

A Study on Depression, Anxiety and Stress among the Parents of Differently Able Children

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Abstract:- The interplay between heredity and environment has created this beautiful world which abounds in human diversity. The quality of a child's relationships within the family matters much more than factors such as family size, the number and gender of parents, biology, whether a family is blended or extended, culture, language or religion. The relationships they have from birth help children feel secure, to believe they will be kept safe, and to trust in others and in the world - even when problems arise. Families are the biggest influence on a child's mental health and wellbeing. All children need love, encouragement, and support and especially the differently able children when the parent have a differentially able children in their home they fell depressed, anxious and stress. This study like bring out the highlights in these areas. The standard scale was used to assess the depression, anxiety and stress (DASS 42) Lovibond and lovidond (1995) and researcher intended to study the level of depression, anxiety and stress which is experienced by 86 parents of children with differently abled children and the findings reveals that among Depression, Anxiety and stress, the number of parents experiencing anxiety is found to be high, which may be because the parents tend to be worried more about their children's future. As their children grow and even the parents getting old, the parents tend to be more anxious because they are affected with a fear that what would happen after their absence owing to death or inability to care for their wards.

I. INTRODUCTION

Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.^[1]

A fundamental part of giving care is being a good communicator with the person getting care. The caregiver should watch for changes in a person's mental condition, including becoming unhappy, withdrawn, less interested, confused, or otherwise not as healthy as they have been. In all monitoring, the caregiver's duty is to take notes of anything unusual and share it with the doctor.^[2] Parents are the person who takes primary responsibility for someone who cannot carefully for themselves and Caregiving is most commonly used to address impairments related to old age, disability, a disease, or a mental disorder.^[3]

There are many reviews related to this area and they studied in some particular disability and find the level of depression, anxiety and stress was high. Muzafar Hussain Kawa and Humera Shafi has conducted a study is an attempt to assess stress and depression among parents of mentally retarded children and the study revealed that the stress and depression has a considerable influence on parents

especially on mothers of mentally retarded children.^[4] Uskun E, Gundogar D. had conducted a study on The levels of stress, depression and anxiety of parents of disabled children in Turkey. And his major findings reveals that Among the stressful experiences, the parents gave the highest points to 'attitudes of society towards disabled people', 'having limited free time' and 'financial problems'.^[5]

Close to 80% of all long-term care is now provided at home by family caregivers to children and adults with serious conditions, including mental health issues, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), traumatic brain injury, cancer, paralysis, developmental and physical disabilities, cognitive impairments and Alzheimer's disease.^[6] Leonard I. Pearlin et al (1990) conducted study on Caregiving and the Stress Process: An Overview of Concepts and Their Measures. Caregiver stress as a consequence of a process comprising a number of interrelated conditions, including the socioeconomic characteristics and resources of caregivers and the primary and secondary stressors to which they are exposed. . Primary stressors are hardships and problems anchored directly in caregiving. Secondary stressors fall into two categories: the strains experienced in roles and activities outside of caregiving, and intrapsychic strains, involving the diminishment of self-concepts. Coping and social support can potentially intervene at multiple points along the stress process.^[2]

SIGNIFICANCE OF THE STUDY

Any family which has a member whose social functioning is in adequate or affected, will experience greater depression, anxiety and stress in the family. This indicates the

breakdown of reciprocal arrangements that people maintain in their interfamily relationship. The presence of a child with differently abled can become a major source for depression, anxiety and stress to the other family members particularly the parents.

Beside the degree of disability and associated behaviour problems, the interactive pattern among various families gets disturbed. Communication among them could be based on the feelings of guilt. It thus becomes important to try and understand the problems of these parents in various areas and to assess the level of depression, anxiety and stress in such families. Thus it helps the parents to achieve an emotional acceptance of all children and the disable. A review of existing literature reveals evidence suggestive of increased depression, anxiety and stress level in family among the parents. However the status of family depression, anxiety and stress has not been comprehensively explored. Thus a need was felt in the present investigation to examine the level of depression, anxiety and stress which is experienced by parents of children with differently abled children.

II. OBJECTIVES OF THE STUDY

1. To study socio-demographic characteristics of the respondents.
2. To study the level of depression, anxiety and stress which is experienced by parents of children with differently abled children.
3. To study the relationship and difference between the socio – demography
4. To suggest suitable measures for improving the level of depression, anxiety and stress.

