

Research Article



INTERNATIONAL RESEARCH JOURNAL OF PHARMACY

www.irjponline.com

ISSN 2230-8407 [LINKING]

COMPARATIVE ASSESSMENT OF PSYCHOLOGICAL WELL-BEING, SOCIAL SUPPORT, MINDFULNESS, AND EMOTIONAL INTELLIGENCE IN MOTHERS OF CHILDREN WITH INTELLECTUAL DISABILITY

Dr. Ankush Sharma,^{1*} Dr Rana Pratap Singh Rajput,² Dr. Swati Jain³

^{1,2}P.G. Resident, Department of Community Medicine, RKDF Medical College Hospital and Research Centre, Bhopal, Madhya Pradesh

³Professor & Head, Department of Community Medicine, RKDF Medical College Hospital and Research Centre, Bhopal, Madhya Pradesh

Corresponding Author

Dr. Ankush Sharma

Email id – Anku2006sharma@gmail.com

How to cite: Sharma A, Rajput RP, Jain S. Comparative assessment of psychological well-being, social support, mindfulness, and emotional intelligence in mothers of children with intellectual disability. International Research Journal of Pharmacy, 2025,16:3:17-21.

Doi:10.7897/2230-8407.110504

ABSTRACT

Background: intellectual disability in a child is stigma for parents, particularly females and various mothers feel emotional pain on learning that their child is weak irreversibly and the concern cannot be cured. Also, awareness lack on managing the problem add tension of negative affect linked to child disability and mothers become victim of negative evaluation and criticism fear.

Aim: The present study was aimed to assess the significance associated with family variables to determine stress, anxiety, and depression in mothers having children with intellectual disabilities. These family variables were presence of other siblings, age of the children, particularly concerning the gender.

Methods: The study assessed 156 mothers in the age range of 25-45 years that had children with the intellectual disability and children in age of 5-13 years that were divided depending on 2 variables as gender and number of siblings of their child with intellectually disability and age of the child with intellectual disability. To assess stress, anxiety, and depression in mothers of children with intellectual disability was assessed using DASS (Depression, Anxiety and Stress) scale.

Results: The study results depicted a significant difference in the three study groups namely mothers having both male and female children other than the child with intellectual disability, mothers having daughters only other than the child with intellectual disability, and mothers having only child concerning the variables of stress, anxiety, and depression with $p < 0.05$.

Conclusion: The present study concludes that various family variables can lead to mental health concerns and distress reaction in parents having children with intellectual disability. Expectations and beliefs of the mothers also have a significant contribution to emotional disturbance. Poor support from social system leads to depression in mothers. Lack of awareness and education concerning disability also play a major role causing distress in both mothers and children. There are limited training and education programs available to teach such parents.

Keywords: anxiety, depression, Intellectual disability, mothers, stress

INTRODUCTION

Intellectual disability in a child is a stigma for the parents, especially mothers where they feel emotional pain by learning that their child is not as fast learner as others with situation being irreversible and is untreatable. Awareness lack for

problem management increase tension linked to negative effect linked to child disability. Negative evaluation and criticism fear are other factors adding stress. The concerns of such mothers also include apprehensions about the future of the child, guilt and hopelessness, coping with unrealistic expectations regarding child's progress, disturbance in relationship with spouse, lack of awareness regarding how to rear the child with challenges, excessive work pressure to meet the demands of other family members as well along with the child with intellectual disability, the extreme dependency of the child on mothers behavioral and emotional problem of the child, and criticism from family and society in children with disability.¹

The common concerns seen in intellectual disability include emotional, behavioral, perceptual, cognitive, and learning disabilities along with cerebral palsy, Down's syndrome, epilepsy, motor problems, and speech deficits. Both these psychological and medical concerns affect the mental health of the mother. Parents also are burdened by lack of self-grooming, limited time for other family members, continuous child look after, frequent or unexpected clinics visit, and costly treatments. These factors slowly turn to stressors leading to anxiety and depression related concerns in mothers. Previous literature has reported more vulnerability for mental health in mothers of children with intellectual disability.²

This vulnerability can be attributed to scarce knowledge, lack of awareness, perception according to some cultural beliefs, negative perception, and negative social attitude for these children. Parents avoid social gathering with such children as they feel fearful of reaction by society and feel embarrassed with children affecting social relationships. Previous literature reports poor social support increases mental health problems in mothers warranting education and awareness concerning intellectual disability in general population to provide support to these children and mothers.³

