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PREVALENCE OF ANXIETY AND DEPRESSION AMONG PARENTS OF CHILDREN WITH INTELLECTUAL DISABILITY

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Abstract

Caring for a child with an intellectual disability involves chronic emotional, physical, and socio-economic demands that substantially affect parental psychological well-being. This study evaluated the prevalence of anxiety and depression and examined the socio-demographic factors associated with caregiving experiences among parents of children with intellectual disabilities in Vizianagaram district, Andhra Pradesh. Adopting a mixed-methods design, a multistage sampling technique was utilized to select 354 parents registered across 11 mandal Bhavitha Centres. Data were collected through face-to-face interviews using a structured socio-demographic schedule and the Hamilton Anxiety Rating Scale (HAM-A) and Hamilton Depression Rating Scale (HAM-D). Descriptive analysis revealed that the majority of respondents were aged 41–45 years (47.7%), male (60.2%), rural residents (91.5%), and belonged to Other Backward Classes (75.7%). Educational attainment was low, with 56.2% educated below the 10th standard and 43.2% illiterate. Economically, 98.6% reported an annual household income below ₹1 lakh, with livelihoods primarily dependent on agriculture (59.9%) and daily wage labor (36.7%). On the clinical scales, an overwhelming 98.3% of parents exhibited mild anxiety, while only 1.7% reported mild-to-moderate or moderate-to-severe symptoms. Conversely, 70.1% demonstrated depressive symptoms, dominated by mild depression (66.9%), followed by moderate (2.0%) and severe depression (1.1%); 29.9% scored within the normal range. The pronounced clustering of mild affective distress underscores that chronic agrarian poverty and long-term caregiving induce pervasive, sub-syndromal psychological strain, while joint family systems (47.7%) potentially mitigate acute de-compensation. Targeted community mental health interventions are urgently required.

Keywords: Intellectual Disability; Parental Caregiving; Depression (HAM-D); Anxiety (HAM-A); Bhavitha Centres; Rural Mental Health.

INTRODUCTION

Intellectual disability is a developmental condition characterized by significant limitations in intellectual functioning and adaptive behaviour, affecting conceptual, social, and practical skills. Linn (2019) reported that intellectual disability affects approximately 2–3% of children. The birth of a child with intellectual disability often creates emotional, social, and economic challenges for families, requiring considerable adjustments in daily life. Wood (2018), Ludlow (2012), and Sandlund (2012) emphasized the importance of parental knowledge, effective caregiving, and collaboration with specialized institutions to support children's development. The condition may arise from genetic, environmental, prenatal, natal, and postnatal factors, while socioeconomic disadvantage may further influence family circumstances and access to services.

Several studies have established that parents of children with intellectual disabilities experience greater psychological distress than parents of typically developing children. Keskin (2010) observed higher anxiety among these parents, while Norlin and Broberg (2013) identified depression, anxiety, and somatic symptoms associated with caregiving responsibilities. Baker et al. (2010), Hayes and Watson (2013), and Totsika et al. (2020) similarly reported elevated psychological distress among families raising children with intellectual disabilities. Abdullah et al. (2021) highlighted depressive symptoms, hopelessness, frustration, and persistent worry among parents. Caicedo (2014) further reported difficulties in concentration and memory associated with the emotional burden of caregiving. These findings indicate that

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the continuous demands of caring for a child with intellectual disability can adversely affect parental mental health and everyday functioning.

The literature also identifies differences in the psychological experiences of mothers and fathers. Chhotaray (2020) reported that mothers experienced greater psychological distress, depression, and caregiving burden than fathers. Sharma (2021) found substantial levels of anxiety and depression among both parents, with higher symptom levels among mothers. Parental psychological well-being is also influenced by age, education, employment, family income, and the amount of time devoted to caregiving. Van Holland De Graaf et al. (2018) discussed the influence of sociodemographic characteristics on parenting roles, while Ferrer et al. (2016) highlighted the relationship between parental age, emotional stability, and coping abilities. De Gaetano (2022) found that children's cognitive and behavioural impairments were associated with parental stress. These studies demonstrate that anxiety and depression cannot be understood independently of parental characteristics and the demands associated with the child's condition.

Social and economic circumstances further contribute to parental distress. Kocherova et al. (2014) reported that care giving costs and perceived stigma could contribute to social isolation and socioeconomic disadvantage. Hagerman (2022) identified physical health concerns, fatigue, migraines, and hypertension among parents experiencing chronic stress. Bourke-Taylor et al. (2021) and DiGiacomo (2017) highlighted reduced social participation and isolation associated with caregiving demands. Adeleke et al. (2020) discussed the relationship between intellectual disabilities, poverty, and reduced economic opportunities. Similarly, Jenaro et al. (2020) found that higher income, education, and full-time employment were generally associated with better family quality of life. Stigma and negative community attitudes may intensify emotional difficulties and discourage families from seeking professional assistance (Ali et al., 2012; Papadopoulos et al., 2019).

