

Psychological distress among parents of differently-abled children: A study of Kashmir valley

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Abstract

The present study was an attempt to assess the levels of psychological distress of parents of differently-abled children. Moreover, the difference in psychological distress with respect to residence, gender, educational qualification and child's level of retardation was also examined. The data for the present study was obtained from parents of differently-abled Children [N=200 (Fathers 90 & Mothers 110)] belonging to various districts of Kashmir valley. Psychological Distress was assessed by using Kessler psychological distress scale- K10 (Kessler, 1996) and a demographic data sheet. The data collected was analyzed by using appropriate statistical techniques like frequencies, percentages, Analysis of Variance and t-test. The results showed no significant difference among parents of differently-abled children with respect to their residence. However, a significant difference was found them on the basis of gender. Mothers of the differently-abled children experienced more distress than the fathers. Illiterate parents were also found high on psychological distress than literate ones. Moreover, Parents of differently-abled children with child's severe level of retardation were found high on psychological distress as compared to parents of children with mild and moderate levels of retardation.

Keywords: differently-abled children, psychological distress, residence, gender, educational qualification, child's level of retardation

Introduction

Psychological distress is widely used as an indicator of the mental health of the population in public health and in population surveys. Although psychological distress has been a topic of interest to psychologists and social scientists, the study of this construct has gained attention within the work setting during the past few years (Tsaousis & Nikolaou, 2005; Besharat, 2007) [24, 3]. The theoretical structure of the construct of psychological distress and its operationalization has been subjected to extensive research (Goldberg, 1978) [8]. Ridner (2004) [20] has defined the construct of psychological distress as, "the unique discomfiting, emotional state experienced by an individual to response to a specific stressor or demand that results in harm, either temporary or permanent, to the person."

Psychological Distress and Parents of Differently-abled Children

The burden of raising an intellectual deficiency tends to lead their parents to psychological distress. The demands of caring for children with chronic conditions may precipitate symptoms of depression and general psychological distress (Breslau & Davis, 1986; Jessop, Riessman & Stein, 1988) [5, 6, 10]. However, these findings have been contradicted by results suggesting that caregivers do not experience elevated distress (Walker, Ortiz-Valdes & Newbrough, 1989) [25] and some longitudinal studies have found that elevations in maternal distress and depressive symptoms are highest in the period just after the diagnosis of the child's disease (Kovacs *et al.*, 1985; Thompson *et al.*, 1994) [13, 14, 23]. This lack of consensus may be due in part to differences in sample characteristics. Samples that include severely handicapping and neurological

conditions have generally found elevated distress among caregivers (Breslau, Staruch & Mortimer, 1986) [5, 6]. While those that studied less functionally disabling disease conditions, such as diabetes, often have found little or no elevations in symptoms for caregivers (Kovacs *et al.*, 1985) [13, 14]. In addition, both the general psychological literature and specific studies of disabled children show that parental distress and family functioning impacts children in numerous ways, affecting their cognitive, behavioural and social development. Parental psychological distress contributes significantly to behavioural and emotional problems among chronically ill children (Thompson *et al.*, 1993) [22].

So there is a need to assess the levels of psychological distress of parents of differently-abled children in order to gain insight into their psychological wellbeing so that proper steps will be taken for their betterment. Moreover, the difference in psychological distress with respect to residence, gender, educational qualification and child's level of retardation will also be investigated.

Objectives

1. To study psychological distress among the parents of differently-abled children.
2. To study the significance of difference of psychological distress on the basis of the residence among the parents of differently-abled children.
3. To study the significance of difference of psychological distress on the basis of gender among the parents of differently-abled children.
4. To study the significance of difference of psychological distress on the basis of educational qualification among the

parents of differently-abled children.

- To study the significance of difference of psychological distress on the basis of level of retardation of child among the parents of mentally retarded children.

On the basis of the above mentioned primary and secondary objectives of the study, the following null hypotheses have been formulated:

Hypotheses

- Ho₁:** There is no significant difference in psychological distress among the parents of differently-abled children with respect to their residence.
- Ho₂:** There is no significant difference in psychological distress among the parents of differently-abled children with respect to their gender.
- Ho₃:** There is no significant difference in psychological distress among the parents of differently-abled children with respect to their educational qualification.
- Ho₄:** There is no significant difference in psychological distress among the parents of differently-abled children with respect to their child's level of retardation.

