

**ORIC1INAL ARTIC.LE:**

r-, 0-MORBIDITYOF MENTAL HEALTH PROBLEMS AMONG WORKING AND ON-WORKINGMOTHERS OF CHILDREN WITH INTELLECTUALDISABILITY

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# ABSTRACT

**OBJECTIVES**

To investigate severity of depression, anxiety and stress among working and non-working mothers of children with intellectual disability and to find out the severity of depression, anxiety and stress among mothers of children with Down's syndrome, cerebral palsy and conduct disorders.

# STUDY DESIGN

A Comparative Study

# PLACE OF STUDY

RehabilitationCenters & Special Schools of Karachi, Pakistan

# SUBJECTS AND METHODS

Sample of present study was comprised of 100 mothers. Mothers were divided into working (N=61) and nonworking (N=39) category. The sample was further categorized into three groups according to type of comorbidity of their children such as; mothers with Down's syndrome children (N=33), mothers with CP children (N=37) and mothers of children with conduct disorders (N=30). Sample was collected from the different rehabilitation centers and special schools of Karachi. The age range of the mothers was 35-45 years. Detailed demographic information were taken and Depression, Anxiety and Stress Scale (DASS, Urdu Version) was administered.

# RESULTS

Findings showed that severity of depression, anxiety and stress was found higher in working mothers (i.e. 88.5%, 93.4% & 77.0o/orespectively) as compared with non-working mothers of children with special needs (i.e. 79.5%, 71.8% & 59.0% respectively). Further findings showed that severity of these three was found higher in mothers of children with conduct disorders (i.e. 96.7%, 96.7% & 83.3%) as compared with mothers of children with CP (i.e. 83.8%, 85.5% & 59.5%) and down's syndrome (i.e. 75.8%, 72.7% & 69.7 %) .

# CONCLUSION

Findings show that mothers of children with Down's syndrome, Cerebral Palsy and Conduct disorders are at high risk of depression, anxiety and stress related disorders. Further, working mothers are more vulnerable towards mental health problems as compared with non­ working mothers.

# KEYWORDS

Depression, Anxiety, Stress, Down's syndrome, Conduct Disorder, Cerebral Palsy.

# INTRODUCTION

Child with any kind of disability can be a major persistent stressor for mother in terms of having responsibility to look after child's special needs throughout the life. Most common stressors in mothers of children with special needs are impairment in child's functioning with issues related to it causing excessive burden on mother who is considered mainly responsible to look after the child as compared with the involvement of her spouse. Moreover, difficulty in approaching adequate treatment services, limited financial resources, lack of understanding and awareness of child's problems, lack of social support and issues of stigma & social embarrassment also play an important role in adding stressors in mothers. Other variables like children's emotional, behavioral, intellectual, academic problems and impairment in social interaction can also disturb mental health of mothers.' Children with Down's syndrome, cerebral palsy and conduct disorders have various kinds of problems such as speech impairment, motor disturbances, poor social interaction, behavioral problems and low intellectual functioning which can cause severe behavioral issues. These stressors are considered more painful for the mother due to chronic course, usually poor prognosis and a burden of continuous care for these children. With the passage of time these children are likely to develop behavioral problems like aggression, stubbornness, hyper­ activity, and impulsivity and mothers usually find difficult to manage these issues. Various studies have supported that mental health problemsare common in mothers of children with intellectual disability.''

Working mothers of children with special needs are perceived to have high degree of mental health problems as compared with non-working mothers due to their added professional commitments and paucity of available time'. AI-Kuwari reported that working mothers with low income and low education perceived more mental health problems'. Aslam et al reported that mothers working over low wages, hectic routines and subsequent workload had frequent mental health problems'.

It is also observed that mothers of handicapped children having poor prognosis face significant stress and have limited opportunities to avail better services for children such as treatment and education". If unable to provide the better facilitiesto these children, the mothers develop regret with guilt & self-blaming that is likely to create emotional disturbance in form of disturb mood, irritability, aggression, and conflicts with family members"". They also find it difficult to manage stressful circumstances".

Increase in psychiatric morbidity among mothers of children with intellectual disabilities is very alarming and needs to be studied in local perspective so that magnitude of this problem can be assessed and early identification and effective management strategies can be planned. Present study aims to investigate the co-morbidity of psychiatric disorders among working and non-working mothers and to assess the severity of depression, anxiety and stress among mothers of children with Down's syndrome, cerebral palsy and conduct disorders.

