

Literature review on stress and stressors in bangladesh



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A Critical Review on Stress Scenario in Bangladesh

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Introduction

Stress is a disruptive physiological and psychological reaction to events that make us feel vulnerable. A certain amount of stress is a foreseeable part of life; but acute stress can hinder our daily activities. It may causes disintegration of general health, frustrations, depression, anxiety, hysteria, cardiovascular accidents, muscular aches and pains, insomnia, hypertension, high blood pressure, cancers, sexual dysfunctions, allergies and other mental disorders (Rahman et al., 2012).

Childhood cancers are increasingly becoming a matter of growing apprehension. In Bangladesh, yearly 5000-6000 children have been developing different type of cancers. Diagnosis of a chronic disease like cancer or coronary heart disease (CHD), and its treatment has a massive impact on all aspects of a patient's life, their acquaintances and families. Sometimes these may cause post traumatic stress syndrome (PTSS) to the parents of the sufferer (Basher et al., 2012).

Stress due to mental retardation is another significant area to focus. Parents experience epidemic physical and mental stress in the process of nurturing the mentally retarded children (Islam, Shanaz, & Farjana; 2013). Socio-demographic factors play a crucial role in stress and coping mechanisms (Siddiqui, 2014). Psycho-education can be effectual in alleviating somatic symptoms, anxiety, insomnia, and social dysfunction of exaggerated family members or caregivers at a greater percentage (Ara & Chowdhury, 2014).
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There are some contradictory in research findings about the impact of age, sex, occupation, education, type of family, socio-economical status on stress. Differences in the design, sample and measures used in those studies also exist.

The aim of this critical review is to understand the stress scenario in Bangladesh, their strengths and weakness in general.

Method of Review

A critical review was applied to explore the stress scenario in Bangladesh. In order to find out the appropriate published literature for the current review, available journals for psychological research: Bangladesh Psychological Journal, Dhaka University Psychological Journal, Dhaka University Journal of Biological Science, and Google Scholar, were consulted. The key words used in this literature search were “ stress”, “ education”, “ psychology” and “ Bangladesh”. A number of studies were initially found, but not all were appropriate for this review. Finally, a total of 5 original and most applicable published articles were incorporated for the review. These articles reflected studies conducted only in Bangladesh. Table 1 shows the studies with necessary information such as sample size, design, variables, and data analysis techniques.

Table 1. Descriptions of the study

Study	N	Design Variables	Statistical Test
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IVs	DVs				
	360				
	responde				
	nts		Type of		
Attitude toward	(120		individuals		
stress of cancer	cancer		(cancer &		Analysis
and cardiac	patients,	Case	cardiac	Attitude	of
patients	120	control	patients,	toward	Variance
(Rahman et al.,	cardiac	design	normal	stress	(ANOVA)
2012)	patients,		individuals),		
	120				
	normal		Gender, SES		
	individual				
	s)				
			Education of		
	396		parents,		Software
	responde		socioeconomic		package
Parent stress in	nts	Cross	status(SES),	Parents	of SPSS
childhood	(146	section	age, duration	stress	(version
cancer (Basher	fathers,	al	of cancer at		12. 0 :
et al., 2012)	250	study	the time of		SPSS Inc.,
	mothers)		stress		Chicago,
			assessment		IL, USA)

220 Cross
 responde section
 nts (110 al
 were design Age,
 Stress among parents education &
 parents of of occupation of
 children with children parents, ' t' test,
 mental with MR, average Parents
 retardation 110 were family income, stress SPSS
 (Islam et al., parents type of family software
 2013) of (nuclear/joint),
 children gender
 with no
 retardati
 on)

Socio- 100 Cross Child Stress Frequenc
 demographic families section variable(age, scenario y
 profile of comprisin al sex, severity distributi
 families with g of 102 study distribution); on;
 mentally children Father & Chi
 retarded with MR Mother square
 children and its Variable(age, test
 relation to education &
 stress occupation);
 (Siddiqui,

Study	N	Design	IVs	DVs	Statistical Test
2014)			Family Variable(nucle ar/joint, SES, presence of sibling)		
Impact of psycho- education on care givers mental health and perceived stress of children with autism (Ara & Chowdhury, 2014)	40 care givers of children with autism	Pre- post design	Psycho- education; age, sex, education, occupation, marital status of care givers; family income, family structure	Caregiver 's MH & perceived on stress	Paired comparis ' t' test

Results

Stress and Cancer & Cardiac Patients

Rahman et al. (2012) investigated the attitude toward stress of cancer and cardiac patients. They found that both cancer and cardiac patients expressed higher stress attitudes as compared to normal individuals.

