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Original Article

A Study to Assess the Psycho-Social Health Problems and Adopted Coping Strategies Among Teachers Working at Selected Deaf and Dumb Schools in Jaipur with A View to Develop an Information Booklet

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Abstract

Introduction : Psychosocial problems refer to the difficulties faced by teachers of deaf and dumb school in different areas of personal and social functioning. Teachers are vulnerable to psychosocial problems because of physical and physiological changes that occur in their body during this developmental stage. Psychosocial problems during adolescence are heterogenic, rather common, and unstable. At the same time, they are associated with an elevated risk of developing psychiatric disorders later in life.

Methodology : In view of the objectives of the present study, a Quantitative Approach was found to be suitable to assess the psycho-social health problems and adopted coping strategies among teachers of deaf and dumb. The research design selected for the study was Descriptive Non Experimental Research Design. In this study research variable were psycho-social health problems and adopted coping strategies among teachers working at selected deaf and dumb school in Jaipur.

Results : Based on the findings of the study the following results 9 (18%) teachers had mild, 27 (54%) teachers had moderate and 14 (28%) teachers had severe psycho-social health problems. 8 (16%) teachers had poor adopted coping strategies, 27 (54%) teachers had average adopted coping strategies and 15 (30%) teachers had good coping strategies.

Conclusions : It can be concluded that there are moderate psycho-social health problems among teachers working at selected deaf and dumb school in Jaipur and selected demographic variables such as gender, family type, monthly income and educational status association psycho-social health problems among teachers working at selected deaf and dumb school in Jaipur.

Keywords : Knowledge; Psychosocial health; Coping strategies; Informational booklet.

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Introduction

"TAKE UP ONE IDEA. MAKE THAT ONE IDEA YOUR LIFE; DREAM OF IT; THINK OF IT; LIVE ON THAT IDEA."

- SWAMI VIVEKANAND

The current issue of the International Journal of Epidemiology (IJE) has several papers with a psychosocial theme. As its popularity has increased over the past decade, the use of the term psychosocial' has been very varied within health research including social epidemiology. A quick glance at Medline shows that it has been used in connection with at least the following: causes and risk factors (psychosocial causation', psychosocial influences', psychosocial risk factors'), mediating factors and contexts (psychosocial mechanisms', psychosocial environment', psychosocial context', psychosocial resources', psychosocial support') and outcomes (psychosocial distress', psychosocial well-being' and psychosocial health').

The ideas underlying many of the articles in this themed issue of IJE reflect this broader and more general use of the term psychosocial'. The articles derive from diverse sociological, psychological and social epidemiological paradigms, and they do not share common roots, nor do they arrive at common theoretical frameworks or a set of common testable research questions. Rather, ?psychosocial' is used as an umbrella term under which diverse research inquiries are carried out, without any specific consideration for how psychosocial' might further our understanding of the pathways leading to ill-health.

Unspecified use of psychosocial'-something of which we are equally guilty is likely to degrade the usefulness of the term. It refers to everything and nothing in particular. As none of the articles in this issue, or the literature on psychosocial effects more generally, elaborate the meaning of psychosocial, we have taken this task as the main focus of this editorial. Although we do not feel particularly qualified to undertake this task, a brief examination of the term may be helpful in disentangling some of the possible social and psychological pathways underlying health and illness. Psychosocial problems, such as behavioral, emotional, and educational problems, are highly prevalent among children and adolescents and may severely interfere with their everyday functioning. Child and family factors such as age, gender, socioeconomic status, ethnic background and family composition have frequently been shown to be associated with their occurrence. Recent reviews indicate that the socio-economic position of the areas in which children and adolescents live is associated with behavioral and emotional outcomes.

A UK national study on twin shows that neighbor hood deprivation accounted for about 5 % of the effects of a shared family environment on the occurrence of behavioral and emotional problems among 2 year old twins. As the effect of the area of residence seems to be largest in late childhood and early adolescence, this is likely to be a lowest estimate.

