

Impacts of Disasters on Behavioural and Psychological Health of Intellectually Disabled in Alappuzha District

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Abstract

The intellectually disabled (ID) population was desperately affected during past disasters of Kerala such as 2018 floods and Covid 19 pandemic. This study is conducted by interviewing the teachers and caretakers of a special school in the Alappuzha district. It was observed that, this community was severely affected by its consequences. This study provides valuable insights about their behavioural and psychological challenges arising during disasters and the need of developing effective resilient strategies for them.

Keywords – Intellectually disabled, Covid-19, Floods, Disaster Management

INTRODUCTION

India has a history of hydro-climatic disasters and disease epidemics due to its topography and climate. These have extremely destructive consequences and disrupt the lives of millions. Alappuzha, the state in Kerala lying below sea level affected by many disasters. As per the data of the Intergovernmental panel on climate change, Alappuzha has the highest probability of flood return once in ten years with 12 hospitals and 237 schools on the vulnerable list (Times of India, 2022).

The intellectually disabled community is more vulnerable to disasters than the general population. As per the statistical profile, Kerala accounts for about sixty-five thousand intellectually disabled persons (2021). Covid 19 pandemic and the 2018 floods affected them and their caregiver's mental health.

LITERATURE REVIEW

Intellectual disability, formerly known as Mental Retardation is a neurodevelopmental disorder. It impairs the cognitive ability and adaptive functioning of the person. It may cause due to complications during pregnancy or childbirth, infections, genetic disorders, and also from unknown causes. Behavioural issues are common in ID children in varying nature and severity. Destructive or temper tantrums or self-injurious actions are frequent in them. Emotional impacts are brought on them by the unstable dwelling, deprivation, ignorance and poor parental guidance.

Besides the above, psychological imbalance is also evident among them. They struggle with emotional instabilities, feelings of insecurity, worries and adjusting to troubles. The general health, economic independence, social and academic efficiency and standard of living were impacted by this psychopathology. Predisposing factors for mental instability in ID are diseases such as attention deficit hyperactivity disorder (ADHD), epilepsy, autism or genetic disorders, sensory disabilities, physical illness, medications and poor communication (Keun et.al., 2022).

As per the study by Lori et.al. (2010), the contagious or destructive effect of disasters affects the whole population. However, there are groups more prone to physical or mental injury, financial loss, or death. ID children are more vulnerable to physical and psychological challenges during disasters. They are restricted from functional independence and involvement in social interactions. If they are denied medical support, probability of getting post-traumatic stress disorders or long-term emotional perturbations is more. Therefore, it is more important to resilient them to calamities.

Many empirical studies concluded the validated changes in these patterns of ID after the disasters, especially the pandemic. Sofie et.al. (2022) explored the restricted and repetitive manners in preschool autistic children. They detailed the augmentation of stereotypic, compulsive and ritualistic attitudes in them after the physical distancing restrictions due to the outbreak. Saad (2021) in his study on ID especially autism spectrum affected children found out that quarantine has negatively affected them. Regression of undesirable conduct is developed in them due to the stopping of rehabilitation facilities. Furthermore, it adds psychological pressure on their parents.

There are several scales for assessing the behavioural and psychological patterns in them. The aberrant behaviour (1986) checklist is designed for clients of school age, an adolescent, or an adult and it consists of twenty domains to assess activities. Behavioural Assessment Scale for Indian Children with Mental Retardation (BASIC-MR) is an assessment scale for mentally handicapped children. It was developed by Reeta Peshawaria and S.Venkitasan (1994,2000). Part B of the scale assesses the current level of behavior problems. It consists of seventy-five items under ten domains as given in Fig. 1.

PROBLEM STATEMENT

1. Behavioural and mental changes in ID after the disaster.
2. How it affects the mental health of parents or caretakers?
3. How their quality of life affected?