For parents having such child can be traumatic and more painful for parents where such child is the only child they have. Despite of having less tiresome routine with only child to take care of, these parents are uncertain about the future of their child and concerning their care after the parents. It has been considered that having other male children in family, it is believed that such children are better taken care in joint family system. However, there are additional stressors linked with having other children in family as expectations of other children for similar attention as the sibling with intellectual disability. Difficulty in managing these expectations can lead to comparison and jealousy which can result in sibling conflicts and increased parental distress in mothers.⁴ Hence, the present study was aimed to assess the significance associated with family variables to determine stress, anxiety, and depression in mothers having children with intellectual disabilities. These family variables were presence of other siblings, age of the children, particularly concerning the gender.

MATERIALS AND METHODS

The present observational study was aimed to assess the significance associated with family variables to determine stress, anxiety, and depression in mothers having children with intellectual disabilities. These family variables were presence of other siblings, age of the children, particularly concerning the gender. The study was done at the Department of Community Medicine of the Institute. Verbal and written informed consent were taken from all the mothers of subjects before study participation.

The study assessed 156 mothers in the age range of 25-45 years with mean age of 36.57 ± 6.95 years that had children with the intellectual disability and having children in age of 5-13 years with 56, 44, and 56 mothers having children from age range of 5-7, 8-10, and 11-13 years respectively. On the basis of number of children, 36 mothers had only child that had intellectual disability, 50 females had only female children other than intellectually disabled child, and 70 mothers had both male and female children other than intellectually disabled child.

The study utilized DASS (Depression Anxiety and Stress scale) to assess Depression Anxiety and Stress over one week in study mothers that used 42 items and was given by Lovibond and Lovibond in the year 1995. DASS include three subscales for Depression Anxiety and Stress with each subscale including 14 items and each item was scored as 4 points ranging from 0-3 where 0 showed did not apply to me and 3 depicted applied to me all the times. Scores for subscale were assessed as sum of all items of depression, anxiety and stress respectively. Normal range for depression, anxiety and stress was considered for scores of 0-9, 0-7, and 0-14 respectively. Mild level range for depression, anxiety and stress was 10-13, 8-9, and 15-18, whereas, moderate severity level range for depression, anxiety and stress was 14-20, 10-14, and 19-25 respectively. Scores of 21-27, 15-19, and 26-33 range for depression, anxiety and stress indicate severity level of psychological distress. Extreme psychological distress was indicated by scores >28 for depression, >20 for anxiety, and >34 for stress.

After final inclusion of study subjects, a detailed history was recorded including the short interview and noting the demographic data followed by the use of DASS (Depression Anxiety and Stress Scales) to evaluate the level of depression, anxiety, and stress in all the study subjects.

All the data were gathered and tabulated following the study protocol and was entered on the MS excel sheet for its statistical analysis using chi-square test, Fisher's exact test, Mann Whitney U test, and SPSS (Statistical Package for the Social Sciences) software version 24.0 (IBM Corp., Armonk. NY, USA) using ANOVA, chi-square test, and student's t-test. The significance level was considered at a p-value of <0.05.

RESULTS

The present observational study was aimed to assess the significance associated with family variables to determine stress, anxiety, and depression in mothers having children with intellectual disabilities. These family variables were presence of other siblings, age of the children, particularly concerning the gender. The study assessed 156 mothers in the age range of 25-45 years that had children with the intellectual disability and children in age of 5-13 years that were divided depending on 2 variables as gender and number of siblings of their child with intellectually disability and age of the child with intellectual disability. To assess stress, anxiety, and depression in mothers of children with intellectual disability was assessed using DASS (Depression, Anxiety and Stress) scale.

It was seen that for demographic data in study subjects, mean age of the study subjects was 36.57 ± 34.4 years. For education, majority of the study mothers had education till primary level with 34.6% (n=54) mothers followed by education till intermediate as reported by 27% (n=42) mother participants in the study, education till postgraduation was reported by 23% (n=36) study subjects, and education till graduation was reported by least 15% (n=24) study females. There were 64% (n=100) females from low socioeconomic background and 36% (n=54) females from middle socioeconomic background respectively (Table 1).

