

European Journal of Health Sciences (EJHS)










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Article history

Submitted 01.08.2023 Revised Version Received 04.08.2023 Accepted 05.07.2023

Abstract

Purpose: Having a child with special needs can put a significant strain on a family and have a detrimental effect on everyone's quality of life. Therefore, mothers require resilience to lessen the impact of such challenges and setbacks. The purpose of this research was to examine depression, anxiety, and stress levels, as well as the impact of social support, among mothers raising children with disabilities.

Methodology: All UAE mothers with children who have special needs were included in the statistical sample. Purposive (Non-random) sampling was used to choose 200 willing participants for the sample. The Depression Anxiety Stress Scale (DASS-21) and Multidimensional Scale of Perceived Social Support were used as research instruments.

Findings: SPSS (version 26) was used for the statistical analysis through which it was observed that mothers of challenged children were more likely to report lower levels of social support and a higher prevalence of mental health problems such as sadness, anxiety, and stress. Additionally,

Pearson correlation analysis showed that stress, anxiety, and sadness were positively and significantly related. Furthermore, linear regression analysis revealed that mothers' social support accounts for explaining and predicting 63% of the variance in their mental health problems associated with raising a child with special needs. The results were presented with the help of tables.

Recommendations: Future research on the psychological and social well-being of mothers and the impact of mental health-care support on the well-being of mothers having special children should be conducted. The research will help in spreading awareness among people for prioritizing the mental health support of mothers of children with special needs.

Keywords: *Maternal Mental Health, Children with Special Needs, Parental Stress, Caregiver Well-being, Support Services*

1.0 INTRODUCTION

Mothers of children with ID are said to suffer from worse mental health than mothers of children without ID (e.g: a child with physical disabilities or a dementia parent). Compared to fathers of children without IDs, these mothers also appear to have higher rates of depression, anxiety, and stress (Giallo et al., 2015). However, most studies only involve a small number of participants after rigorous screening, and they rarely include control groups of parents whose children are typically developing (Dawson et al., 2016; Rimmerman et al., 2018). A high frequency of mental health issues was identified in a narrative review of studies on parents with IDs. This was not a comprehensive review, and it included studies in which mothers of generally developing children served as controls. Another comprehensive analysis indicated that parents of children with IDs who reported lower levels of positive and higher levels of negative evaluations of caregiving also reported poorer levels of well-being. External factors such as partner satisfaction, difficult behavior, and syndrome features all moderated the strength of the connection (Horsley & Oliver, 2015).

Mothers of children with disabilities were found to have higher rates of depressive symptoms, stress, and clinical depression, according to a review of the literature and two meta-analyses on maternal depression and stress in families of children with various disabilities or chronic health conditions (Miodrag et al., 2015) these mental health issues worsen quality sleep, and lower overall wellbeing than mothers of typically developing children, and these impacts endure longer (Lee, 2013). It is thought that a mother's state of health has a profound effect on her child's growth from the very beginning. According to the available data, the prevalence of maternal depression in poor countries is significantly higher than in wealthy nations. Statistics suggest that between 25 to 48% of rural Pakistani women suffer from prenatal depression, while another 28 to 36% suffer from postpartum depression. Similarly, 18-39% of urban Pakistani women experience pregnancy depression, while up to 28% experience postpartum depression (Husain et al., 2011). However, there is a dearth of studies studying the mental health of mothers in South Asian countries (Maselko et al., 2016).

There is a dearth of research on maternal mental health in low- and lower-middle-income nations, even though these places have greater rates of postpartum common mental health disorders than high-income ones (Fisher et al., 2012). Ali et al. have also studied the effects of depression and anxiety on pregnant mothers in Pakistan (2012). These authors demonstrate that 70% of the sample group suffered from some form of anxiety or depression. Mothers of children with neurodevelopmental abnormalities or genetic illnesses that impact intellectual abilities have been found to have higher rates of depression. Similarly, studies examining the effects of mother depression and anxiety on a population of children with neurodevelopmental abnormalities are rare in Pakistan and South Asia.

Having a child with special needs might increase a parent's stress levels because of the additional work involved in caring for their child. Clinician-based research quantifying parental stress has been rare outside of "White" middle-class countries and the developing world (Carollo et al., 2021). It has been shown through cross-cultural research that parents from diverse cultural origins suffer stress for different reasons (Esposito & Setoha, 2016). Researchers Valicenti-McDermott et al. (2015) examined the effects of parental stress on Hispanic and African-American parents of children with autism and other developmental disorders and found that stress levels were higher among parents who were not born in the United States or who were not of Hispanic origin. Possible

factors affecting mothers' mental health who are caring for children with ID have also been investigated in Pakistan.

