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STRESS, ANXIETY AND DEPRESSION IN MOTHERS OF INTELLECTUALLY DISABLED SUBJECT

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ABSTRACT

Basically, birth of a baby in family to make the parents feel excited and wonderful but these feelings turn into dis appointment when they come to know about the disability of their newly born. Studied shows child disability provoking negative impact on the entire family have dominated much of the research done during the past three decades. Present study assesses the stress, anxiety and depression in mothers of intellectually disabled subject. 90 mothers of intellectually disabled subject formed the sample of this study. And the sample was equally divided in to three categories according to the age of intellectually disabled subject. In each group consist of Mothers of male intellectually disabled subject 15 and Mothers of Female intellectually disabled subject 15. The study was conducted in the outpatient department of clinical psychology, Institute of Mental Health, Navajothi trust and parivalaya special school for mentally retarded. mothers who met inclusion criteria were included in the study. Tools were used in Demographics sheet and Depression Anxiety and Stress Scales (DASS-21), t-test and ANOVA were used for data analysis. The results indicate that there is no difference of stress in mothers of different age groups and gender of intellectually disabled subject. In anxiety and depression there is a significant difference among mothers of different age groups of intellectually disabled subject. And there are no significant differences present in male and female mothers of intellectually disabled subjects.

Key words: STRESS, ANXIETY, DEPRESSION, INTELLECTUAL DISABILITY

1.0 Introduction

Basically, birth of a baby in family to make the parents feel excited and wonderful but these feelings turn into dis appointment when they come to know about the disability of their newly born. The news of having a child with disability includes complex feelings like those of emotional shock, denial, guilt, anxiety and depression. Worldwide, an estimate 350 million people currently suffer from depression and global current prevalence for anxiety disorders is about 7.3%.

Studied shows child disability provoking negative impact (such as stress anxiety & depression) on the entire family have dominated much of the research done during the past three decades. In support of the view that disability leads negative outcomes, a couple of comparative studies have found that mothers of children with disabilities are more prone to experience neurotic symptoms like anxiety and depression as compared to parents of children without disabilities.

Intellectual disability as a condition has wider negative impacts on the caregivers than any other form of disability (David McConnell et al, 2015). There is overwhelming evidence that caregivers experience multiple types of emotional distress on diagnosis of intellectual disability in their children. Shock, disbelief, anger, grief, guilt, embarrassment, depression, withdrawal, ambivalence and fear of stigma are common manifestations Ersin Uskun et al (2010) .MR is defined as a disability characterized remarkably by low intellectual functioning, IQ<70 in conjunction with significant limitations in adaptive functioning. In recent years, the American Association of Intellectual and Developmental Disability (AAIDD, 2007),

Diagnostic and Statistical Manual for Mental Disorders (DSM- 5, 2013) have adopted the new terminology, 'Intellectual Disability' instead of 'mental retardation'. Intellectual disability is not a single, isolated disorder. Its characterised by significant limitations both in intellectual functioning and in adaptive behaviour. Disability is associated with poor communication, academic and social skills that make the child more dependent on the caregiver than the normal child. It is generally considered that 2% of the Indian population constitutes person with intellectually disabled. In India, prevalence of intellectually disabled varies from 0.22 to 32.7 per thousand populations.

Causes

There are literally hundreds of known causes of mental retardation, including the following:

Environmental:

For example, deprivation, abuse and neglect.

Perinatal:

Such as difficulties during labour,

Postnatal:

For example, infection and head injury

Heavy use of alcohol among pregnant women can produce a disorder in their children called fetal alcohol syndrome, a condition that can lead to severe learning disabilities. Other prenatal factors that can produce intellectual disability include the pregnant women's exposure to disease and chemicals and poor nutrition. In

addition, oxygen(anoxia) during birth and malnutrition and head injuries during the developmental period can lead to severe cognitive impairments.

Biological dimensions

A majority of the research on the causes of mental retardation focus on biological influences. We next look at biological dimensions that appear responsible for the more common forms of mental retardation.

Genetic influences most researchers believe that people with mental retardation probably are affected by multiple gene disorder in addition to environmental influences. However, a portion of the people with more severe mental retardation have identifiable single-gene disorders, involving a gene that is dominant recessive or X linked.

Only a few dominant genes result in mental retardation, probably as a result of natural selection: someone who carries a dominant gene that results in mental retardation is less likely to pass the gene to offspring. Therefore, this gene becomes less likely to continue in the population. However, some people, especially those with mild mental retardation. One example of a dominant gene disorder, tuberous sclerosis, is relatively rare, occurring in 1 of approximately every 30,000 births. About 60% of the people with this disorder have mental retardation, a most have seizures and characteristic bumps on their skin that during adolescence resemble acne.

Phenylalanine: This is a caution for people with the recessive disorder called phenylketonuria, or PKU, which affects 1 of every 14,000 new-borns and is characterized by an inability to break down a chemical in our diets called phenylalanine. Until the mid-1960s, the majority of people with this disorder had mental retardation, seizures and behaviour problems, resulting from high levels of this chemical.

Lesch–Nyhan syndrome (**LNS**), also known as **juvenile gout**, is a rare inherited disorder caused by a deficiency of the enzyme hypoxanthine-guanine phosphoribosyltransferase (HGPRT), produced by mutations in the HPRT gene located on

the X chromosome. LNS affects about one in 380,000 live births. The disorder was first recognized and clinically characterized by medical student Michael Lesch and his mentor, pediatrician William Nyhan, at Johns Hopkins.

The HGPRT deficiency causes a build-up of uric acid in all body fluids. The combination of increased synthesis and decreased utilization of purines leads to high levels of uric acid production. This results in both hyperuricemia and hyperuricosuria, associated with severe gout and kidney problems. Neurological signs include poor muscle control and moderate intellectual disability. These complications usually appear in the first year of life. Beginning in the second year of life, a particularly striking feature of LNS is self-mutilating behaviors, characterized by lip and finger biting. Neurological symptoms include facial grimacing, involuntary writhing, and repetitive movements of the arms and legs similar to those seen in Huntington's disease.

The aetiology of the neurological abnormalities remains unknown. Because a lack of HGPRT causes the body to poorly utilize vitamin B_{12}, some boys may develop megaloblastic anaemia.

