

Analysis of socio-cultural factors contributing to depression in persons with physical-motor disabilities in Ardabil

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ABSTRACT

Objective: The aim of this study is analysis of the socio-cultural factors contributing to depression in persons with physical-motor disabilities in Ardabil. This study is a descriptive survey. **Methodology:** The statistical population consists of all persons with physical-motor disabilities in Ardabil who live in the city in 2014-2015. Their number is over 6500 people. In the present study, of the entire population, 80 individuals were randomly selected as research sample. The convenience sampling method has been used in this study. In this method, for simplicity reasons, the individuals who are available during or in the course of monitoring are selected for the study. 150 questionnaires were distributed among the samples. Then, out of 150 persons with disabilities, 80 persons who obtained the highest scores on the Beck Depression Inventory, were selected as depressed samples. To gather the information, Beck Depression Inventory as well as a researcher-made questionnaire were used. To analyse the data, in the first place, basic descriptive statistical methods (mean, standard deviation, etc.) and in the second place, considering that this research is in the independent study group, Student's t test as well as chi-square and correlation tests have been used. **Results:** The results showed that quality of life can be a predictor of depression in persons with disabilities, so that disabled people who have improved life quality feel less depression compared to disabled people who have poor quality of life. **Conclusion:** In addition, it was found that depression of persons with physical-motor disabilities in suburban parts of the city of Ardabil is higher.

1. Introduction

Disability as a social phenomenon, has existed in communities since ancient periods, so that in terms of recognizing the existence of reciprocal social relations, it has always been regarded as a major problem, and there has been no steady relationship between social and science development of human on the one hand and social situation of people with disabilities on the other hand. Disability, whether temporary or permanent, partial or total, fixed or variable, may occur in every society and in every group and class. Since human has known himself, one has been faced with malformations or amputations caused by various diseases and natural factors. Physical disabilities have both physical and psychological aspects (Soleimani Dinani, 2011). Apparently, disabilities are not only rooted in body, but also in the way of thinking of people with disabilities and other people. Negative attitudes, prejudices, discrimination and unfair practices affects various aspects of the lives of people who suffer from a disability. The high prevalence of signs of stress in persons with disability is highly related to their being neglected in physical and social terms, and causes stable disorders in physical and mental level of health of the persons with disability. Disability of any kind and type may cause behavioural and psychological crises. Inattention to these issues sometimes creates problems for people with disabilities. In general, people may show different psychosocial reactions to disabilities including depression (Ibid.).

Depression is a mood disorder that makes the person feel sadness and impatience. The main characteristics of depression is deeply decreased desire for enjoyable everyday activities such as recreation, sport, socializing with people, eating, and sexual relations; and inability to gain pleasure from things that previously were enjoyable and now are empty and meaningless (Nasri, 2006).

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Depression is a complex and multidimensional issue, and people in the same condition do not suffer from this condition at the same size (Rashedi, 2011). Level of disability is a factor affecting the level of depression (ibid.).

The impact of disability on the psychological state and family and social relationships is undeniable, since in addition to psychosocial adjustment, physical disability affects the mental health, and compared to the general population, such people experience chronic depression more frequently and have a greater tendency to social isolation (Rashedi, 2011).

The family, as the fundamental unit of society, is the founder of the physical, cultural, spiritual, and psychosocial health of its members (Parandeh, 2007). If relationships within the family be such as to result in anxiety for people with disabilities, the psychological security of individuals would be at risk, and this may be the source of many psychological, behavioural and personality problems. With this attitude, disease of a family member will affect the function of all members. In addition, factors such as the types and severity of the disease, stiffness and ease of treatment, how people respond to disease have considerable influence on each other, and can be identified as the main source of stress in the family (Izadi, 2011). Following disability, in addition to a wide range of primitive emotional reactions, the patient should need to experience everyday activities including physical activity, long fatigue, change in recreational activities, economic burden, medical expenses, and different reactions of family and friends (Rashedi, 2011; Qobadian, 2013).

