Child Sadness Perceived by Self, Diabetic and Non-Diabetic Parents in A Selected Community Setting

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Abstract :*The chronic illness/disability of à parent presents à monumental challenge in the life of a child that can alter their development and interfere with normal psychological progression. Diabetes is a chronic disease where people show earlier stages of depression. Their difficult lifestyle leads to negative attitudes towards normal everyday situations. Unfortunately, they are not the only ones affected – their families suffer too especially the young ones. The aim of this research study is to compare sadness perceived in children by self, diabetic and non-diabetic parents. Study results showed no difference in sadness perceived among the diabetic and non-diabetic parents and the diabetic parents and their children. But there was a difference in the sadness perceived among the non-diabetic parents and their children. The level of sadness perceived among the diabetic children was comparatively more than the sadness perceived by their parents. This showed that diabetic parent's perception was not as accurate comparing to their children's perception. But the Non-diabetic parents perceived their children's sadness accurately. The findings of the study have shown parents with a chronic illness have a different perception about their family and life in general.*

Keywords:*Children, Diabetic parent, Non-diabetic parent, Perceived sadness*

I.   Introduction

Of the many life crises that a child may encounter on the path to adulthood, the chronic illness or disability of a parent can present a monumental challenge which can alter their development and interfere with normal psychological progression. It is scientifically proven that diabetic people show earlier stages of depression and that diabetes is a hereditary disease too. Presently, depression shows adverse effect on people from all walks of life, where particularly diabetic people are more prone. Their difficult lifestyle leads to negative changes in their attitude towards normal everyday situations. Unfortunately, the diabetics themselves are not the only ones affected – their families suffer too. And while grown-up family members have the maturity to deal with the changes, children don't always understand what's happening around them. Having a diabetic parent, and/or a depressed parent is tough for a child. With approximately 5-15% of children dealing with a parental illness or disability, it is important to increase awareness of the stress and strain induced by this situation in order to be able to help children manage these difficulties more efficiently. It is a reality that facing such illness can result in trauma, insecurity, and future psychological and behavioral problems.[1]For the family facing the serious, life-changing, or potentially fatal illness of an adult; it is all too easy to overlook the effects on the children. Children whose needs are not recognized and addressedthroughout the adult's medical crisis can grow up to be emotionally insecure and have difficulty forming loving adult relationships, and found that when parents are under significant stress their kids are more likely to have behavior problems, to have difficulty handling stress, and to be at greater risk for mental illness leading to consequences either immediately or later in their lives where these problems can cause them physical illness like (heart burns, cardiac arrest, headaches etc.) - even if that adult crisis is successfully resolved.[2]

II.   Objectives
1. To compare the sadness in children as perceived among the diabetic and non-diabetic parents
2. To compare the sadness perceived among both groups of parents and their children.
3. To find out the association between sadness of children as perceived by the parent and the socio demographic variables (age, gender, occupation, education) of parents and their children.

III. Hypothesis
H₁: There is a significant association between the sadness perceived among the children of both groups of parents.
H₂: There is a significant association between the demographic variables of the parents and perceived sadness of their children.
H₃: There is a significant association between the demographic variables of the children and their sadness.

IV. Methodology and Techniques

A comparative descriptive research design was used to assess sadness perceived in children among the diabetic and non-diabetic parents and to compare the sadness perceived among Group I (Diabetic) & Group II (Non-diabetic) parents and their children's perception. The sample consisted of 15 diabetic parents and their children and 30 non-diabetic parents and their children who met the inclusion criteria. The subjects were selected by purposive sampling.

The investigator had selected the population of parents with the age group of children 9-14yrs and the parents were either diabetic or a non-diabetic from a selected urban community of Mangalore District, i.e., Jeppu, in their natural home setting of the participants and from the working population of Fr Muller Charitable Institution. The tools used for the study were baseline proforma and rating scale on sadness perception. After obtaining informed consent, data was collected by administering the Sadness Perception Scale for parents and a Childs Self Perception of Sadness Scale for the children. The tools contained 35 items based on perception and on sadness. In both the tools for parents & children for assessing the sadness, a total of 5 domains of sadness were considered important by the investigator. They were the stages of grief namely 1. Denial – 7 items (20%); 2. Anger – 8 items (22.86%); 3. Bargaining – 6 items (17.14%); 4. Depression – 7 items (20%) and 5. Acceptance – 7 items (20%). And for assessing the perception the tool was divided into 4 domains namely 1. Observation -10 items (28.57%); 2. Interaction – 7 items (20%); 3. Experiences – 8 items (22.86%) and 4. Value ideas / Beliefs – 10 items (28.57%). This tool is a 5-point rating scale with maximum score of 175 and with a minimum score of 35. Positive statements were graded as never, occasionally, often, very often and always and usually scored as 1, 2, 3, 4, 5 respectively. While negative statements were scored 5, 4, 3, 2, 1 for grades 'never', 'occasionally', 'often', 'very often' and 'always' respectively.