LNS is an X-linked recessive disease; the gene mutation is usually carried by the mother and passed on to her son, although one-third of all cases arise *de novo* (from new mutations) and do not have a family history. LNS is present at birth in baby boys. Most, but not all, persons with this deficiency have severe mental and physical problems throughout life. There are a few rare cases in the world of affected females.

The symptoms caused by the build-up of uric acid (gout and renal symptoms) respond well to treatment with drugs such as allopurinol that reduce the levels of uric acid in the blood. Lesch Nyhan Syndrome does not respond to allopurinol treatment. The mental deficits and self-

mutilating behaviour do not respond well to treatment. There is no cure, but many patients live to adulthood. Several new experimental treatments may alleviate symptoms.

Chromosomal influences it was only about 50 years ago that the number of chromosomes -46- was correctly identified in human cells. researcher found that people with down syndrome had on additional small chromosome. Since that time, a number of other chromosomal aberrations that result in mental retardation have been identified.

Down syndrome (sometimes called Down's syndrome) is a condition in which a child is born with an extra copy of their 21st chromosome — hence its other name, trisomy 21. This causes physical and mental developmental delays and disabilities.

Many of the disabilities are lifelong, and they can also shorten life expectancy. However, people with Down syndrome can live healthy and fulfilling lives. Recent medical advances, as well as cultural and institutional support for people with Down syndrome and their families, provides many opportunities to help overcome the challenges of this condition.

Types of Down syndrome

There are three types of Down syndrome:

Trisomy 21 means there's an extra copy of chromosome 21 in every cell. This is the most common form of Down syndrome.

Mosaicism occurs when a child is born with an extra chromosome in some but not all of their cells. People with mosaic Down syndrome tend to have fewer symptoms than those with trisomy 21.

Translocation In this type of Down syndrome, children have only an extra part of chromosome 21. There are 46 total chromosomes. However, one of them has an extra piece of chromosome 21 attached.

People with intellectual disability display a broad range of abilities and personalities. Individuals like who have mild or moderate impairment, can, with proper preparation, carry out most of the day to day activities expected of any of as. Many can learn to use mass transportation, purchase groceries and old variety of jobs. Those with more severe and profound impairments may need help to eat and dressed them self's. Although with proper training with supports they can achieve a degree of independence. These individuals experience impairments that affect most areas of functioning. Language and communication skills are often the most obvious. People with more severe forms of intellectual disability may never learn to use speech as a form of communication, requiring alternatives such as sign language or special communication devices to express even their most basic needs. Because many cognitive processes are adversely affected, individuals with

intellectual disability have difficulty learning, the level of challenge depends on how extensive the cognitive disability is.

The characteristic below-average intellectual and adaptive abilities must be evident before the person is 18. This cut off is designed to identify affected individuals to in the developmental periods, when the brain is developing and therefore when any problems should become evident. The age criterion rules out the diagnosis of intellectual disability for adult who suffer from brain trauma and form of dementia that impaired their abilities. The age of 18 is somewhat arbitrary, but it is the age at which most children levees school, when our society consider a person an adult. The imprecise definition of intellectual disability points to an important issue: intellectual disability, per as more than any other disorder, is defined by society.

Raj Kumari Gupta, et al **(2010)** studied that stress among parents of children with intellectual disability. he that, most parents of children with intellectual disability experience stress, physical and mental stress are significantly correlated, gender differences in stress experienced occur only in the mental area, and parents have higher mental stress score as compared to physical stress.

Aesha John (2012) examined that Stress among Mothers of Children with Intellectual Disabilities in Urban India. Results indicate that Three-fourths of the sample obtained a clinically significant stress score, and maternal coping emerged as a robust predictor of stress for mothers of boys with intellectual disabilities. Qualitative analyses indicated positive and negative maternal experiences related to self, child, family and community.

Mother face a multidimensional response to physical, psychological, emotional, social and financial stressors usually associated with the experiences of caring. Parents experience enormous negative emotions while caring for a child with disability. As the child grows up and disability becomes quite noticeable, parents face embarrassing situations enhancing stigma. Researchers have revealed that stress, depression and anxiety are common among mothers of Intellectual disabled children. Different studies on parents of children with disabilities have suggested that 35-53% mothers of children with disabilities have symptoms of depression. Mothers experience depression, burden, less social support and less coping than non-caregivers. Family units have become smaller and the rate of marriage break down has increased. Though the magnitude of the responsibility depends on the level of intellectual disability, it is greater for those in small nuclear families

In addition, the mothers do not receive any preparation for this role, and, in the process of engaging in the same, they later on find it very demanding. Further, there is lack of career progression, and the individual may continue to work involuntarily. The mother receives no financial assistance due to the poor socioeconomic status of the people. In some areas the

society pin pointing that the mothers are the whole responsible for their child's present mental condition illness. Because of their mistake or sin it was affected in their offspring. So these mothers perceive it as guilt and they start to rear their child with pain which induces psychological distress among mothers. The mother may experience lack of control of what happens in their lives. A sense of mastery is associated with good physical and psychological health of an individual.

This may be absent in some of the mothers. The relationship between mothers and health is described generally in terms of stress. Stressors in the context of mothers are the difficult circumstances and problems. The factors that have been shown to contribute to poor health outcomes of the caregivers include child's behavior, child's temperament, and severity of the disability, low self-esteem, and poor social support. Literature indicates that the level of communication ability, specific cognitive or sensory impairments, sex, and age of the patient may be relevant to the mental health of the caregiver.

When the child gets older the severity of the symptom gets increases. In the adolescent period Intellectually Disabled subjects lack in their emotional areas and personal needs. And also, in this stage they attain puberty, but they will not be aware of the present condition and they don't know how to take care of themselves with the sudden changes in their body. In this case if an individual is profound intellectually disable it will be very difficult for the mothers to handle because in smaller ages the mother can take care of it but when they get older mother finds it very difficult as their children is not like other children and their physical need will be demanding.

2.0. Review of literature

Mita Majumdar, et al (2005) studied Stress and anxiety in parents of mentally retarded children. This study was conducted in the Child Guidance Clinic of a tertiary care psychiatry hospital. The study sample, comprising 180 subjects, was categorized as: group A (60 parents of profound to moderately mentally retarded children), group B (60 parents of mild to borderline mentally retarded children) and group C (60 parents of children with normal intelligence), which served as the control group Results indicate that Parents

in group A had a significantly higher frequency of stressors and level of anxiety as compared to those in groups B and C. A positive correlation was found between the level of anxiety and stressors.