According to (Dunst et al, 1986), for mothers of children with special needs, the lack of social support is a significant source of stress. A critical literature review is offered that examines the connection between stress and the dearth of social support. According to the reviewed literature, mothers who are under more stress are more likely to seek social assistance, and this tendency is correlated with the presence of demanding child traits. It found that mothers of children with special needs benefited more from informal than formal help. Multiple studies found that parents who received help had more positive emotional relationships with their kids. Furthermore, maternal melancholy and anxiety were best predicted by mothers' inadequate social support. services that a family receives either formally from a professional-based organization or informally from a less formal organization (such as a social club or a church) that the family values highly.

Abbas et al. (2016) investigated the role of family factors in influencing the severity of depressive, anxious, and stressed feelings experienced by mothers of children with IDs. Parental despair and stress were highest for those with a younger child with ID, and they were lowest for those who both had a son and a daughter in addition to the child with ID. These results indicate that kid age, gender, and sibling number may mitigate the effects of ID on mothers' sadness, anxiety, and stress. Both Western countries and a Pakistani sample have been studied to learn more about how parents feel about having a child with Down Syndrome (DS). Parents in Pakistan were surveyed on their attitudes toward abortion and the prospect of raising a kid with Down syndrome. Their research, along with that of others, reveals that raising a special needs child in Pakistan is difficult because of the lack of resources and medical attention available to them.

ASD, on the other hand, is a neurological condition that causes people to have trouble with social interactions, communication patterns, and/or repetitive behaviors and/or hobbies (American Psychological Association, 2013). About 1% of the population is thought to be affected by ASD (Green et al., 2005). It has been found that children with ASD have a higher prevalence of behavioral and emotional issues (such as anxiety and hyperactivity) than their intellectually disabled and TD classmates (Hebron & Humphrey, 2014). Parental psychological distress is associated with behavioral and emotional difficulties in children with ASD, according to systematic reviews and meta-analyses (Barroso et al., 2018).

Junior et al. (2016) observed that a factor of 35 increase in parental anxiety and depression symptoms was associated with severe child behavioral problems. In particular, compared to mothers of children without ASD or children with other neurodevelopmental abnormalities (such as Down syndrome), mothers of children with ASD are more likely to suffer from stress, anxiety, and depression (Craig et al., 2016). When parents' children's behavioral difficulties are accounted for, as Blacher and McIntyre (2006) and Hastings (2008) found, their psychological well-being is not different from that of parents of children without ASD.

This suggests that the accompanying behavioral issues in children are more likely to be the cause of these abnormalities than the presence of ASD itself. Age, gender, and socioeconomic level have all been found to play a role in the correlation between maternal mental health and child behavioural and emotional difficulties. In comparison to parents of older children, those of younger children with ASD reported higher levels of stress and more behavioural issues in their children (Maskey et al., 2013). Furthermore, compared to mothers of female children with ASD, mothers of male children with ASD reported worse mental health and increased stress (Zablotsky et al.,

2013). Last but not least, low socioeconomic status (SES) has been linked to significantly worse maternal mental health in ASD mothers (Zhou et al., 2019).

Lower-educated mothers have more anxiety and despair. According to Yorke et al. (2018) comprehensive research and meta-analysis, ASD mothers' stress and anxiety decreased with age (2018). Remember that not all ASD and IDD mothers have it hard. One study indicated that 60% of mothers of children with IDD did not report clinical emotional problems (Totsika et al., 2011b). Thus, children's behavioural and emotional issues affect parents' mental health differently.

To better understand how social support might help mothers cope with the stresses of caring for children with special needs, this study aimed to evaluate their mental health. The purpose of this research was to assess the frequency and intensity of common mental health problems experienced by moms of children with special needs. The study also intended to investigate any links between mothers' caregiving stress and the accessibility of social support systems. Through a comprehensive examination of the mental health challenges faced by mothers of children with special needs and the potential protective role of social support, the current study seeks to contribute valuable insights to inform interventions and support systems for these families. Ultimately, the findings aimed to improve the overall well-being and quality of life of both mothers and their children with special needs.

The Rationale of the Research

The research was aimed to explore mental health distress such as depression, anxiety, and stress among mothers who have children with special needs i.e. down syndrome, intellectual disability, or autism spectrum disorder. Rare studies have been conducted on the mental health issues of mothers of special children in UAE so this study aimed to provide awareness regarding the depression, anxiety, and stress of the mothers of children with special needs along with the importance of social support in their lives.