Depression is a common and growing problem in many developed countries, so that about 15 to 20 percent of adult people exhibit symptoms of depression (Danieli and Hadianfard, 2010; quoted in Khani, 2011). Depression has always had problems for individuals and families, and due to imposing psychological pressure on the family, in addition to financial costs, creates psychological turmoil in the family and decreases the quality of life of the individual and the family. Research has shown that depressed patients have very low quality of life (Moradi and Dehnavi Rezaei, 2012). Also with a deep understanding of the phenomenon of disability, it becomes clear that this phenomenon leads to many exclusions and creates various pressures for people with disabilities; and since disability as a social phenomenon is an unavoidable, it is associated with responsibilities of the public and in particular the authorities. This research can make clear the views of persons with disability in this regard. Moreover, due to the limitation of amenities and services for persons with disabilities in Ardabil and limited understanding of residents in the area of disability and the treatment of people with disabilities, discussion on factors affecting depression in persons with disability is necessary. This study is of prime importance for identifying and categorizing the basic issues and origin of intellectual and emotional ways of thinking in persons with disability. This study recognizes that people with disabilities have specific needs, and many of them lack skills necessary for everyday life due to their physical problems, insufficient benefit from classical training, negative attitudes of non-disabled people, limited social interaction and other factors; and to succeed in various aspects of life, like other normal people, these people need to acquire the necessary skills. On the other hand, although the effect of training on immunization against depression in healthy volunteers has been studied in many studies in Iran and the world, these studies are limited in the field of people with disabilities, and there is particular need for further research in this field in our country. Thus, the researcher seeks to present analysis on the social and cultural factors contributing to depression in persons with physical and motor disability in Ardabil.

2. Materials and methods

This study is a descriptive survey. Survey is a method to obtain information about the views, beliefs, opinions, attitudes, motivations or profile of a group of members of a society. This statistical method is possible through study and scientific research. The survey can be considered as scientific method in social research that includes systematic and standardized methods for collecting information on individuals, families or larger collections of different groups of society. In fact, the survey can be used as data collection tool as well as the processes used when applying those tools.

1. Study population: The study population includes all the persons with physically disability who live in Ardebil in 2014-15; their total number is over 6,500.

2. Study sample: In the present study, according to Cochran formula, 362 people had to be selected as study sample. However, given the lack of access to persons with disabilities and their insufficient cooperation, of all study population, 80 individuals were randomly selected as samples. Convenience sampling method has been used in this study. In this method, for simplicity reasons, the individuals who are available during or in the course of monitoring are selected for the study. 150 questionnaires were distributed among the samples. Then, out of 150 persons with disabilities, 80 persons who obtained the highest scores on the Beck Depression Inventory, were selected as depressed samples.

Beck Depression Inventory: Beck Depression Inventory is one of the most widely used measurement tools for mood disorder and is considered a multi-dimensional tool. Beck Depression Inventory is aimed to achieve an objective system of detection. The questionnaire in the card and the computer form has been developed for 21 and 31 items. Beck Depression Inventory includes 21 group of symptoms of depression each composed of 4 to 5 items. Beck test is appropriate for people over 13 years and at least 6 classes of education. The participants in each item can obtain a score between zero and 3 (zero indicates the absence of depressive symptoms, and 3 represents the intensity of depressive symptoms).

Every aspect of the questionnaire includes 4 questions and scores zero to 3. Zero indicates mental health, one indicates mild disorder, 2 indicates severe disorder, and 3 indicates intense disorder.

In the sum of all scores of all questions, score 0-10 is considered as normal, 11-16 as depressive symptom, score 17-20 as average depressive symptom, scores 21-30 as severe depressive symptoms, score 31-41 as highly severe depressive symptoms, and score greater than 41 as extreme depressive symptom.

Researcher-made questionnaire: the questionnaire has been made and normalized by the researcher, where the social and cultural factors affecting the depression of persons with physical disability is mentioned. The questionnaire aims to determine these factors. This questionnaire includes 34 questions in Likert scale from strongly agree to strongly disagree scored from 5 to 1. The first part of the questionnaire is related to social factors and the second part is related to cultural factors that affect depression.

3. Discussion and results

3.1 Studying the status of spatial distribution of depressed disabled people in the city of Ardabil

As can be seen in the map below, the spatial distribution rate of disability in suburban areas is higher than the central city. In this case, number of persons with disabilities in areas of Vahdat Square toward Salmanabad and Mirashraf, as well as areas of Zarnas settlements and Hashimabad and Yousefabad toward Isar square is the highest.



Social-cultural indicators contributing to depression in persons with physical and motor disability is different in social groups in Ardabil.

Table 1. The correlation between the socio-cultural indicators and depression

Adj. R2	R2	R	Sig	F	Mean square	df	Sum of squares	
0.3	0.31	0.55	0.000	42.01	142.3	4	569.3	regression
					3.4	384	1301.1	residue
						388	1870.4	total
		sig	t	Standard factors		Non-standard factors		Predictor variables
				Beta	Standard error	B		
		0.000	12	-	0.61	7.4		Constant
		0.000	7.8	0.79	0.23	0.85		number of depression

Predictor variables: Socio-cultural indicators

Based on the results of the table; $R=0.55$, $F(4,384)=42.1$ and $P<0.01$, that shows that socio-cultural indicators with confidence level of 99% explained 31% of depression variance significantly. The Depression Scale ($=0.852$) is significant at a confidence level of 99%. Values of correlation coefficients calculated also confirms the standard correlation coefficient listed. Based on standard coefficients, it can be said that socio-cultural factors may predict depression in persons with disability, so as disabled people with better socio-cultural indicators, including education, welfare, economic situation, jobs, etc. are less depressed compared to disabled persons who have worse socio-cultural indicators.