Stephen Gallagher, et al (2008) examine Predictors of Psychological Morbidity in Parents of Children with Intellectual Disabilities. Thirty-two parents of children with intellectual disabilities and 29 parents of typically developing children completed the Hospital Depression and Anxiety Scale, and measures of social support, child problem behaviors, sleep quality, and perceived caregiver burden. results indicate that Parents of children with intellectual disabilities registered high depression and anxiety scores and the majority met the criteria for possible clinical depression and/or anxiety. The strongest predictor of psychological morbidity was caregiver burden. Analyses of its component dimensions indicated that feelings of guilt held the greatest consequence for depression and anxiety.

Gerstein, et al (2010) examined that resilience and the course of daily parenting stress in families of young children with intellectual disabilities. Trajectories of daily parenting stress were studied for both mothers and fathers of children with ID across child ages 36–60 months, as were specific familial risk and resilience factors that affect these trajectories, including psychological well-being of each parent, marital adjustment and positive parent–child relationships. The result revealed Mothers' daily parenting stress significantly increased over time, while fathers' daily parenting stress remained more constant. Decreases in mothers' daily parenting stress trajectory were associated with both mother and father's well-being and perceived marital adjustment, as well as a positive father–child relationship. However, decreases in fathers' daily parenting stress trajectory were only affected by mother's well-being and both parents perceived marital adjustment.

David E Gray, et al (2009) this paper reports the results of a study of psycho-social well-being among an Australian sample of parents of children with autism. A variety of independent variables including: socio demographic information, health and treatment status of the child and coping behaviours were assessed in terms of their effects on parental depression, anxiety and anger. The results of regression analysis indicated that fathers, and those parents who received more social support, had lower scores of depression, anxiety and anger. The age of symptom onset was positively related to depression but was not significant in terms of anxiety and anger. Parents with older children, females and larger families reported lower scores of angers.

These independent variables were not significantly related to depression or anxiety. Neither the type nor the extent of coping behaviours was significantly related to any of the measures of psycho-social well-being used in this study.

Raj Kumari Gupta, et al (2010) studied that stress among parents of children with intellectual disability. 102 parents formed the sample of this study, 30 of whom had children without disability. Results show that, most parents of children with intellectual disability experience stress, physical and mental stress are significantly correlated, gender differences in stress experienced occur only in the mental area, and parents have higher mental stress score as compared to physical stress.

Aesha John (2012) examined that Stress among Mothers of Children with Intellectual Disabilities in Urban India. Mothers completed Parenting Stress Index-Short Form, and children's teachers completed Vineland-II teacher rating form. Maternal responses to a semi-structured interview were rated to assess maternal coping and content analysed to derive qualitative themes. Results indicate that Three-fourths of the sample obtained a clinically significant stress score, and maternal coping emerged as a robust predictor of stress for mothers of boys with intellectual disabilities. Qualitative analyses indicated positive and negative maternal experiences related to self, child, family and community.

Akhilesh Kumar Malhotra1, et al (2013) examine disability impact on parents of children with mental retardation studying in two special schools of delhi. This study was conducted. Parents of 100 mentally retarded children enrolled in these schools are interviewed. Results shows that Majority of parents has disability impact as a result of social restriction and loss of support from relatives, in laws, friends and neighbours more than half of parents felt that their health suffered because of mentally retarded child. Majority of parents didn't have disability impact in relation to physical care, career adjustment, financial problem, embarrassment, negative effect on relationship with spouse, in laws, family members, friends and neighbours, negative effect on siblings, specific negative thought. Severity of mental retardation was found to be significantly related with physical care, loss of support, specific negative thought.

Rabia Tabassum et al (2013) aimed to find out the relationship between depression and anxiety among parents of children with disabilities and to compare the parent's depression and anxiety with the type of

disability among children. Sample was comprised of 80 parents among which 58.12% were mothers and 41.875% were fathers having one or more disabled children with the age range of 4-18 years. Purposive sampling technique was used to select the sample. Depression, the results of this study showed that a highly significant positive correlation was found between depression and anxiety. A significant difference was found on depression among parents with disabled boys than disabled girls

Amit nagarkar, et al (2014) studied the clinical profile of mentally retarded children in India and prevalence of depression in mothers of the mentally retarded. A total of 60 patients diagnosed as MR were included in the study. The result revealed that the mean age of patients in the sample was 11.6 years, had received an average of 2.42 years of schooling, 80 % were diagnosed as having MR by the age of 10 years, 55% patient were diagnosed by the age of 5 years, 25 % between the age of 5-10 years and 5% between the age of 10-15 years. 3 out of 60 were first diagnosed as mentally restarted after the age of 15 years. 53.33 (32 out of 60) patient while 46.7% patient (28 out of 60) did not have any co-morbidities. The prevalence of depression in mothers was 85% and it was more in mothers of, the ones with significant co-morbidities (OR = 2.67), severer forms of retardation and with higher levels of depression in the mother. Gender of restarted child risk factor in depression or anxiety in mothers thought the present study did not report statistical significance.

Ashley C, et al (2014) examined that Parenting Stress and Child Behaviour Problems within Families of Children with Developmental Disabilities. The present study compared the sense of burden and the sense of personal growth among 106 mothers of adolescents with intellectual disabilities of varying severity. No differences were found between the two groups concerning the sense of burden, but among mothers of adolescents with severe intellectual disabilities, the sense of growth was higher. No differences were found in terms of the mother's age, income level, the number of children in the family, and the age of the child.

Dhwanit Dave, et al (2014) Anxiety and Depression in Caregivers of Intellectually Disabled Children. The study was conducted at the Outpatient Department (OPD) Of Psychiatry, G.G.Govt. Hospital, Jamnagar, Gujarat. Result indicate that Prevalence of anxiety was 57% and depression was 63%. Earning status and Type of family has been significantly associated with high anxiety score and other socio-demographic variables i.e. Gender, Religion, Education and marital status were not associated with high anxiety score

among caregivers. Out of all socio-demographic variables only age of caregiver was significantly associated with high depression score.

