THE IMPACT OF PHYSICAL DISABILITY ON PSYCHOLOGICAL STATUS LIKE ANXIETY AND DEPRESSION OF AFGHANI PEOPLE ON PAKTIA PROVINCE AFGHANISTAN.

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DECLARATION

- This work has not been previously accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

- This dissertation in being submitted in partial fulfilment of the requirement for the degree of MSc in Rehabilitation Science.

- This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A bibliography is appended.

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LIST OF ABBREVIATION AND ACRONYMS

CI= Confidence interval

SD= Standard Deviation

WHO= World Health Organization

χ 2=chi-square

ICRC= International Committee for the Red Cross

USAID= United States agency for international development

DSM-5= Diagnostic and statistical manual of mental disorder

APA= American psychological association

PTSD= post-traumatic stress syndrome

CDC= center for the disease control

UNICEF= United Nations international children emergency fund

NGO= non-governmental organizations

AIDS= acquired immunodeficiency syndrome

CES-D= center foe epidemiologic studies depression

MSIS= multiple sclerosis impact scale

HADS= hospital anxiety and depression scale

CIDI= composite international diagnostic interview

SDS= social disability schedule

N= number

IRB= institutional review board

ABSTRACT

Introduction and background: Disability is the condition of a person which is any continuing restricts the activities in the daily life. And the services of disability act in the 1993 and called ‘disability. Physical disability sometimes could be a major risk for psychological problems such as anxiety and depression. In 2001,450 million people in the world were suffering from such conditions psychological condition where the leading cause were disability and ill health. In Afghanistan 1.5 million people are suffering from some kind of disability, which is estimated 33 million of all population, according to the national survey which is done in 2015.

Objectives: To identify the psychological status of people with physical disability. **Methodology:** It was a quantitative cross-sectional study conducted among physically disabled individual from Centre of disability, located in Paktia province. This study involved participant from age 14 to 60 years who were physically disabled. 150 individuals were involved in the study who full filled the inclusion criteria. The participants were selected using convenience sampling technique, data was collected direct interview method and were analysed with the help of SPSS software. The results were presented by tables, figures and graphs.

Results: Majority of participants were male and were from urban area. Majority of participants were illiterate and most of them had poor family income. Female had given less educational and occupational opportunity. Female were suffering depression more than male participants whereas anxiety was found more among male participants. Anxiety and depression were more common among middle aged individuals. But the statically significant association is seen among depression and gender.

Conclusion: the study concluded that people with disability were at greater risk of having psychological problems. The other socio-demographic status of people plays less role in psychological status of people with disability, the main cause of psychological problem among them is disability itself. The study showed the vulnerability of people with disability, thus proper support from family, society and government are needed to decrease the risk of psychological problems among them.

Thus the need of rehabilitation service including physical rehabilitation and psychological rehabilitation is major need in Afghanistan.

Key words: Anxiety, Depression, Physical disability

CHAPTER I

INTRODUCTION

1.1 Background

Anxiety is a disease of mental health category which is lead to the disorders like; fear, worry, nervousness and apprehension. These disorder shows how a person face with behave and emotion and also severeness of anxiety shows it will affect the person seriously day to day life. The peoples who are suffering from severe kind of anxiety not only harmful but life threatening for their survival. Sign and symptoms of anxiety will sit with a person like alarm and effect bad actions on the human body. These alarms have been noticeable in human body like sweating, tachycardia and increase sensitivity. 1(Felman, 2018). Anxiety is a way of thinking different, surrounding with a group of mental illness, and the signs of anxiety can keep you living your life normally. The people who have anxiety disorder have fear and worrying thoughts in their minds, can be disabling. But this disorder have treatment and people can able to get back to their healthy life. 2 ("All About Anxiety Disorders: From Causes to Treatment and Prevention," 2003).

Anxiety is a danger sign which the body react automatically with flight or fright response that is happens when you facing challenging situation and under pressure like interview, first date and in the exam hall. Now a day's anxiety isn't a bad thing. It can teach you to stay alert and focus on your target to solve the related problems. But when you take it to the wrong side of the life with fear and depression it will distract your daily life activity and then the people will go to the wrong side of life threatening disorder which is called anxiety. Anxiety is not a single symptomatic disorder, it occurs with a group of symptoms to the people. Sometime a person may suffer from anxiety attack which become without warning, while sometime they become panicky at noisy and party places. Some people were struggling with fear an accidents of driving, or obtrusive thoughts. Some people may live with chronic state of worrying about anything, tension and everything. 3 ("Anxiety Disorders and Anxiety Attacks," 2018.).

Anxiety is a worse feeling of worry and uneasiness which is generalized bad reaction on a situation. In this situation it is accompanied with muscular tension, fatigue, restlessness and concentration problems. Anxiety may be occur sometime but when it be experienced regularly then the person may have this problem for a long time. Anxiety is not the problem which is response with immediate treat, it involves the expectancy of future treatment. When a person facing anxiety from any situations may have the history of anxiety in the past. 4 ("Anxiety," 2001).

Anxiety is an unpleasant and fearful part of a life which can occur in different times and different way. Stress is a disorder which come and go with the period of time with factors like money, relationship or work problem but anxiety is the problem which can persist for a long time with not clear cause. Anxiety can make the person imagine that things are happing worse in their life as they really are, and treat them to fighting with their fear. They think they are going to be made then they may have some psychological imbalance in their mind. 5 ("Anxiety Conditions," 2010).

Depression is related to the disorder of mood that attack the feeling of person which cause loss of interest and sadness. We can use other term for this as clinical depression or depressive disorder, it shows that how you face the problem and deal with that to think, feel and response to the physical and emotional situations. Maybe you feel problems in your daily work related activities, and different kind of thoughts comes in your mind that no need to live. There are the symptoms of depression mentioning as following; Always feeling tearfulness, hopelessness and sadness, Feeling irritable on small issues, Loosing of interest in daily activities like sports and job, Sleep disorders like insomnia, Loosing of energy and feeling tiredness, Shortness of breath, anxiety, Moving around, bad thinking and speaking, Self-harassment, guilt and blaming himself for past failures, Fear of making decisions, losing of concentration and not proper thinking, Death thoughts, other bad thoughts like suicide attempts, Changes in personality and memory weakness, Pain and aches, Nausea, insomnia, appetite problem, loss of interest in personal relationship and fatigue, Loneliness, scaring to join the community people and programs. ("Depression (major depressive disorder) - Symptoms and causes," 2018).

Disability is the condition of a person which is any continuing restricts the activities in the daily life. And the services of disability act in the 1993 and called 'disability'.

Which means by disability. Which is known by psychiatric, neurological, intellectual, cognitive and physical or sensory impairment, which may be permanent or likely permanent, which results the interaction of social, communication, learning, daily activities and further support for going forward in their life. The commonest type of disability is physical disability instead of sensory and intellectual disability. Physical disability occurs due to circulatory, musculoskeletal, nervous and respiratory systems disorders. 1 (Panter-Brick, Eggerman, Gonzalez, & Safdar, 2009).

In Afghanistan 1.5 million people were suffering from some kind of disability, which was estimated 33 million of all population, according to the national survey which was done in 2015. the research was done In Kabul city of Afghanistan, shearing the problem regarding disability from ICRC (international committee of Red Cross) the afghan people who was suffering from disability have the record number of 12000, people favorable consideration in 2018 for the first time at physical rehabilitation centers which was support by ICRC across the Afghanistan. This amount of people with disability was getting increased day by day, the assistance provided to them and a lot of people have need for the support also. 2017 was the 30 year of ICRC which was running the program in the country about rehabilitation. More than 22,000 orthopedic devices and other artificial limbs are a various number provided by the ICRC to the people with physical disabilities in 2018, and also including of 18,000 crutches, 2,000 wheel chairs and various physiotherapy sessions. A huge number of afghan peoples searching rehabilitation support in a reflectance of the record level of need, ICRCs manager for rehabilitation program in Afghanistan Alberto Cairo, said that.

He said we were helping all of the people who have problem regarding the disability but we are not able to cover all of them by providing help to them. The people who have disability problems suffers from many difficult situations in the community by lake of educational and rehabilitation opportunities, jobs which was destroying their self-confidence and self-stem was mentioned by Cairo, who is running the ICRCs rehab program form the year that starts. However they was not deny by the family and community. But they still need to start new and positive life to move on. The ICRC started helping people with disabilities in capital of Afghanistan Kabul city by providing them with physiotherapy sessions and limb-fitting services to help them recover their mobility. ("Afghanistan: Record number of disabled Afghans seek assistance in ICRC's 30th year," 2019).

After all these researches and percentage of psychological disability in worldwide and Afghanistan wanted to know the psychological status of disable person with physical disability. This study will found the various psychological problem in the person with physical disability. And this study will provide insight about the existing problem to the government and help them to find the solution for it. The year 2005 was the most recent year for the availability of data for the people with disability statistics in Afghanistan. Nearly 2.7% of the whole population had the sever types of disabilities and this increase to 4.7% when less severe disabilities sere also considered (USAID, 2018) it is looks like, that from every 5 households has a person with physical disability and most of the population are living in the rural areas. And hundreds of thousands people loss their most parts of the bodies due to land mine and war, and many more are due to insufficient accidents, healthcare, preventable disease and malnutrition (Francois-Trani, 2003).

The felling of sadness or lack of interest or pleasure is known as depression. For the diagnosis the symptoms most be present for at least two weeks. DSM-5 has given criterion for diagnosis of depression (american psychiatric association, 2017).

According to DSM-5 the individual should experience 5 symptoms of depression, one of them should be either depresses mood or loss of interest or pleasure. This symptoms should be present during same 2 weeks' time period. The sign and symptoms of depression are; Depressed mood most of the day, nearly every day, Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day, Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day, A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down), Fatigue or loss of energy nearly every day, Feelings of worthlessness or excessive or inappropriate guilt nearly every day, Diminished ability to think or concentrate, or indecisiveness, nearly every day, Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. For diagnosis of depression the above symptoms must be clinically significant in causing distress in individual functioning (Truschel, 2019).

