

# Anxiety and Depression in Parents of Children With Impairments

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**Abstract**—The present investigation was conducted to gain an insight into the extent of Depression and Anxiety in parents of children with impairment and to find out the differences in the Depression and Anxiety experienced by their mothers and fathers. The study was conducted on 120 mothers and 120 fathers of 60 boys and 60 girls in the age group of 5-14 years, randomly selected from the special schools of Chandigarh. Standardized tools namely Beck depression inventory (1996) and Sinha's Comprehensive Anxiety test (1995) were used. The results showed that mothers reported greater Depression and Anxiety as compared to the fathers. 40% of the parents reported minimal depression followed by moderate depression (33%) and mild depression (20%). Only 7% respondents reported severe depression. 35% of parents reported normal anxiety followed by high anxiety (29%), low anxiety (17.5%) and extremely high anxiety (11.5%). Extremely low anxiety was reported by only 7% parents. Depression was greater among parents of children with physical impairment on variables related to irritability, loss of interest and crying as compared to parents of children with mental retardation, speech impairment and visual impairment. Guilt feelings and pessimism were greatest in parents of mentally retarded children. Tiredness was reported maximum by parents of visually impaired children. Anxiety was greater in parents of children with visual impairment as compared to physical impairment, speech impairment and mental retardation.

**Index Terms**—Anxiety, Children with impairments, Depression, Parents.

## 1 INTRODUCTION

MORE than a billion people in the world or about 15% of the world's population (based on 2010 global population estimates) live with some form of impairment or the other. According to the Indian census 2011, a total population of 26.8 million is living with impairments. Children with impairments have different abilities as compared to normal children. They often lag behind their normal peer group in use of mental abilities, physical development milestones, social skills and emotional maturity etc and this causes additional stress, anxiety and lack of confidence in parents as to the parenting practices they must follow to rear up these children. This is likely to affect their mental health. Review of literature indicates that depression and anxiety are the most common mental health problem faced by the parents of children with impairment.

Patience, understanding and physical stamina are required in large measures for the parents of even the so called normal and healthy children. For the parents of children with impairments however, the situation is tougher. The particular impairment of the child, the slowness in his development, the necessity of special arrangements for the physical care, training and companionship and the adjustments which must be made in the family expectations for the future, combine to create pressure on the parents which tends to disrupt the normal family equilibrium [1]. Parents of these children often report lack of parenting efficacy [2], poorer mental health [3], and problems in marital adjustment [4]. Several researchers have found that the 'mental health' of the parents influences the quality of care children with impairments receive and affect the family environment of these children [5]. Preoccupation with guilt, blame, or reduced self-esteem may divert parental attention from salient aspects of child rearing such as nutrition, recreation, education and household organization. Financial strain of providing medical and quality care to these children may add to parental stress. Various other stressors may include lack of control on the situations arising out of presence of such a child at home such

as hurt egos, negative attitudes, isolation, anger, embarrassment, grief, and safety of these children [6]. Presence of a child with impairment may also cause rift in the marital relationship. Difficulty in finding appropriate and affordable child care may affect the mother's decision about working outside home. It may influence her decisions related to her own as well as education /training of her other children. Even decision related to having additional children may be affected by the presence of an impaired child at home. Several studies have shown that there is a high level of marital discord, divorce or separation in families having children with impairments [7]. Taanila, Syrjala, Kokkonen, & Jarvelin, [8] have reported stress in families of children with impairment as a major cause of divorce.

Impairment of children has been shown to lead to parental sense of devaluation and self-blame, impaired physical functioning, tiredness or exhaustion [9] and [10]. Nearly two-thirds of the couples having a child with impairment have been found to be clinically depressed [11]. Studies endorse the fact that providing a high level of care to children with impairments affects the psychological health of the parents. The unpredictable nature and course of development of children with impairment has been shown to cause tremendous anxiety in parents. Thus, Parental mental health problems such as depression and anxiety limit the role of parents in the management of the child's impairment [12]. Child maladaptive behavior has been associated with increased burden and stress on the parents. Several researchers have reported a relationship between low adaptive functioning in children with impairment and elevated parental anxiety, [13]-[15]. Some researchers report that half of the parents of children with impairments show severe anxiety [16]. Spielberger [17] opines that parents of children with impairment generally show proneness to be nervous, worried and be highly reactive to perceived stress. Reactions to the perception of the situation form the extent of anxiety experienced by the parents. If parents perceive a situation

negative, they are more prone to anxiety. Transmission of parental anxiety to the children has been hypothesized to be a psychological risk for even the children.