# SUBJECTS AND METHODS PARTICIPANTS

Study was carried out at different rehabilitation centers and special

schools of Karachi. Total sample of current study was targeted to be

100 mothers. Mothers of children diagnosed with intellectual disability were taken in the study; mothers were further divided into three groupsof children on the basisofco morbidity such as; mothers with Down's syndrome children, mothers with CP children and mothers of children with conduct disorders. Further, mothers were classified into working mothers and nonworking mothers groups. Mothers having more than one disable children were excluded from the research. Those mothers who had lost their partner were also not included in the research.

# INSTRUMENTS

Urdu version of Depression, Anxiety and StressScale (DASS Lovebird & Lovibond, 199S) was administered to participants of study. DASS is comprised of 42 items scale which is originally developed by Lovebird & Lovibond" to investigate the negative emotional state of depression, anxiety and stress over the past one week. DASS is categorized into three sub-scaleswith equalnumbersof itemsDASS­ Depression (14-items), DASS-Anxiety (14-items) and DASS-Stress (14-items). Each item is scored on 4-points rating scale ranging from 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time over the past week). DASS determine the severity level from mild to severe level of depression, anxiety and stress. Scores less than 9, 7, 14 on depression, anxiety and stress are considered within normal range. Score within 13, 9 and 18 of depression, anxiety and stress indicate mild level of depression, anxiety and stress. While score within 20, 14 and 2S indicate moderate level and scores above 21, 15, 26 indicate severe level of depression, anxiety and stress. Urdu version of DASS is validated in Pakistan."

# PROCEDURE

Permission was taken from the authorities of rehabilitation centers and special schools. Researcher explained the aim of the research project and assured all participants that gathered information & identity will remain confidential. Written informed consent was taken from participants. Demographic form and Urdu version of Depression, Anxiety and Stress Scale (DASS) was administered to participantsof study.

# RESULTS

The sample consisted of 100 mothers. Mothers with Down's syndrome children were 33, mothers with CP children were 37 and

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mothers of children with conduct disorders were 30. Among sample of 100, working mothers were 61 and nonworking mothers were 39. Among sample working mothers were 61 (N=61) and nonworking mothers were 39 (N=39). The age range of the mothers was 35-45 years (Mean Age=40.55, with SD=3.67).Mothers living with joint family set-up were 41% and mothers with nuclear family system were 59.0% (see table 1).

Findings show that level of depression, anxiety and stress was found higher in working mothers (i.e. 88.5%, 93.4% & 77.0%) as compared with non-working mothers of children with special needs (i.e. 79.5%, 71.8% & 59.0%) see table 2. Further, findings show that level of depression, anxiety and stress was found higher in mothers of children with conduct disorders (96.7%, 96.7% & 83.3%) than mothers of children with cerebral palsy (i.e. 83.8%, 85.5% & 59.5%) and down's syndrome (i.e. 75.8%,72.7%&69.7%) see table 3.

In perspective of demographic information, findings show that frequency of depression was found higher in mothers with age of 40 years and above (87.7%) as compared with mothers with age less than 40 years (81.4%) while frequency of anxiety and stress were found higher in mother with age less than 40 years (88.4% & 79.1%) than mothers with age 40 years and above (82.5% & 63.2%) see Table'.

According to educational level depression was found more frequent in graduate mothers (88.9%) as compared with primary (84.6%), middle (84.0%) and matric (82.9%). Anxiety and stress was found more frequent in mothers with primary education (92.3% & 92.3%) as compared with their counterparts with more education. Moreover, the frequency of depression, anxiety and stress were found more in mothers who were married for more than 10-15 years (93.8%, 93.8% & 79.2%) as compared with mothers with less than 10 years of marriage (i.e. 57.1%, 78.6% & 78.6%) and mothers with above 15 years of marriage (i.e. 84.2%, 76.3% & 55.3%). Mothers with income of less than Rs 15000 perceived depression, anxiety and stress more (98.3%, 91.4% & 79.3%) as compared with mothers who had income between Rsl 5000- 30000 (i.e. 86.2%, 85.2% & 65.5%) and above Rs

30000 (i.e. 23.1%, 53.8% & 38.5%). Further depression, anxiety and stress were found more in mothers living in a joint family set-up (i.e. 90.5%, 85.7% & 71.4%) as compared with mothers were living in nuclear set-up (i.e. 81.0%, 84.5%& 69.0%) see table4.