The American association for the psychological (APA) disorders shows the anxiety is an emotion which is categorized by worried thoughts, feeling of tension and also increasing of blood pressure in physical changes. Anxiety is related with broad kind of disorders which is include with anxiousness, fear, nervous feelings and worrying. When you are in danger or feeling tension by fear of something which is hurting you then you will understand the effect of normal and regular anxiety. In case of regular anxiety in human minds there has been a condition or danger sign of alarm bells is ringing when a person feels fear and nervousness, start sweeting and increasing of heart beats. ("Treatment of Anxiety Disorders with Stressidra," 2018).

Depression is the disease which is involving the mood of the person by affecting the feeling, having blue mood and lack of interest. This kind of mood swing is different than the other which is people suffering sometime in their life. Big life events like fail in exams, losing current job and family tragedies can lead the person to worse depression disorder. Depression is the problem which can lead the person for the long time regularly. When it occurs it will be the part of life of any person for at least two weeks in first attack and be the part of life for few weeks, months and years. (Legg, 2019).

Depression is a kind of mood disorder which may lead the person to attach with feeling of loneliness, sadness and anger in his daily life activities. It is getting common nowadays. And the people are suffering from this disorder in different ways. By having this kind of disorder may interfere in your daily activities, loosing time with result of lack production. Sometime it will take the people to relationship breakups and suffers from chronic diseases conditions like; asthma, cancer, arthritis, cardiovascular disease and diabetes. Depression is very serious disease and it will go worse if we don’t get a proper treatment for this. And those who are suffering from this kind of disease will get positive response after getting proper treatment for depression disorder from any health care center. (Legg, 2019)

1.2 Justification of the study

Disability is the term which cover all the problems of disabilities like an umbrella shape, covering activity limitation, participation restriction and any kind of impairment. Psychological disability is the term which is refer to the mental condition or disorder that effect the person's condition, emotions and behaviors. The worldwide condition related to psychological problem, WHO shows that one into four person have the problem related to the psychological problems like; mental or neurological disorders, in some points in their lives. In October 4, Geneva, the mental health issue regarding to psychological disorders, around 450 million people was suffering from such conditions, mental health disorders are the leading cause of disability and ill health in the world. (Mental disorders affect one in four people, 2001).

In Afghanistan the study which was done the symptoms rate of the depression was very high by having the percentage of (36.5%), post-traumatic stress disorder (PTSD, 20.4%) and also anxiety (51.8), with both gender difference. Comparing the ratio of female to male were 7.5, 5.8 and 12.8, respectively. By using the similar methodology, at the same time the study found extremely high rates of symptoms depression (67.7%), (PTSD, 42.1%), anxiety (72.2%) again with same difference of related genders. (Mental disorder or emotional distress? How psychiatric surveys in Afghanistan ignore the role of gender, culture and context Ventevogel P, Faiz H, 2018).

Every person has occasional anxiety in their life but sometime people with anxiety have regularly and persistent kind of worrying thoughts and fear about any kind of situation is happening in their life. Sometime anxiety disorder have back to back attacks of sudden feelings of fear and worrying thoughts which is going with a period of time called panic attack. These kind of panic disorders attacks feeling is not controllable in during daily activities. It will take a long time and take the life to the danger zone sometime and for the avoidance of the situations we can change the place or discussion situation but it will take a part of life from childhood to the adulthood. ("Anxiety disorders - Symptoms and causes," 2018).

Anxiety is worse a thought. By having this kind of disorder, you are not able to live your normally life in the normally days. Those people who have one kind of disorder like, worry or fear thought in his life, it is possible to be cure with treatment from the disease and come back normally in his ongoing life with all that achievement which

they want to do. There are a lot types of anxiety disorder which is known as umbrella term also, which we will discuss as following; panic disorder, social anxiety disorder, specific phobias and generalized anxiety disorders. ("All About Anxiety Disorders: From Causes to Treatment and Prevention," 2003).

Anxiety was a thought of bad things in the life like danger, your mind will act like flight or fight with the situation, to face the any situation, feeling under pressure, or joining the exam hall or having a job interview for your job. Nowadays the anxiety is not a bad situation to having fear from it but it will help you to be clever and face the problem and find the solution for it. If anxiety is interfering in your daily life activities and getting worse or cross all the borders or effect in your relationship life, it is going from normal to the severe type of anxiety in your life. Anxiety disorder is severe disease it will take us from normal life by disabling and preventing living from the life that we want to live, you should ignore the loneness to fight with the condition. Anxiety is one of the most related part of mental health conditions problems and by having the high percentage of trebling life style. ("Anxiety Disorders and Anxiety Attacks," 2020).

Depression disorder is a very dangerous and life threatening medical disease that affects very negatively that the person feeling, how you think and how you react on situations. Unfortunately, it is much unimagined disorder. It causes to the person with feeling of sadness, loss of interest in the daily activities and forgetting the enjoyable life. By having this kind of problem the person affects with the physical problems and weakness in person ability for daily activities like job, supporting family with any conditions and also having problems in his personal life. One of the research showed that depression disorder affects people estimated (6.7%) or one from 15 adults from the whole population in every single year. And one in six people which is estimated (16.6%) of the population is suffering from the depression disorder in some part of their life. A person will affect with depression at any stage of his life but common appearance is in the age of with in 20s. Women are more affected with depression than men. Even one third of the women are experiencing severe depression in their life. ("What Is Depression?" 2017)

1.3 Research question

The psychological effect on the people with physical disability?

1.4 Operational definition

1. **physical disability**

Physical disability is any type of physical condition that significantly impacts one or more major life activities.

2. **Psychological status**

A psychological disability or psychiatric disability refers to a spectrum of mental disorders or conditions that influence our emotions, cognitions, and/or behaviors. Psychological disabilities may include depression, anxiety, schizophrenia, and bipolar disorder.

- Anxiety: anxiety is a disorder which occur to a person as a feeling of nervousness, worry and negative thoughts about something with unknown result.
- Depression: depression is a disorder which is related to the mood that attack the feeling of person which cause loss of interest and sadness.

CHAPTER II

LITERATURE REVIEW

Social science research makes an important equality for the batter understanding and experience of the persons with disabilities individually in the United States of America to finish the occurrence of sigma and retroflection related to those experience. It is because cognition of negative changes (deviance) and their memory of negative response (stigma) have been and going through palmate, these are intermittent ideas and answers in the making of disability's practical and symbolic meaning. Sometime some researchers defined or found a regrettable perfection of deviance/sigma in the life and mind of people with disabilities, by showing of some of it disabled people persisting deviance and stigma imputations. After doing this study it confessed that depression is the mostly risk factor of disability, by accessing longitudinal data. Gradually female gender was very effected than male with higher risk factors. The composition of mostly older persons, is limited according to the gender effect of the non-disability group. On the equivalent, the male group with disability showed less depressive symptoms then the female, with having the higher symptoms of depression, in the group. These gender deference and role of culture needed more researches for the group of people with disabilities. (Noh, Kwon, Park, Oh, & Kim, 2016).

The epidemiological studies about the first psychiatric disorder in the recent years about Afghanistan had shown in the literature. The survey showed the high rate of prevalence of the mental problems instead of population, especially among the females. The result of subject of discussion is interpreted. Valuable studies on the related topics would fortify the valence of good epidemiological studies, and will be the great achievement for the prevention or treatment of the people with physical disability in Afghanistan. ("psychiatric epidemiological studies in Afghanistan: A critical review of literature and future directions," 2005).

One of the survey was done in the Afghanistan, it showed that Afghans have the high symptoms rate of post-traumatic stress disease, anxiety and depression. These data mention the need for provider and health care planners to point out the recent lack of persons who have the resources of mental health care, trained mental health care workers in Afghanistan. Basic indicators of mental health are trying to provide programs related to mental health among the population. In the year of 2002 from

august to October, the (CDC) center for the disease control and prevention, (UNICEF) united nations international children emergency fund, and the Vietnam veterans of American foundation and with the participation and help of the ministry of disable and martyrs of Afghanistan, and (NGOs) non-governmental organizations navigate the population of all nation related to injury, mortality, mental health service and disability. The main purpose of this survey was to measure their disability aspects and mental health condition during ongoing wars in the Afghanistan. ("Mental Health, Social Functioning, and Disability in Postwar Afghanistan," 2004).

Due to war started since 1970 in Afghanistan the people are separated and gone to another neighbor countries like Pakistan and Iran. The people were suffering from psychological disorders like anxiety and depression due to conflict of war between (Russia and afghan Taliban) in their living areas and separation and loss of their relatives and family members. After checkup and history taking of people in camp areas in Pakistan the clinicians reported that many people are affected with symptoms of anxiety and depression. A review of report confirmed that women are more affected with depression than men during Taliban regime in Afghanistan. (Ventevogel, 2005).

A research done on the low back pain by researcher for the older adults which showed that 50% of them experienced low back pain in their life. Older adults have the high percentage of economic cost for the low back pain. Couple of literatures found that there is a close combination of the psychological disorders with the low back pain and also facing a major psychological problem like mood sway, depression, chronic illness, pain and insomnia about the older adults. A research study conform that mayo facial release therapy is helpful for the reducing the percentage of pain from the body and also help to reduce the problem with depression and insomnia. (Arun, 2014).

Chronic illness problems have bad and emotional effects on mental health of the individuals. For the people who were suffering with the undiagnosed case of mental illness results to the person ability to afford with the condition and take a part in the treatment and prevention sessions. Depression is known as the severe medical condition with major chronic illnesses results with sever chronic complications. The people who are experiencing the depression disorder will be suffers from severe medical conditions like diabetes, obesity, cardiovascular disease, respiratory disease and cancer in the future. Depression is a severe medical disease and long term disorder which results as,

the person is not able to take care of self and maintenance the proper treatment, Couse with a high rate of deaths in the world. (Mohit, 2011).

A research done in India on depression among the elder people. 70 to 7150 elder person involved in the community based studies research, report having the prevalence rates ranging from 8.9 to 62.16%. 50 to 5260 subjects involved in the clinic based studies research, had reported with the prevalence rate varying from 42.4% to 72%. The result of the research showed that most of the female were suffering from depression disorder in the particular area. Other part of the study which related to the socio demographic factors, Is associated with depression disorder among elder people being widowed or divorced elder person, unmarried, domiciled in rural places, lowbrow people, over age, lack of economic status and sloth. Research showed that depression disorder is also related with many king of other factors like life style factors, psychological factors, dietary factors and also having any severe physical illness. (Grover & Malhotra, 2015).

