. The BAI was moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25) [6]. BAI is used to assess the baseline of anxiety and effectiveness of the treatments.

Hamilton Depression Rating Scale (HDRS) [9], used in the present study revealed that out of 60 study subjects, 32 are having low level of depression which accounts to 53.33%. None of the study subjects have severe level of depression. This is attributed to their personal traits and other socio economical status. This result little deviating from the study of Emerson., *et al.* [11], wherein they reported a 35% depression level. This current study categorized the depression level into 4 categories (Table 4), wherein it is clearly studied into normal, low, moderate and high level of depression.

From this study, it is evident that, the working women, who is having MR, child needs to be educated on the quality time to be spent with their MR children. It is therefore inferred that, the psychiatric nurses play a major role in providing quality time spent with MR child to improve the quality of life of MR. Also, the psychiatric nurses can give counseling and advises to the mothers of MR child to recover from the anxiety and depression. [12-14].

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