## Table 1

Demographic characteristic of Working& Non-Working mothers of Intellectually Disabled children

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ranges** | | **Working Mothers (N~61)%** | **Non-working Mothers (N~J9)%** | **Total Mothers (N~IOO)¾** |
| **Age** | Below 40 | 29(47.5) | 14(35.5) | 43 (43.0) |
|  | 40 &Above | 32 (52.5) | 25(64.1) | 57 (57.0) |
| **Education** | Primary | 9(94.8) | 4(10.3) | 13(13.0) |
|  | Middle | 12(19.7) | 13(33.3) | 25(25.0) |
|  | High | 17(27.9) | 18(64.2) | 35(35.0) |
|  | College | 23(37.7) | 4(10.3) | 27(27.0) |
| **Marriage** | Below IO years | 8( 13.1) | 6(15.4) | 14(14.0) |
| **period** | 10-15 years | 32(52.5) | 16(41.0) | 48(48.0) |
|  | 15 Above | 21(34.4) | 17(43.6) | 38(38.0) |
| **Monthly** | <15,000 | 39(63.9) | 19(48.7) | 58(58.0) |
| **income** | 15,000-30,000 | 16(26.2) | 13(33.3) | 29(29.0) |
|  | 30,000> | 6(9.8) | 7(17.9) | 13(13.0) |
| No. of | 01 | 15(24.6) | 7(17.9) | 22(22.0) |
| **children** | 2-4 | 28(45.9) | 19(48.7) | 47(47.0) |
|  | 5 above | 18(29.5) | 13(33.3) | 31(31.0) |
| **Family** | Joint | 25(41.0) | 17(43.6) | 42(42.0) |
| **structure** | Nuclear | 36(59.0) | 22(56.4) | 58(58.0) |



## Table2

Different levels of severity on the variables of Depression, Anxiety and Stress in sample population

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Working Mothers Non-working Total**  **Co-morbid (N9il) Mothers (N=l00) Variables Severity (n)% (N=39)**  **In\% In\%** | | | | | | | |
|  | Mild | 3 | 4.9 | 3 | 7.7 | 6 | 6.0 |
| **Depression** | Moderate | 4 | 6.6 | 5 | 12.8 | 9 | 9.0 |
|  | Severe | 54 | **88.5** | 31 | **79.5** | 85 | **85.0** |
|  | Mild | I | 1.6 | 5 | 12.8 | 6 | 6.0 |
| **Anxiety** | Moderate | 3 | 4.9 | 6 | 15.4 | 9 | 9.0 |
|  | Severe | 57 | **93.4** | 28 | **71.8** | 85 | **85.0** |
|  | Mild | 3 | 4.9 | 8 | 20.5 | II | 11.0 |
| **Stress** | Moderate | II | 18.0 | 8 | 20.5 | 19 | 19.0 |
|  | Severe | 47 | **77.0** | 23 | 59.0 | 70 | **70.0** |

## Table3

Levels of Severity on the variables ofDepression,Anxiety and Stress among Mothers of Children with down's syndrome, Cerebral Palsy and Conduct Disorder

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Co-morbid Severity Mothers of children Mothers of Mothers of Variables with Down's children with children with**  **syndrome Cerebral Palsy Conduct disorder (N=33)% (N=37)** % **(N=30)%** | | | | | | | |
|  | Mild | 4 | 12.1 | 2 | 5.4 | 0 | 0.00 |
| **Depression** | Moderate | 4 | 12.1 | 4 | 10.8 | I | 3.3 |
|  | **Severe** | 25 | **75.8** | 31 | **83.8** | 29 | **96.7** |
|  | Mild | 5 | 15.2 | I | 2.7 | 0 | 0.00 |
| **Anxiety** | Moderate | 4 | 12.1 | 4 | 10.8 | I | 3.30 |
|  | **Severe** | 24 | 72.7 | 32 | **85.5** | 29 | **96.7** |
|  | Mild | 5 | 15.2 | 5 | 13.5 | 1 | 3.30 |
| **Stress** | Moderate | 5 | 15.2 | 10 | 27.0 | 4 | 13.3 |
|  | **Severe** | 23 | **69.7** | 22 | **59.5** | 25 | **83.3** |