A research is related to cervical cancer patients which is associated to know the prevalence of anxiety and depression in china. So giving attention to the patients who are affected with the cancer disease and to know the psychological disorder variables of them, we need to done a study research for the related people to see the prevalence of anxiety and depression to help them holistic health care for cancer. The target of this research is to know the rate of anxiety and depression among the patients of cervical cancer in china. (Yang, Liu, Wang, Wang, & Wang, 2014).

For the disable person psychological adjustment, it is very hard to accept using prosthesis device for the patient after being disabled like amputation of lower limb. After losing a part of the body it is very challengeable part of life to accept, a person can cause many disorders like psychological and physical problems. After having the amputee of the lower limb anxiety, depression, decrease quality of life and being well, life concept changes and body image changes and identification are ingeminate. It is very important for them to accept their boy appearance, defeat psychological problems and identity and help them to cope with the situations in their life for positive thinking. (Panyi, 2015).

A literature shows that the association between poor physical health and psychological illnesses is seminary. Sometime the association of physical health with anxiety and depression is extremely less understandable, as depression is the most famous cause of disability in the globe so the rate of suicide attempts is considerably found high in many countries in the world. A survey which is based on population of national cross sectional of Australia, conducted that anxiety and depression shows the severe health problems which is impacting on the major part of the population over the world. (Stanton, Rosenbaum, Rebar, & Happell, 2019).

This research was about the spine surgeries patients, shows that anxiety and depression is the part of life of one-third patients who are suffering severe back pain with undergoing surgery. Since two decades the researches proved that depression and anxiety is the result of physical impairment and severe pain and having the low quality of life for the patients who were undergoing for the surgery of supine. From fourteen research studies outcome, had result on 4833 patients, men patients are about 3017 and women patients are about 1816, with the mean age of nearly 49 years' people. Before surgery 5 categories of knowing the symptoms of anxiety and depression were identified, categories are; disability, pain, return to work, lack of information and mental health. The study result showed that anxiety and depression have redact effect on the patients with spine problems. (Strøm et al., 2018).

Anxiety and depression is a major part of disability most of the time. The research study was about the late life anxiety or depression about physical disability which was searched by an author. Studies suggested that depression is the part of life of old age disable people and declare that disability is the most risk factors for the people having depression disorder. Anxiety is also found as a risk factor for the old age people but not more dangerous like depression disease. How disability increasing due to depression, showed or explain the differences by medical condition, cognition and socioeconomic measures. For the anxiety they don't have any therapy to show here but the research showed that depression will decrease by having the proper treatment. (Lenze et al., 2001).

One of the major cause of disability and morbidity was common obstructive pulmonary disease in the elder patients. And there are two common severe psychiatric disorders like depression and anxiety in the common obstructive pulmonary disease patients. The

article issue that the evidence was available to show the level of depression and anxiety in common obstructive pulmonary patients. Anxiety and depression was the big part of level of impaired life quality, conditions of physical disability, noncompliance of medical treatment, increasing the usage of health care services and increasing rate of deaths. (Yohannes, 2018).

As we can see depression is also the big cause for the economy loss of any country. Depression can cause the people disabled for their family life, work life and social lifestyle. When depression disorder remains untreated, the costliest disaster as AIDS and heart disease for the economy of United States of America. People who remains untreated from the depression disorder, are responsible for the loss of 200 hundred millions working days for every single year. 43.7 billion dollars was the annual cost for the people who reminds untreated from the absence of their works for depression disease from last few decades. (Bhandari, 2017).

A study is about the ex-military personals with physical disabilities like hearing, visual and physical impairments with mental health disorders. It is relay necessary to help and cure the personal of ex-military forces from the disability and psychological problems which they are facing. The further researches will help us to find the way to help them and find the solution for their well-being of ex-military personal with the disability they have, should find the types and act to treat them to overcome from the disease which they are suffering from. (Stevelink et al., 2015).

Depression is one of the mostly widespread psychological disease after the research done by Hungarian and proved by international data collection organization. After the research done in the Western Europe the prevalence of the depression for the life time is 13% with having 4% of one year prevalence. After checkup of the patients of Hungary by the physician of related country reported that, 5 to 8% of the patients have some kind of sever depressive symptoms and suffering from one of the current symptoms of major depressive disorder. Depression disorder have more effective role to attack elders and women. World health organization proved that depression is the 3rd most general disorder for being disable. Those people who are suffering from depression disorder are experiencing the symptoms like anxiety, drug abuse and alcohol, impaired quality of life, sleep disturbance and multiple somatic disorders. Suicide is the worst experience for the patients of depression disorder. Patient of

depression disorder were not having just depressed mode but they have other medical symptoms also like; fatigue, gastrointestinal symptoms, headache, abdominal pain and weight loss changes. (Torzsa, Szeifert, & Dunai, 2006).

The study was related to the post graduate medical student to know the level of anxiety and depression. Medical knowledge is very difficult with having stressful demands on the mental health of the medical related students. Stress is one of the external part which affects the students and target them to become upset with both physically and mentally. Post graduate students of medical faculty were more effected with stress and it affects their mental health very broadly. This study concluded that post graduate students from medical faculty is more effected with high level of stress and anxiety and also got the result from the study that there are a lot of factors that affect the mental health of medical students which can cause them to suffer from anxiety and depression after graduation. (Shete, 2015).

The aim of the study is about the prevalence rate of anxiety and depression of caregivers for the cancer patients and the study done to know the factors that affect the quality of life and depression of the caregivers of cancer patients. So the study estimated that high prevalence of anxiety and depression is mostly effects the quality of life of the cancer patients care givers. Several procedures done to know the association between anxieties, depression and quality of life factors which is care giver's duration, burden, sleep quality, unemployment of care giver, care giver with functional problems, chronic diseases and sex. (Geng et al., 2018).

More than two decades of conflict have led to widespread human suffering and population displacement in Afghanistan. Two studies from this country were significant in terms of both their scope and their findings. The first study (10) used a national multistage, cluster, population based survey including 799 adult household members aged 15 years and above. Sixty-two percent of respondents reported experiencing at least four trauma events during the previous ten years. Symptoms of depression were found in 67.7% of respondents, symptoms of anxiety in 72.2%, and post-traumatic stress disorder (PTSD) in 42%. The disabled and women had a poorer mental health status, and there was a significant relationship between the mental health status and traumatic events. Coping strategies included religious and spiritual practices ("Mental health consequences of war: a brief review of research findings," 2018.).

In recent years the first psychiatric epidemiological studies about Afghanistan have appeared in the literature. The studies indicate a high prevalence of mental problems among the population, in particular among women. The interpretation of the findings is subject to debate. Additional studies on specific topics would enrich the value of standard epidemiological studies, and would greatly contribute to the development of mental health policy in Afghanistan ("psychiatric epidemiological studies in Afghanistan: A critical review of literature and future directions," 2005).

A study was conducted to find the relation between body esteem and sexual satisfaction on psychological well –being among people with physical disability. The study was comparative study conducted between physical disabled people and physically abled people. 748 participants were people with disability and 448 participants were abled people. The study found the strong relation between sexual esteem, body esteem, satisfaction and self-esteem, depression among people with disability. The relation was strong among the participant with physical disability then participant who were abled. In disabled women, self-esteem was strongly associated with body esteem. But in men with disability, self-esteem was strongly associated with sexual esteem. The result shows that high level of body esteem and sexual satisfaction cause high level of self-esteem and low level of depression in people with disability. High level of body esteem in abled people shows low level of depression. But in people with disability low body esteem and/or sexual satisfaction cause high level of depression. The research suggests that those who are concerned with psychological aspect of people with disability should give more importance to improve body esteem and sexual well-being (Teleports & McCabe, 2002).

Another comparative study conducted to find the effect of unemployment on the mental health of people with disability. The comparison was done between 556 participants with physical disability (from community) and 460 nondisabled participants. The different measurement tool was used for assessing the mental health. The result shows that people with disability are 5 times more likely to be unemployed then non-disabled people. It causes increase of 30% in depression among people with disability. The unemployment has strong impact in the mental health of people with disability (Turner & Turner, 2004).

It is often seen that disability is more common in people with physical disability. A study was conducted to find the relation between physical disability and depression. The data for study was obtain from nationally representative sample. The study focus on depression among disability based on the gender of people with disability. The Center for Epidemiologic Studies Short Depression Scale (CES-D 10) was used to measure the level of depression. The depression was higher levels of depression among the people with disability. The depression score was higher in the female participant. Among the people both the participant, that is people with physical disability and non-disabled people, female participant has higher depression score than their male counterparts. The study conclude that physical disability is the greatest risk factor for depression. The female with disability shows more symptoms of depression than male with physical disability. The study also recommended for further study in this field (Noh, Kwon, Park, Oh, & Kim, 2016).

The people with physical disability has fewer opportunity to express themselves and has unfavorable environment. Therefore, there is greater chance of having depression in people with disability. The systematic review of quantitative study was done to found the association between social relationships and mental health and wellbeing of people with disabilities. The scanning was done on the basis of social support, social networks, negative social interactions, family functioning and relationship quality. 47 cross-sectional and 16 longitudinal study was studied. Most of the study found presence of depression, anxiety, post –traumatic stress disorder and hopelessness. It found association between the social support and mental wellbeing of people with disability. The study conclude that social relationship and support plays vital role in mental wellbeing of people with disabilities. Only inclusion of person with disabilities into the social network may not be much effective, there should be support of rehabilitation professionals and peer. Inclusion of rehabilitation professionals and peer group along with social network for quality relationship and hence decrease the mental illness among people with disabilities (Tough, Siegrist, & Fekete, 2017).

A study was conducted in UK to explore the relation between physical disability and anxiety and depression in people with multiple sclerosis. The study was conducted using MSIS-29 and HADS scales. 4516 individuals were involved in the study. The prevalence of depression and increases along with the degree of physical disability due to multiple sclerosis. 38.0% of participant with low physical disability have anxiety,

66.7% of participant with high degree of physical disability have anxiety. 17.1% of participant with low physical disability have depression and 71.7% of participant with high degree of physical activity have depression. The study conclude that physical disability have positive relationship with anxiety and depression. The impact of physical disability on mental health varies with sex, age, duration of disease and extend of physical disability. The mental health of people with disability due to MS must be attended in order to meet the health need of them (Jones et al., 2014).

