

# Socio-demographic Differences in Mental Health among Physically Disabled People of Pakistan

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**Abstract**— It is an evident fact that people with physical disabilities go through diverse mental states such as denial, mourning, anxiety, and depression prior to adjustment of their disability. The current study aimed at investigating socio-demographics correlates with the mental health issues associated with physical disability in Pakistan culture context. A total of 82 participants with a physical disability has been recruited in the current study. The socio-demographic, i.e., age, gender, financial status, nature of the disability, and residential status were included as correlates of mental health. The findings of the current study suggested that the gender, nature of the disability, and setting or residential status found to be the significant correlates of mental health among physically disabled people. The finding of the study has been discussed concerning the mental, physical, social, emotional, and psychological wellbeing of physically disabled people. However, the sample size was modest to generalize the finding of the current study. Therefore the further study would be carried out, including a large sample size with a diverse background.

**Keywords**—Mental Health, Physical Disability, Gender, Setting or residential status, Nature of disability

## I. INTRODUCTION

Physical disability is a growing problem throughout the world. In particular, the ratio of disability in Pakistan found to be 2.5% [1]. The physical disability is not merely an impairment is physical functioning but also inhibit mental and psychological wellbeing. Although throughout the world, physically disabled people experience considerable mental health issues due to tag of disability and other socio-demographic factors [2]. Precisely the mental health issues among Pakistani disabled people have reached the appalling level. In Pakistan, the physically disabled people consider dependent and do not get equal rights to the other people [3]. Physically disabled people are the most unheard, unseen, and uncounted persons in Pakistan. They encounter overwhelming barriers in education, personal, social, and occupational lives. Furthermore, they also face physical, political, social, and economic handicaps hampering their freedom of movement in society [4]. The inequalities in social treatments lead them to feel socially isolated; [5] consequently, they experience anxiety [6], stress [7], and depression [8], on a large scale. The stigmatization of disability and misunderstanding of aspiration and abilities also affect their psychological or mental wellbeing [9]. No ministry or federal department deals with issues a physically disabled individual experience. A single ministry deals with women's welfare, and special education touches the persons with disability issues [10]. Therefore the psychological burden exploits their psychological wellbeing and leads to mental health problems. The sociocultural factors also contribute to developing mental health issues among physically disabled people. According to a substantial body of researches, gender and age are not the significant correlate of mental health among physically disabled people [11]-[12]. Education plays a crucial role in decreasing mental health issues. The educated disable people better cope up with their physical ailment or impairment. The residential setting also plays a significant role in the development of mental health issues [13].

The recent empirical data suggested that physically disabled people live in-home setting exhibit the least mental health issues compared to those lives in daycare or hospital settings [14]-[15]. The literature is enriched with the evidence-based studies depicted the demographical role in developing mental health issues among physically disabled people in a different culture [16]. Type of disability also plays a significant role in the development of mental health issues among physically disabled people [17]. Both congenital and physical disabilities can influence an individual's capacity to move about, to utilize arms and legs adequately, to swallow diet, and to inhale unaided. Consequently, they experience substantial mental health issues such as anxiety, depression, frustration, fear, and emotional turmoil. According to extensive studies, the acquired physical disability adversely affects mental health more than the congenital disability [17].

The literature in Pakistan is lagging concerning the correlated of mental health among physically disabled people. The current study aimed at investigating the demographical role in developing mental health issues among physically disabled people.

## II. SUBJECTS AND METHODS

### A. Study Site

The study has been conducted in the city of Gujranwala. Gujranwala is a sub-district of Punjab, Pakistan.

### B. Study Design

The current cross-sectional study has been carried out from 2018 September to December to understand the mental health of physically disabled people.

### C. Participants

The quantitative research design was used, and 80 physically disabled people have been selected through purposive non-random sampling.

Inclusive criteria. Only physical disabled people have been included in the current study with the age range of 18-57.

Exclusive Criteria. The patients who were above 57 or below 18 years of age range have been excluded from the study.

**D.Measures**

Demographic Performance. The demographical determinants that have been incorporated in the present survey were gender, age, education, residential place, family system, financial problems, and the onset of physical disability.

Mental Health Questionnaire. Mental health inventory was used to investigate the mental health of physically disabled persons. It immerses a wide scope of negative and positive feelings. The scale comprised of 6 domains extending from none of the opportunity to constantly. Most items are self-explanatory. Items 1, 3, 5, 7, 8,10,13,15 are reversed scored. Mental health inventory has four subscales (anxiety, depression, behavioral control, and positive affect) and one total score. The subscale and total scores range from 0-100, with higher scores showing better emotional wellness. The Minimum age range for the administration of this scale is 17 years old, and the maximum age limit is 35 years.

