

# Level of Depression in Parents of children with intellectual disabilities in District Swabi, Pakistan

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## Author's Contribution

<sup>1, 3</sup> Conception and design, Collection and assembly of data, Analysis and interpretation of the data, <sup>2-4</sup> Critical revision of the article for important intellectual content, Statistical expertise <sup>3-6</sup> Final approval and guarantor of the article

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## A B S T R A C T

**Background:** Studies show that the number of people with mental illness who have children is increasing. Intellectual disability does not necessarily lead to parenting difficulties, but they can effectively affect the ability of those who raise children. Children of parents with intellectual disability may be at increased risk of neglecting care, which can lead to health, development and behavioral problems, or an increased risk of intellectual disability. Compared to other parents, people with intellectual disabilities are more likely to be involved in the care process.

**Objective:** To investigate the level of depression in these parents and their psychosocial correlation with their children's

**Methodology:** The study was a Cross-sectional observational study, conducted at the physiotherapy rehabilitation center of NCS University, Swabi campus. It examined the total of 184 parents of intellectual disability children's for depression. Depression assessment was done using Beck's depression inventory scale. Data was analyzed through SPSS 24.

**Results:** The sample size was 184. Of the 184 people, n = 84 (45.7%) were male participants and n = 100 (54.3%) were female participants. Participants aged 21-30 years were n = 18 (9.8%), participants aged 31-40 years were n = 41 (76.6%), and participants aged 40 and over were n = 25 (13.6%). The average age and SD were  $2.0 \pm 0.48$ , the average gender and SD were  $1.54 \pm 0.49$ , the average life and divorce with a partner was  $1.08 \pm 0.68$ , and the average BDI and SD were  $5.03 \pm 0.58$ . .. At the end of the BDI scale assessment; n = 28 (15.2%) had moderate depression, n = 122 (66.3%) had major depression, and n = 34 (18.5%) had severe depression. This clearly shows that the majority of participants suffered from severe depression due to children with disabilities.

**Conclusion:** Studies show that parents of children with disabilities are more affected and depressed. Financial problems are the most important factor affecting the psychology of parents with disabilities. In addition, single mothers with children with disabilities have been found to be more prone to major depression than mothers living with their partners.

**Keywords:** BDI Scale, Depression, Specially Abled, Parents.

## Introduction

Intellectual disability, which can be characterized by means of boundaries in cognitive functioning as well as adaptive behaviors, are extraordinarily not unusual in youngsters worldwide, and quotes are anticipated to rise as more children live to tell the tale due to stepped forward medical care.<sup>1, 2</sup> It is estimated that the prevalence of mental retardation among children in developing countries is very high. The rates of neurological impairment in children in Kenya, including

cognitive impairment, are estimated to be 9.3 percent.<sup>3</sup> The link between child care and stress in their parents has been explored, but especially in developed lands.<sup>4</sup> Other studies in low and middle income countries (LMICs) such as Kenya, Kuwait, Qatar, Pakistan and India found a 47–50 percent prevalence of mental illness among these parents.<sup>5-7</sup> Raising such children can pose challenges to family function, parental stress, and parenting compared to being a normal parent.<sup>8</sup> The

effects of stress on family function are also associated with negative attitudes towards couples regarding their satisfaction.<sup>9</sup>

It can also lead to divorce and financial problems.<sup>10</sup> Many experts attribute much of this stress to the stigma associated with caring for children with disabilities and their lack of understanding of what causes it. Several studies have focused on child, parent, and environmental factors that predict depression in parents of children with intellectual disabilities. Poor socio-economic status<sup>11</sup>, gender of women<sup>12, 13</sup>, single mothers<sup>14</sup>, lack of psychological and social support<sup>15</sup>, awareness of the burden of long-term care<sup>13</sup>, disability of children Information<sup>16</sup>, and multiple families of children with disabilities are factors. In addition, certain disorders, such as giving birth to a baby and autism, are more likely to cause severe mental health symptoms in parents.<sup>11</sup> Most of these studies have been conducted in developed countries, but few have been conducted in Africa, where disability rates are high and resources are virtually scarce. It is important to investigate the scale of the problem in order to implement the strategies and interventions required in these settings to better support parents.