HYPOTHESIS

1. There is significant difference between the gender of the respondents and the level of depression, anxiety and stress.
2. There is a significant variance among the respondents type of family with regard to the level of depression, anxiety and stress.
3. There is significant difference between the respondent's type of family and the level of depression, anxiety and stress.

III. RESEARCH DESIGN

The researcher intended to study the level of depression, anxiety and stress which is experienced by parents of children with differently abled children. It attempts to test the difference and variance among the variables upon which hypotheses were formed. Hence for this researcher used descriptive research design.^[7]

UNIVERSE AND SAMPLE

Universe refers to total terms in any field of enquiry. The universe of this study comprises of parents of children with differently abled in Tiruchirappalli district and the researcher selected 86 respondents as sample using simple random sampling using lottery method.

SOURCES OF DATA COLLECTION

The primary data was collected from the respondents themselves and the secondary data was collected from journals, books and earlier studies etc.

TOOLS OF DATA COLLECTIONS

The researcher used the standard scale to assess the depression, anxiety and stress (DASS 42) Lovibond and lovidond (1995). The DASS is a 42 items self report inventory that yield 3 factors : Depression, Anxiety and Stress.

IV. ANALYSIS AND INTERPRETATION

The finding of the study explains that majority 66.6 percentage of the respondents are female and less than one fourth 33.7 percentage of the respondents are male regarding the type of disability more than one fourth 26.7 percentage of respondents are having Locomotor Disability children and less than one fourth 22.1 percentage of respondents are having Mental Retardation children and 18.6 percentage of respondents are having Hearing Impairment children and 14 percentage of respondents are having Mental Ill children and 11.6 percentage of respondents are having Low Vision children and remaining 7 percentage of respondents are having Visual Impairment children. According to the type of family 64 percentage of respondent prefer freedom and less restriction and thus they like to live a nuclear family environment and only 36 percentage of the respondents prefer social life with better support system and thus they chose joint family system.

While analysing depression less than one third 31.4 percentage of the respondents have severe level of depression and more than one fourth 27.9 percentage of the respondents have normal level and 19.8 percentage of the respondents have moderate level of depression and 16.3 percentage of the respondents have mild level of depression and only 4.7 percentage of the respondents have extreme sever of depression.

Regarding Anxiety less than half 44.2 percentage of the respondents have extreme sever of anxiety and less than one fourth 23.3 percentage of the respondents have sever level of anxiety and 15.1 percentage of the respondents have normal anxiety and 14 percentage of the respondents have moderate level of anxiety and the remaining 3.5 percentage of the respondents have mild level of anxiety.

Regarding stress more than one third 40.7 percentage of the respondents have moderate level of stress and less than 32.6 percentage of the respondents have normal level of stress and 16.3 percentage of the respondents have sever level of stress and remaining 8.1 percentage of the respondents have mild level of stress and 2.3 percentage of the respondents have extreme sever level of stress.

be because the parents tend to be worried more about their children’s future. As their children grow and even the parents getting old, the parents tend to be more anxious because they are affected with a fear that what would happen after their absence owing to death or inability to care for their wards.

Among Depression, Anxiety and stress, the number of parents experiencing anxiety is found to be high, which may

STUDENT t – TEST BETWEEN THE GENDER OF THE RESPONDENTS AND DEPRESSION, ANXIETY AND STRESS

Dimension	Parent's Gender	N	Mean	Std. Deviation	Std. Error Mean	Statistical Inference
Depression	Male	29	16.97	7.233	1.343	t = 1.162 Df = 84 P > 0.05 Not Significant
	Female	57	14.88	8.188	1.084	
Anxiety	Male	29	18.48	7.813	1.451	t = 0.677 Df = 84 P > 0.05 Not Significant
	Female	57	17.32	7.433	.985	
Stress	Male	29	20.31	5.093	.946	t = 1.384 Df = 84 P < 0.05 Significant
	Female	57	17.91	8.582	1.137	

It is inferred from the above table there is significant difference between gender of the respondents and the level of stress whereas there is no significant difference between gender of the respondents and the level of depression and anxiety. While comparing the gender with depression, anxiety and stress it is evident from the mean score male have more depression, anxiety and stress than female, it may

be due to the fact that most of the men feel in-secured of having a differently abled children, which makes them depressed, anxious and stressful, whereas in the case of women, the depression, anxiety and stress is because of providing care to their children alone. Hence the null is accepted.