The data analysis consisted of descriptive and inferential statistics. The statistical tests used were mean, mean percentage, standard deviation, fisher exact test and Chi-square test.

V. Results

The obtained data were analyzed, tabulated, interpreted and have been organized under four sections.
SECTION– 1: Description of demographic characteristics a.) Diabetic parents (Gr I) and Non-diabetic parents (Gr II) b.) Diabetic parents (Gr I) history of diabetic status& c.) Diabetic parents (Gr I) and
Non-diabetic parents (Gr II) children.
SECTION - 2: Description of the range of scores according to the level of sadness.
SECTION- 3: Comparison of perceived sadness a.)Diabetic parents (Gr I) and Non-diabetic (Gr II) parentsb.) Diabetic parents (Gr I) and their children& c.) Non-diabetic (Gr II) parents and their children.
SECTION - 4: Association of the demographic variables a.) Among Gr I & Gr II parents and perceived level of sadness of their children&b.)Among the Gr I & Gr II parent's children andtheir perceived sadness.

SECTION 1

Table 1
Description of demographic characteristics of diabetic (Gr I) and non-diabetic (Gr II) Parents

N= 15(Gr I) + 30(GrII)

Sl.No	VARIABLES	DIABETIC PARENTS (Gr I)		NON DIABETIC PARENTS (Gr II)	
		f	**%**	**f**	**%**
1	**Gender**				
	Male	10	66.67	9	**30**
	Female	5	33.33	21	**70**
2	**Age**				
	30-35	-	-	1	**3.3**
	36-40	1	6.67	6	**20**
	41-45	6	40	15	**50**
	46-50	5	33.33	5	**16**
	51-60	3	20	3	**10**
3	**Number of children**				
	One	2	13.33	6	**20**
	Two	13	86.67	18	**60**
	Three	-	-	6	**20**
4	**Education**				
	No formal education	1	6.67	3	**10**
	primary	2	13.33	4	**13.3**
	High school	1	6.67	6	**20**
	PUC / 12thstd	7	46.66	6	**20**
	Graduate	3	20	10	**33.3**

	Post graduate and above	1	6.67	1	**3.3**
5	**Occupation**				
	Unemployed	1	6.67	2	**6.7**
	Unskilled workers	8	53.33	12	**40**
	Skilled workers	1	6.67	11	**36.7**
	Business	4	26.66	-	
	Any other	1	6.67	5	**16.7**
6	**Religion**				
	Christian	13	86.67	24	**80**
	Hindu	2	13.33	6	**20**
7	**Family's monthly income**				
	Less than 10000/-	4	26.67	10	**33.3**
	10,001 - 20,000/-	7	46.67	9	**30.3**
	20,001 – 30,000/-	3	20	4	**13.3**
	30,001/- and above	1	6.66	7	**23.3**
8	**Habits**				
	Alcoholic	3	20	4	**13.3**
	Smoking	-	-	2	**6.7**
	Chewing beetle leaves	1	6.67	1	**3.3**
	Any other	-	-	2	**6.7**
	None	11	73.33	21	**70**
9	**Quality time spent**				
	Below 1 hr.	5	33.33	3	**10**
	1-2 hrs.	3	20	9	**30**
	2-3 hrs.	-	-	2	**6.7**
	3hrs and above.	**7**	**46.67**	**16**	**53.3**

Table 2
a.) Description of diabetic parents (Gr I) history of diabetic status:

N=15

Sl. No	HISTORY OF DIABETIC STATUS (Gr I)	f	%
1	**History of diabetes**		
	Yes	15	100
	No		
a	**For how many years**		
	Below 1yr	4	26.67
	2-5yrs	6	40
	6yrs and Above	5	33.33
b	**On oral medication**		
	Yes	13	86.67
	No	2	13.33
c	**On insulin medication**		
	yes	1	6.67
	No	14	93.33
d	**If hereditary**		
	Yes	6	40
	No	9	60

Table 3

b.) Description of demographic characteristics of diabetic (Gr I) and non-diabetic parents (Gr II) children

N= 15(Gr I) + 30(Gr II)