## Table4

Frequency of Mothers scored in severe range on the variables of Depression, Anxiety and Stress across various levels of demographic characteristics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ranges** | | **N** | **Depression N=85(%)** | **Anxiety N=85(%)** | **Stress N=70(%)** |
| **Age** | Below 40 | 43 | 35 (81.4) | 38 (88.4)\* | 34 (79.1)\* |
|  | 40 &Above | 57 | 50(87.7)\* | 47(82.5) | 36(63.2) |
| **Education** | Primary | 13 | 11(84.6) | 12(92.3)\* | 12(92.3)\* |
|  | Middle | 25 | 21(84.0) | 21(84.0) | 19(76.0) |
|  | **Metric** | 35 | 29(82.9) | 28(80.0) | 19(54.3) |
|  | Graduation | 27 | 24(88.9)\* | 24(88.9) | 20(74.1) |
| **Marriage** | Below IOyears | 14 | 8(57.1) | 11(78.6) | 11(78.6)\* |
| **period** | I 0-15 years | 48 | 45(93.8)\* | 45(93.8)\* | 38(79.2)\* |
|  | 15 Above | 38 | 32(84.2) | 29(76.3) | 21(55.3) |
| **Monthly** | <15,000 | 58 | 57(98.3)\* | 53(91.4)\* | 46(79.3)\* |
| **income** | 15,000-30,000 | 29 | 25(86.2) | 25(85.2) | I 9(65.5) |
|  | 30,000> | 13 | 3(23.1) | 7(53.8) | 5(38.5) |
| **No. of** | 01 | 22 | 18(81.8) | 17(77.3) | 17(77.3)\* |
| **children** | 2-4 | 47 | 40(85.1) | 42(89.4)\* | 35(74.5) |
|  | 5 above | 31 | 27(87.1)\* | 26(83.9) | 18(58.1) |
| **Family** | Joint | 42 | 38(90.5)\* | 36(85.7)\* | 30(71.4)\* |
| **structure** | Nuclear | 58 | 47(81.0) | 49(84.5) | 40(69.0) |

# DISCUSSION

Present study findings show that depression, anxiety and stress were found more among mothers of both groups-working & non­ working but were noticeably more frequent in working mothers as compared with non working mothers of children with intellectual disability. These findings are consistent with the study of White and Hastings" who concluded that hectic work, tough job schedules and low quality of life influence working mother's mental health. These results are also supported by work of Adhikari" who found high degree of anxiety & depression among working mothers as compared with non-working mothers in his study. The working mothers remain under significant stress as they cannot spare enough time to look after their children's need due to professional commitments.

Findings of our study also suggest that nature of child's illness also affects mother's mental health.In our study mothers of children with conduct disorders were found more frequently depressed, anxious and stressful as compared with mothers of children with cerebral palsy and Down's syndrome.Possible explanation of this observation is persistent stress in mothers dealing with children of conduct disorder displaying markedly disturbed behavior in the form of stubbornness, disobedience, physical aggression and violation of societal norms.

Present study results also show that depression, anxiety and stress were found more in relatively old age mothers as compared with the younger ones in the sample while better literacy level of mothers reduced the frequency of depression, anxiety and stress. Further findings reported that mothers with low income group, joint family set-up and duration of marriage between 10-1Syears were found at high risk of depression, anxiety and stress."·20

# CONCLUSION

It is concluded that mothers of children with intellectual disability are at high risk of mental health problems; especially in working mothers of such children, mental health issues are significantly high.It is also concluded that disturbed behavior of children with conduct disorder cause significant stress in their mothers which can lead to stress, anxiety and depression as compared with children with other developmental disorders. The variables like old age, low socio­ economic status,jointfamily system and longer duration of marriage increases susceptibility to develop depression, anxiety and stress in mothers of intellectually disabled children.

# LIMMITATIONS

Present study was conducted over small group of participants. Furthermore this study focuses over the problems of only working and non-working mothers of intellectually disabled children with cerebral palsy, Down's syndrome and conduct disorders. Therefore, study findings cannot be generalized over general population.