Sample

The sample of the present study consisted of 200 parents (90 fathers and 110 mothers) of differently-abled Children. The researcher approached different institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of differently-abled Children. These institutions provided the statistics of differently-abled Children admitted in their respective institutions along with address and contact numbers of their parents. Later on the researcher used purposive sampling and communicated with the parents of these specially abled children and sought the consent from them for participation in the present study.

Kessler Psychological Distress Scale (K10) 1996

The Kessler psychological distress scale (K10) (Kessler, 1996) is a widely used, simple self-report measure of psychological distress which can be used to identify those in need of further assessment for anxiety and depression. This measure was designed for use in the general population to detect high-prevalence mental health disorders; however, it may also serve as a useful clinical tool, and scores may be an indicator of mental health disorders with lower population prevalence (Croton, 2007) ^[7]. The K10 has also been translated into many languages, including Arabic, Bosnian, Chinese, Croatian, Farsi, Greek, Hindi, Italian, Korean, Macedonian, Serbian, Spanish, Tagalog, Turkish and Vietnamese and has been validated with a number of different cultural groups (Baggaley *et al.*, 2007) ^[2]. The K10 comprises 10 questions where respondents are required to choose between 'All of the time', 'Most of the time', 'Some of the time', 'A little of the time', and 'None of the time' and are scored from five through to one.

Kessler and colleagues (2002; 2003) ^[11], found that the Cronbach's alpha for the K10 (a measure of internal

Consistency reliability) to be high (.93). The brief questionnaire has been shown to have good construct and criterion validity (Kessler *et al.*, 2002) ^[11], being significantly associated with measures of mental health symptoms and disability as well as the frequency on consultations for a mental health problem in the previous 12 month period.

Demographic Data Sheet

The researcher constructed a demographic data sheet keeping in view the sample of the study on variables: Gender, Educational Qualification, Residential status, and Child's Level of Retardation.

Procedure for Data Collection

In the present study purposive sampling method was used. The parents were approached personally in their homes after taking the information regarding those parents from the institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of these children. Informed consent was taken from parents in order to seek their voluntary participation and only those parents were included who agreed to take part in this study. They were given directions on how to give response on the scales. It was assured to the respondents that this data will be kept highly confidential and will be used only for research purposes. After motivating the respondents, the responses were taken from them. The data collection ended when responses to all the scales were taken and keeping them in safe custody.

Analysis

The information/responses collected from the respondents were subjected to various statistical treatments. The data was analysed by using Statistical Product and Service Solutions (SPSS 16.0). Statistical techniques used for analyzing data were: frequencies, percentages, Analysis of Variance and t-test. Frequencies and percentages were calculated to describe levels of psychological distress among the parents of differently-abled children. T-Test and Analysis of Variance were used to study the difference between parents of differently-abled children in psychological distress on the basis of gender, residence, educational qualification and child's level of retardation respectively.

Results

Table 1: Showing Frequency and Percentage of Sample Group With Respect to Psychological Distress.

Level	Range	f	%
Low	10-20	87	43.5
Moderate	21-30	72	36
High	31-50	41	20.5
Total		200	100

Table 1 reveals that out of 200 parents of mentally retarded children, 43.5% of were found low on psychological distress, where as 36% were moderate and 20.5% were high on psychological distress.

Table 2: Showing Frequency and Percentage of Mothers and Fathers of Mentally Retarded Children with Respect to Psychological Distress

Level	Range	Mothers		Fathers	
		f	%	f	%
Low	10-20	23	20.91	64	71.12
Moderate	21-30	47	42.72	25	27.7
High	31-36	40	36.36	1	1.11
Total		110	100	90	100

Table 2 reveals that out of 110 mothers of mentally retarded children, 20.91% of mothers fall in low category of psychological distress, 42.72% fall in moderate category and 36.36% fall in high level of psychological Distress.