	VARIABLE	DIABETIC PARENTS CHILDREN (Gr I)		NON DIABETIC CHILDREN (Gr II)	PARENTS
		f	%	f	%
1	**Gender**				
	Male	6	40	15	50
	Female	9	60	15	50
2	**Age in years**				
	9yrs	2	13.33	9	30
	10yrs	3	20	2	6.7
	11yrs	1	6.67	7	23.3
	12yrs	2	13.33	3	10
	13yrs	2	13.33	4	13.3
	14yrs	5	33.33	5	16.7
3	**Studying in standard.**				
	4th	3	20	9	30
	5th	2	13.33	2	6.7
	6th	-	-	5	16.7

	7th	2	13.33	5	16.7
	8th	3	20	6	20
	9th	5	33.33	3	10
4	**Any physical illness**				
	yes	-	-	4	13.33
	no	15	100	26	86.67
5	**Are you a diabetic?**				
	yes	-	-	-	-
	no	15	100	30	100
6	**Emotional expression of self**				
	Single	12	80	27	90
	Multiple	3	20	3	10

SECTION – 2

Table – 4

Distribution of the child's sadness perceived among self, and Diabetic (Gr I) and Non -Diabetic (Gr II) parent's

N= 15(GP I) + 30(GPII)

LEVEL OF SADNESS PERCEIVED	SCORING	GROUPI DIABETIC PARENT		THEIR CHILDREN		GROUP II NON-DIABETIC PARENT		THEIR CHILDREN	
		f	%	f	%	f	%	f	%
Nil – No sadness	141-175	7	46.67	4	26.67	14	46.67	14	46.67
Mild sadness	106-140	8	53.33	9	60	13	43.33	13	43.33
Moderate sadness	71-105	-		2	13.33	3	10	3	10

SECTION – 3

Comparison of Perceived Sadness

a.) Diabetic parents (Gr I) and Non-diabetic (Gr II) parents:

Table –5

Mean, Standard Deviation & "t" value of diabetic (Gr I) and non-diabetic (Gr II) parent's perception of sadness.

N=15(Gr I) +30(Gr II)

	Group I Diabetic parent		Group II Non-diabetic parent		't' value
	Mean	S D	Mean	S D	
Perception of sadness	1.35	12.16	1.36	16.74	-0.175

t$_{(\alpha)}$= 2.02 and * = significance

b.) Diabetic parents (Gr I) and their children

Table – 6

Mean, Standard Deviation & "t" value of diabetic parents (Gr I) & their children's perception of sadness.

N= 15 + 15 (Gr I)

Variable	Group I Diabetic parent		Group I Their child		't' value
	Mean	S D	Mean	S D	
Perception of sadness	1.35	12.16	1.30	15.87	-0.173

t$_{(\alpha)}$= 2.02 and * = significance

c.) Non- diabetic (Gr II) parents and their children.

Table – 7

Mean, Standard Deviation &"t" value of non-diabetic (Gr II) parents &their children's perception of sadness

N= 30 + 30 (Gr II)

	Group II Non-Diabetic parent		Group II Their child		't' value
	Mean	S D	Mean	S D	
Perception of	1.36	16.74	1.31	16.70	-2.353 *

sadness

$t_{(\alpha)} = 2.02$ and * = significance

SECTION – 4

Association of the demographic variables

a.) Among Gr I & Gr II parents & perceived sadness of their children

Table – 8

Association of the demographic variables of Gr I & Gr II parents & children's perceived sadness

N= 15(Gr I) & 30(Gr II)

Variable	Diabetic Parents (Gr I)			Non Diabetic parents (GrII)		
	M ≤ 135	M ≥ 135	p	M ≤ 135	M ≥ 135	p
Gender						
Male	6	4	0.608	4	5	1.000
Female	2	3		8	13	
Age						
30-45	3	4	0.619	9	13	1.000
46-60	5	3		3	5	
Number of children						
One	1	1	1.000	2	4	1.000
Two & Three	7	6		10	14	
Religion						
Christian	6	7	0.467	9	15	0.660
Hindu	2	0		3	3	
Income						
Below 20,000/-	7	4	0.282	9	10	0.442
Above 20,000/-	1	3		3	8	

$p < 0.05$ * = significant

b.) Among the Gr I & Gr II parent's children andtheir perceived sadness.

Table – 9

Association of the demographic variables of the Gr I & Gr II parent's children & their perceived sadness.