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Regardless of gender and SES, cancer patients expressed higher stress attitude. In spite of type of individual and SES, female patients expressed higher stress attitude than their male counterparts that is partially supported by Islam et al. (2013). They also found that lower middle SES subjects expressed higher stress attitudes than upper middle SES subjects despite of type of individual and gender which are consistent with the findings of Havik et al. (1986).

Childhood Cancer & Parents Stress

Basher et al. (2012) assessed the intensity of stress of the parents with a child anguishing from cancer. Their study may attempt to assess psychological misery and post traumatic stress reactions among the parents. They found leukemia in the highest frequency among all age groups of the sufferers. About 63.8% of the parents had certainly affected, 6.7% had severely affected due to the cancers of their children. 21.8% of the middle class parents (6-10 class educated, 31-40 years of age) with one child suffering from cancer in between 7-12 months, at the time of assessment, were found certainly and severely suffering from post traumatic stress syndrome (PTSS). These findings are partially supported by Siddiqui (2014).

Mental Retardation & Parents Stress

In a study, Islam et al. (2013) found that parents of children with mental retardation (PCMR) shared greater stress score than the parents of children with no mental retardation (PCNR). Mental stress score was significantly higher among PCMR. Moreover, mothers had significantly higher mental stress score than the fathers of mentally retarded children that is partially in <https://assignbuster.com/literature-review-on-stress-and-stressors-in-bangladesh/>

consonance with the findings of Rahman et al. (2012) which indicated that female patients were more exaggerated in coping with stress than their male counterpart. Parents shared more mental stress than physical stress which was supported by Gupta, 2010. But the overall study suffers from adequate generalizations due to convenient selections of schools.

Socio-demographic Profile of Families & Stress

Siddiqui (2014) assessed the relation between various socio-demographic variables of families with mentally retarded children and stress. He found that mild to severe stress was perceived by the families of mental retardation. None of the families showed very severe stress.

No statistical significance was found between family stress and affected children's age, sex. Rahman et al. (2012) also reported no relation between stress and the sufferer's gender. This may be due to rising information resources and amend in social attitude. But in a study Peshwaria (1995) have indicated significantly greater impact on parents due to having a girl retarded child. As regards the age of the child, some studies have shown lower age of the retarded child to have significant relation with stress (Upadhyaya et al., 2008), while Peshwaria (1995) have shown more psychosomatic problems as the age of their child increases.

In this study, no significant relation was found between child's severity of retardation and stress in the families that is supported by Upadhyaya et al. (2008). But Pisula & Gorska (2002) indicated that parents of severe and profoundly retarded children have higher stress.

Except maternal education, there were no significant relations between stress and mothers' and fathers' demographic variables. The reason behind the significant association of stress with maternal education may be because educated mothers can better understand the clinical aspect of their child's condition. This is consistent with findings of Behari (1995).

Another finding of this study is that stress is not significantly related with the family variables (nuclear/joint family, SES, presence of sibling). In contrast, Rahman et al. (2012) found that lower middle SES subjects expressed significantly higher stress attitude. Hornby (1994) shows that grandparental support decreases stress. Moreover, no significant difference was found in families with or without presence of siblings. But lower stress is reported by Leyser (1990) for higher number of siblings.

Psycho-education & Stress

Ara & Chowdhury (2014) investigated the impact of psycho-educational intrusion for care givers of children with autism. They found that care givers, who acknowledged psycho-educational interventions, showed significant decline in the score of mental health commotion on the GHQ-28 except ¹severe depression¹ than those who did not. That means psycho-educational intervention is effective in training the care givers to handle their children and in enhancing their quality of life. It may also be beneficial to deal with cancer & cardiac patients, mentally retarded children.

Conclusions

Accessible literature on stress reports mixed evidence. In the first two studies, purposive sampling technique was used, and data of cancer and cardiac patients were collected from different reliable sources. So, research findings can be generalized for entire population of our country. Purposive sampling technique was also used for collecting data from two special schools of autism of Dhaka city in the last study. But the other two studies suffer from adequate generalization due to convenient sampling.

Further ample studies are needed to conduct with a representative sample to determine more reliable information. Both prospective and retrospective studies are required to enumerate the incidence and prevalence of unfavorable consequences in delegate allies of survivors. Information about possible late-effects and psychological supports need to be provided by the treatment care providers to the parents and survivors (Sloper, 2000).

Familial support, social support, positive emotional regulation, self help networks etc. act as defensive shield during times of crisis. Apposite program may be facilitated to help people managing crisis and their stresses.

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