RESEARCH METHODOLOGY

A special school for the intellectually disabled in Alappuzha was selected for the study. The school has a strength of 75 students. The numbers of male and female students are 35 and 40 respectively. All of them are mentally retarded with dissimilar diagnoses, especially neurodevelopmental disorders such as autism, ADHD, down's syndrome, and cerebral palsy. Their ages range from 6 years to 42 years and enrolled in three sections such as primary, secondary and pre-vocational depending on their intellectual capacity and age. Most of the candidates have poor socio-financial backgrounds. They are cared for and taught by the six teachers and two caretakers. They are working there for more than five years so they have good knowledge of each student. Teachers and caregivers were interviewed based on structured themes. Behavioural Assessment Scale for Indian Children with Mental Retardation (BASIC-MR) and Aberrant Behaviour Checklist are utilized for developing themes. Findings centered around five main themes as given in Table 1.

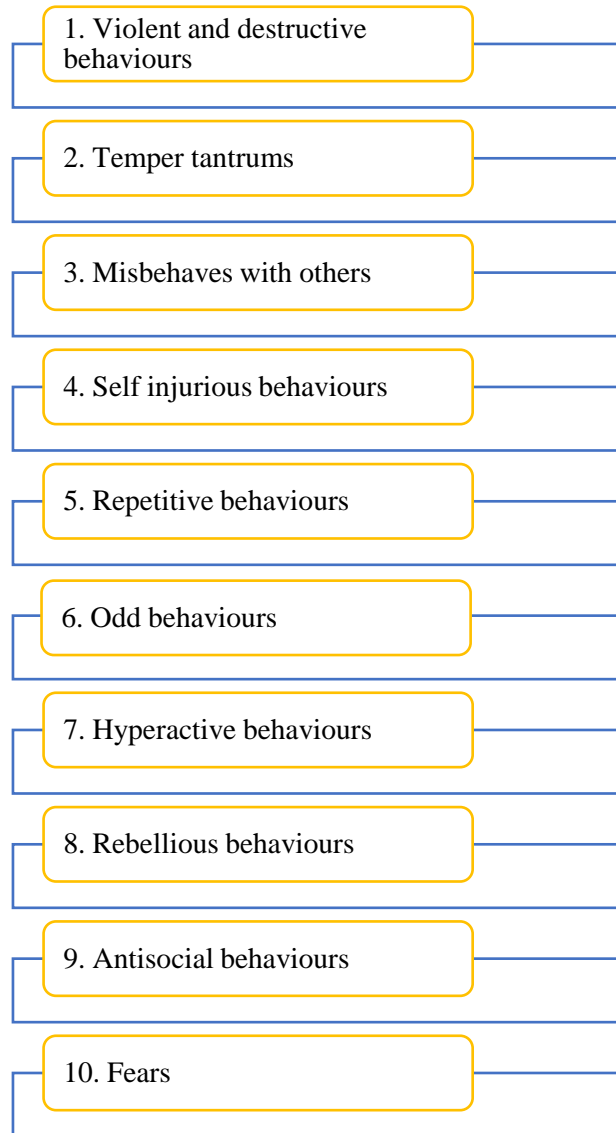


Figure 1: Domains

1.	Behaviour changes
2.	Psychological changes
3.	The mental status of caregivers or parents
4.	General well-being during the pandemic
5.	Educational facilities during the disaster

Table 1: Behaviour Checklist

DATA COLLECTION AND ANALYSIS

How the period of pandemic and flood affected students and their education?

The selected samples of students have a poor financial background and some are the children of fishermen. However, parents maintained to implement strict home isolation and hygiene-related regulations during the disaster period. They were educated on online access to new portals for the well-being of students and also provided with an awareness of disaster and health protection. Even though most of the learners lost the skills gained from school.

..... ‘When the school was closed as per Government order, we started to conduct regular classes through online platforms. There was no interruption occurred in delivering those services. Education and awareness for the parents and caregivers were delivered through an application developed by the authorities.’ (Participant 1)

‘..... All the parents strictly followed home confinement and instructions on health and hygiene. So that none of our students are infected with the Coronavirus’ (Participant 2)

‘As 15% of the students are bedridden, we are helping in their studies through home learning facilities. During disasters, these all got interrupted. Many of the parents shared anxiety about their education and rehabilitation therapies during the disaster period with us. We understood that their mental stress got increased due to the lockdown and the subsequent behavioral changes of these children....’ (Participant 4)

How was the general well-being of students during the disaster period?