The study results showed that for difference in depression, anxiety, and stress among females with children of intellectual disability and different age ranges, mean depression scores in mothers having child in age range of 5-7, 8-10, and 11-13 years was 29.73 ± 5.27 , 25.88 ± 5.22 , and 25.19 ± 7.13 which decreased significantly with increase in the age of the children with $p=0.01$. however, anxiety showed no significant difference for mothers having children in age range of 5-7, 8-10, and 11-13 years with $p=0.488$. For stress, mean stress scores were significantly higher for mothers having children in age range of 5-7 followed by 8-10 and least for 11-13 years showing statistically significant difference with $p=0.000$ (Table 2).

Concerning the assessment of difference between mothers having only child with disability, only daughters other than the child with disability, and both male and female children other than child with disability on DAS scale, mean depression scores were highest in subjects having both male and female children followed by mothers having only daughter, and highest for mother having only child with intellectual disability showing statistically significant difference with $p=0.000$. For anxiety, scores were highest in mothers that had only daughters followed by mothers having only child with intellectual disability, and least for mothers having both children with $p=0.000$. Mean stress scores were highest in subjects having both male and female children followed by mothers having only daughter, and highest for mother having only child with intellectual disability showing statistically significant difference with $p=0.001$ (Table 3).

DISCUSSION

The present study assessed 156 mothers in the age range of 25-45 years that had children with the intellectual disability and children in age of 5-13 years that were divided depending on 2 variables as gender and number of siblings of their child with intellectually disability and age of the child with intellectual disability. To assess stress, anxiety, and depression in mothers of children with intellectual disability was assessed using DASS (Depression, Anxiety and Stress) scale. The study design was similar to the previous studies of Rodriguez S et al⁵ in 2021 and Clark E et al⁶ in 2020 where study design similar to the present study was also reported by the authors in their studies.

The study results showed that for demographic data in study subjects, mean age of the study subjects was 36.57 ± 34.4 years. For education, majority of the study mothers had education till primary level with 34.6% (n=54) mothers followed by education till intermediate as reported by 27% (n=42) mother participants in the study, education till postgraduation was reported by 23% (n=36) study subjects, and education till graduation was reported by least 15% (n=24) study females. There were 64% (n=100) females from low socioeconomic background and 36% (n=54) females from middle socioeconomic background respectively. These findings were in agreement with the results of Kim H et al⁷ in 2019 and Garcia A et al⁸ in 2018 where authors assessed subjects with demographic data comparable to the present study.

It was seen that for difference in depression, anxiety, and stress among females with children of intellectual disability and different age ranges, mean depression scores in mothers having child in age range of 5-7, 8-10, and 11-13 years was 29.73 ± 5.27 , 25.88 ± 5.22 , and 25.19 ± 7.13 which decreased significantly with increase in the age of the children with $p=0.01$. however, anxiety showed no significant difference for mothers having children in age range of 5-7, 8-10, and 11-13 years with $p=0.488$. For stress, mean stress scores were significantly higher for mothers having children in age range

of 5-7 followed by 8-10 and least for 11-13 years showing statistically significant difference with $p=0.000$. These results were consistent with the findings of Wang Y et al⁹ in 2018 and Johnson R et al¹⁰ in 2017 where results for difference in depression, anxiety, and stress among females with children of intellectual disability and different age ranges comparable to the present study was also reported by the authors.

On assessing the difference between mothers having only child with disability, only daughters other than the child with disability, and both male and female children other than child with disability on DAS scale, mean depression scores were highest in subjects having both male and female children followed by mothers having only daughter, and highest for mother having only child with intellectual disability showing statistically significant difference with $p=0.000$. For anxiety, scores were highest in mothers that had only daughters followed by mothers having only child with intellectual disability, and least for mothers having both children with $p=0.000$. Mean stress scores were highest in subjects having both male and female children followed by mothers having only daughter, and highest for mother having only child with intellectual disability showing statistically significant difference with $p=0.001$. These findings correlated with the results of Boromand N et al¹¹ in 2014 and Mogasale V et al¹² in 2012 where results reported by the authors for difference between mothers having only child with disability, only daughters other than the child with disability, and both male and female children other than child were similar to the results of the present study.