Social protection and a high quality of life is effective in reducing depression in patients with physical and motor disability in Ardabil.

Table 2. The correlation between quality of life and depression

Adj. R2	R2	R	Sig	F	Mean square	df	Sum of squares	
0.16	0.16	0.4	0.000	33.01	155.3	4	659.3	regression
					2.4	384	1403.1	residue
						388	402.62	total
		sig	t	Standard factors		Non-standard factors		Predictor variables
				Beta	Standard error	B		
		0.000	8.3	-	0.78	9.4		Constant
		0.000	7.8	0.77	0.36	0.44		number of depression

Predictor variables: quality of life

Based on the results of the table; $R=0.40$, $F(1,33)=42.1$ and $P<0.01$, that shows that quality of life with confidence level of 99% explained 31% of depression variance significantly. The Depression Scale ($=0.44$) is significant at a confidence level of 99%. Values of correlation coefficients calculated also confirms the standard correlation coefficient listed. Based on standard coefficients, it can be said that quality of life may predict depression in persons with disability, so as disabled people with better quality of life are less depressed compared to disabled persons who have worse socio-cultural indicators.

Table 3. Review of density of cases in urban areas

Error rate	SD	Mean	Group	Variable
0.815	0.729	63.18	Suburban areas	Location
0.778	0.696	32.82	Urban areas	

Table 4. T test between two groups

Test result	Mean square	error	df	t	variable
confirmed	2.36	0.00	158	20.965	depression

Given that a significant level or error of the test is less than 0.05, the test is significant, i.e. the rate of depression in suburban areas and urban areas and city centre is significantly different; so that it can be seen that disabled people who live in suburban areas have average depression of 63.18, while disabled people who live in urban areas experience average depression of 32.82. That means depression of people with disabilities in suburban areas is far higher than other areas of the city.

4. Conclusion

The aim of this study is analysis of the socio-cultural factors contributing to depression in persons with physical-motor disabilities in Ardabil. This research was conducted in survey method on 80 people with disabilities.

According to the personal statements of disabled persons in the sample, their income does not cover their costs of living, and the majority believes that income over 20 million IRR can make them cover their current expenses. Most of these persons with disability live in suburban areas. Housing status of most of them is private property of their father, but they act almost independently. Most of these persons with disability do not have regular physical activity and show in little activity cultural programs. Awareness of them of their rights and advantages is moderate and most of them use benefits of welfare organization, but health care services of welfare organization do not meet their needs. Parents of children with disabilities in this study are reported to have low levels of education and most of them benefit from few amenities, and spend their leisure time to radio and television programs. In this sample, the depression was in high moderate level. Results of the research conducted by Zolfaghari (2002), Nasri (2006), Prandeh (2007), Mousavi (2008), khani (2010), and Rashedi (2011) are consistent with this study. In explaining this, it can be stated that:

We should keep in mind that persons with sensory disabilities are deprived of this gift, so in many cases have problems in society. This problems occur more seriously in underdeveloped communities, since in advanced societies, urban systems, as well as facilities such as subways, parks, and cinemas greatly elevated problems of persons with sensory disabilities with the help of modern technology. However, in societies like our society, where even ordinary people cannot live as comfortably as they should, persons with disabilities, particularly with sensory disabilities, are often forced to stay away from society and become housebound. What contributes to the isolation problem is compassionate and uninformed behavior of citizens with persons with disabilities. It should be noted that the isolation problem is the cause of many psychological problems such as depression in the persons with disability. Sometimes persons with sensory disabilities are confused by people with mental retardation because of their slow learning skills that arises from their

defect senses, that is resulted from ineffective child capabilities assessment tool in preschool in underdeveloped societies. These incorrect diagnoses sometimes lead to a condition where a person with sensory disability will be deprived from education for lifetime. Surroundings environment of all people is understandable by three parameters of image, sound and touch. The most important thing in psychology of persons with sensory disabilities is that they are always deprived from one of these three factors in understanding their surroundings. This knowledge helps us to be more successful in dealing with persons with sensory disabilities. There are problems arising from the lack of awareness of how to deal with disabled people. This study recognizes that people with disabilities have specific needs, and many of them lack skills necessary for everyday life due to their physical problems, insufficient benefit from classical training, negative attitudes of non-disabled people, limited social interaction and other factors; and to succeed in various aspects of life, like other normal people, these people need to acquire the necessary skills. On the other hand, although the effect of training on immunization against depression in healthy volunteers has been studied in many studies in Iran and the world, these studies are limited in the field of people with disabilities, and there is particular need for further research in this field in our country.

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