# RECOMMENDATIONS

Present study strongly recommend screening of mental health problems in mothers of children with intellectual disability and this aspect seem to be an alarming condition for clinical psychologists,

psychiatrists, social workers and other mental health practitioners as well as policy makers. Moreover, to create awareness and to provide psycho-education to mothers about the nature of children's problems is key factor to reduce their distress. Facilities of rehabilitations centers, special schools, and vocational training institutions can help in educating the children in various domains thus reducing the distress of parents.

**REFERENCES**

1. Weiss MJ. Hardiness and social support as predictors of stress in mothers of typical children, children with autism, and children with mental retardation. Autism.2002; 6, 115-130.
2. Abbas Q, Khanam SJ. Psychological Distress and Life Satisfaction in Parents of Children with Intellectual Disability. Journal of Pakistan Psychological Association. 2013; 2(1-2): 5-16.
3. R, Beck A. Practitioner Review: Stress intervention for parents of children with intellectual disabilities. Journal of Children Psychology & Psychiatry. 2004;45, 1338-1349.
4. Gupta K, Kaur H. Stress among Parents of Children with Intellectual disability. Asia Pacific Disability Rehabilitation Journal. 201O; 21 (2): 118-126.
5. Olsson MB, Hwang CP. Depression in mothers and fathers of children with intellectual disability. Journal of Intellectual Disability Research.2001; 45: 535-543.
6. Mullins LL, Aniol K, Boyd ML, Page MC, Chaney JM. The influence of respite care on psychological distress in parents of children with developmental disabilities: A longitudinal study.Children's Services: Social Policy, Research & Practice. 2002; 5:123-138.
7. Ritu M, Ojha H. Child rearing practices of working and nonworking mothers. Indian Journal of Applied Psychology. 2007; 44: 64-69.
8. AI-Kuwari MG. Psychological health of mothers caring for mentally disabled children in Qatar. Journal of Neurosciences. 2007; 12 (4): 312-317.
9. Aslam T, Batool Z, Hashmi N, Aslam K. Socio-psychological problems and needs of mentally retarded children in districts Faisalabad and Islamabad, Pakistan. The Journal of Animal & Plant Sciences.2011; 21(1):11-113.
10. Yaqub S. Poor children grow into poor adults: harmful mechanism or over deterministic theory? Journal of International Development.2002;14:1081-93
11. Larzelere RE, Patterson GR. Parental management mediator of the effect of socioeconomic status on early delinquency. Criminology.1990; 28 (2): 307-23.
12. Harris K, Marmer J. Poverty, paternal involvement and adolescent well being. Journal of Family Issues. 1996; 17 (5): 614-40.
13. Emerson E. Mothers of children & adolescents with intellectual disability: social and economic situation, mental health status &

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the self-assessed social and psychological impact of the child's difficulties. Journal of Intellectual Disability Research. 2003; 47 (4-5): 385-399.

1. Moore KA, Vandivere S. Stressful Family Lives: Child and Parent Well-Being, Child Trends Series B-17. Washington DC: The Urban Institute; 2000. Available on [http://www.](http://www/) urban.org/ UploadedPDF/anf\_b17.pdf.
2. Lovibond SH, Lovibond PF. Manual of depression, anxiety and stress scales.2nded.Sydney: Psychology Foundation; 1995.
3. Zafar H, Khalily MT. Dysfunctional Separation-individuation and Low Autonomy in Adolescents: Manifestations and Management of Psychological Stress. Available on [http://www2.psy.unsw.edu.au/dass/Urdu/Zafar%20&%20Khali](http://www2.psy.unsw.edu.au/dass/Urdu/Zafar%20%26%20Khali) ly-Urdu%20Translation%20process.pdf.
4. White N, Hastings RP. Social and professional support for

parents of adolescents with severe intellectual disabilities. Journal of Applied Research in Intellectual Disabilities. 2004; 171:181-190.

1. Adhikari H. Anxiety and depression: Comparative study between working and non-working mothers. Global Journal of Human Social Science Sociology, Economics & Political Science. 2012; 12(12). Available from: https://globaljournals.org/ GJHSS\_Volume12/1-Anxiety-and-Depression-Comparative­ Study.pdf
2. Smith TB, Oliver MNI, Innocenti MS. Parenting Stress in families of children with disabilities. American Journal of Orthopsychiatry.2001; 71: 257-261.
3. Glidden LM, Schoolcraft SA. Depression: its trajectory and correlates in mothers rearing children with intellectual disability. Journal of Intellectual Disability Research. 2003; 47(4/5): 250-263.

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