Family functioning, care giving demands and social support are also important themes in the literature. McConkey et al. (2008) observed differences in family functioning between families raising children with intellectual disabilities and those with typically developing children. Kruithof et al. (2020) highlighted the long-term caregiving responsibilities associated with children's dependence, while Vandesande et al. (2022) identified sleep disturbances as an additional concern affecting parental well-being. Bujnowska et al. (2021) emphasised the importance of coping strategies and social support in maintaining psychological well-being. Dabrowska and Pisula (2010) noted that parents employ different coping strategies to manage caregiving stress. These findings underline the importance of understanding both the difficulties faced by parents and the resources available to them.

Therefore, the present study examines anxiety and depression among parents of children with intellectual disabilities in Vizianagaram district, Andhra Pradesh, to understand their psychological well-being and the factors associated with their experiences.

Research Methodology

The present study adopted a mixed-methods research approach to examine anxiety, depression, caregiving experiences, and coping strategies among parents of children with intellectual disabilities in Vizianagaram district, Andhra Pradesh. A multistage sampling procedure was followed to select the respondents. In the first stage, Bhavitha Centres functioning across all 34 mandals of the district were identified. In the second stage, 11 mandals were selected based on the severity of cases registered at the centres and the accessibility and availability of respondents. In the third stage, 354 eligible parents were selected through simple random sampling.

Data were collected using a socio-demographic schedule, standardized anxiety and depression rating scales (HAM-A and HAM-D), and a semi-structured interview schedule. The interview schedule covered caregiving arrangements, family decision-making, supportive services, coping strategies, and educational and medical challenges. Face-to-face interviews

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were conducted in private spaces at the respective centres, with each interview lasting approximately 45–60 minutes. Informed consent and confidentiality were maintained throughout the data collection process.

The collected data were analysed using descriptive and inferential statistical techniques, including frequency, percentage, mean, standard deviation, Chi-square test, correlation, ANOVA, and regression analysis. Qualitative responses were analysed thematically to identify major caregiving experiences, psychological difficulties, and coping mechanisms.

Results and Discussion

Table No. 1. Distribution of percentage to the respondents by their Socio-demographic characters

N=354

Variable	Frequency	Percent
Age of the Respondents		
Below 35 years	31	8.8
36-40 Years	56	15.8
41-45 Years	169	47.7
45 and above years	98	27.7
Gender		
Male	213	60.2
Female	141	39.8
Place of Residency		
Rural	324	91.5
Urban	30	8.5
Educational Status		
Illiterate	153	43.2
Below 10th Std/ Below	199	56.2
Below Degree	1	.3
Ph.D and above	1	.3
Religion		
Hindu	284	80.2
Muslim	14	4.0
Christianity	56	15.8
Social Status		
OC	22	6.2
OBC	268	75.7
SC	38	10.7
ST	26	7.3
Occupation		
Agriculture	212	59.9
Labor work	130	36.7
Professional Jobs	1	.3
Public Govt. Servant	1	.3

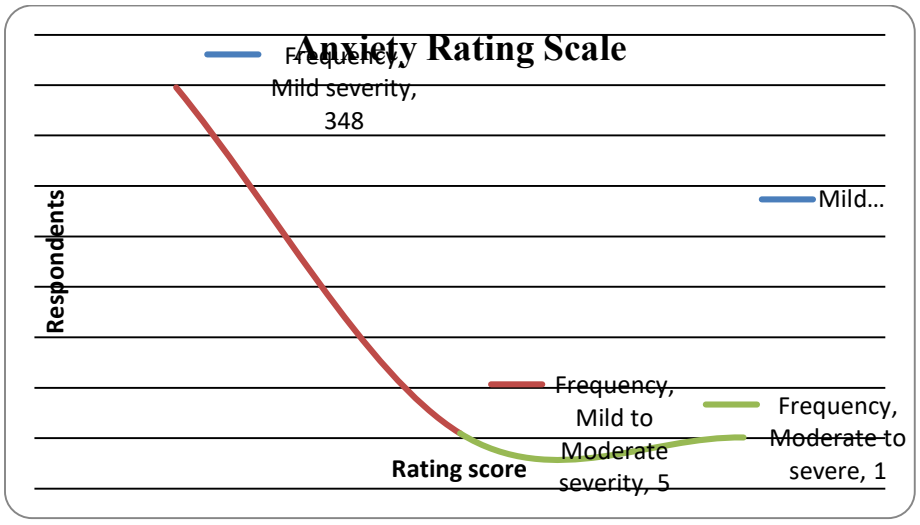
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Self Employed	3	.8
Private Job	7	2.0
Type of Family		
Extended	1	.3
Joint	169	47.7
Nuclear	184	52.0
Income of the Family		
Below 1 lakh	349	98.6
Below 5 lakh	4	1.1
Below 10 lakh	1	.3