The table further reveals that that out of 90 fathers of mentally retarded children, 71.12% fall in low category of psychological distress, 27.77% fall in moderate category and 1.11% fall in high level of Psychological Distress.

Table 3: Showing Comparison of Mean Scores of Psychological Distress and among parents of differently-abled children With Respect to their Residence

Variable	Residence	n	M	SD	Df	t-value
Psychological Distress	Urban	100	22.42	7.61	198	.772 ^{NS}
	Rural	100	21.62	7.01		

Total N=200

NS=insignificant, *.P<0.05 Level of significance

Table 3 reveals that there is not a significant difference in psychological distress between urban and rural subjects (t=.772, p= .441). Thus, our null hypotheses Ho₁, which states that “There is no significant difference in psychological distress among the parents of differently-abled children with respect to their residence”, stands accepted.

Table 4: Showing Comparison of Mean Scores of Psychological Distress among Parents of differently-abled Children with Respect to their Gender

Variable	Gender	n	M	SD	Df	t-value
Psychological Distress	Mothers	110	25.94	6.65	198	10.40*
	Fathers	90	17.22	4.81		
Total N=200						

*.P<0.05 Level of significance

Table 4 reveals that there is a significant difference in psychological distress between mothers and fathers of differently-abled children (t = 10.40, p=0.001). The results show that mothers have more psychological distress than fathers. Thus, our null hypotheses Ho₂, which states that “There is no significant difference in psychological distress among the parents of differently-abled children with respect to their gender” stands rejected.

Table 5: Showing Comparison of Mean Scores of Psychological Distress among Parents of differently-abled Children with Respect to their Educational Qualification

Variable	Educational Qualification	n	M	SD	Df	t-value
Psychological Distress	Literate	135	20.88	7.04	198	3.24*
	Illiterate	65	24.38	7.34		
Total N=200						

*.P<0.05 Level of significance

Table 5 reveals that there is a significant difference in psychological distress between literate and illiterate parents of differently-abled children (t= 3.24, p=.001). The results show that literate parents have less psychological distress as compared to illiterate ones. Thus, our null hypotheses Ho₃, which states that, “There is no significant difference in psychological distress among the parents of differently-abled children with respect to their educational qualification”, stand rejected.

Table 6: ANOVA Summary of Psychological Distress among the Parents of differently-abled Children with Respect to their Child’s Level of Retardation.

	Sum of Squares	df	Mean of Squares	F
Between Groups	2619.703	2	1309.851	32.118*
Within Groups	8034.217	197	40.783	
Total	10653.920	199		

*.P<0.05 Level of significance

The table 6 presents ANOVA summary of psychological distress among the parents of differently-abled children with respect to their child’s level of retardation. As is evident from the table, the F-value (F=32.118, p=<0.001) is significant at p<0.05 level of significance. This indicates that groups differ significantly. In order to identify the significance difference in psychological distress between the groups with respect to their child’s level of retardation, Tukey HSD test has been administered.

Table 7: Mean Difference of Psychological Distress among the Parents of differently-abled Children in terms of Level of Retardation of their Children.

Levels of Retardation	M	MD
A	19.23	3.34*
B	22.58	
A	19.23	10.33*
C	29.57	
B	22.58	6.98*
C	29.57	

*.P<0.05 Level of significance, A= Mild Level of Retardation, B= Moderate Level of Retardation, C= Severe Level of Retardation

From the table 7, it is evident that the mean difference between A&B is significant as well as mean difference between A&C and the mean difference between B&C is significant (MD=3.343, p=<.003, MD=10.332, p=<.001 & MD=6.988, p=<.006). The results show that parents of children with moderate and severe levels of retardation experience more psychological distress than parents of children with mild level of retardation. Thus, our null hypothesis Ho₄, which states that “There is no significant difference in psychological distress among the parents of differently-abled children with respect to their child’s level of retardation”, stands rejected.

Discussion

The aim of the present study was to assess the levels of psychological distress of parents of differently-abled children in order to gain insight into their psychological wellbeing. Moreover, the difference in psychological distress with

respect to residence, gender, educational qualification and child's level of retardation were also investigated.