Kuldeep Sing et al (2014) studied the burden in parents of children with mental retardation. family burden Interview Schedule was administered on 50 parents of children diagnosed with mental retardation (Department of Psychiatry) and 50 parents of healthy controls (Dental department). The results revealed a high prevalence of burden in study group. Further in comparison, a significant difference was found between study group and healthy control group. Study group showed significant higher level of burden than healthy control group.

Nosheen Ramzan, et al (2014) compared the anxiety and depression in mothers of disabled and non-disabled children. 340 mothers participated to both groups (n = 170 in each group). Results indicated that significant differences in the level of anxiety and depression in both groups of mothers. Majority of mothers (78%) belonging to children with disability had anxiety. When comparing to 52% mothers belonging to non-disabled children had anxiety. Similarly, as compared to 46% mothers of non-disabled children, 76% mothers belonging to children with disability had depression.

Chilasagaram Shanthi, et al studied caregiver burden and psychiatric morbidity in

primary caregivers of mentally retarded Subjects Sixty diagnosed MR subjects and their primary care givers who met inclusion criteria were recruited in to the study. Results indicate that majority of primary care givers were mothers and expressed mild burden. The prevalence of psychiatric morbidity was 28.6% (25% Depression, 2.4% Alcohol abuse and 1.2% GAD).

As burden increased psychiatric morbidity also increased but the association was not significant. 50% reported physical illness.

Irum Hayat, et al (July 2015) This study investigated the relationship between coping strategies and psychological well-being among parents with Down syndrome children. The sample comprised of 120 parents (60 fathers, 60 mothers of diagnosed 60 children with Down syndrome) the data was collected through purposive sampling. The study was an exploratory study and used co-relational research design. The study planned to investigate all possible relationships among variables and demographic variables. Results showed significant correlations between psychological well-being and coping strategies. Those parents who relied more on active avoidance coping, reported lower levels of psychological well-being as compared to

those who relied on problem-focused coping strategies. Fathers scored significantly high on psychological well-being than mothers. Data analysis suggested significant differences in parental psychological well-being and coping strategies with the increasing age of the children. Gender differences were also explored which suggested that parents with girl-child had comparatively higher levels of psychological wellbeing than parents with boy-child.

Newsha Shirani1, et al (2015) examined the level of depression and its related factors among the mothers with mentally retarded girl children in exceptional primary school. This study was conducted on 120 mothers with mentally retarded children. Results showed that 75% of the mothers experienced various levels of depression, of whom 25.8% suffered from minor depression, 24.2% from moderate depression, and 25% suffered from major depression. The results obtained showed that there was a significant direct association between the intensity of depression with child age, mothers' age, fathers' age, the number of children, and the length of parents' marriage and a reverse association between the intensity of depression and subjects', fathers', and mothers' education. No association was observed between mothers' occupation and the intensity of depression. Meanwhile, there was a negative significant association between fathers' occupation and mothers' depression. Husband working as laborer and unemployed those mothers have high depression compared to mothers. Whose spouses are employees or self-employed, significantly different. About 33.3% of the mothers did not believe that their spouses' and families' psychological and mental support was adequate.

Raj Kumari, et al (2015) stress among parents of children with intellectual disability. 102 parents formed the sample of this study, 30 of whom had children without disability. A stress assessment test with internal validity of 0.608 was utilised. This test has two parts: physical and mental, former with 19 items and latter with 21 items. Results showed that, most parents of children with intellectual disability experience stress, physical and mental stress are significantly correlated, gender differences in stress experienced occur only in the mental area, and parents have higher mental stress score as compared to physical stress.

Pushpalatha, et al (2016) find the difference in stress, burden and coping between caregivers with cerebral palsy and autism children. 30 caregivers having children with cerebral palsy and 30 caregivers having children with autism were part of the study. The age of the caregivers ranged between 23-40 years. For the study caregivers of children aged between 7-12 years were considered. A between group research design

with purposive sampling technique was opted for the study. Results revealed that there was significant difference in stress, burden and coping between caregivers of cerebral palsy children and caregivers of autistic children.

Ritu Raj Gogoi, et al (2016) studied Anxiety, depression, and quality of life in mothers of children with intellectual disability. Comprised of two groups of subjects, i.e. mothers of sixty children with intellectual disability and mothers of sixty healthy children. Both groups were assessed with Beck Depression Inventory (BDI-II); State Trait Anxiety Inventory (STAI), and World Health Organization QOL-BREF (WHOQOL-BREF). Data was analysed by descriptive statistics, correlation, and t test. The results of the study conclusively found out that the mothers of children with intellectual disability were having higher anxiety and depression than mothers with healthy children. The anxiety and depression had negative correlation with QOL of mothers of children with ID.

Gourav Chandravanshi, et al (2017)

In this study They find prevalence, influence of various sociodemographic variables, and its clinical correlation with depression in mothers of ID children. Study Design: A cross-sectional study. A total of 100 patients diagnosed as ID were included in the study. Result indicate that the mean age of patients with ID was 11.52 years, had received an average of 3.01 years of schooling, mean age at diagnosis was 6.01 years, mean intelligence quotient was 45.17, and 79% had significant comorbidities. The prevalence of depression in mothers was 79%; it was more in mothers of female ID child, ID child with significant comorbidities, severer forms of retardation, and with higher levels of anxiety in the mother.

S. Parameswari&Dr.J.O.Jeryda Gnanajane Eljo (2010) The study investigated the level of Census psychological wellbeing among the parents of children with intellectual and developmental disabilities; Descriptive research design was used for the present study. method was adopted, and data was collected from 37 parents of children with IDD. The results indicate that more than half 56.8% of the respondents are having low level of psychological wellbeing. In this paper, the findings convey that more than half of the parents do not have good mental health due to their multiple responsibilities.

Need of the study

Intellectual disabled children need lot of special attention from their mother, if there is any disturbance in the parents (depression, anxiety, stress) it will affect the care giving process. Most relevent suggests that stress, anxiety, and depression in mother affects by their children with intellectual disability. We frequently notice in our OP settings, mothers of Intellectual disability. children have strong emotional and psychological disturbances and there is a need to quantify their conditions. The present study is attempted to investigate the prevalence rate of psychological disturbances among the mothers of intellectual disabled mother children of different age group and gender.