The study was led by Richard Lazarus and Susan Folkman's 1984 Stress and Coping Model, generally known as the Transactional Model of Stress and Coping. The Stress and Coping Model can be useful for practitioners in the field of maternal mental health for children with special needs by providing insight into how mothers experience and respond to stress. It sheds light on why it's crucial to give moms access to adequate stress management tools and social support networks. Healthcare practitioners can better aid moms of children with special needs in negotiating the complexity of parenting a child with disabilities by addressing the particular stressors and coping strategies of mothers of children with special needs. This theory describes how people, particularly moms, react to and manage stressful situations. Having a kid with special needs is only one example of a stressor, but the Stress and Coping Model argues that a person's level of stress also depends on how they think about and react to the stressor.

Procedure

The Institute's Ethics Committee gave their stamp of approval to this work. All mothers were citizens or permanent residents of the United Kingdom (UK) and were recruited using social media (Twitter, Facebook). Due to Qualtrics' widespread availability and adoption, we asked mothers to fill out a consent form before proceeding to the online survey. To increase the sample size, cross-sectional data collection was used. Mothers of children under 16 years old who did not have a diagnosis of a learning disability or problem, a diagnosis of dyslexia, or a diagnosis of autism spectrum disorder were eligible. After the survey, all participants were debriefed and given a copy of the survey results. Everyone who filled out the form had ample opportunity to read it, ask

questions, and get their answers. Participants were asked to fill out questionnaires in English. A volunteer translated for the women who did not speak English. In addition, participants were instructed to disregard any inquiry that could cause them stress or mental distress. Participants were thanked and given feedback when they had finished the survey.

Participants

The participants of the current research were mothers of children with intellectual impairment i.e. ADHD, Autism, Down Syndrome, or any other intellectual disability. The sample (N=200) was collected from different states across UAE (Dubai, Abu Dhabi, Sharjah, Ajman, Fujairah) including Sharjah city for humanitarian services, SANAD, and different schools. The age range of the sample was 30-50 years.

2.0 METHODOLOGY

Measures

Demographics questionnaire

Data collected from the mother included her age, ethnicity, degree of education, marital status, number of children, employment, monthly income, city, and social economic status.

The Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995)

The Tripartite Model (Lovibond & Lovibond, 1995) divides anxiety and depression symptoms into three categories: (a) negative affect (depressed mood, insomnia, irritability); (b) depression-specific factors (anhedonia, absence of positive affect); and (c) specific Psychological Distress: an assessment proposal. (Watson, 1995). Each category has seven items assessed on a four-point Likert scale to indicate symptom intensity and frequency over the past week. 21 things. The subject is scored between zero and three. Applying takes 10 minutes. Psychometric studies on Brazilians confirmed the model, and each factor had good internal consistency (.92–.96) (Patias, 2016).

Multidimensional Scale for Perceived Social Support (MSPSS; Zimet et al, 1988)

The Zimet, Dahlem, Zimet, and Farley (1988) Multidimensional Scale for Perceived Social Support (MSPSS) was used to assess participants' social network support from family, friends, significant others, and others. It's 12 parts. Likert scales range from 1 (strongly disagree) to 7 (strongly agree) (strongly agree). The MSPSS English edition's Cronbach's alpha was 0.92, suggesting strong reliability.

Data Analysis

All statistical analysis was performed with SPSS version 26 (IBM Corp., 2019) of the Statistical Package for the Social Sciences. Our first hypothesis was tested by analyzing the relationship between depressive symptoms, anxious feelings, stress, and social support experienced by mothers of children with special needs. For the second hypothesis, linear regression analysis was used to look at how mothers' social networks affected their psychological well-being. Both the explanatory and moderating variables were centered around the mean.

3.0 FINDINGS

Table 1: Descriptive Statistics of the Sample

	Mean	SD
Age	42.0	9.7
Qualification	2.4	.99
No. of Children	4.0	2.0
Socioeconomic Status	2.0	.69
City	2.4	1.0
Mental Health Issues	2.4	.99
Mother Depression	12.5	2.3
Mother Anxiety	8.1	2.6
Mother Stress	14.4	2.0

The table showed the descriptive statistics of the demographics of the sample.

Table 2: Inter-Correlation between the Subscales of the Depression Anxiety Stress Scale and Multidimensional Perceived Social Support among Mothers of Children with Special Needs (N=200)

Variables	1	2	3	4	5
Mother Depression	-				
Mother Anxiety	.44**	-			
Mother Stress	.56**	.51**	-		
DASS	.72**	.59**	.75**	-	
MPSS	-.51**	-.25**	-.57**	-.63**	-

Note: DASS= Depression Anxiety Stress Scale; MPSS= Multidimensional Perceived Stress Scale.

