

The Level of Stress, Anxiety and Depression in Mothers of Autistic, Down Syndrome and Typical Development Children in Albania

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Abstract

Having a child is a very big responsibility. It often happens that mothers, especially when they have their first child, feel stressed and incompetent in their role as parent even when their child is typically developed. The purpose of this article is to compare the level of stress, anxiety and depression among mothers who have children with autism spectrum disorder and mothers who have children with Down syndrome having like group control mothers of children who have typical development. In this study participated a group of mothers with children who have autism (n = 30), mothers of children with Down syndrome (n = 30) and mothers who have children with typical development (n = 30). The conclusion of the study is that mothers of children with Down syndrome have higher level of stress, anxiety and depression than mothers of children with autism spectrum disorder and mothers who have children with typical development.

Key words: mothers, autism, Down syndrome, stress, anxiety, depression.

1. Introduction

Stress is a special psychological condition, an emotion which is associated with anxiety, difficulty in concentration and attention, behavior exterior change, tightening of teeth and hands, breathing hard, the gap in the stomach, dry mouth, increased heart rate, sleep disorder and many others (Gray,1987). Anxiety is one of the primary emotions of a human being. Characteristic signs of anxiety: anxious mind, inability to focus and feeling irritated. Physiological reactions associated with frequent heart beats, sweating, difficulty in breathing, dizziness, weakness, paleness in at the faces. Anxiety also creates difficulty when sleeping or when discussing. Anxiety, if at high levels may be the cause of a variety of diseases (Orhani, 2003). Depression is a mood disorder that causes a lasting feeling upset and loss of interest. If individuals are affected by clinical depression, then it will affect the thinking, feelings, behavior, and can connect to a variety of emotional and physical problems. Depression causes difficulties in achieving normal daily activities, and sometimes people feel that life is not worth living (Pango, 2004).

According to many studies, there is a higher level of stress, anxiety and depression in mothers who have children with autism than mothers who have children with Down syndrome or typical development. According to (Sanders and Morgan, 2008), parents of children with autism report more stress and find it harder to adapt than parents of children with Down syndrome. Meanwhile parents of children with Down syndrome have more stress and find it harder to adapt with their children than parents of children with typical development. Also parents of children with developmental disorder report more stress associated with the care-taking of their child.

By comparing the parents of autistic children with parents of children with typical developing and parents of children with other developmental problems, autistic children’s parents have higher levels of stress, anxiety and depression, and low level of interaction in the family, complains more about the health condition and consumption. This is reflected in their difficulty in communication, behavior in social isolation, and care for themselves (Schin, 2015). Parents of children with autism describe themselves as living in an isolated world (Woodgate, Ateah, Secco, 2016). Parents of children with autism are under stress and this can affect their physical and psychological (Johnson, Brakes, Feetham, Simpson, 2011).

According to a study conducted by (Estes, 2016), in Washington, which included mothers of children with autism and children with developmental problems, there was a higher level of stress associated with parenting and a higher psychological stress. The highest level of stress was related to the behavior problems of autistic children and the results showed that it could be reduced if the parents supported the children's behavior problems. By comparing mothers of children with Down syndrome and mothers of children with typically developing, it was found out that mothers of autistic children have less power in their role as parents, get less satisfaction from their marriage, display fewer complies within the family than mothers of the other two groups. Mothers of children with autism, as well as those of children with Down syndrome show greater responsibility on child care, family responsibilities and blame themselves more than mothers of children with typical development (Rodrige, Morgan, Geffken, 1990). In a study conducted by (Pisula, 2007), which were included (n = 25) mothers of children with autism and (n = 25) mothers of children with Down syndrome, it was observed that the level of stress in mothers children with autism was higher compared to the other group.

2. Methodology

2.1 Sample

In the study participated (n = 90) mothers. Mothers of children with autism (n = 30), mothers of children with Down syndrome (n = 30) and mothers who have children with typical development (n = 30). They were the children's biological mothers. From these mothers (n = 85) were married, one of the mothers of children with autism was single and another was divorced. 2 mothers of children with Down syndrome were widows and a mother of a child with typical development was also a widow.

2.2 Procedures

Institutions in which the study was conducted for parents of children with disabilities are "Down Syndrome Albania" and the "National Center of Upbringing, Development and Rehabilitation of Children" in Tirana. In the "Down Syndrome Albania" there were mothers of children with Down syndrome meanwhile at the "National Center of Upbringing, Development and Rehabilitation of Children" there were mothers of children with autism. To realize the study on mothers of children with typical development there were chosen a nursery, a kindergarten and a school in the city of Durres. The first meetings were held with the directors of these institutions. Once the study was explained in detail and signed permission, the work proceeded. They were promised a copy of the study if they were interested. Parent questionnaires were explained in detail, the purpose of the study, and the fact that they would not be identified.

2.3 Instrument

The instrument used in this study is, Depression, Anxiety, Stress Scale (Lovibond, 1995). This is an instrument designed to measure three negative conditions, such as depression, anxiety and stress. Completion of this instrument is realized through self-report. Each of the persons involved in the study read all written statements and chooses a number from 0 to 3, each of the numbers takes a certain value. Number 0 - the statement I read does not suit me at all to me, number 1 - right for me sometimes, the number 2 is right for me in a considerable number of cases or in the best of times and the number 3 is best fit me most of the time. The questionnaire contains a total of 42 questions and intends to measure the emotional state of individuals last week to meet. The results are determined by taking these measures: stress / anxiety / depression normal, easy, moderate, severe, extremely- severe.