3.0 METHODOLOGY

3.1 Aim

- To assess the stress, anxiety and depression in mothers of intellectually disabled subject.

3.2 objectives

- To assess and compare stress experienced among mothers of intellectual disabled subject of different age group.
- To assess and compare stress among mothers having male and female intellectually disabled subject.
- To assess and compare anxiety among mothers of difference age group of intellectually disabled subject.
- To assess and compare anxiety among mothers having male and female intellectually disabled subject.
- To assess and compare depression among mothers of intellectual disabled difference of different age group.
- To assess and compare depression among mothers having male and female intellectually disabled subjects

3.3 Hypothesis

- There will be no significant difference in stress among mothers of different age group of intellectual disabled subject.

- There will be no significant difference between the stress among mothers having male and female intellectually disabled subject.

- There will be no significant difference in anxiety among mothers of difference age group of intellectual disabled subjects.

- There will be no significant difference between the anxiety among mothers having male and female intellectually disabled subjects.

- There will be no significant difference in depression among difference age group of intellectual disabled mother.

- There will be no significant difference between the depression among mothers having male and female intellectually disability subjects.

3.4 Tools Used:

1. Demographics sheet,
2. Depression Anxiety and Stress Scales (DASS21),

1.Demographics sheet

The demographic sheet was developed to obtain basic information related to mothers and intellectual disabled subject (i.e. age of ID subject (8-12, 13-25, 25- 40), monthly income (below 10000, above 10000) and mothers educational status (literate & illiterate).

2. Depression Anxiety and Stress Scales (DASS21)

Depression Anxiety and Stress Scales (DASS21) is a short-term version of DASS 42 21-item self-administered questionnaires designed to measure the magnitude of three negative emotional states: depression, anxiety, and stress.

Each of the three DASS scales contains 7 items, divided into similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self – deprecation, lack of interest/involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal.

It assesses difficulty relaxing nervous and being easily upset/agitated, irritable/over-reactive and impatient. Subjective are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Scores for Depression, Anxiety and Stress are calculated by summing the scores for the relevant items. consistency for each of the subscales of the 42-item and the 21-item versions of the questionnaire are typically high (eg Cronbach's of 0.96 to 0.97 for DASS Depression, 0.84 to 0.92 for DASS-Anxiety, and 0.90 to 0.95 (Lovibond 1995, Brown et al 1997, Antony et al 1998, Clara 2001, Page 2007). Evidence has been found for construct (Lovibond 1995) and convergent (Crawford and Henry 2003) validity for the anxiety and depression subscales of both the long and short versions of the DASS. Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows: Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely severe	28+	20+	34+

3.5 Sample of selection;

The study was conducted in the outpatient department of clinical psychology, Institute of Mental Health, Navajothi trust and parivalaya special school for mentally retarded. As per ICD-10 nineteen intellectual disabled subject mothers who met inclusion criteria were included in the study. Informed consent was obtained from the mother who agreed to participant in the study.

3.6 Inclusion Criteria

- Age = 28 to 60 yrs.
- Who give inform consent
- Living with MR subject
- The children who had both parents

For ID subjects

- A diagnosis of intellectual disability based on ICD 10 IQ below 70

Exclusion criteria

- Who did not give consent
- Single, divorced and separation

For ID subjects

- MR with psychosis

3.7 Procedure

Patients who were diagnosed having Intellectual Disabled and has undergone IQ assessment, assed by clinical psychologist. Intellectual disabled individual who had the IQ less than 70 those mothers were selected ass samples. Intellectual disabled subject Out of 100 mothers 90 mothers were willing to participant in the study hence the total study sample was 90. parental age group is 28-60 years and their ID subject from both genders. And these groups categorised into three groups. Group A consisted of 30 mothers of Intellectual Disability subject age between 8-12, Group B consisted of 30 parents of Intellectual disability subject age between 13-25, Group C consisted of 30 parents of Intellectual disability subject age between 25-40. In each group consist of mothers of male intellectually disabled subject 15 and mothers of female intellectually disabled subject. Those mothers demographic detailed were collected and DASS questionnaire administered individually.

3.8 Operational definition

Intellectual disabled

Intellectual disabled formally known as mentally restarted lead to a combination of cognitive and social involvement. American association on intellectual and developmental disability defines intellectual disability as a disability characterized by significant limitation in both intellectual functioning (reasoning, learning and problem solving) in adoptive behaviour that emerge as during the developmental period. SYNOPSIS OF PSYCHIATYIC KAPLAN AND SADDOCK

Depression

Depression is the feeling of dysphoria, desperation, and devaluation of life, self-condemnation, and lack of interest/participation, anhedonia, and apathy (Lovibond & Lovibond, 1995).

Anxiety

Anxiety is regarded as an autonomic stimulation, skeletal muscle effects, situational anxiety, and biased experience of anxious affect (Lovibond & Lovibond ,1995

Stress

It is a chronic nonspecific arousal, difficulty relaxing, nervous arousal, and being easily agitated/upset, irritable/over-reactive and impatient (Lovibond & Lovibond, 1995).

Statistical Analysis: T-test and ANOVA were used for data analysis.

RESULTS

Table 4.1 shows socio demographic characteristic of sample

s.no	Demographic variable		n
1	AGE	8-12	30
		13-25	30
		25-40	30
2	Gender of intellectual disabled subject	Male	45
		Female	45
3	Educational status	Literate	71
		Illiterate	17
4	Income	Below 10000	18
		Above 10000	72
5	occupation	Employed	67
		House wife	23

Table1: The total of the study sample consisted of 90 divided in to three categories according to age of intellectually disabled subject (8-12, 13-25, 26-40) each group have 30 sample (Mothers of male intellectually disabled subject mothers 15, mothers of Female intellectually disabled subject mothers 15). the relationship of another demographic variable of the sample are not equally divided (1:3) to adequate for statistics analysis**.** the gender total 45 mothers of male intellectually disabled subject, 45 mothers of female intellectually disabled subject. In mothers more than half (n=71) of the respondent belong to the literate group. And 19 mothers belonging to illiterate group. Some of them respondents belong to income level of below 10000 (N) = 18 of the and 72 belonging to income level of above 10000. In occupation 67 mothers were employed and 23 mothers are house wife's. At the same time most of the Dhwanit dave (2014) et al

concluded that socio-demographic variables such as gender, religion, education and marital status were not associated with high anxiety score among caregivers. Out of all demographic variables only age of caregiver was significantly associated with high depression score.