Table 2 showed significant positive correlations ($p < 0.001$) among mothers' depression, anxiety and stress, social support, and psychological well-being. However, a significant negative correlation ($p < 0.001$) was found between the depression, anxiety, and stress of mothers with their perceived social support.

Table 3: Summary of Linear Regression Analysis with Social Support as predictor of Depression Anxiety and Stress among Mothers of Children with Special Needs (N=200)

Variables	B	SE	Beta	T	R ²	ΔR ²	F	Sig.
(Constant)	39.762	.476		83.593	.63	.40	134.89	.000*
Social Support	-.162	.014	-.637	-11.61				

Dependent Variable: Mother's Depression, Anxiety, and Stress.

Table 3 demonstrated the results of Linear Regression Analysis of social support that predicted depression, anxiety, and stress. The analysis found that social support ($\beta = -.63, p < .001$) affected the mental health of the mothers of the children with intellectual impairment.

Discussion

The purpose of this research was to assess the significance of maternal mental health issues such as depression, anxiety, stress, and social support for families with handicapped children. The

results of this study demonstrated a statistically significant and unfavorable correlation between maternal sadness, anxiety, and stress and their children's disability-related social support. Zeng et al. (2020), Clark et al. (2019), and Pisula and Porbowicz-Do (2019) found the strongest relationship between quality of life, social support, and stress (2017). Thus, mothers of impaired children face more stress and mental pressure than mothers of generally developing children, and caring for disabled children increases the likelihood of psychiatric difficulties for mothers and family dysfunction (Hou et al., 2018; Sowmya & Preethi, 2019). Living with a handicapped child lowers family happiness and raises stress and depression levels (Clark et al., 2019).

These results can be understood by considering the stress and anguish endured by impaired children and their mothers as a result of the myriad of physical, mental, financial, and social challenges they confront. Mothers of disabled children have increased stress, diminished efficiency, and a diminished standard of living as a result of their children's impaired social adaptation (Brei et al., 2015). According to Dardas (2014), mothers of disabled children experience a lower quality of life due to the stress they face daily. It appears that the burden of raising and educating these children has a severe effect on their quality of life. Mothers of disabled children face additional challenges and stress as a result of caring for their children. They have a low quality of life due to the social stigma associated with having a disability. Mothers with children with disabilities reported increased stress and decreased pleasure in caring for their children, according to studies by Ash (2016), Yousefi et al. (2011), and Moen et al. (2011). Social support was found to significantly improve the quality of life for mothers caring for handicapped children.

Evidence from the study suggests that a person's quality of life will improve with greater social assistance since families with a disability kid encounter challenges like social isolation and mental health issues. Therefore, social support can improve quality of life as an emotional coping mechanism (Kaufman et al., 2015). For families with a disabled child to thrive, they must receive adequate social assistance. Fauzia and Mangunsong's (2020) research revealed that mothers' social support had a role in their children with special needs social and emotional development. A reduced caring load is associated with mothers who receive more informal support (Robinson et al., 2016) because life satisfaction is affected by social support due to its effect on parental stress (Seu & Joo, 2013). Social support appears to aid the individual in emotional, cognitive, and physical ways by improving psychological dynamism and mobility, which is especially helpful for mothers of challenged children who endure traumatic events and chronic states of anxiety. Therefore, having a strong social network can improve an individual's health and well-being by facilitating the development of adaptive coping mechanisms in the face of adversity.

4.0 CONCLUSION AND RECOMMENDATIONS

Conclusion

Mothers with disabled children bear a disproportionate share of the emotional and financial burdens associated with raising their children's special needs. Anxiety, despair, aggressiveness, humiliation, fear, denial, and a sense of guilt are just some of the concerns and problems that mothers may experience. According to the results of this study, mothers of challenged children are more likely to experience melancholy, anxiety, and stress when their social support network is less. Mothers' mental health was also significantly affected by their social networks. Psychological training for mothers of challenged children can help them cope with stress, and social support can lessen the impact of the challenges they face. Moreover, it is suggested that future researchers replicate the current study in a variety of other cultural contexts; use other instruments such as

interviews in addition to the questionnaires; create resilience training packages for promoting the understanding of social support.

Recommendations

Longitudinal studies in the future may be able to evaluate the effects of special needs parenting over time on a mother's mental health. Mothers can be monitored throughout time to learn how their mental health, coping strategies, and support requirements evolve. In addition, research comparing the emotional well-being of mothers whose children have varying special needs may be done to better understand the unique stresses and difficulties that each group faces. This allows for more precise action based on individual requirements. Furthermore, perform randomised controlled studies can be performed to compare the efficacy of various therapies for enhancing maternal mental health.

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