N= 15(Gr I) & 30(Gr II)

Variable	Diabetic Parents children (Gr I)			Non-Diabetic Parent's children(Gr II)		
	M ≤ 138	M ≥ 138	p	M ≤ 134	M ≥ 134	p
Gender						
Male	2	4	0.608	9	9	0.722
Female	5	4		7	5	
Age						
9-11yrs	4	2	0.315	7	8	0.715
12-14yrs	3	6		9	6	
Standard						
4th-6th	2	3	1.000	8	8	0.730
7th -9th	5	5		8	6	

$p < 0.05$ * = significant

VI. Discussion

Children of parents with a chronic medical condition (CMC) are at an increased risk for developing health-related & social-emotional problems, such as somatic complaints, social isolation, and excessive concern to acquire an illness themselves. Also more recent evidence suggests that these children show internalizing problems (e.g., anxiety & depressed mood) & externalizing problems, that is, aggressive & rule-breaking behavior Children with parental CMC also display elevated stress levels. Stress in children presumably acts as a mediator between illness-related factors & child outcomes. Diseases can have an acute onset, forcing the family to adapt in a short period of time, which often causes high stress levels directly after the diagnosis. Conversely, diseases can be qualified by a gradual onset, requiring continuous adjustment. The course of a chronic illness varies depending on the diagnosis & may be categorized based on the pattern of expected trajectory. A progressive illness increases in severity, inducing cumulative responsibilities for family caretakers over time,

which is related to elevated stress levels in family members. An episodic illness is represented by exacerbations and remissions that require flexibility of all family members. Constant illnesses are often marked by an acute onset, implicating that the amount of illness-related stressors remains the same after recovery[3].A number of researchers have found evidence that the nature and quality of family interactions, which may be strained by the introduction of a serious illness into a family, contribute to psychosocial functioning in children of ill parents (Faulkner & Davey, 2002; Lewis, Hammond, & Woods, 1993; Steele, Forehand, & Armistead, 1997)[4].

Among the children of the Gr I and Gr II parents in Gr I, 40% were males & 60% females & in Gr II, 50% were females & males. With 30% of Gr II & 13.33 % of Gr I children were 9yrs; 6.7% of Gr II &20% of Gr I children were 10yrs; 23.3% of Gr II & 6.67 % of Gr I children were 11yrs; 10% of Gr II & 13.33% of Gr I children were 12yrs; 13.3% of Gr II & Gr I children were 13yrs &16.7% of Gr II &33.33% of Gr I children were 14yrs.In a semi structured parallel interview conducted in the community the findings were based on a small group of African-American and Latino families. Where the current sample spanned the spectrum of those aged 10–17 years, and the Women adult caregivers. Here the parents' described instrumental help from children. The overall focus of these interviews was on describing changes in these households around diet, exercise, and diabetes and did not include structured questions exploring children's feelings regarding their roles in their parent's diabetes management[5]. This is the case in all the studies done more and more data needs to be found regarding the effect the child has on the parent's chronic illness.

In this present study we see that out of the Group I parents (15), 7(46.67%) & 8(53.33%) have perceived Non & Mild sadness in their child respectively. But at the same time their children 4(26.67%), 9 (60%) and 2 (13.33%) have perceived no sadness, Mild and moderate sadness respectively. Hence we see that there is a difference in the perception among the diabetic parent & their child but is comparison the diabetic parents and children's perception of sadness score does not show that there is a significant difference in calculation of scores. In a research study a Systematic review of the literature on the relationship between diabetes & depression was performedand its results showed that both are debilitating conditions that are associated with significant morbidity, mortality & healthcare costs. Coexisting depression in people with diabetes is associated with decreased adherence to treatment, poor metabolic control, higher complication rates, decreased quality of life, increased healthcare use & cost, increased disability & lost productivity, & increased risk of death[6].

In the Group II parents and children, all 60 perceive their sadness exactly the same i.e. 14 parents and children (46.67%) perceive No sadness, 13 parents and children (43.33%) perceive mild sadness and 3 parents and children (10%) perceive Moderate sadness. So they these parents see their children exactly as they are. But while comparing their perceived sadness score we see there is a significant difference seen among the non-diabetic parents and their child. Significant association between the demographic variables of the parents and perceived sadness of their child was absent in this present study. There is no significant association between the demographic variables of the diabetic parents and non-diabetic parent's child and their perception of sadness. Inconsistent findings were noted in a study conducted in U S A. the researchers examined the relationship between parental illness & child functioning. They tentatively conclude that an association does exist &delineated variables that were identified as qualifiers of this relationship, outlined dimensions of physical illness that would be important in the relationship, and discussed possible mechanisms for the association between physical illness & child functioning. After this they realized that more research and the consideration about parental physical illness within a broader family context was needed[7].

VII. Conclusion

The level of sadness perceived among the diabetic children was comparatively more perceived in children than the sadness perceived by their parents. Here the diabetic parents are living in sadness hence they are used to that so their perception of sadness is low. The Non-diabetic parents, the level of sadness is going opposite to their perception since their exposure is less to pain. Hence parents with a chronic illness are living with pain so they have a low perception of pain.

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