A study was conducted in Northwestern Iran to find the prevalence of depression among veterans with physical disability. It was the comparative study conducted between 100 male veterans with 30 to 70% of physical disability and 100 individuals without physical disability. Among the 100 veterans with physical disability, 39 were injured by chemical and 61 by non-chemical war-fare. Zing depression questionnaire was used to identify the prevalence of depression in the participants. The study found the prevalence of depression in veterans with physical disability is higher than people without physical disability. The prevalence of depression was higher in veteran who was injured by chemical warfare than in the veteran with physical disability who was injured form non-chemically warfare. The prevalence of depression among veteran with physical disability due to chemical warfare was 92%. And the prevalence of depression among veteran with physical disability due to non-chemical warfare was 57%. The severity of depression was higher in the chemically injured victim than in non-chemically injured victims. The prevalence of depression in veterans with physical disability was 71% which is much higher in comparison with prevalence of depression in comparison group that is 36%. Depression in physical disable veterans was twice more than prevalence of depression among normal population. The study also conclude that the social factors plays major more in elevating the depression among disabled individual (Vafaee & Seidy, 2004).

A longitudinal study was conducted to examine the risk of depression among people with physical disability. Two waves of data spaced 4 years apart was used for the study. The study shows that people with disability are at higher risk of developing depression. The risk is for both men and women with disability. The people with disability are at higher risk of developing depression comparing to non-disabled population. The different factors such as stress, chronic strain, mastery and social support to be

determinants of depression. And the level of depression depends on these factors (Turner & Noh, 1988).

Another study was conducted to understanding cross-national difference in depression prevalence. The data was collected from 15 centers in 14 countries, 25916 participants were screened for mental disorders. Among them 5447 participants undergone baseline diagnostic assessment and 3197 participant completed 1 year follow up assessment. The assessment was done using Composite International Diagnostic Interview (CIDI) and disability was assessed using Social Disability Schedule (SDS). A study divided center as low, medium and high based on the prevalence of depression. A study shows depression was universally associated with disability. This association varies across the centers (SIMON et al., 2002).

A study was conducted among the adult with disabilities using assistive technology to explore the prevalence and correlates of depressive symptoms in United States. The study found depression was more likely to occur among individual with disability using assistive technology then individual with disabilities who are not using any assistive device. The patient health Questionnaire was used to identify chronic depression symptom in the participants. The study found the relationship between the severity of depression and prevalence of other health condition such as obesity, smoking and physical inactivity. The age and economic status were found to be the strongest socio-demographic variables associated with chronic depression symptoms. The other variables associated with chronic depression symptoms were lack of social support and anxiety. The study suggest that integrated approach should be taken to care the people with disability using AT. The care giver should be alert about the possibility of depression in AT users and how to detect, prevent and treat the depression among them (Okoro et al., 2010).

A study was conducted in Kolkata, India to assess the prevalence of depression among the stroke survivors. The geriatric depression scale was used and data was collected from community based stroke registry. The data was collected from 241 patients. The prevalence of post stroke depression among the participant was 36.98%. 17% of individual develop stroke annually. The post stroke depression was common on individual of old age, low socio-economic status, less educated. The depression was

also seen in the participant who have more cognitive impairment and disability. The mortality is seen more in post stroke depression than in the individual who does not have depression. It found that one-third of individual develop depression after stroke. The depression is seen lately in the individual which make likely be due late realization of underlying depression. The study also show that literacy play vital role in protecting depression among the stroke patient (Paul et al., 2013).

A study conducted in Taiwan to assess the incidence, risk and associated risk factors of depression in adult with physical and sensory disabilities. 749,491 people with physical/sensory disabilities 20 years and above were included in the study. The prevalence of depression was 6.29 per 1000 person per years. Among them 1.83 per 1000 person have major depression symptoms. The study found that type and severity of depression, gender, age, education socio-economic status, and marital status are associated with depression. The incidence of depression was higher in severe form of disability than in people with mild disability. The depression was higher in women with disabilities (2.24 per 1000) than in men with disabilities (1.55 per 1000). The incidence of depression was high among the people with disabilities with low income (6.10-7.50 per 1000) than in high income (4.91 per 1000). The incidence of depression was seen more in people with disability from rural (6.79 per 1000) area than in people with disabilities from urban area (5.51-6.10 per 1000). The study also reveals that depression among physical and or sensory disabilities was 3.7 folds higher than general population. The incidence of depression was higher in single people with depression (1.72 per 1000) than in married or divorce people with disabilities (1.85-2.67 per 1000). The study also reveals that the risk for depression increases along with severity of disability. The study also suggests government and family member of people with disabilities to give more attention on detecting and treating depression in the individual. The extra measures should be taken to prevent and treat depression among the people with disabilities (Shen et al., 2017).

Another study was conducted to find the prevalence and associated risk factors of depression among post-stroke patient in Bangladesh. Hamilton depression rating scale was used to assess depression among 164 post-stroke patient. Most of the participant had right-sided hemiparesis. The prevalence of depression was 70%. Among the participant with depression 18.3% had mild depression, 19.5 % had moderate depression and 32.2% had severe depression. 4/5th of female participant had

depression, which was higher than 2/3th male participant. The severity of depression was also seen among the female participant. The prevalence of 42.7% was seen in older age (61 and above). The prevalence of depression is more in rural areas (71.4%) and single individual (75%). Housewife and retired person had severe depression. The participant from joint family had higher prevalence of severe depression (59.5%). Severe depression was seen in 50% of respondent who have less than 20000-taka monthly income. The participant who were cared by their partner were less depressed than those who was cared by other then spouse. Among 90.3% of respondent who have less or no social contact, 54.8% have severe depression. 82.9% of participant had ischemic stroke and other had other form of stroke. Among ischemic stroke, 38% had severe depression higher than other type of stroke (Ariful Islam et al., 2015).

A study conducted in America for assessing the depressive symptoms and utilization of health service among persons with limb loss (physical disabilities) shows prevalence of 28.7% among them. The depression symptoms (CES-D 10-items) was used for study. The study found factors like divorced or separates, low economic level, extreme back pain or phantom limb pain as the risk factors for depression among them. The study also revels higher education as protection against depression in people who lose their limbs. 22% of participant and 44.6% of participant with depression were using mental health service. Among the participant with depression 32.9% need mental health service but they were not receiving it and 67.1% does not need mental health service. The study conclude that management of pain and medical condition can decrease depressive symptoms. The awareness about depression and its treatment may increase the utilization of mental health service among the people who have loss limb (physical disability) (Darnall et al., 2005).

A study was conducted to assess the mental health, social functioning and disability in postwar Afghanistan. 699 participants were non-disable and 100 participants were people with disability, total 799 participants were included in the study. Medical Outcomes Study 36-Item Short-Form Health Survey, Hopkins Symptoms Checklist-25, trauma events and symptoms of posttraumatic Harvard Trauma Questionnaire were used for the study. Among all participant 62.0% had experience at least 4 traumatic events. Lack of food and water (56.1%) was traumatic event for nondisabled person and lack of shelter (69. %7) was traumatic event for disable people. The prevalence of depression in disable respondent (71.7%) was higher than prevalence of depression in

nondisabled respondent (67.7%). In similar, the prevalence of anxiety was higher in respondent with disability (84.6%) than respondent without disability (72.2%). The prevalence of Post-Traumatic Stress Disorder was similar in both group (around 42%). The women participant had poor mental health than male participant. Social functioning and mental health were poor in in people with disability than in non-disabled people. 81% of disable participant and 84% of non-disabled participant had the feeling of hatred. The study suggest that the mental health facilities of country should be improved (Cardozo, 2004).

CHAPTER III

RESEARCH METHODOLOGY

3.1 Conceptual frame work

Explain variable	**Response variable**
Age Gender type of disability level of disability Level of education Economic condition Marital status Family and society support individual attitudes	Psychological status (anxiety and depression)

3.2 Study objectives

3.2.1 General objectives

To identify the psychological status of people with physical disability.

3.2.2 Specific objectives

1. To find out the socio demographic information.
2. To identify the psychological problem of person with disability.
3. To identify the impact of psychological condition on disable person.
4. To identify the strength of external support and rehabilitation facilities on psychological status.

3.3 Study design

Quantitative research was a type of empirical investigation. That means the research focus on variable observation as opposed to theory or logic. Most often this type of research is expressed in numbers. A researcher was represented and manipulated certain observation that they are studying. They will attempt to explain what they are seeing and what effect it has on the subject. They were also determining and what the change may reflect. The overall goal was to convey numerically what was being seen in the research and to arrive at specific and observable conclusion. Cross sectional study could be used to interpret, the odds ratio, definite risks and relative risks from prevalence. It may be used to interpret some characteristic of the population, such as existence of the disease, or cause and effect.

3.4 Study population

The study was done on the population of related area with age of 14 to 60 years patients of physical disability. It was cover psychological impact of life of people with physical disabilities. The study was done in the Paktia province 100 km far, at the south of the capital of Afghanistan.

3.5 Study area/site

The study area or site was Center of disability (labor, social Affaire, martyrs and disabled) located in Paktia province Afghanistan. Which was governmental related health center, operates by the government of Afghanistan for the people who have any kind of disabilities.

3.6 Study period

The study was conducted from July 2020 to July 2021.The data was collected in 4 months (September to December) from the particular center of disability. I went and collected data from the particular place and was collect data when I got the patient in

the center of disability. The other period was utilized for analysis, discussion and other requirements.

3.7 Sample size

The sample size was 150 No of participant was included in this study. The maximum number of participants that could be cover in 4 months' period were included. All clients were select by convenience simple method that refer to the center of disability (labor, social Affaire, martyrs and disabled)

3.8 Inclusion and exclusion criteria

All participants were included with the criteria of as following; from 14 to 60 years, type of disability was permanent and male and female participants were included in the inclusion criteria. In the exclusion criteria particular participants was excluded like congenital limb loss, mental complication and less than 14 years old participants. And the participant who were not willing to take part in research were also excluded.