Nationwide studies on the occurrence of psychosocial problems in areas of varying deprivation are rare, however, as most studies concern local or regional samples with a limited range of the socio-economic (SE) position of these areas. If national studies are available, they mostly concern unstandardized measures of behavioral and emotional problems that are based on parent reports and not on assessments by professionals.

Most of the epidemiological surveys on school going children and adolescents have reported a wide variation (20-33%) in the prevalence of psychosocial problems.

Individual studies illustrated the prevalence ranging between 10-40%. We need to study the psychosocial problems of adolescents because they face significant problems and risk related to their healthy development. Adolescents have very special and distinct needs, which can no longer be overlooked. It is also essential to invest in adolescents, as they are the future of the country.

The family environment is critical in supporting a healthy adolescent development. With the establishment of preparatory schools, many students of school age move from rural areas to nearby towns leading to changes in their living arrangement and possibly family connectedness. However, whether this phenomenon predisposes adolescents to greater psychosocial problems is not clear.

Objectives

1. To assess the psycho-social health problems among teachers working at selected deaf and dumb schools in Jaipur.
2. To assess the adopted coping strategies among teachers working at selected deaf and dumb schools in Jaipur.
3. To find out association between psycho-social health problems among teachers working at selected deaf and dumb schools in Jaipur and their socio demographic variables.

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4. To find out association between adopted coping strategies among teachers working at selected deaf and dumb schools in Jaipur and their socio demographic variables.
5. To identify the correlation between psycho-social health problems and adopted coping strategies among teachers working at selected deaf and dumb schools in Jaipur.

Hypothesis

1. **H_1 -** There will be significant differences in the psycho-social health problems and adopted coping strategies among teachers working at selected deaf and dumb schools in Jaipur, at the level 0.05 level of significance.
2. **H_{01} -** There will be no significant differences in the psycho-social health problems and adopted coping strategies among teachers working at selected deaf and dumb schools in Jaipur, at the level 0.05 level of significance.
3. **H_2 -** There will be significant association between the psycho-social health problems among teachers working at selected deaf and dumb schools in Jaipur, and selected socio-demographic variables, at 0.05 level of significance.
4. **H_{02} -** There will be no significant association between the psycho-social health problems among teachers working at selected deaf and dumb schools in Jaipur, and selected socio- demographic variables.
5. **H_3 -** There will be significant association between the adopted coping strategies among teachers working at selected deaf and dumb schools in Jaipur and selected socio demographic variables, at 0.05 level of significance.
6. **H_{03} -** There will be no significant association between the adopted coping strategies among teachers working at selected deaf and dumb schools in Jaipur and selected socio-demographic variables. Jaipur, and selected socio-demographic variables.

Methodology

Research approach : Quantitative Approach was found to be suitable to assess the psycho-social health problems and adopted coping strategies among teachers of deaf and dumb.

Design : Descriptive design was used for this study.

Sample : In this study target population consisted of teachers of Seth Anandi Lal Podar deaf and dumb school in Jaipur. The conclusions of research study are based on the data obtained from the target population.

Sample size : 50 teachers of Seth Anandi Lal Podar deaf and dumb school in Jaipur.

Sampling techniques : In this study, the samples are selected through a Purposive Sampling technique because of the purpose to select the teachers of deaf and dumb school.

Setting of the study : Seth Anandi Lal Podar deaf and dumb school in Jaipur

Validity and Reliability

In this study validity is ensured through content validity. The tool was submitted to 10 subject experts from the field of Mental Health (Psychiatric) Nursing along with demographic Performa and Psycho-social health problems checklist and Brief-cope scale. The experts were requested to check for the relevance, sequence and language of the tool. Modifications were done according to expert's opinion and final tool was developed.

Reliability of Psycho-social health problems checklist was established by Kuder and Richardson formula 20 (KR 20) method the value of reliability coefficient r was 0.89, which proved that tool was reliable. Reliability of brief-cope scale score was established by Cronbach's alpha. The value of reliability coefficient was 0.84 which proved that the tool was reliable. No modification was made. Thus, tool was found to be valid, reliable and feasible for the purpose of study.