Table 4.2 shows score on stress experience by mother according to the different age group of the intellectual disabled subject

Stress	AGE		
	GROUP A = 8-12 N=30	**GROUP B = 13-25 N=30**	**GROUP C = 26-40 N=30**
NORMAL	6	6	5
MILD	1	1	3
MODERATE	5	5	10
SEVERE	6	10	08
Extreme SEVERE	12	8	4
MEAN	27	26.03	23.13

Table4.2a shows that difference of stress among mothers in Group A (8-12), Group B (13-25), GROUP C (26-40)

	ANOVA				
Stress	**SUM OF SQUARES**	**df**	**MEAN SQUARE**	**F**	**Sig**
BETWEEN GROUPS	242.9556	2	121.4778	1.013243	NS

WITHIN GROUPS	10430.43	87	119.89		
TOTAL	10673.39	89			

In table 4.2 shows that scores on stress experienced by mothers with intellectual disabled subject according to the different age group of the intellectual disabled subject. Most of the mothers showed Extreme severe and severe level of stress (48 out of 90). In group A out of thirty, six mothers showed no stress. one mothers showed mild level of stress. Five mothers showed moderate level of stress. Six mothers showed severe level of stress. And twelve mothers showed extremely sever level of stress. In group B out thirty, six mothers showed no stress. one mothers showed mild level of stress. Five mothers showed moderate level of stress. eight mothers showed severe level of stress. And eight mothers showed extremely sever level of stress. In group C out of thirty, five mothers showed no stress. three mothers showed mild level of stress. Ten mothers showed moderate level of stress. four mothers showed severe level of stress. And twelve mothers showed extremely sever level of stress. According to mean values the stress among mothers of group A (Mean=27) and group C (mean=26.03) falls under severe level of anxiety and group B (Mean=23.31) falls under severe level of stress. This result also supported with Raj kumari guptha et al (2015) revelled that mental stress is high in mother of intellectual disabled subject.

Table4.2a shows the difference of stress among mothers of Group A (8-12), Group B (13-25), GROUP C (26-40) using ANOVA. It shows that there is no significant difference in stress among the mothers of different age group.so we do not reject the null hypothesis. This result also supported with Parameswari at al found that there is no significant relationship between the age of the respondent and their level of

psychological wellbeing. Mean difference values indicate that differences are present which is due to the low sample size and that may be a cause of no significant level.

Table4 3 shows score on stress experience by mother of male and female intellectual disabled subject.

STRESS	GENDER	
	MALE INTELLECTUAL DIABLED MOTHER N=45	**FEMALE INTELLECTUAL DISABLED MOTHER N=45**
NORMAL	8	9
MILD	4	3
MODERATE	12	8
SEVERE	8	11
EXTREMELY SEVERE	13	14
MEAN	25	26

Table 4.3a shows that difference of stress among mother of male and Female Intellectual disabled subject

	MOTHERS OF MALE INTELLECTUAL DISABLED SUBJECT		MOTHERS OF FEMALE INTELLECTUAL DISABLD SUBJECT		
Stress	**M**	**SD**	**M**	**SD**	**t-test**
	25	10.63388	26	11.13633	0.18394

Table 4.3 shows that scores on stress experience by mother of male and female intellectual disabled subject. In male disabled mothers group out of 45 eight mothers eight mothers showed no stress. Four mothers showed mild level of stress. Twelve mothers showed moderate level of stress. eight mothers showed severe level of stress. And their teen mothers showed extremely sever level of stress. In female disabled mothers group out of 45 eight mothers nine mothers showed no stress. Three mothers showed mild level of stress. eight mothers showed moderate level of stress. Eleven mothers showed severe level of stress. And four teen mothers showed extremely sever level of stress. According to mean values the stress among male disabled mothers group (Mean=25) and female mothers group (mean=26 falls under severe level of stress.

Table 4.3a compared the stress among male and female intellectual disabled subject using t - test the result showed that there is no significant difference of stress among male and female intellectual disabled subjects mothers. The results show that there is no significant difference of stress among mothers of male and female intellectual disabled subjects, so we do not reject the null hypothesis. But these results differ from Gourav chandravanshi et al (2017) found that depression more in mothers of female intellectual disability. In this study also, the mean values indicate that female mothers show high range of stress. So, difference is present which is due to the low sample size and that may be a cause of no significant level.

Table 4.4 shows score on anxiety experience by mother according to the different age group of the intellectual disabled subject

ANXIETY	AGE		
	GROUP A = 8-12 N=30	GROUP B = 13-25 N=30	GROUP C = 26-40 N=30
NORMAL	4	5	3
MILD	5	1	6
MODERATE	0	1	5
SEVERE	5	3	6
EXTREMELY SEVERE	16	20	10
MEAN	16	22	15

Table 4 4a shows that difference of anxiety among mothers in Group A (8-12), Group B (13-25), GROUP C (26-40)

	ANOVA				
Anxiety	SUM OF SQUARES	df	MEAN SQUARE	F	sig
BETWEEN GROUPS	928.6222	2	464.3111	5.669	
WITHIN	7126.000	87			

GROUPS			81.908		.
TOTAL	8054.622	89			

In table 4 shows that scores on anxiety experienced by mothers with intellectual disabled subject according to the different age group of the intellectual disabled subject. Most of the mothers showed Extreme severe of anxiety (46 out of 90). In group A out of thirty, four mothers showed no anxiety. five mothers showed mild level of anxiety. No one's falls under moderate level of anxiety. Five mothers showed severe level of anxiety. And sixteen mothers showed extremely sever level of anxiety. In group B out of thirty, five mothers showed no anxiety. one mothers showed mild level of anxiety. one mothers showed moderate level of anxiety. Three mothers showed severe level of anxiety. And twenty mothers showed extremely sever level of anxiety. In group C out of thirty, three mothers showed no anxiety. six mothers showed mild level of anxiety. five mothers showed moderate level of anxiety. six mothers showed severe level of anxiety. And Ten mothers showed extremely sever level of anxiety. According to mean values the anxiety among mothers of group A (Mean=16) and group C (mean=15) falls under severe level of anxiety and group B (Mean=22) falls under extremely severe level of anxiety. This result also supported with Nosheen Ramzan et al (2017) conclude that 78% of belonging with children with disability had anxiety.