3.9 Sampling techniques

A sample of 150 patients will be selected using convenience sampling technique as the total population size is unknown. A questionnaire focus on socio-demographic and WHO standard questionnaires will be used to conduct this study.

3.10 Data collection tools and materials

The data will be collected by direct interview method. Data will be like; I will ask questions face to face from the patients and the answers will be taken as from close ended questionnaires. The questionnaires are such as (WHODAS 2.0) World health organization disability assessment schedule 2.0, Hospital Anxiety and Depression Scale (HADS) and (WHOQOL-BREF) world health organization quality of life instruments-short form which may take 20-25 minutes.

3.11 Data management and analysis

The data was managed with the help of SPSS software. And Different kind of charts and graphs will be used for presenting and interpreting the data. Various statistical tools

were used for analyzing the data. Chi-square test was used to find the association between socio-demographic variables and association between socio-demographic variables with psychological status of participants.

3.12 Quality control and quality assurance

No investigation was performed for the study; it was a cross–sectional study. Questionnaire was used to collect data. The questionnaire was pre-verified. The questionnaire was translated into Persian language. The pilot study was conducted to see the requirement of changes in the study, which suggested no requirement was needed.

3.13 Ethical consideration

The subjects were neither deliberately exposed nor there was any intervention involved. There were no activities that may harm or cause any problem to participants in the study. Ethical clearance was obtained from concerning authority, after getting approval from the course coordinator, supervisor and institutional review board (IRB) and Center of disability (labor, social Affaire, martyrs and disabled) located in Paktia province Afghanistan. Then permission was taken from concern people of respective department Center of disability (labor, social Affaire, martyrs and disabled). The purpose of study, data collection method was clearly explained to concern personnel. Individual consent was taken from every participant involved in study. The consent form was clearly explaining the purpose of study, there right during the data collection, about the confidentiality. The participant privacy and confidentiality was maintained. There was potential harm for participant in this study.

CHAPTER IV

RESULT

4.1 Analysis of socio-demographic characteristics of participants

The study consists of total 11 variables covering almost all the information needed for the study. Descriptive analysis such as percentage, frequency, mean, standard deviation was performed whenever needed. The results were presented with the help of tables, graphs and charts.

4.1.1 Age and gender of participants

The below table 4.1 represent the distribution of participants according to their age group. Around 30% of total participants where from age group 35-45 years. The age group 45-55 had second highest number of participants (26%). The least number of participants belonged to the age group 15-25 years (10.7%). Most of the participants were male (123, 82%). The finding showed that middle aged adult were more disabled then other age group and male were more disabled than female. It might be the due to the reason that only male population were mainly involved in the risky job probably increasing risk of disability. And the disability was noted more among the working among the working group.

Table 4.1Distribution of participation according to their age and gender (N=150)

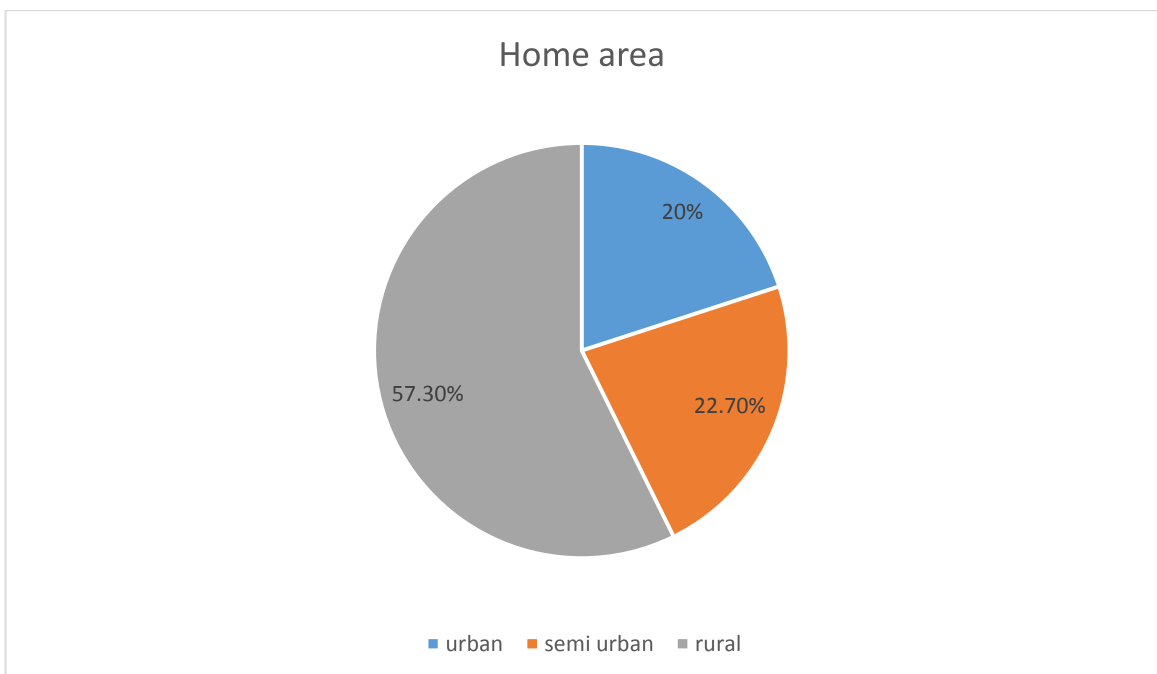
Variables	Frequency	Percentage	mean
Age:			
15- 25	16	10.7 %	43
26-35	24	16%	
36-45	44	29.3 %	
46-55	39	26%	
56-65	27	18%	
Total	**150**	**100 %**	

Gender:		
Male	123	82%
Female	27	18%
Total:	**150**	**100%**

4.1.2 Home area of participants

The below figure 4.1.2 represents the home area of participants. The study showed that around 58% of participants were from rural area. Almost equal number of participants were from urban and semi-urban area. It might be due to the fact that most of the low income people were living in the rural area of country, who were mostly involved in risky job. As well as the health care facilities were negligible in rural area due to which chances of disability due to untimely and improper treatment might raise.

Figure 4.1.2 Distribution of participants based on their home area (n=150)



4.1.3 Marital status and occupation of the participants

The below table 4.2 represent the distribution of participant based on their marital status and occupation of participants. The study showed that most of the participants were married (86%), 14 % participant were unmarried. The percentage of widowed, separated and divorced participant was minimal so was included under married categories. The study also showed that more than half of the participants had (66%) and few number of participant had completed 11th standard or above (13.35%). And around 20% had completed 6-10th standard. The result showed that the educational level among physically disabled people is not so high among participants. It might be due to the ongoing war and poverty.

Table 4.2 Distribution of participant according to their marital status (n=150)

Variables	Frequency	Percentage
Variables:		
Married	129	86%
Unmarried	21	14.0%
Total	**150**	**100 %**
Education:		
Below 6	99	66%
6-10	31	20.7%
+11 and above	20	13.35
Total	**150**	**100 %**

4.1.4 Occupation and monthly income

Among 27 female participants 23(85.2 % among female and 15.3% among total population) were housewife. Around 42% of participants were involved in different jobs like rickshaw pulling, home making etc. which comes under other category. The second height frequency was seen in day labor (18%). Service holder and bushiness hold almost similar percentage of participants. The least number of participants were involved in farming; it might be due to barrier caused by disability. Around 56% of participants had monthly family income in the range 1000- 10000, which show 56% of people with physical disability were under poverty line.44% of participants had monthly family income in the range 11000- 20000. The study showed had the all the participants had yearly income less than 250000 Afghan.

Table 4.3 Distribution of participants based on their occupation and monthly income (N= 150)

Variables	Frequency	Percentage
Occupation:		
Housewife	23	15.3%
Service Holder	13	8.7%
Business	15	10%
Day Laborer	27	18%
Farmer	10	6.7%
Others	62	41.3%
Total	**150**	**100 %**
Monthly family income		
1000 - 10000	84	56 %
11000 - 20000	66	44%
Total	**150**	**100%**

4.1.5 Type of disability and duration

The below table 4.4 represented the distribution of participants based on type of disability and duration of disability. The study showed that around half of the participants (41.34%) were disabled due to amputation. Around 17% of participants were disabled due to paralysis. 35.33% of the participants had other form of deformity. Around 6% participants were blind. It showed that amputation is major cause of disability, it might be due to ongoing war and accidents in mine. The study also showed that around 31% of the participants were disabled from 20-30 years. Around 11% of the total participant were disabled from 2.5- 10 years. The study also revealed that 12% of the participants were disabled from 40 years and above. 25.3% and 20.7% of participants were disabled for the last 10 -20 years and 30- 40 years respectively. The average duration of disability among participants was around 10 years

Table 4.4 Distribution of participants based on type of disability and duration (n=150)

Variables	Frequency	Percentage
Type of disability:		
Paralysis	26	17.33%
Amputation	62	41.34 %
Blindness	9	6 %
Deformity	53	35.33 %
Total	**150**	**100 %**
Duration:		
2.5 - 10.0	16	10.7 %
10.0 - 20.0	38	25.3 %
20.0 - 30.0	47	31.3 %
30.0 - 40.0	31	20.7 %
40.0+	18	12 %
Total:	**150**	**100 %**