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## Methodology

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After approval of our have a look at notion through the usage of the institutional compare board, the permission for have a look at grow to be taken from Research committee of NCS college Swabi. Parents of kids with intellectual disabilities who attended services at fitness and health Physiotherapy Rehabilitation center and NCS Physiotherapy Rehabilitation middle in Swabi, Pakistan, took detail with inside the appearance at. Fitness and health Physiotherapy Rehabilitation middle are held in city townships in Swabi. This was a flow sectional survey and records grow to be gathered from parents of kids with intellectual disabilities in District Swabi, Pakistan; to find out the superiority of depression among mother and father of kids with intellectual disabilities and handy sampling method grow to be carried out to include the members with inside the have a look at. Convenient sampling approach is non-chance sampling approach in which topics are decided on due to their handy accessibility and proximity to the researcher. Data changed into gathered from overall of 184 Parents. The length of have a look at changed into 6 months (Between January and July of 2021). Beck's melancholy stock questionnaires and written knowledgeable consent had been supplied to Parents of kids with Specially abled. Those dad and mom who had been inclined to be the component have a look at signed the consent shape and crammed the questionnaire. Beck et al.<sup>17</sup> created and revised the BDI. Beck found that the BDI's test-retest reliability changed into zero.<sup>86</sup> Hisli is a 33-year-vintage

woman. This device includes 21 objects, every of which describes a depressive symptom and asks the respondent to price how a great deal the symptom has troubled her or him with inside the preceding week on a four-factor scale. The sum of the responses to all objects yields a complete rating starting from zero to 63, with better rankings indicating greater excessive melancholy. Data changed into analyzed the usage of SPSS model 24. Mean  $\pm$  S.D, variety and widespread deviation for demographic information had been measured. Descriptive records had been as frequency tables, bar graphs for affiliation of different factor. Necessary information about the study was provided to parents of children with intellectual disabilities. Reference forms were provided to parents and they were allowed to leave at any time for any reason. Parents are informed that their data will be kept confidential and will not be disclosed to anyone other than the administrator.

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## Results

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The sample size was 184. Of the 184 people,  $n = 84$  (45.7%) were male participants and  $n = 100$  (54.3%) were female participants. Participants aged 21-30 years were  $n = 18$  (9.8%), participants aged 31-40 years were  $n = 41$  (76.6%), and participants aged 40 and over were  $n = 25$  (13.6%). Most of the participants were found to be between the ages of 31 and 40. The disability period between 1 and 5 years was  $n = 47$ , the disability period between 6 and 10 years was  $n = 97$ , and the disability period over 10 years was  $n = 40$ . Families with children with disabilities were asked about the total number of their children. 21 families had only one child, 32 families had two children, 50 families had three children, 77 families had four children, and only 5 families had 5 or more children. From all these children; 165 families had only one child with a disability, and only 19 families had two children with disabilities. Regarding the economic situation,  $n = 48$  (26.1%) were poor families,  $n = 85$  (46.25) was the average economic family, and 51 (27.7%)  $n$  were economically strong families. This clearly shows that most families are average or middle class families. Incidence of depression in married and divorced families.  $n = 22$  married (living with a partner) had moderate depression,  $n = 112$  had major depression,  $n = 34$  had extreme depression,  $n = 6$  had moderate depression, and 10 had severe depression. Depression, 34 was extreme depression. At the time of divorce.

Twenty-eight are families with moderate depression with only one child in the family, 122 are families with moderate depression with one child in the family, and 15 families Severe depression with one child with a disability in the family and extreme depression with two children with disabilities in a family experienced by 19 families. (Table II) The average age and SD was  $2.0 \pm 0.48$ , the average gender and SD was  $1.54 \pm 0.49$ ,

the average life and divorce with a partner was  $1.08 \pm 0.68$ , and the average BDI and SD was  $5.03 \pm 0.58$ . The end of the evaluation by BDI scale.  $n = 28$  (15.2%) had moderate depression,  $n = 122$  (66.3%) had major depression, and  $n = 34$  (18.5%) had severe depression. This clearly shows that the majority of participants suffered from severe depression due to children with disabilities.(Table III)

**Table I: Mean and Standard Deviation Statistics of current Study**

	N	Mean	Standard Deviation
<b>Gender</b>	184	1.5435	0.49947
<b>Age in Years</b>	184	2.0380	0.48324
<b>Married</b>	168	5.0714	0.57463
<b>Divorce</b>	16	4.6250	0.50000
<b>Financially poor Family</b>	48	4.8750	0.33422
<b>Financially Average Family</b>	85	4.9294	0.25766
<b>Financially strong Family</b>	51	5.3529	0.93431
<b>Beck's Depression Inventory</b>	184	5.0326	0.58114