‘Most of the students were denied access to doctors or physiotherapists. Parents look after them as per our instructions. Some parents complained of increased appetite in disabled children. Long duration of screen time was noticed among hyperactive. After back to school noticed a considerable elevation in their Body Mass Index of them....’ (Participant3)

‘We are providing physiotherapy, nutrition, and yoga services to our kids. These got interrupted by disaster events.’ (Participant 2.....)

‘Many of the students got obese and found changes in their Body mass index. When school reopens a male student was unable to walk as his weight increased due to an unhealthy diet and changes in daily exercises. Cerebral palsy-affected children show locomotive and speech disabilities. Here in our school, we had a special session for their training. After these lockdown days, those who had improved their difficulties earlier returned to their old stage. It ends up in a situation where we have to restart from the root level. This same condition is evident in their learning also’ (Participant 3)

What are the noticeable behavioral changes attained during the disaster?

ID patients had severe behavioral and psychological challenges. Students are trained for their daily routines and chores. The two years of home learning resulted in changes in discipline and started the adoption of undesirable conduct.

‘.... Each student showed varying behavioral patterns after the lockdown. About a quarter of them developed violent and destructive behavior. Their parents complained of aggressiveness and devastating character changes in them during the disaster.’ (Participant 3)

‘They kick, push, pinch, or hits others. Some other often scream or stamps their feet to show their anger. Also, misbehave with others by making loud noise while others are working or learning. Takes others possession without their permission openly....’ (Participant 5)

‘Number of children injuring themselves on purpose is very less. A 35-year-old male student used to bite, scratch, or hit on own body. This activity changed with continuous therapy by the teachers before the pandemic outbreak. But after the school reopens, he started to behave as past. Now he injures himself to express anger’ (Participant 6)

‘Students in my class are of preliminary level. They used to suck their thumb, nodes their head and sometimes make a peculiar sound. They are usually watched over by the elder ones here.’ (Participant 4)

‘Students also have the habit of talks self or laughing inappropriately. These are witnessed mostly in the hyperactive ones. Rebellious manners among them are very less. In the initial days of their admission, some refuse to obey comments. In course of time, the intensity of it was reduced with the help of training obtained. Some intentionally take a very long time to complete a task.’ (Participant 1)

‘Antisocial conduct is very less among them. But they show some fear of some objects and animals. Most of our students are more active at schools so they felt very boredom during curfew days of the pandemic.’ (Participant 2)

‘During days at home, they put temper tantrums, impulsive attitudes and decreased adaptive ability. That’s all made their parents very hard to handle.’ (Participant 7)

What was their psychological status when they return?

Anxiousness developed in most of them due to quarantine regulations.

‘We did not find significant changes in their mental health. They showed less interest to stay in the house. While we conducted an online phone meeting for our students, it makes them happy. As their social interactions were disrupted most of them were desperate’ (Participant 5)

How was the mental status of caregivers and parents during the disaster?

‘Most of them are of financially backward community. They are defeating to meet two ends of life. Along with it changed deed patterns of children put them under more stress and anxiety.’ (Participant 7)

‘Parents often share their agonies on children with us. The government of Kerala conducted a special campaign for the affected parents and provided support to manage the situation.’ (Participant 2)

These disasters created unparallel socioeconomic challenges in addition to health threats. It was evident that the prevalence of behavioural problems got high after the calamities. The ill effects of the immediate curfew are more evident in the life of ID and their caregivers than in the general population. Age or gender was not related to behavioural problems. Disruption in social connections and physical activities and discontinuity in habits seem to be increased in those days due to home confinement and

mental distress aroused during the pandemic. Disability-related behavioral and psychological changes are consequences of this.

CONCLUSION

Our findings imply that the epidemic and flood period pose particular difficulties for people with intellectual disabilities and their caretakers. It emphasizes the necessity of individualized, remote special education intervention and other assistance services such as awareness, health care and counseling. The ultimate goal of catastrophe management should focus on reducing physical, mental and financial loss in society.

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