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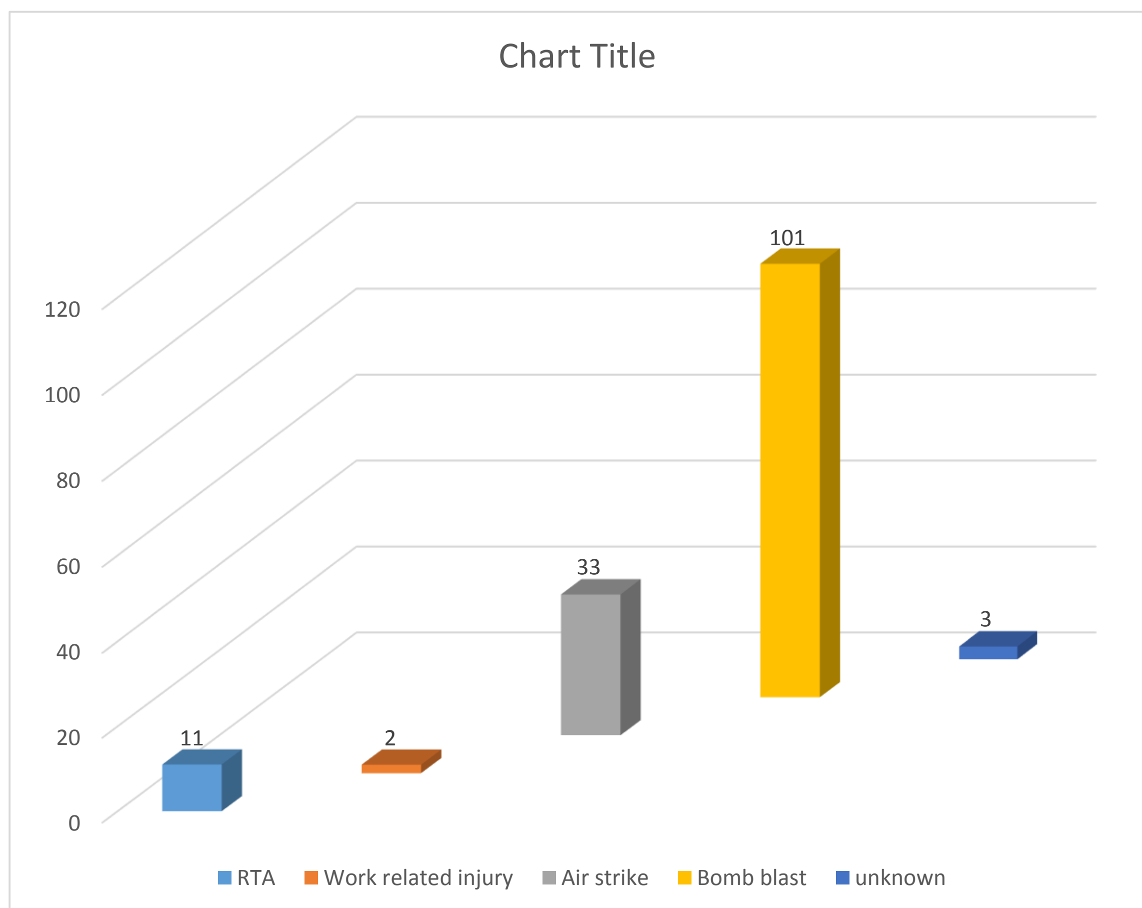
4.1.6 Cause of injury

The below figure 4.2 represent the different cause of disability. The study showed more than half of the total cause of disability was bomb blast (101, 67.3%). Only around 1% participants were disabled due to work related injury. Less than 2 % of the participants (n=3) and around 8% of participants (n= 11) were disabled due to unknown disease and road traffic accident respectively. The result indicates that most of the directly or indirectly due to war. So war remained the major cause of disability.

Figure 4.2 Distribution of participants based on cause of injury



4.1.7 Rehabilitation service received by participants

The above table 4.5 shows the distribution of participants based on whether they received rehabilitation service or not. More than 80% of the participants said that they did not received any rehabilitation service (131, 87.3%). It showed that the people with disability lacked rehabilitation facility in Afghanistan.

Table 4.5 Distribution of participant based on rehabilitation service received

Variables	Frequency	Percentage
Rehabilitation service:		
• Yes	19	12.7
• No	131	87.3
• **Total:**	**150**	**100.0**

4.2 Associations between sociodemographic variables of participants

The below table 4.6 representing the age and marital status of participant and association between them. The study showed that most of the married participant were from age group 36-45-year age. And very least number of married participant were from age group participant's 15-25-year age. None of the participants were unmarried above 45 years of age. Majority of the unmarried participants were from age group 15-25. Hence it suggested that majority of people married after 25 year of age. The study also showed the statically significant association between age and marital status of participants. Majority of married participants were illiterate and least had done graduation and above. The significant value for age was less than 0.05. Thus the alternative hypothesis was accepted and null hypothesis was rejected. It said that the age (p=0.00) had statistically significant association with the marital status of participants had statically significant association. The study showed that as the age increases the individual get married.

Table 4.6 Association of age, sex and educational level with marital status of participants (n=150)

VARIABLE				
Age	**Married**	**Unmarried**	**Total**	**Chi-square**
15-25	2	14	16	
26-35	18	6	24	
36-45	43	1	44	0.00
46-55	39	0	39	
56-65	27	0	27	
Total:	**129**	**21**	**150**	
Education level				
Below 6	88	11	99	
6 – 10	23	8	31	
11 and above	18	2	20	0.103
Total:	**129**	**21**	**150**	
Gender				
Male	108	15	123	0.174
Female	21	6	27	
Total:	**129**	**21**	**150**	

The below table 4.7 represented the association of occupation, monthly income, type of disability, cause of injury, rehabilitation service utilized with gender of participants. Total female participants were housewife (n=23), majority of male participants were day laborer (n=27). Half of the participants had monthly income of participants (n=64) had family income 1000-10000 Afghan. The study also showed that the major cause of disability was bomb blast and cause of injury was land mine injury both among male and female participants. Majority of male and female participants had not utilized rehabilitation service. The study also showed that almost all female participants had educational level below 6 years. And around 40% of male had education below 6. There were almost no female participants who had received education above 6. The significant value for occupation (p=0.00), monthly income (p= 0.037), cause of disability (p=0.005) and education level (0.001) were below 0.05, thus the alternative hypothesis was accepted and null hypothesis rejected. Hence, it showed that occupation, monthly income, cause of disability and educational status had statically significant association with gender of patient. Since man were involved in the risky job and frequently move out from the house than the female participant so the income, occupation as well as risk of disability increase among man than female. We could say the difference in income, occupation and cause of disability. The study also revealed that female had given less educational opportunity.

Table no 4.7 Association of occupation, monthly income, type of disability, cause of injury and rehabilitation service. With gender of participants (n=150)

Variables	Gender		Total	Chi-square
Monthly income				
1000-10000	64	20	14	0.037
11000- 20000	59	7	71	
Total	**123**	**27**	**150**	
Type of disability				
Paralysis	18	8	26	
Amputation	53	9	62	0.119
Blindness	9	0	9	
Deformity	43	10	53	

Total	123	27	150	
Cause of injury				
RTA	10	1	11	
Work-related injury	2	0	2	0.005
Air strike injury	28	3	31	
Bomb blast injury	83	18	101	
Unknown disease	0	3	3	
Total	**123**	**27**	**150**	
Rehabilitation service				
Yes	18	1	9	0.122
No	105	26	131	
Total	**123**	**27**	**150**	
Education level				
Below 6	73	26	99	0.001
6-10	30	1	31	
+11 and above	20	0	20	
Total	**123**	**27**	**150**	

4.2 Psychological status of participants

4.2.1 Based on gender

The below table 4.8 represented the distribution of participants based on their psychological status. Around 27% of participant did not have anxiety. Nearly 40% participants had borderline anxiety, male (81.36%) were more suffering from borderline anxiety than female (18.64%). 34% participant had anxiety, male (84.31%) participant had anxiety more than female participants (15.69%). Considering only the male participants, 39% had borderline anxiety and 35% had anxiety. Similarly, among female participants around 41% had borderline anxiety and 35% had anxiety. The study showed that around 40% of people with disability were at higher risk for anxiety whereas, 51% were already suffering from anxiety. The study also showed that 40%participant did not had depression. Around 45% of participants had borderline depression where majority of them were male (90%). And 14% of participants had

depression, where majority were male (66.67%). Among male participant, around half of them had borderline depression and among female participation equal number of participant had borderline depression and depression (26%). The study showed that around 45% of people with disability had borderline depression whereas, 14% had already suffered from depression. The depression was seen more among female participants. The study showed that there was no significant association of age only with depression status of participants. The significant difference might be due to the common fact that 3 factors contribute more to female causing depression. The first factor is hormones difference in male and female, where regular hormonal changes in female's cause's possibility of having mood disorder in females. The second factor is socialization difference, in context to our study setting females were confined in a house and given full household responsibility which might be difficult to carry out by females causing more stress leading to depression. It might be due to the societal assumption where male should hide their sorrow in Asian countries and in our study most of the participants were male.

Table 4.8 Distribution of participant's psychological status based on gender (n= 150)

Psychological status	**Categories with frequency and percentage**			**Chi -square**
Anxiety	Normal	Borderline abnormal	Abnormal	
Male	32 (26%)	48 (39%)	43 (35%)	
Female	8 (29.63 %)	11 (40.74 %)	8 (29.63 %)	0.856
Total	40 (26.67 %)	59 (39.33 %)	51 (34%)	
Depression				
Male	48 (39%)	61 (49.6%)	14 (11.4%)	
Female	13 (48%)	7 (26%)	7 (26%)	0.038
Total	61 (40.67)	68 (45.33%)	21 (14%)	

4.2.2 Based on age

The below table 4.9 represented the distribution of participants' psychological status based on age group. The study showed that more than half of participants in age group 15-25 had anxiety and around one fourth had borderline anxiety. Most of the participant from age group 25-35 were normal. The participants from age group 45-55 showed almost equal distribution of participants in all three categories of anxiety. Only some participants from age group 55-65 had normal anxiety status whereas, around half of them had borderline anxiety and around 33% had anxiety. Among normal category of anxiety, maximum participants (30%) were from age group 45-55 years. Among borderline anxiety, maximum participants (30.50%) were from age group 35-45 and among anxiety category, maximum participants (33.33%) were from age group 35-45 years. The study also showed that half of the participants from age group 15-25 and more than half from age group 25-35 had normal depression status. Around 55% of participants and 16% of participants from age group 35-45 years had borderline depression and depression respectively. Around 44% of participants from age group had borderline depression and around 41% had normal depression status. Around half of participants (51.9%) had borderline depression and around 15% had depression from age group 55-65 years. Among normal category of anxiety, maximum participants (26.23%) were from age group 45-55 years. Among borderline depression, maximum participants (35.29%) were from age group 35-45 and among depression category, maximum participants (33.33%) were from age group 35-45 years. Thus we can conclude that participant from age group 35-35 had more psychological problem. Although prevalence of psychological impairment was seen among the middle age participant but the story did not show the statistically significant difference.