**E.Procedure**

Permission had been granted from the higher authorities of public or private hospitals and clinics of Gujranwala. The data had been collected from physical disable males and females of Gujranwala. Questionnaires had been given to the participants by a personal approach. Both physicals disable, male, and females had participated. The consent form was the first portion, and the demographic information from was the second portion of the questionnaire. Demographic information of the respondents in terms of gender, age, education, residential status, family system, financial problems, and the onset of disability was defined. Also, they were asked to fill in the demographic information and the given protocol. At that point, information was gathered and examined. SPSS 21 was used for the measurable analysis of data.

III. RESULTS

**A. Tables**

Table 2.1 indicates that the sample of the present study consisted of 82 Participants. The number of participants varied in proportion, as 64.6% were males, and 35.4% were females. A total of 20.7% of males belonged to the age group of 18-30 years, 24% found to be in the age group of 31- 44 years, and 14.6% males categorized in the age group of 44-57 years. Around 12.2% of female participants were lying in the age group of 18-30 years, while 11.0% included in the age group of 31-44 years, and 12.2% of females belonged to the age group of 45-57 years.

TABLE I  
DEMOGRAPHICAL CHARACTERISTICS

Variables	Males	Females	Total
	F (%)	F (%)	F (%)
<b>Gender</b>	53 (64.6%)	29 (35.4%)	82(100%)

Age			
18-30	17 (20.7%)	10 (12.2%)	27 (32.9%)
31-44	24 (29.3%)	9(11.0%)	33(40.2%)
45-57	12 (14.6%)	10 (12.2%)	22 (26.8%)
<b>Education</b>			
Educated	35 (42.7%)	21 (25.6%)	56 (68.3%)
Uneducated	18 (22%)	8 (9.8%)	26 (31.7%)
<b>Residential status</b>			
Community	16 (19.5%)	11 (13.4%)	27 (32.9%)
Hospital	37 (45.1%)	18 (22%)	55 (67.1%)
<b>Onset of PD</b>			
Congenital	34 (41.5%)	13 (15.9%)	47 (57.3%)
Acquired	19 (23.2%)	16 (19.5%)	35 (42.7%)

Majority of males 42.7% and females 25.6 % were educated. The study indicates that 19.5% of males and 13.4% of females lived in the community, and 45.1% of males and 22% of females reside in hospitals. Around 57% of participants had congenital Physical disability.

TABLE 2  
GENDER DIFFERENCE

Factors	Males(N=53)		Females (N=29)		t	p
	M	SD	M	SD		
Anxiety	22.08	2.666	22.69	2.40	-	.30
				7	1.03	6
					1	
Depressi on	21.62	2.177	22.93	2.21	-	.01
				9	2.58	2
					4	
BC	16.79	2.734	18.07	2.10	-	.03
				3	2.18	2
					3	
PA	16.42	2.642	17.45	2.55	-	.09
				8	1.71	1
					2	

Table 2 indicates that there is no significant difference among males and females on anxiety domains because a significance level is >0.05. But there is a significant difference between males and females on depression, behavioral control, and positive affect domain as the significant level is < 0.05.

TABLE 3  
EDUCATION DIFFERENCE

Factors	Educated (N=56)		Uneducated (N=26)		t	p
	M	SD	M	SD		
Anxiety	22.05	2.92	22.81	1.55	-	.22
					1.2	0
					3	
Depressi on	22.04	2.46	22.19	1.81	-.28	.77
					3	
BC	17.32	2.64	17.08	2.51	.39	.69

						3
PA	16.80	2.47	16.73	2.98	.11	.90
						8

According to Table 3 There is no significant difference between educated males and females on anxiety, depression, behavioral control, and positive affect domains because a significant level is >0.05.

TABLE 4  
SETTING DIFFERENCE

Factors	Community (N=27)		Hospital (N=55)		t	p
	M	SD	M	SD		
Anxiety	22.5	1.625	25.16	3.94	.64	.02
	6				4	1
Depression	22.1	1.854	23.05	3.46	.17	.03
	5				5	2
BC	17.3	2.701	19.22	3.55	.12	.02
	0				9	
PA	16.5	2.099	18.87	3.88	-.44	.01
	9				5	

The table 4 indicates that males and females of community and hospital/care centers were significantly different in four domains of mental health inventory as the significant level is > 0.05.