CONCLUSION

Within its limitations, the present study concludes that various family variables can lead to mental health concerns and distress reaction in parents having children with intellectual disability. Expectations and beliefs of the mothers also have a significant contribution to emotional disturbance. Poor support from social system leads to depression in mothers. Lack of awareness and education concerning disability also play a major role causing distress in both mothers and children. There are limited training and education programs available to teach such parents.

REFERENCES

1. Abbas, Q., & Khanam, S. J. Psychological distress and life satisfaction in parents of children with intellectual disability. *Pakistan Journal of Psychological Association*. 2013;1:1-9.
2. Gomez, M., & Kim, S. Impact of Community Programs on Maternal Support Networks. *Community Psychology Review*. 2022;48:201-215.
3. Nguyen, A., & Rodriguez, J. Resilience and Coping Strategies in Mothers of LD Children. *Journal of Resilience Research*. 2021;15:45-60.
4. Chen, L., et al. Cultural Influences on Maternal Wellbeing in LD Families. *Cross Cultural Psychology*. 2020;41:211-228.
5. Rodriguez S., & Clarke, M. Peer-Mediated Support in LD Parenting. *Journal of Parenting and Child Development*. 2021;32:75-89.
6. Clark, E., & Brown, K. Sibling Support and Maternal Wellbeing in LD Families. *Journal of Family Psychology*. 2020;28:301-315.
7. Kim, H., & Wang, J. Impact of Technology-Based Support on Mothers of LD Children. *Journal of Technology in Behavioral Science*. 2019;4:145-162.
8. Garcia A., & Nguyen, T. Social Support Networks in Families with Learning Disabled Children. *Journal of Family Studies*. 2018;25:489-505.
9. Wang, Y., & Martinez, L. Financial Strain and Maternal Mental Health in LD Families. *Journal of Family Economic Issues*. 2018;39:635-648.
10. Johnson R., & Smith, P. Educational Advocacy and Maternal Wellbeing in LD Families. *Journal of Special Education Advocacy*. 2017;20:112-128.
11. Boromand, N., Narimani, M., & Mosazadeh, T. Comparing the psychological wellbeing factors among the parents of the mentally retarded children with those of the normal children. *International Letters of Social and Humanistic Sciences*. 2014;21:1-8.
12. Mogasale V. V., Patil, V. D., Patil, N. M., & Mogasale, V. Prevalence of specific learning disabilities among primary school children in a South Indian city. *Indian journal of pediatrics*. 2012;79:342-347.

S. No	Characteristics	Number (n)	Percentage (%)
1.	Mean age (years) range of 25-45 years	36.57±34.4	
2.	Education		
a)	Primary	54	34.6
b)	Intermediate	42	27

c)	Graduation	24	15
d)	Post- graduation	36	23
3.	Socioeconomic status		
a)	Low	100	64
b)	Middle	56	36

Table 1: Demographic data in study subjects

S. No	Scales and age	Number (n)	Mean	p-value
1.	Depression			
a)	5-7	56	29.73±5.27	0.01
b)	8-10	44	25.88±5.22	
c)	11-13	56	25.19±7.13	
2.	Anxiety			
a)	5-7	56	24.65±6.35	0.488
b)	8-10	44	22.88±7.90	
c)	11-13	56	22.65±6.02	
3.	Stress			
a)	5-7	5-7	29.15±3.74	0.000
b)	8-10	8-10	21.66±5.44	
c)	11-13	11-13	24.94±6.26	

Table 2: Difference in depression, anxiety, and stress among females with children of intellectual disability and different age ranges

S. No	Scales and groups	Number (n)	Mean	p-value
1.	Depression			
a)	Both children	70	23.40±4.88	0.000
b)	Only daughters	50	28.18±5.38	
c)	Only child	36	32.42±5.44	
2.	Anxiety			
a)	Both children	70	18.20±4.02	0.000
b)	Only daughters	50	28.94±4.97	
c)	Only child	36	25.98±5.30	
3.	Stress			
a)	Both children	70	23.09±6.17	0.001
b)	Only daughters	50	26.70±5.79	
c)	Only child	36	28.64±3.81	

Table 3: Difference between mothers having only child with disability, only daughters other than the child with disability, and both male and female children other than child with disability on DAS scale