ONE WAY ANALYSIS OF VARIANCE AMONG THE RESPONDENTS TYPE OF FAMILY WITH REGARD TO DEPRESSION, ANXIETY AND STRESS

Dimension	Type of Disability	Sum of Squares	Df	Mean	Mean Square	Statistical Inference
Depression	Between Groups	1098.402	5	G1 = 15.67	219.680	F = 4.180 P < 0.05 Significant
	Within Groups	4204.529	80	G2 = 16.00	52.557	
				G3 = 17.48		
				G4 = 17.67		
				G5 = 17.89		
				G6 = 8.25		
Anxiety	Between Groups	1371.135	5	G1 = 16.00	274.227	F = 6.343

	Within Groups	3458.598	80	G2 = 22.00	43.232	P < 0.05 Significant
				G3 = 20.09		
				G4 = 21.67		
				G5 = 16.68		
				G6 = 10.50		
Stress	Between Groups	1191.318	5	G1 = 23.67	238.264	F = 5.056 P < 0.05 Significant
	Within Groups	3769.984	80	G2 = 21.10	47.125	
				G3 = 20.22		
				G4 = 18.17		
				G5 = 20.63		
			G6 = 11.38			

G1 = Visual Impairment

G2 = Low Vision

G3 = Locomotor Disability

G4 = V Mental Illness

G5 = V Mental Retardation

G6 = Hearing Impairment

It is revealed from the above table there is significant relationship among the type of disability of the children and the depression, anxiety and stress faced by the parents. It is inferred from the mean score value of parents on Depression, Anxiety and Stress, they tend to experience lesser level when their children are affected with Hearing Impairment when compared to other disabilities. As children with hearing

impairment needs lesser physical support and constant monitoring, the parents with these children reported to have lesser Depression, Anxiety and stress. Whereas parents whose children with other disabilities like visual impairment, Locomotor disabilities and intellectual disabilities tend to experience higher level of Depression, Anxiety and Stress. Hence the null is rejected.

STUDENT t – TEST BETWEEN THE TYPE OF FAMILY OF THE RESPONDENTS AND DEPRESSION, ANXIETY AND STRESS

Dimension	Type of family	N	Mean	Std. Deviation	Statistical Inference
Depression	Joint family	31	16.94	7.572	t = 1.197
	Nuclear family	55	14.82	8.044	Df =84 P > 0.05 Not Significant
Anxiety	Joint family	31	20.65	6.545	t =2.280
	Nuclear family	55	16.05	7.609	Df =84 P > 0.05 Not Significant
Stress	Joint family	31	21.52	9.092	t =2.635
	Nuclear family	55	17.15	6.240	Df =84 P > 0.05 Not Significant

It is found from the above table that there is no significant difference between type of family of the respondents and the level of depression, anxiety and stress faced by the parents. It is evident from the mean score joint family face higher depression, anxiety and stress when compare with nuclear family system. It may be because of the influence of other family member like grandparents, siblings etc. on the parents who are having differently able children. Hence the null is accepted.

V. SUGGESTION

- Talk to other parents whose children have differentially able children. Parents can share practical advice and emotional support.
- Learn from professionals and other parents how to meet your child's special needs, but remember your son or daughter is first and foremost a child; life does not need to become a never ending round of therapies.
- Be open with siblings about the challenges that affect their brother or sister with a disability. Provide important acknowledgement by showing you appreciate their help, but also ensure that they have time and space for themselves. Listening to their feelings and experiences lets them know you are there for them too. Setting aside some regular time to spend with your other children, even if it is brief, helps to maintain positive family relationships.
- Intervention programmes like relation, family counselling can be given in order to reduce their depression, anxiety and stress level.
- Involvement of parents in treatment programme of the child can help them develop their confident.

VI. CONCLUSION

Disability is a condition which affects not just the individual who has it but a greater impact is seen in the significant others of the differently-able person. It is evident from the above study that the caregivers, especially the parents of the differently-able person suffer from psychological problems such as, depression, anxiety and stress. In spite of the ample studies has done in this phenomenon there exit a gap between the study results, suggestions and the contemporary practice. Hence it is strongly recommended that multidisciplinary teamwork which suits the culture should be practiced that would reduce the psychological burden the parents of the differently able people.

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