TABLE 5  
FINANCIAL DIFFERENCE

Factors	Yes (N=52)		No (N=30)		t	p
	M	SD	M	SD		
Anxiety	22.12	2.83	22.60	2.07	-.81	.41
						6
Depression	21.81	2.40	22.57	1.96	-1.47	.14
						5
BC	16.87	2.75	17.90	2.15	-1.76	.08
						1
PA	16.58	2.65	17.13	2.63	-.917	.36
						2

Table 5 depicted that no significant difference exist between financial status and mental health issues among physically disabled people as the significance level was >0.05.

TABLE 6  
DISABILITY DIFFERENCE

Factors	Congenital (N=47)		Acquired (N=35)		t	p
	M	SD	M	SD		
Anxiety	22.38	2.81	24.17	2.88	.365	.01
		7		6		6
Depression	21.85	2.37	24.40	3.10	-	.02
		7		3	1.08	1
BC	17.47	2.30	15.94	2.93	.907	.00

		1		7		7
PA	16.87	2.74	13.66	2.04	.363	.01
		0		3		8

Table 6 depicted the significant difference on behavioral control domains with congenital and acquired physical disability as the significant level is > 0.05. The other domains of showed the nonsignificant relation.

TABLE 7  
AGE DIFFERENCE

Var	18-30(n=27)		31-44 (n=33)		45-57 (n=22)		F	sig
	M	SD	M	SD	M	SD		
An	22.1	2.6	22.2	2.5	22.6	2.4	.20	.81
	7	7	4	8	5	7		
dep	22.5	2.0	21.4	2.5	22.1	2.0	1.7	.18
	3	7	8	3	8	6	5	
BC	17.4	2.5	16.7	2.9	17.5	2.0	.79	.45
	7	2	6	2	9	9	5	
PA	16.9	2.6	16.1	2.4	17.4	2.7	1.5	.21
	7	6	4	8	7	6	5	

Table 7 illustrated that no significant difference exist between age and mental illness among physically disabled people.

#### IV. DISCUSSION

The current study aimed at investigating the correlates of mental health among physically disabled people of Pakistan. The current cross-sectional study recruited a total number of 82 participants through a convenient sampling technique. The results of the study suggested that gender was significantly different in all domains of mental health except anxiousness. The literature proposed the contradictory the findings of the current study and suggested that mental health issues found to be different among males and females with physical disabilities [11]-[12]. According to the current study, the educated and uneducated participants were found to be similar in mental health issues. The literature contradicts the findings of the current study as education reported to be a true predictor of promoting mental health among people with disabilities [13]. The current study recommended that a significant difference exists between physically disabled people lives in community and hospital or disability centers setting. It is evident through literature that people lives in-home setting experience least depression, stress, and anxiety compared to those lives in hospital settings [14]-[15]-[16]. Another demographic, financial status found to be non-significant in all dimensions of mental health except one domain behavioral control. According to the findings of the current study, a significant difference exists between mental health in congenital and acquired disability people. According to recent data, people with congenital disabilities manifest more psychological and mental health issues [17]. The current study depicted no significant age difference in mental health issues. The previous study reported that the mental health

issues among physically disabled people found to higher among adolescents.

#### V. CONCLUSION

The mental health issues among people with disability are evident in the current study. The social-and structural modification in mental health care system at needed to step out of the traditional limits and engage more broadly in our social as well as hospital setting. The role of psychologist is mandatory to bring about change in mental, physical and emotional betterment of physically dialed people. Furthermore, the ministry should also promulgated evident steps to ensure the mental as well as physical well-being of the physically disabled people. Submission of a manuscript is not required for participation in a conference. The holistic approach is the consideration and incorporation of the context in which the physically disables people are nested.

#### VI. LIMITATION AND RECOMMENDATIONS

The current study has the following Limitation and Recommendations.

- 1) The present study is quantitative in nature that does not provide an in-depth understanding of mental health issues of physically disabled people. More exploratory or qualitative studies should be carried out to identify the underline themes of the mental health problems physically disabled people go through.
- 2) Secondly, the sample of the current study was too modest to make wide-scale assumptions. Further study should be carried out to see the reliability of results on a large sample size.
- 3) The sample size was cross-sectional in nature; the data has been collected from one city. Therefore the generalizability of the data is limited. Another study should be carried out, including both rural and urban areas, to generalize the findings of the study.

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