Table 4.9 Distribution of participants' psychological status based on age group (n=150)

Psychological Status	Age	Categories with frequency and percentage			
		Normal	Borderline abnormal	Abnormal	Chi-square
Anxiety	15 - 25	3(18.8%)	4(25.0%)	9(56.3%)	
	25 - 35	11(45.8%)	9(37.5%)	4(16.7%)	0.174
	35 - 45	9(20.5%)	18(40.9%)	17(38.6%)	
	45 - 55	12(30.8%)	15(38.5%)	12(30.8%)	
	55 - 65	5(18.5%)	13(48.1%)	9(33.3%)	
Depression					
	15 – 25	8(50.0%)	5(31.3%)	3(18.8%)	
	25 – 35	15(62.5%)	8(33.3%)	1(4.2%)	0.301
	35 – 45	13(29.5%)	24(54.5%)	7(15.9%)	
	45 – 55	16(41.0%)	17(43.6%)	6(15.4%)	
	55 – 65	9(33.3%)	14(51.9%)	4(14.8%)	

4.2.3 Based on marital status

The below table 4.10 represented the distribution of participant's psychological status based on marital status of participants. The study showed that round 50% of married participants and around 33% of married participants had borderline anxiety and anxiety respectively and among 33% of unmarried participants and around 10 percentage of unmarried participant had borderline anxiety. The study also showed that around 45% married participants and 9 % of unmarried participant had borderline depression. And around 14% of married and 10% of unmarried participants had depression. The categories like separated, divorced and widowed was emerged into married categories. Although there was the difference in prevalence of psychological problem among male and female participant but there was no significant association between them. The significant value for both anxiety and depression was above 0.005. Thus the hypothesis was rejected and null hypothesis was accepted. The result may be the fact that married or unmarried people when disabled might be neglected and faced similar life pressure. If the categories were divided as widow, secreted the result might be different.

Table 4.10 Distribution of participants' psychological status based on marital status (n=150)

Psychological status	**Marital status**	**Categories with frequency and percentage**			**Chi - square**
		Normal	Borderline abnormal	Abnormal	
Anxiety	Married	35(27.13%)	52(40.31%)	42(32.56%)	
	Unmarried	5(23.8%)	7(33.3%)	9(42.9%)	0.88
Depression					
	Married	52(40.32%)	59(45.73%)	18(13.95%)	0.65
	Unmarried	10(47.6%)	9(42.9%)	2(9.5%)	

CHAPTER V

DISCUSSION

5.1 Socio-demographic status

This study revealed that more number of people with disability were from age group 35-45. Male participants were more in this study which also implies that male population were more physically disabled than female participants. Most of the people with physical disability were from the urban area. Most of the participant were married and illiterate. Very few participants had completed graduation. Majority of female participant were housewife and male were involved in job like builder, rickshaw puller, driver, electrician. Most of the participant had low family income. Amputation was the major cause of disability followed by deformity. Majority of individual were disabled from 20-30 years. The major cause of disability was bomb blast and air strike injury. Most of the participants lack access to rehabilitation service. The finding of this study can be correlated with each other. According to the society of study place the male are the bread owner of the family which increases the chance of getting work related injuries and all causing physical disability. Similarly, our study showed majority of participants were from age group 35-45, this is the major working age group. The older population might have lost their life since the life expectancy of Afghan population is less. Whereas, the ongoing war had also contributed in this. Due to past terrifying war many young boys had been force to work to fulfill the basic need of family. Those might had been physically disabled and in this age group, living disability for 20-30 years. Our study finding contradict from major study finding conducted in different countries. The study conducted in Portugal that majority of study population i.e. people with disability are females (Canha et al., 2016).

The study conducted in Canada also showed that majority of people with disability were female. This might be due to the cultural difference in those country. Where females also had equally given opportunity in every field. And the majority of participant were disabled from 8 years. The mean age of participant was 51 and had at least completed 10th standard (Turner & Turner, 2004).

Another study conducted in Korea showed that the mean age of participant to be 62 years (Noh et al., 2016).

The living standard of those country is higher compared to Afghan community. Few findings of our study was also supported by other study findings. The study conducted in Korea, Canada both reveled that married individual are more physically disabled than the other. This result id due to the population involved in the study, where most of them were at age of marriage (Turner & Turner, 2004) (Noh et al., 2016).

The study conducted in Canada also supported the finding that majority of people living in urban area are physically disabled. Although this result was similar the reason may vary (Turner & Turner, 2004). In this study it was mainly due to the fact that people from urban area had asses to centers of disable and most of the disabled people from Afghanistan remained unnoticed.

5.2 Psychological status of participants

Our study revealed that around half of people with disability had anxiety, the anxiety was more among male than female. The anxiety was seen more among middle aged individual. The prevalence of anxiety was high on unmarried and widow then married individual. Whereas, only around 15% of people with disability had depression. In contrast to anxiety, depression was more common among female participants than male participants. Similar to anxiety, depression was more common among middle aged individual. The prevalence of depression was found to be more among widow. This suggest that economic burden and lack of family support may be the major factor contributing depression and anxiety among people with disability. Our study was greatly supported by the general population study where females were less likely to get psychological problem. (Mental disorder or emotional distress? How psychiatric surveys in Afghanistan ignore the role of gender, culture and context Ventevogel P, Faiz H, 2018).

The study conducted in Portugal found that anxiety and depression prevalence were more among male. This slightly contrast with our study where higher prevalence of only anxiety was seen among male participants. The study also showed the positive correlation with age, duration of disease with depression and negative correlation with

year of education with both anxiety and depression (Canha et al., 2016). This contrast with our study because in our study association was seen between gender and depression only. Similarly, another study conducted in Canada showed male were at higher risk of depression which is far opposite to our result. Overall nearly 40 percentage of people with disability had depression whereas our study showed only 15% of population had depression. (Turner & Turner, 2004).

It might be due to the societal assumption where male should hide their sorrow in Asian countries and in our study most of the participants were male. A study conducted in Ontario and Korea and Brazil and Eastern European country supported our findings, which state female were higher risk of depression than male and was more common in middle age and old age (Noh et al., 2016) (Tough et al., 2017) (Turner & Noh, 1988).

5.3 Influence of socio-demographic status of participants on psychological status

On exploring the influence of socio-demographic status of participants on their psychological status, it was found that: although the prevalence of depression was different in different age group, sex and marital status, there was statically significant association between gender and depression. The significant difference might be due to the common fact that 3 factors contribute more to female causing depression. The first factor is hormones difference in male and female, where regular hormonal changes in female's cause's possibility of having mood disorder in females. The second factor is socialization difference, in context to our study setting females were confined in a house and given full household responsibility which might be difficult to carry out by females causing more stress leading to depression. The third factor is diagnostic difference, many research claims that although there is no difference in prevalence, the difference was seen due to the fact that female seek more help whereas male were supposed to hide their sadness (Schimelpfening, 2020).

The another study conducted in Ontario showed there was no correlation between depression with sex, age education marital status, area of resistance and income, where as in our study there is association between sex and depression (Turner & Noh, 1988).

CHAPTER VI

CONCLUSION AND RECOMMENDATION

6.1 Conclusion

This study assessed the prevalence of anxiety and depression among people with physical disability and also explored the influence of socio-demographic status on psychological status of individual. From the study results we concluded that psychological problem was more prevalence among male with physical disability. It was also seen that the lack of safety in land mines and working place were the major cause of disability. The disability was seen more among working age group and hence in Afghanistan male were major bread owner of family, it increased risk for physical disability, in other hand increased risk for psychological problem. The psychological problem was seen less among the married individual, hence concluded family support plays important role in preventing psychological problem. Lack of rehabilitation service, family support, and low income of family could be the contributing factor for increasing prevalence of psychological problem among people with disability. The study also concluded that people with disability were at greater risk of having psychological problems. Although the study showed that gender of individual contribute to depression but the other socio-demographic status of people plays less role in psychological status of people with disability, the main cause of psychological problem among them is disability itself. The study showed the vulnerability of people with disability, thus proper support from family, society and government are needed to decrease the risk of psychological problems among them. Thus the need of rehabilitation service including physical rehabilitation and psychological rehabilitation is major need in Afghanistan.

6.2 Limitations

This study explored the psychological status of people with physical disability, there were few limitation of the study. The study covers the sample from a particular Centre only so the result of the study cannot be generalized to psychological status of overall people with disability in Afghanistan. The convenient sampling method was used for sample collecting due to lack of information on total population, hence there was chances of sampling bias. The study fails to involve the people with disability who were not receiving service from the center. This study only covers the two aspect of psychological problem: anxiety and depression. The other aspects like psychosis, stress disorder, mood swings were not even touched by the study. The study did not have control group, thus we cannot say that depression and anxiety were more prevalence only among people with disability. The study also failed to found the contributing factors of psychological problem among people with disability thus these were few limitations of this study.

6.3 Recommendations

This study focused on only one center, thus the community based research in larger scale could be conducted to know the exact psychological condition of people with disability. The appropriate sampling method can be used involving larger population so that the result could be generalized to all population and to avoid sampling bias. Further study could be conducted were all aspect of psychological status of people of disability could be assessed. And further the study assessing the contributing factors for psychological problem in people with disability and its solution could also be conducted. Further study could be conducted involving the controlled group of people without disability for clear picture of situation.

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ANNEXURE I

Bangladesh Health Professional Institute

MRS 5TH BATCH

Consent form

I am Aminullah, student of master in rehabilitation under Bangladesh health professional institute. As a part of my academic study, I am here to conduct a research, title "The impact of physical disability on psychological status like: anxiety depression of Afghani people on Paktia province Afghanistan". You need to answer some question mention in this form. This will take approximately 15-20 minutes. This study is only for academic purpose. There is no potential risk for individual who participate in this studies. You can deny participating in this study or can withdraw yourself in between the study, if you wish. You also have right not to answer specific question that you don't like or do not want to answer during the study. As this study is for academic purpose, your data will be used for only this and will not be given for any other purpose. All your information will be confidential.

If you have any query or doubt about the study you are free to ask any question.

May I have your consent to proceed with the study?

Consent for study

Here I give my consent to be the part of this study. The study purpose and procedure is explain to me. I have read and understood the above information.