Table 4.4a shows the difference of anxiety among mothers of Group A (8-12), Group B (13-25), GROUP C (26-40) using ANOVA. It shows that there is significant difference of anxiety among mothers of intellectual disabled subject in different age group. so, we reject the null hypothesis. This result supported with Nosheen Ramzan et al (2017) found that positive relationship of anxiety and depression with mothers age and statistically inverse relationship with disabled child age.

Table 4.4b

Post hoc analysis of anxiety among mothers in different age group of intellectually disabled subject (Group A = 8-12, Group B=13-25 and GROUP C =26-40)

Groups	MD	S.E	Sig
A- B	5.73	2.33	.042*
A- C	1.80	2.33	.722
B-C	7.53	2.37	.005*

Table4. 4b shows significant difference of anxiety between group A (8-15) and B (13-25), and group B (13 - 25) and C (26-40), mothers of intellectually disabled subject. And there is no difference of anxiety between group A (8-12) and C (26-40) and mothers of intellectually disabled subject.

Table 4.5 shows score on Anxiety experience by mother of male and female intellectual disabled subject.

ANXIETY	**GENDER**	
	MALE INTELLECTUAL DIABLED MOTHER	**FEMALE INTELLECTUAL DISABLED MOTHER**
NORMAL	7	4
MILD	5	8
MODERATE	5	3
SEVERE	7	4
EXTREMELY SEVERE	21	26
MEAN	17	19

Table 4.5a shows that difference of anxiety among mother of male and Female Intellectual disabled subject

anxiety	**MOTHERS OF MALE INTELLECTUAL DISABLED SUBJECT**		**MOTHERS OF FEMALE INTELLECTUAL DISABLD SUBJECT**		
	M	SD	M	SD	t-test
	17	9.33164	19	9.508411	0.87277

Table 4.5 shows that scores on anxiety experience by mother of male and female intellectual disabled subject. In male disabled mothers group out of 45 eight mothers seven mothers showed no anxiety. Five mothers showed mild and level moderate level of anxiety. Seven mothers showed severe level of anxiety. And twenty-one mothers showed extremely sever level of anxiety. In female disabled mothers group out of 45 eight mothers four mothers showed no anxiety. eight mothers showed mild level of anxiety. Three mothers showed moderate level of anxiety. four mothers showed severe level of anxiety. And twenty-six mothers showed extremely sever level of anxiety. According to mean values the anxiety among male disabled mothers group (Mean=17) and female mothers group (mean=19) falls under severe level of anxiety.

Table4.5a compared the anxiety among mothers of male and female intellectual disabled subject using t - test the result showed that there is no significant difference of anxiety among mother of different age group of intellectual disabled subject. In this study also, the mean values indicate that female mothers show high range of anxiety. So, difference is present which is due to the low sample size and that may be a cause of no significant level This result differs from Gourav chandravanshi at all (2017) found that psychological disturbance more in mothers of female intellectual disability. In this study also, the mean values indicate that differences are present which is due to the low sample size and that 2 may be a cause of no significant level.

Table 4.6 shows score on depression experience by mother the deference according to age group of the intellectual disabled subject

DEPRESSION	AGE		
	8-12(N)	13-25(N)	26-40(N)
NORMAL	7	5	O
MILD	1	2	1
MODERATE	8	3	3
SEVERE	2	3	5
EXTREMELY SEVERE	12	17	21
MEAN	21	27	29

Table 4.6a shows that difference of depression among Group A (8-12), Group B(13-25), GROUP C(26-40)

	ANOVA				
Depression	SUM OF SQUARES	Df	MEAN SQUARE	F	Sig
BETWEEN GROUPS	1076.467	2	538.2333	4.002*	Sig
WITHIN GROUPS	11700.43	87	134.4877		
TOTAL	12776.9	89			

P > 0.05

In table 4.6 shows that scores on depression experienced by mothers with intellectual disabled subject according to the different age group of the intellectual disabled subject. Most of the mothers showed Extreme severe level of depression (50 out of 90). In group A out of thirty, seven mothers showed no depression. one mother showed mild level of depression. eight mothers showed moderate level of depression. Two mothers showed severe level of depression. And twelve mothers showed extremely sever level of depression. In group B out thirty, five mothers showed no depression. Two mothers showed mild level of depression. Three mothers showed moderate level of depression and severe level of depression. And seventy mothers showed extremely sever level of depression. In group C out of thirty, no one's falls under normal categories. Sone mothers showed mild level of depression. Three mothers showed moderate level of depression. five mothers showed severe level of depression. And twenty-one mothers showed extremely sever level of depression. According to mean values the depression among mothers of group A (Mean=21) and group B (Mean=27) falls under severe level of depression and group C (mean=29) falls under extreme depression category. This result also supported with Newasha shirani et al (2015) concluded that mothers of mentally retarded children are predisposed to depression, paramaswari et al revelled that more than half of the parents do not have a good mental health.

Table 4.6a shows the difference of depression among mothers of Group A (8-12), Group B (13-25), GROUP C (26-40) using ANOVA. It shows that there is a significant difference in depression among the mothers of different age groups. so, we reject the null hypothesis. This result also supported with This result also supported with Nosheen shirani et al (2017) found that there was a significant direct association between the intensity of depression and mother and children age,

Table 4.6b

Post hoc analysis of depression among mothers in different age group of intellectually disabled subject (Group A = 8-12, Group B=13-25 and GROUP C =26-40)

Groups	MD	S.E	Sig
A- B	6.03	2.99	.115
A- C	8.16	2.99	.021*
B- C	2.13	2.99	.75

Table 6b shows significant difference of depression between group A (8-15) and C (26 -40), mothers of intellectually disabled subject. And there is no difference of depression between group A (8-12) and B (13-25) and group C (26 -40) and B (13-25) mothers of intellectually disabled subject.

Table 4.7 shows score on depression experience by mother of male and female intellectual disabled subject.