Results

SECTION -I

Distribution of subjects according to their demographical characteristics.

Age : The majority of teachers of deaf and dumb school on the basis of age in which 16 (32%) of the sample were in the age of 21 to 30 years and 31 to 40 years, 12 (24%) of them belonged to 41-50 years of age and 6 (12%) of them belonged to 51-60 years.

Gender : The majority of teachers of deaf and dumb school on the basis of gender in which 28 (56%) of the samples were males and 22 (44%) of them were females.

Religion : The majority of teachers of deaf and dumb school on the basis of religion in which 26 (52%) were Hindu, 14 (28%) were Muslims, 6 (12%) were Christians and 4 (8%) were others.

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Areas of residence : The majority of teachers of deaf and dumb school on the basis of areas of residence in which 32 (64%) respondents belonged to rural area and 18 (36%) respondents belonged to urban area.

Types of family : The majority of teachers of deaf and dumb school on the basis of types of family Most of the respondents 18 (36%) belonged to nuclear family, 16 (32%) respondents belonged to joint family and 16 (32%) respondents belonged to extended family.

Monthly income : Distribution of teachers working at selected deaf and dumb school on the basis of monthly income 8 (16%) respondent's monthly income was up to 10,000, 26 (52%)

Respondent's monthly income was 10001 to 20,000, 10 (20%) respondent 's monthly income was 20,001 to 30,000 and 6 (12%) respondent's monthly income was more than 30,000.

Educational status : Distribution of teachers working at selected deaf and dumb school on the basis of educational status 27 (54%) respondents had diploma in teaching specially disabled while 23 (46%) respondents had graduation in teaching specially disabled.

Teaching experience : Distribution of teachers working at selected deaf and dumb school on the basis of teaching experience, 12 (24%) respondents had up to 1 years, 11 (22%) respondents had 1-5 years, 17 (34%) respondents had up 6-10 years and 10 (20%) respondents had more than 10 years experience.

SECTION - II

Assessing psycho-social health problems among teachers working at selected deaf and dumb school in Jaipur.

After analysis of responses of sample and after the administration of psychosocial health problems checklist. Major findings reveal that 9 (18%) teachers had mild, 27 (54%) teachers had moderate and 14 (28%) teachers had severe psychosocial health problems. So maximum number of teachers had moderate psycho-social health problems and maximum score was 25, of which mean was 13.80 which means the data is almost normally distributed. Above table also shows the standard deviation score is 5.368.

SECTION - III

Assessing adopted coping strategies among teachers working at selected deaf and dumb school in Jaipur.

After analysis of responses of sample and after the administration of Brief-cope scale. Major findings reveal that which 8 (16%) teachers had poor adopted coping strategies, 27 (54%) teachers had average adopted coping strategies and 15 (30%) teachers had good coping strategies.

SECTION-IV

Results of table no. 4.1 show that according to Karl Pearson correlation coefficient (is -0.545, it means psycho-social health problems were inversely proportionate to adopted coping strategies among teachers working at selected deaf and dumb school in Jaipur. The Correlation coefficient probability is 0.263 and Karl Pearson correlation coefficient ( ) is -0.545 for df 48 at 0.05 level of significance. It shows that the calculated Karl Pearson correlation coefficient value is less than tabulated Correlation coefficient probability value for df 48 at 0.05 level of significance, so the researcher accepted the null hypothesis.

SECTION-V

Statistical outcomes of association between the psycho-social health problems among teachers of deaf and dumb schools, and their selected socio-demographic variables. There was a significant association between sample characteristics gender and psycho-social health problems because the calculated value of chi-square (7.569) was more than tabulated value (5.99) for df of 2 at 0.05 level of significance.

There was a significant association between sample characteristics family type and psycho-social health problems because the calculated value of chi-square (26.657) was more than tabulated value (9.49) for df of 4 at 0.05 level of significance.