Signature of participant: _____________

Signature of interviewer: _____________ Date: _____________

ANNEXURE II

QUESTIONNAIRE

1st Part (Socio-demographic Information)

1. **Name :(………………………….)**
2. **Age :(…………………………….)**
3. **Gender: □ Male □ Female □ Other**

4. **Home area: □ urban □ Semi-Urban □ Rural**

5. **Marital status: □ Married□ Unmarried**

6. **Occupation:**

□ House Wife □ Service Holder □ Business □ Day Laborer □ Farmer □ Others (driver, retired from job, jobless)

7. **Education: (…………………………)**

8. **Monthly Family Income: (………………………..)**

9. **Type of disability: (………………………………)**

10. **Duration: (…………………………..) (By Day)**

11. **Cause of injury: (……………………………..)**

12. **Are you taking any rehabilitation service or not? Yes □ No □**

WHODAS 2.0

(World health organization disability assessment schedule 2.0)

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S1	Standing for long periods such as 30 minutes?	1	2	3	4	5
S2	Taking care of your household responsibilities?	1	2	3	4	5
S3	Learning a new task, for example, learning how to get to a new place?	1	2	3	4	5
S4	How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4	5
S5	How much have you been emotionally affected by your health problems?	1	2	3	4	5
In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S6	Concentrating on doing something for ten minutes?	1	2	3	4	5

S7	Walking a long distance such as a kilometer [or equivalent]?	1	2	3	4	5
S8	Washing your whole body?	1	2	3	4	5
S9	Getting dressed?	1	2	3	4	5
S10	Dealing with people you do not know?	1	2	3	4	5
S11	Maintaining a friendship?	1	2	3	4	5
S12	Your day-to-day work/school?	1	2	3	4	5
H1	Overall, in the past 30 days, how many days were these Difficulties present?			***Record number of days ____***		
H2	In the past 30 days, for how many days were you totally Unable to carry out your usual activities or work because of any health condition?			***Record number of days ____***		
H3	In the past 30 days, not counting the days that you were Totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?			***Record number of days ____***		

This concludes our interview. Thank you for participating.

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.

Don’t take too long over you replies: your immediate is best.

D	**A**		**D**	**A**	
		I feel tense or 'wound up':			**I feel as if I am slowed down:**
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			**I get a sort of frightened feeling like 'butterflies' in the stomach:**
0		Definitely as much		0	Not at all
1		Not quite so much		1	Occasionally
2		Only a little		2	Quite Often
3		Hardly at all		3	Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			**I have lost interest in my appearance:**
	3	Very definitely and quite badly	3		Definitely
	2	Yes, but not too badly	2		I don't take as much care as I should
	1	A little, but it doesn't worry me	1		I may not take quite as much care

	0	Not at all	0		I take just as much care as ever
		I can laugh and see the funny side of things:			**I feel restless as I have to be on the move:**
0		As much as I always could		3	Very much indeed
1		Not quite so much now		2	Quite a lot
2		Definitely not so much now		1	Not very much
3		Not at all		0	Not at all
		Worrying thoughts go through my mind:			**I look forward with enjoyment to things:**
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than I used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	Only occasionally	3		Hardly at all
		I feel cheerful:			**I get sudden feelings of panic:**
3		Not at all		3	Very often indeed
2		Not often		2	Quite often
1		Sometimes		1	Not very often
0		Most of the time		0	Not at all
		I can sit at ease and feel relaxed:			**I can enjoy a good book or radio or TV program:**
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not Often	2		Not often
	3	Not at all	3		Very seldom

Scoring:

Total score: Depression (D) ___________ Anxiety (A) ______________

0-7 = Normal

8-10 = Borderline abnormal (borderline case)

11-21 = Abnormal (case)

WHOQOL-BREF

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last four weeks.**

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last four weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3.	To what extent do you feel that Physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any Medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the Information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the Opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with Your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with yourself?	1	2	3	4	5

20.	How satisfied are you with your personal relationships?	1	2	3	4	5
21.	How satisfied are you with your sex life?	1	2	3	4	5
22.	How satisfied are you with the Support you get from your friends?	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24.	How satisfied are you with your access to health services?	1	2	3	4	5
25.	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

		Never	Seldom	Quite often	Very often	Always
26.	How often do you have Negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Do you have any comments about the assessment?

____

____

[The following table should be completed after the interview is finished]

		Equations for computing domain scores	Raw score	Transformed scores*	
				4-20	0-100
27.	**Domain 1**	(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18 † + † + † + † + † + † + †	a. =	b:	c:
28.	**Domain 2**	Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26) † + † + † + † + † + †	a. =	b:	c:
29.	**Domain 3**	Q20 + Q21 + Q22 † + † + †	a. =	b:	c:
30.	**Domain 4**	Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25 † + † + † + † + † + † + † + †	a. =	b:	c:

ANNEXURE III

APPROVAL OF THE THESIS PROPOSAL

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref. CRP-BHPI/IRB/07/2019/1306 — *Date:* 06/07/2019

To
Md. Aminullah
M.Sc. in rehabilitation science (MRS)
Session: 2018-2019, Student ID:181180122
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal, **"the impact of physical disability on psychological status like anxiety and depression of Afghani people on Paktia province Afghanistan"** by the ethics committee.

Dear Aminullah,
Congratulations,
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned thesis, with yourself, as the Principal investigator. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Thesis Proposal
2	Questionnaire (English version)
3	Information sheet & consent form.

The study involves answering the questionnaire to address: the Impact of Physical Disability on Psychological Status like Anxiety and Depression of Afghani People on Paktia Province Afghanistanthat may take 20 to 25 minutes to answer. There is no likelihood of any harm to the participants. The members of the ethics committee have approve the study to be conducted in the presented form at the meeting held at 8:30 AM on 18th February, 2019 at BHPI (20th IRB Meeting).
The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Assistant Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ, ফোন ঃ ৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪ ফ্যাক্স ঃ ৭৭৪৫০৬৯
CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404, Fax : 7745069, E-mail : contact@crp-bangladesh.org, www.crp-bangladesh.org

Date: 03-Nov 2020

To
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: The Impact of Physical Disability on Psychological Status like Anxiety and Depression of Afghani People on Paktia Province, Afghanistan.

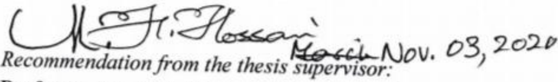
Respected Sir,

With due respect, I am AMIULLAH, student of M.Sc. in Rehabilitation Science program at Bangladesh Health Professions Institute (BHPI)- an academic institute of CRP under Faculty of Medicine, University of Dhaka (DU). I have to conduct a thesis entitled, "The Impact of Physical Disability on Psychological Status like Anxiety and Depression of Afghani People on Paktia Province, Afghanistan" under the honorable supervisor, **Professor Dr. Md. Forhad Hossain Professor, Department of Statistics, Jahangirnagar University, Savar, Dhaka** The purpose of the study is to identify the psychological status of people with physical disability of Afghani people who engaged in rehabilitation.

The study involves taking personal details and health related details by having face to face interview, measuring psychological level of the patients with the questionnaire, (WHODAS 2.0, Hospital Anxiety and Depression Scale (HADS) and WHOQOL-BREF) which may take 20-25 minutes. There is no likelihood of any harm to the participants and /or participation in the study may benefit the participants or other stakeholders. Written informed consent will be taken from all participants and collected data will be kept confidential.
Therefore, I look forward to having your kind approval for the thesis proposal and to start data collection. I can also assure you that I will maintain all the requirements for study.

Sincerely,

AMINULLAH
Part-II MRS 5th Batch
Student of M.Sc. in Rehabilitation Science (MRS)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh



Recommendation from the thesis supervisor:

Professor Dr. Md. Forhad Hossain Professor, Department of Statistics, Jahangirnagar University, Savar, Dhaka

ANNEXURE IV

PERMISSION LETTER FOR DATA COLLECTION

বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref. CRP/BHPI/MRS/07/2019/0296

Date: 06/07/2019

To Whom It May Concern

This is to inform that **Aminullah,** is a student of Part II of M.Sc in Rehabilitation Science program at the Bangladesh Health Professions Institute (BHPI), an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), under the Faculty of Medicine of the University of Dhaka, Bangladesh.

As per the course curriculum the above mentioned students needs to complete an individual thesis. Thus he requires to conduct data collection and research related activities during the period of 20th July, 2019 to September, 2019. Therefore, this is our request to help him through necessary procedures to complete data collection for this thesis on time.

Sincerely,

Prof. Dr. Md. Omar Ali Sarker
Principal
BHPI

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ, ফোন ঃ ৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪ ফ্যাক্স ঃ ৭৭৪৫০৬৯
CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404, Fax : 7745069, E-mail : contact@crp-bangladesh.org, www.crp-bangladesh.org

دولت جمهوری اسلامی افغانستان
وزارت دولت در امور شهدا و معلولین
امریت شهدا و معلولین ولایت پکتیا

Islamic Republic of Afghanistan
State Ministry for Martyrs and Disabled Affairs

افغانستان اسلامی جمهوری دولت
دشهیدانو او معلولینو په چارو کی ددولت وزارت
پکتیا ولایت دشهیدانو او معلولینو امریت

Date: 28 / 12 /2019

No: 45

Certificate of Completion

This is to certify that Mr. AMINULLAH S/O SHAKRULLAH KHAN Student of BHPI, Dhaka University pursuing Master's Degree in Rehabilitation Science has successfully completed the data collection at Directorate for Martyrs and Disabled Affairs. For the purpose of research based on 'THE IMPACT OF PHYSICAL DISABILITY ON PHSYCHOLOGICAL STATUS LIKE: ANXIETY AND DEPRESSION OF AFGHANI PEOPLE ON PAKTIA PROVENCE AFGHANISTAN'.

From 15-Sep-2019 to 25-Dec-2019.

During This period, we found him resourceful and diligent and we wish him all the best in his future endeavor. I shall be glad to provide additional information if required.

Director of State Ministry for Martyrs and Disabled Affairs Paktia Provence
BAKHTIAR ZAZAI

Email: bakhtyar.zazai2017@gmail.com
Phone:+93(0)774365694

ادرس : بلندمنزل شهرگردیز ولایت پکتیا
عقب گمرک وامریت برشنا ولایت پکتیا