Studies on mental health of parents of children with impairment have indicated that socio demographics and family environment are important factors of parental stress. Since, parents of children with impairment face numerous challenges in meeting the special needs of their children, their struggle to deal with the child's impairment becomes even more difficult when they belong to low socio economic strata. They are then unable to meet the financial burden of medical expenses and education. Poverty, illiteracy, large family size adds to their stress of rearing up a child with impairment. Lack of guidance and information on variety of concerns only strengthens their myths and misconceptions. In such a scenario parents of children with impairment are bound to experience depression and anxiety. However researches on Indian families with children having impairments are few. Since, socio cultural factors such like family structure, support systems and family relationships as well as contextual factors like socio-economic status, gender, education etc play an important role in mental health of parents of children with impairment, the present study was undertaken with the following objectives:

### Objectives of the study

- To investigate the extent of depression and anxiety experienced by parents of children with impairment.
- To compare depression and anxiety experienced by mothers and fathers of children with impairment.
- To compare depression and anxiety in parents of children with different impairments

## 2 METHOD

The present study was conducted on 240 parents (120 mothers and 120 fathers) of children with impairments. A total of 60 girls and 60 boys with impairments, in the age group of 5-14 yrs were taken for the study. 30 children (15 girls and 15 boys) of each impairment i.e. physical disability, hearing impairment, mental retardation and visual impairment were randomly selected from each of the special schools given below.

1. Prayaas Rehabilitation Centre For Differently Abled, Sector-38, Chandigarh.
2. Vatika School for Deaf and Dumb, Sector 19, Chandigarh.
3. Ashadeep School for Mentally Retarded, Sector 31, Chandigarh.
4. Institute for Blind, Sector-26, Chandigarh.

### Tools Used for the study

The tools used for the study are given in Table 1

Table-1

S.NO	VARIABLE	TOOL	AUTHOR
1.	Demographic Information	Demographic Information sheet	Prepared by investigators
2.	Depression	Beck Depression Inventory-II	Aaron Beck, Robert A. Steer, Gregory K. Brown, 1996
3.	Anxiety	Sinha's Comprehensive Anxiety Test	A.K. Sinha and N.K. Sinha, 1995

### Statistical Analysis:

For the analysis of the data, Percentages were computed to see overall extent of depression and anxiety in fathers and mothers. The frequencies and percentages were calculated to compare the responses of fathers and mothers. t-test was used to compare the mean scores of depression and anxiety in fathers and mothers. Wilk's Lambda was used to compare the anxiety and depression experienced by parents of children with different impairments from the selected categories i.e. speech impairment, mental retardation, physical impairment and visual impairment.

## 3 RESULTS

*The major highlights of the results are presented below:*

On analyzing the data for extent of depression and anxiety experienced by parents of children with impairment, it was found that 40% of the parents of children with impairment reported minimal depression followed by moderate depression (33%) and mild depression (20%). Only 7% respondents reported severe depression. Depression was greater in mothers as compared to fathers of children with impairment. (Refer table-2). Results indicate that significant difference in depression experienced by mothers and fathers of children with impairment emerged in sadness, past failure, feelings of guilt, crying, irritability, indecisiveness, difficulty in concentration and tiredness.

**Table-2**

**Depression in mothers and fathers of children with impairment**

Variables	Mothers		Fathers		t-value
	Mean	S.D.	Mean	S.D.	
Sadness	1.928	0.604	1.128	0.447	<b>2.843*</b>
Past Failure	0.728	0.634	0.528	0.683	<b>2.966*</b>
Guilty Feeling	1.571	0.644	1.182	0.341	<b>2.805*</b>
Crying	1.265	0.769	1.125	0.957	<b>3.866*</b>
Indecisiveness	1.642	0.621	0.759	1.625	<b>2.606*</b>
Irritability	1.274	0.688	1.236	0.516	<b>2.542*</b>
Concentration difficulty	0.914	0.599	0.770	0.683	<b>2.320*</b>
Tiredness	1.215	0.568	1.375	1.122	<b>2.496*</b>

\*significant at 0.05 level.