There was a significant association between sample characteristics monthly income and psycho-social health problems because the calculated value of chi-square (16.648) was more than tabulated value (12.59) for df of 6 at 0.05 level of significance.

There was a significant association between sample characteristics educational status and psycho-social health problems because the calculated value of chi-square (8.305) was more than tabulated value (5.99) for df of 2 at 0.05 level of significance.

There was no significant association between sample characteristics age (in years) and psycho-social health problems because the calculated value of chi-square (9.662) was less than tabulated value (12.59) for df of 6 at 0.05 level of significance.

There was no significant association between sample characteristics religion and psycho-social health problems

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because the calculated value of chi-square (5.374) was less than tabulated value (12.59) for df of 6 at 0.05 level of significance.

There was no significant association between sample characteristics area of residence and psycho-social health problems because the calculated value of chi-square (0.626) was less than tabulated value (5.99) for df of 2 at 0.05 level of significance.

There was no significant association between sample characteristics teaching experience and psycho-social health problems because the calculated value of chi-square (0.72) was less than tabulated value (12.59) for df of 6 at 0.05 level of significance.

SECTION-VI

Statistical outcomes of association between the adopted coping strategies among teachers of deaf and dumb schools in Jaipur and their selected socio-demographic variables.

There was a significant association between sample characteristics age and adopted coping strategies because the calculated value of chi-square (18.708) was more than tabulated value (12.59) for df of 6 at 0.05 level of significance.

There was a significant association between sample characteristics gender and adopted coping strategies because the calculated value of chi-square (12.358) was more than tabulated value (5.99) for df of 2 at 0.05 level of significance.

There was a significant association between sample characteristics teaching experience and adopted coping strategies because the calculated value of chi-square (14.450) was more than tabulated value (12.59) for df of 6 at 0.05 level of significance.

There was no significant association between sample characteristics religion and adopted coping strategies because the calculated value of chi-square (3.392) was less than tabulated value (12.59) for df of 6 at 0.05 level of significance.

There was no significant association between sample characteristics area of residence and adopted coping strategies because the calculated value of chi-square (0.838) was less than tabulated value (5.99) for df of 2 at 0.05 level of significance.

There was no significant association between sample characteristics family type and adopted coping strategies because the calculated value of chi-square (3.456) was less than tabulated value (9.49) for df of 4 at 0.05 level of significance.

There was no significant association between sample characteristics monthly income and adopted coping strategies because the calculated value of chi-square (3.877) was less than tabulated value (12.59) for df of 6 at 0.05 level of significance.

There was no significant association between sample characteristics educational status and adopted coping strategies because the calculated value of chi-square (1.180) was less than tabulated value (5.99) for df of 2 at 0.05 level of significance.

Recommendations

On the basis of the findings the study following recommendations has been made:

1. To recommend the Rajasthan Government to arrange counseling program in the community for adopted coping strategies to reduce psycho-social health problems (Prevention of Mental Illness and Social Problems).
2. To arrange counseling in deaf and dumb school by student nurses for adopting coping strategies among teachers these schools to reduce psycho-social health problems.
3. To arrange workshop in nursing school/college related to psycho-social health problems among teachers of deaf and dumb school which gain knowledge and skills of student nurses.
4. As the study are conducted on only 50 teachers working at Seth Anandi Lal Podar deaf and dumb school in Jaipur. Hence, the same study needs to be conducted on a large scale and also in different setting.
5. A Comparative study can be conducted on psycho-social health problems and adopted coping strategies among teachers of deaf and dumb school and general people can be done.
6. A pre experimental study can be conducted to assess the effectiveness of interventional program to reduce the psycho-social health problems and adopted coping strategies among teachers of deaf and dumb school.

Conclusion

The conclusion of the study, followed by its implications in nursing education, nursing practice, nursing administration, nursing research. This chapter also spreads light on the limitation and recommendation.

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