DEPRESSION	GENDER	
	MALE INTELLECTUAL DIABLED MOTHER	**FEMALE INTELLECTUAL DISABLED MOTHER**
NORMAL	5	7
MILD	3	1
MODERATE	8	6
SEVERE	5	4
EXTREMELY SEVERE	24	27
MEAN	26	26

Table 4.7a shows that difference of depression among mother of male and Female Intellectual disabled subject

DEPRESSION	MOTHERS OF MALE INTELLECTUAL DISABLED SUBJECT		MOTHERS OF FEMALE INTELLECTUAL DISABLD SUBJECT		
	M	SD	M	SD	t-test
	26	11.43581	26	12.37313	0.87277

Table 4.7 shows that scores on depression experience by mother of male and female intellectual disabled subject. In male disabled mothers group out of 45 five mothers 5mothers showed no depression. Three mothers showed mild level of depression. Eight mothers showed moderate level of depression. Five mothers showed severe level of depression. And twenty-four mothers showed extremely sever level of depression. In female disabled mothers group out of 45 eight mothers seven mothers showed no depression. One mothers showed mild level of depression. six mothers showed moderate level of depression. Four mothers showed severe level of depression. And twenty-seven mothers showed extremely sever level of depression. According to mean values the depression among male disabled mothers group (Mean=26) and female mothers group (mean=26) falls under severe level of depression. Table 7a compared the depression among male and female intellectual disabled subject using t - test the result showed that there is no significant difference of depression among mothers of male and female intellectual disabled subjects. But This result

differs from Gourav chandravanshi et al (2017) found that psychological disturbance more in mothers of female intellectual disability sample size and that may be a cause of no significant level.

Our study revealed that 81% mothers of intellectual disabled subjects had various level of stress, 26% had severe and extreme severe level of stress, 22% had moderate level of stress, 6% had mild level of stress.

In anxiety 87% of mothers had various levels. 51% had extreme severe level of anxiety and 16 % severe level of anxiety, 6% had moderate level of anxiety, 13% had mild level of anxiety.

In depression 78% of mothers experienced at various levels. Most of the study are supported. The study findings. 56% had extreme severe level of depression and 11% severe level of anxiety, 16% had moderate level of anxiety, 13% had mild level of depression

Most of the studies reported that the psychological disturbance is very common in mothers with intellectually disabled subject. Most of studies compare the psychological disturbance between fathers and mothers and severity ranges of intellectually disability. Parents education, occupation, economical status was established but the impact of the intellectual disabilities, age and gender differences which affect the care giver psychologically.

When the child attains its puberty the risk for the care giver increases in both male and female intellectual disabled children. There will be a lack in their emotional areas and personal needs. Also, once they attained puberty they will not be aware of their present condition and they don't know how to take care of themselves with the sudden changes in their biological functions. In this case if an individual is profound intellectually disable it will be very difficult for the mothers take care. Because in smaller ages the mother can take care of it but when they get older mother finds it very difficult physically they are totally depended on ADL. While during the assessment mothers felt ashamed to accept and tell others that their child is intellectually disabled. The parents when they became older they are worried about their future of the intellectual disabled subject. They have a feeling that who will be going to take care their children in future after them. Some of them wanting their disability children died before them. Some of the mothers reported that when they get older they will give poison to their children and have them self. Present study focusses on comparing the psychological distress experienced among mothers of intellectual disabled subject. The result indicates that there is a no significant difference of stress in mother of different age groups and gender of

intellectually disabled subject. In anxiety and depression there is a significant difference among mother of different age groups and no significant differences present in male and female mothers of intellectual disabled subject.

5.0 Summary and conclusion

Basically, birth of a baby in family to make the parents feel excited and wonderful but these feelings turn into dis appointment when they come to know about the disability of their newly born. The news of having a child with disability includes complex feelings like those of emotional shock, denial, guilt, anxiety and depression. Intellectual disability as a condition has wider negative impacts on the caregivers than any other form of disability. Mother face a multidimensional response to physical, psychological, emotional, social and financial stressors usually associated with the experiences of caring. Parents experience enormous negative emotions while caring for a child with disability. As the child grows up and disability becomes quite noticeable, parents face embarrassing situations enhancing stigma. Researchers have revealed that stress, depression and anxiety are common among mothers of Intellectual disabled children. Different studies on parents of children with disabilities have suggested that 35-53% mothers of children with disabilities have symptoms of depression.

The present study aimed to assess the stress anxiety and depression among intellectually disabled subject. Objective of the present study find out the difference of stress anxiety and depression among mothers of difference age group of intellectually disabled mothers. And to find out the difference between the stress anxiety and depression among mothers having male and female intellectually disability subjects. Statistical analysis using t-test and ANOVA.

5.1 Findings of the present study;

- There is no significant difference in stress among the mothers of different age group.
- There is no significant difference in stress among the mothers having male and female intellectually disabled subject.
- There is a significant difference in anxiety among the mothers of different age group.
- There is no significant difference in anxiety among the mothers having male and female intellectually disabled subject.

- There is a significant difference in depression among the mothers of different age group.
- There is no significant difference in depression among the mothers having male and female intellectually disabled subject.

5.2 Conclusion

This study showed that stress anxiety and depression among mothers of intellectually disabled subject. And find to out the difference of stress anxiety and depression experienced among mothers of difference age group and male and female intellectually disabled subjects. These results shows that the role of women in the family, especially their role of motherhood and existing risk for families and children health mothers are very important role in the support of intellectually disabled subjects. So, intervention services for mothers of intellectually disabled subjects need to be decentralized. This will help in providing such mothers many skills as possible to deal with their children. The support system of these mothers can be enhanced by organizing self-help groups, which can serve as vehicles for communication. Mothers can share their feelings and discover means to deal with their problems.

5.3 Implication

As the results showed mothers do experience stress and anxiety hence there is need to screen their mothers for stress, anxiety and depression as the protocol in the management of intellectually disabled subject.

5.4 Limitations

a. Small sample size

b. Personality traits have not been taken into consideration, which can also influence on perception of stress anxiety and depression.

c. Levels of IQ in the intellectual disabled subject have not been taken. Which also influence on mother's perception of stress anxiety and depression

d. Demographic variable of the sample is not equally matched

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