Depression as shown in table 3, was greater among parents of children with physical impairment on variables related to irritability, loss of interest and crying as compared to mental retardation, speech impairment and visual impairment. Guilt feelings and pessimism were greatest in parents of mentally retarded children. Tiredness was reported maximum by parents of visually impaired children.

**Table-3**

**Depression in parents of the children with different impairments**

Variables	Mental Retardation		Physical Impairment		Speech Impairment		Visual Impairment		F-value
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	
Pessimism	0.666	0.487	0.250	0.462	0.100	0.316	0.428	0.534	<b>3.468**</b>
Guilty Feeling	0.600	0.632	0.250	0.462	0.270	0.700	0.142	0.377	<b>3.684**</b>
Crying	1.066	0.798	1.125	0.991	0.700	0.674	0.714	0.755	<b>2.739**</b>
Loss of Interest	1.266	0.703	1.625	0.744	1.200	0.632	1.428	0.534	<b>2.727**</b>
Irritability	1.200	0.676	1.250	0.707	1.020	0.666	1.142	0.899	<b>3.219**</b>
Tiredness	1.266	0.593	1.375	0.744	1.300	0.823	1.428	0.534	<b>1.970*</b>

\*\*significant at 0.05 level.\*significant at 0.01 level.

35% of parents reported normal anxiety followed by high anxiety (29%), low anxiety (17.5%) and extremely high anxiety (11.5%).Only 7% reported extremely low anxiety. Anxiety was also greater in mothers as compared to fathers. (Refer Table 4) The significant difference in the anxiety experienced by

mothers and fathers emerged in physical impact, psychological impact and mental anxiety.

**Table 4**

**Anxiety in fathers and mothers of children with impairment**

Variables	MOTHERS		FATHERS		t-value
	Mean	S.D.	Mean	S.D.	
Physical Impact	49.264	9.233	33.515	5.234	<b>2.981**</b>
Psychological Impact	53.122	10.593	45.925	11.665	<b>3.221**</b>
Mental Anxiety	36.506	7.802	21.192	7.552	<b>3.822**</b>

\*\*significant at 0.05 level

Anxiety was greater in parents of children with visual impairment as compared to physical impairment, speech impairment and mental retardation. (Table 5)

**Table-5**

**Anxiety in parents of children with different impairments**

Variables	Mental Imp.		Physical Imp.		Speech Imp.		Visual Imp		F-var
	Mean	S.D	Mean	S.D.	Mean	S.D.	Mean	S.D.	
Psycho Impact	49.96	10.58	48.25	15.50	51.90	14.21	58.71	11.99	<b>1.986*</b>
Phys Impact	46.00	11.33	46.62	15.63	47.30	14.00	53.28	13.57	<b>3.593**</b>
Ment Anxiety	29.30	7.38	28.62	08.78	27.80	07.65	34.00	08.24	<b>2.958**</b>

\*significant at 0.01 level \*\*significant at 0.05 level.

## 4 DISCUSSION

The analysis of responses of parents of children with impairment with regard to their depression and anxiety show that earlier studies too report similar trends. A study by Baki, O, [18] too reported that 48.5% parents showed minimum depression followed by moderate depression (33%). This trend could perhaps be related to the socio economic status, education of parents and fatalistic attitude of Indian population belonging to lower class strata. Even in some other studies it was found that depressive symptoms were more pronounced and had greater adverse effects on parents and family functioning in low socio economic strata. Moderate

depression is natural to be experienced by parents in absence of much social support, lack of guidance and counseling. It has been reported that parents of children with physical impairment experience higher level of depression as compared to parents with children having other type of impairments as they are more dependent on their parents for their daily requirements. [19] Besides it has been reported that their impairment is more visible and often invites verbal ridicule or sarcasm from the peer group. Children with physical impairment are intellectually and socially competent. Parents often feel depressed when they realize that despite their abilities they are compromised on social interactions and good job placements.