The study findings reveal that the majority of respondents (61.3%) had two children, while 38.7% had one child. With regard to age, the highest proportion of respondents (47.7%) belonged to the 41–45 years age group, followed by 27.7% aged 45 years and above, 15.8% in the 36–40 years group, and 8.8% below 35 years. Regarding gender, male respondents constituted 60.2%, while female respondents accounted for 39.8%. A substantial majority (91.5%) belonged to rural areas, whereas 8.5% were from urban areas. Concerning educational status, 56.2% had education below the 10th standard, while 43.2% were illiterate, and only 0.6% had higher educational qualifications. Regarding religion, 80.2% were Hindus, 15.8% Christians, and 4.0% Muslims. In terms of social status, 75.7% belonged to the Other Backward Classes (OBC), followed by Scheduled Castes (10.7%), Scheduled Tribes (7.3%), and Other Castes (6.2%). With regard to occupation, 59.9% were engaged in agriculture, 36.7% in labour work, and the remaining respondents were employed in private jobs, self-employment, professional occupations, and government service. Almost all respondents (99.7%) were married. Regarding family structure, 52.0% belonged to nuclear families, 47.7% to joint families, and 0.3% to extended families. In terms of social class, 65.5% belonged to the middle class, 33.3% to the lower class, and 1.2% to the upper and upper-middle classes. The income distribution indicated that 98.6% of the respondents had an annual family income below ₹1 lakh, while 1.4% reported income in the higher categories. These findings indicate that the respondents predominantly belonged to rural, economically disadvantaged families with limited educational attainment and substantial caregiving responsibilities.

Table No. 1. Distribution of percentage to the respondents by the Anxiety Rating Scale

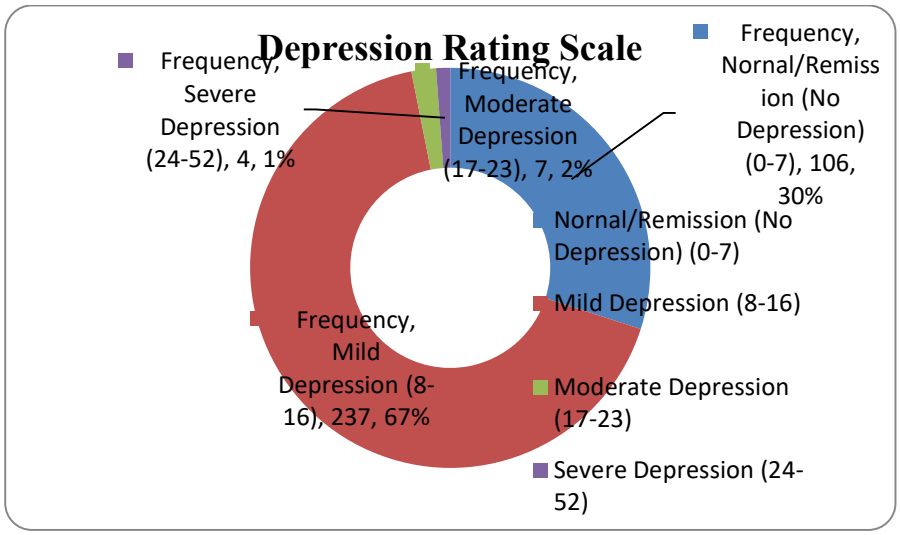


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The findings of the anxiety rating scale reveal that the overwhelming majority of respondents, 348 (98.3%), experienced mild anxiety, while 5 (1.4%) experienced mild to moderate anxiety and only 1 (0.3%) experienced moderate to severe anxiety. The findings indicate that mild anxiety was predominant among parents of children with intellectual disabilities.

Figure No.2: Distribution of percentage to the respondents by the Depression Rating Scale



The Depression rating scale observed that 237 (66.9%) respondents experienced mild depression, while 106 (29.9%) were within the normal or remission category, indicating no depression. A smaller proportion of respondents, 7 (2.0%), experienced moderate depression, and 4 (1.1%) experienced severe depression.

These findings indicate that although most respondents experienced mild levels of anxiety and depression, a small proportion reported moderate to severe psychological difficulties. The results highlight the psychological challenges experienced by parents while managing the caregiving responsibilities associated with raising children with intellectual disabilities.

Conclusion

The study demonstrates that parents of children with intellectual disabilities in rural Vizianagaram endure substantial psychological strain, manifested predominantly as widespread mild depression (66.9%) alongside mild anxiety (98.3%). Extreme economic disadvantage, high rates of illiteracy, and dependence on agrarian labor compound the daily burden of long-term caregiving. Although traditional joint family arrangements and informal social networks provide a protective buffer against acute, severe psychiatric decompensation, persistent subclinical distress remains unaddressed. Comprehensive social work initiatives, community-level mental health services, and institutional safety nets are essential to alleviate chronic caregiver burden and enhance the overall quality of life for rural families.

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