**Table II: Showing the association between BDI and Married Status ( Living with Partner/Divorce)**

Beck's Depression Inventory	Married Status		Total
	Married	Divorce	
Moderate Depression	22	6	28
Severe Depression	112	10	122
Extreme Depression	34	0	34
Total	168	16	184

**Table III: Showing the Association Between BDI and Financial Status of Families**

Beck's Depression Inventory	Financial Status of Family		
	Financially poor Family	Financially Average Family	Financially strong Family
21-30 Moderate Depression	6	6	16
31-40 Sever Depression	42	79	1
Extreme Depression	0	0	34
Total	48	85	51

## Discussion

In our current study, the predominance of mental distress was increased, with 41% reporting stages of mental distress that exceeded the expected criteria for SRQ. This statistic really shows that many mothers and fathers of children

with disabilities have undiagnosed and unresolved mental health problems. Previous studies have shown that the predominance of psychological stress in mothers and fathers of adolescents with disabilities is 32 to 89 percent.<sup>18, 19</sup> The excessive frequency found in our observations indicates the importance of previously undiagnosed psychiatric disorders. This is exacerbated by the lack of psychological guidance provided by using medical facilities for these households in Pakistan, especially given the lack of qualified psychiatric services in their place. This finding underscores the importance of fitness service providers addressing the psychological problems of mothers and fathers of children with special disabilities. This view of high prevalence is regular with previous findings. Our findings are lower than those in Kenya, where a prevalence of 79% was reported. <sup>(20)</sup>. This can be due to different information gathering units. Our study is based on participants' self-reports and has outsourced BDI, which can lead to underreporting bias. Many of the observed contributors were in their thirties in terms of social demographics. Consistent with similar studies<sup>17, 21</sup>, this is usually due to reproductive age and worry age, which are central to different ages. This observation covered slightly more women than men. In Pakistan, women are still the primary caregivers of children, and it is not uncommon for mothers of children with disabilities to become unmarried mothers due to the confusion of marriage caused by childbirth to relatives of children with disabilities.<sup>22</sup>

In some cases, the husband is away from the child with a disability and the mother is accused of giving birth to the child with a disability.<sup>23</sup> In Pakistan, women bear most of the people of the load of worrying for all disabled kids, despite the fact that different caregivers from the extended own family, together with grandmothers, aunts and uncles, and older siblings, may help. it's miles simply critical to put into effect packages that benefit girls specially, permitting them to take care of their baby with greater confidence. it is also vital to layout and facilitate group primarily based mental interventions that cope with troubles commonly affecting ladies. in this observe, the majority of members have been unemployed, and about forty four percentage had a low socioeconomic reputation. The hyperlink between the improvement of a infant's incapacity and poverty is clear, and it seems to be the case in our sample of contributors.<sup>24</sup> Many things related to unemployment and poverty can provide an explanation for this dating. This can jeopardize the health of the mother, delay access to perinatal services, and have early adverse effects such as low birth weight and infant choking. Both of these may be the most important predictors of high-grade infant disorders.

Consistent with Uganda's view of children with disabilities, families with children are more likely to live in

poverty, with up to 88% of caregivers struggling to fulfill the simple wishes of children with disabilities and their families.<sup>25</sup> In our study, families living in Swabi who came from higher socio-economic classes, were educated by higher parents, and had psychological help had fewer mental health problems. Many of these factors may be related to the economic situation of the study population. Although a bit rural, the Swabi population is more educated and, as a result, works better than Islamabad, allowing people to live a better life. Studies have shown that people with high socio-economic status and a large number of educated parents are more likely to seek better structure and psychological support.<sup>26, 27</sup> See how the overburden of caring for a child has changed, perhaps in connection with excessive psychological pressure from a single parent. This may also be due to a reduction in casual resources of leaders, including peers and non-secular businesses, associated with less pressure on educators of young people with disabilities.<sup>28-31</sup> The low self-confidence in dealing with babies with disabilities turned into a higher level of psychological distress. This is consistent with previous studies showing that low self-confidence reduces parental self-efficacy when dealing with young children, placing a burden on parents and larger families in the long run.<sup>32,33</sup>

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## Conclusion

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In Swabi, parents of mentally ill children face great stress. The following factors are associated with this stress: living in Swabi, awareness of children's disabilities, low socioeconomic status, low self-esteem in dealing with children with disabilities, increased perceived care burden, and psychological Lack of sources of support. In Swabi, parents of children with mental illness require intervention based on the child's psychological content. Financial problems also contribute to depression. Depression has been found to increase in people with negative social attitudes and in those who care for children with disabilities even though they are not parents.

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