Several studies related to parental anxiety earlier too have shown that having a child with impairment creates negative family outcomes including added anxiety [20]. Parenting anxiety has been attributed to abnormal child behavior, parental coping style, poor maternal education, low family income, and large number of children in the family. ([21] and [22]). Poor social skills of the child with impairment have been reported to enhance the anxiety level of the parents. Poor family functioning has also been found to be responsible for increase in parental anxiety. High and normal anxiety reported by 29% and 35% of parents respectively is understandable. Several demographic factors as well as parenting concerns have also been related to anxiety in parents of children with impairments. [1]. Behavioral problems of children with impairments, lack of adequate professional support, unsatisfactory relationship between parents and professionals, negative social attitudes towards these children, physical barriers etc. have been reported by several researchers ([23], [24] and [25])

Several researches have shown that birth of a child with impairment is a shock to the parents. Child with impairment does affect adversely the physical and psychological health of the parents. The parents have feeling of guilt and generally experience a psychological turmoil [26]. But this changes as parents become aware about the medical care, respite care, education required for the child with impairment. Initially parents may react with a shock, feel helpless, and blame themselves. But as they come to terms with their child's impairment they accept the reality and start focusing on parenting and realistic goals for their child with impairment. A Study of Umadevi and Venkatramaiah [27] reported disturbance in family relations as a myth. They found that Parents come to terms with the reality and start having realistic aspirations for this child. All the family members support the child towards independent life and making himself reliant. Children with impairment require special care, attention and support which directly affects the mental health of their parents especially mothers. Hickman (2000) reported that higher care giving demands are associated with poor physical and psychological health of the mothers. Depression seems to be greater in mothers as they are overburdened by their multiple roles such as household works, taking care of their children and other family members. Noojin, A.B & Jan. I,

[28] have reported similar results. They found that mothers of children with impairments have physical health problems and higher depression level as compared to fathers of these children. Depressive symptoms of the mothers are associated with problems related to family harmony, lower socio economic status and greater care giving.

## RECOMMENDATIONS AND IMPLICATIONS OF THE STUDY

The results of the present study have given an insight into the extent of depression and anxiety experienced by parents of children with impairments. On the basis of these results, some important recommendations have been given below for enhancing the mental health of parents and for providing inputs for educators, policy makers and social activists for strengthening programmes for children with impairment.

1. There is an urgent need to open **parent training and interaction centers (PTI)** These would help in providing information to the parents regarding
  - Nature and cause of the impairment of their child.
  - Possible treatment for the impairment.
  - Availability of treatment in India.
  - Cost of treatment.
  - Sources of funds available.
  - Information regarding parenting these children.
  - Counseling services for parents and children.
  - Assistive devices and their procurement procedures.
2. Centers for **support services** such as **crèches, recreational centers, clubs, therapy centers** etc. need to be set up to give relief to parents in taking care of such children.
3. **Special cells in hospitals and dispensaries** need to be set up where parents can utilize the following
  - Services of specialists
  - Medicines on discounted rates for under privileged
  - Various therapies under one roof
    1. Play therapy
    2. Speech therapy
    3. Occupational therapy
    4. Physiotherapy
  - Follow up of the cases and record keeping.
  - Guidance and help in procurement of assistive devices. All these efforts would help reduce the harassment, depression and anxiety of parents.
4. **Inclusive education** should be made norm for all



schools, after proper training and orientation of the staff, parents and normal children. This would reduce anxiety of the parents to a large extent as many times they do not know where to admit their children for education. Besides removing social stigma attached to the impairment and isolation of the child, it would help address the educational needs of large number of children with impairment who do not find educational institution.

5. **Parent to parent interaction** can be encouraged by forming clubs at community centers, where regular meetings of parents of children with impairment could help them share their experiences, information and knowledge, as very often they face and deal with similar concerns and problems.
6. **Mass media** can play a proactive role in imparting information and knowledge related to various impairments and the facilities available. They can hold panel discussions to acquaint the parents and the public about their special needs and role of general public in extending support to them and their families.
7. Banks can extend special support in the form of **interest free loan** to parents of children with impairment.
8. **One point government centre** where all types of facilities related to needs of impaired population can be extended e.g. health, banking, transport, assistive devices, admissions, concessions etc.
9. **Workshops, Seminars, Conferences** etc. can be held in educational institutions to spread awareness about various aspects of concern of the disabled population.

## Acknowledgment

The authors wish to thank the students, their parents and principles of the various schools selected for the study for extending their full support for data collection of the study.

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