Comparing the parents of differently-abled children on psychological distress with respect to their residence, no significant difference was found among them. Regarding this finding there is hardly any study available in the literature which has directly focused on comparison among parents of differently-abled children on psychological distress with respect to their residence.

Significant difference was found among parents of differently-abled children on psychological distress with respect to their gender. As compared to fathers, mothers of differently-abled children were found high on psychological distress. These findings are in consonance with the findings of Peshawari *et al.* 1998^[19]; Hedov, Anneren, and Wikblad 2000^[9]; and Seshadri, Verma, and Prashad (2000)^[21], indicating that women are more affected in coping with stresses of a child's intellectual disability. Mothers appear to be more vulnerable to psychological distress than fathers, which may be attributed to the fact that mothers are typically more involved with the day-to-day care of their children (Little, 2002; Murphy *et al.*, 2004; Pelchat *et al.*, 1999)^[15, 17, 18]. Similarly Blacher, Lopez, Shapiro, & Fusco (1997)^[4] and White & Hastings (2004)^[26] in their studies found that in response to heightened stress, mothers of children with mental retardation often demonstrate increased depression compared to mothers of children without mental retardation.

A significant difference was found among parents of differently-abled children on psychological distress with respect to their educational qualification. Illiterate persons were found high on psychological distress than literate ones. There is dearth of research studies pertaining to comparison of parents of differently-abled children on psychological distress with respect to their educational qualification. Both the groups scored high on these variables, which may explain their problems in dealing with their children.

While comparing parents of differently-abled children on psychological distress with respect to their child's level of retardation, the findings of the study showed significant difference among them. Parents of differently-abled children with child's severe level of retardation were found high on psychological distress as compared to parents of children with mild and moderate levels of retardation. Several studies support these findings. Azeem *et al.* (2013)^[1] in a study regarding the psychological distress among parents of differently-abled children, found that the diagnosis of depression was highest among mothers of children with moderate level of retardation whereas anxiety was highest among mothers of children with profound level of retardation and both anxiety and depression together were highest among mothers of children with profound level of retardation. Parents report more psychiatric symptomatology when child shows high level of dysfunction (Khamis, 2007)^[12]. Majumdar, Pereira and Fernandes (2005)^[16] studied the stress perceived by parents of intellectual disabilities and normal children in the Child Guidance Clinic at the Institute of Psychiatry and Human Behaviour, Goa and they found that parents of severely retarded children experienced higher levels of stress and anxiety as compared to parents of mildly retarded children.

Limitations of the Study

- a) The sample of the study was collected on the basis of information provided by institutions (Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar) working for the welfare of differently-abled children in district Srinagar. The information provided by these institutions pertained to three districts, i.e. Budgam, Srinagar and Ganderbal and not to all districts of Jammu & Kashmir.
- b) The sampling technique used to collect data is purposive sampling which brings bias in the selection of sample and weakens the generalization of results of the study.
- c) Another limitation is that minimal demographic data were collected for the sample in this study. Information regarding the child's sex would also have been an important variable to include in the analysis. For instance, not knowing whether child was a male or female concealed any possible influence child's gender may have had on their parents.
- d) Only one psychological variable was taken into consideration.

Suggestions for Future Research

Based on the study limitations of this study, there are several recommendations for future research which are given below:

- a) There is much scope to conduct further research on psychological distress among parents of differently-abled children in order to better identify the pathways in which this variable has effect on their lives. This study provides the groundwork for further exploration. Further research should include a qualitative component, which would provide the opportunity to learn more about the lived experience of parents of differently-abled children.
- b) The adequate sample size should be taken from all the districts of Jammu & Kashmir in order to generalize the results.
- c) Tools used for such types of studies should be developed/ adopted taking into consideration socio-cultural aspects of the target population.
- d) There is also need to use random sampling method to select sample from different sections of the population with adequate proportions, in order to eliminate judgmental bias in selection of sample.
- e) Future studies should involve a larger and more diverse group of parents, including a more ethnically and racially diverse sample.
- f) Taking other correlated variables will pave a way for beautiful and wide ranged findings.

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