3. Results of the study

In the Table 1, below we have analyzed levels of depression, anxiety and stress of mothers by separating them this way: mothers with autistic children, with Down syndrome and typically developing. Descriptive statistics will help us highlight the results and answer questions that arise from the confirmation or rejection of the hypothesis. In this process it was used the SPSS program to then be worked further on the aesthetic side in Excel Depression in the surveyed mothers who have children with autism is 12:23 but standard deviation is 8:55, which tells us that if we were to ask other mothers of autistic children we would have a minimum average depression (12:23 to 8:55) about 3.68, and would have averaged a maximum of depression (12:23 + 8:55) 20.8. Considering the 30 women interviewed, we can predict that depression has a minimum of 3.68 and a maximum of 20.8 on average.

Table 1: Analysis of level of depression/anxiety/stress for women

		N	Mean	Std. Deviation	Std. error	95% Confidence interval		Minimum	Maximum	Between component variance
						Lower Bound	Upper Bound			
Depression	Autism	30	12.2333	8.55684	1.56226	9.0382	15.4285	.00	34.00	
	Down syndrome	30	17.5000	10.49338	1.98306	134.311	215.689	.00	36.00	
	Typical development	30	6.3000	5.66386	1.03407	41.851	84.149	.00	26.00	
	Total	90	11.8864	9.49825	1.01252	98.739	138.989	.00	36.00	
	Model	Fixed Effects			8.42033	0.89761	10.1017	13.6711		
	Random Effects				3.21997	-1.9680	25.7408			28.65787
Anxiety	Autism	30	10.4333	8.68087	1.58490	7.1918	13.6748	.00	30.00	
	Down syndrome	30	14.5333	8.65322	1.57985	11.3022	17.7645	1.00	37.00	
	Typical development	30	5.8667	6.84676	1.25004	3.3100	8.4233	.00	28.00	
	Total	90	10.2778	8.76924	0.92436	8.4411	12.1145	.00	37.00	
	Model	Fixed Effects			8.10584	.85443	8.5795	11.9761		
	Random Effects				2.50306	-.4920	21.0476			16.60577
Stress	Autism	30	16.9667	9.55378	1.74427	13.3992	20.5341	.00	37.00	
	Down syndrome	30	23.1667	10.06901	1.83834	19.4068	26.9265	.00	35.00	
	Typical development	30	10.8000	7.01427	1.28062	8.1808	13.4192	1.00	27.00	
	Total	90	16.9778	10.22662	1.07798	14.8359	19.1197	.00	37.00	
	Model	Fixed Effects			8.97886	.94645	15.0966	18.8590		
	Random Effects				3.56995	1.6175	32.3380			35.54637

The interval is relatively wide with significant fluctuations with a confidence interval of 95%, the minimum depression is 9 and the maximum is 15.4 for mothers of autistic children. Depression in mothers of children with Down syndrome is significantly higher and reaches 17.5 averages. The standard deviation in this case is about 10.5 showing a variety of reactions from women, reaching very high degrees of depression. The minimum according to the Standard deviation is a level 7 of depression (almost nonexistent) to level 28 (too high). With a 95% confidence interval, (not including extreme cases) of depression level ranges from 13.4 to 21.6, which means there's a high and average level of depression for mothers of children that have Down syndrome. Mothers who have children with typical development have an average depression of 6.3 (almost nonexistent) and a standard deviation of 5.66 which means that in an extreme case, there may be women at depression 12 which can be considered small but is anyway present. If we are to suffer extreme cases with a 95% confidence interval, the indicator goes from 4.2 to 8.4, within the bounds of normality.

Mothers who have children with typically development have an anxiety level within normal limits, while those with autistic children have anxiety levels of light and moderate, averaging 10.4. In the margins of serious anxiety, 14.5, is the outcome for mothers of children that have Down syndrome. The standard level of deviation is relatively high in both dysfunctions equal to 8.6, an indicator that highlights the fact that the groups are not homogenous in the sense of anxiety but the levels for mothers of autistic children go from 7.2 to 13.7 to 95% of cases and 11.3 in 17:58 for mothers with children with Down syndrome respectively. As in the case of depression and anxiety, mothers with Down syndrome children in Albania have stress levels significantly higher compared to mothers who have autistic children. Stress levels in mothers of autistic children are nearly 17, considered easy with fluctuations ranging from 13.4 (normal stress level) to 20.5 (moderate level of stress) in 95% of cases. For mothers of Down syndrome children, the stress level is 23.2, 6 points more than mothers who have autistic children. Volatility ranges from 19.4 (moderate stress) in 26.9 where the stress level is severe. Albanian mothers surveyed for levels of depression / anxiety and stress is higher among those who have children with Down compared with mothers who have autistic children. The mothers of children with typical development stay at normal levels.

4. Conclusions and Recommendations

In the study carried out in Albania with the mothers of children with autism, those children with the syndrome Down and mothers of children with typical development, it was observed that mothers of children with the syndrome Down have higher stress levels, as well as anxiety and depression. This may be related to cultural differences between the Albanian culture and that of the countries in which studies are conducted. To reduce the stress levels of mothers of children with autism we suggest to always having a support group, progress in maternal training skills, skills improvement and the hiring of babysitters as a support group in the future (Shu, Lung, 2005). For mothers with children with Down syndrome, social support is defined as information addressed to the person in order for him to believe that people like him, need him, value him and is important in a system of mutual communication. Examples of social support are spouses, family, or friends and support groups.

Parents believe that the taking of adequate social support for themselves and their children is very important in the adaptation the family to the difficulty in which they're in. Social support can also reduce the impact of stress and depression in mothers who have children with autism, implying that social support plays an important role in protecting the mental health of parents who have children with developmental difficulties (Silkos, Kerns, 2006). The interaction between home and school will result as a benefit for the child. Parents of children with difficulties are not only involved in direct intervention with the child but are also valuable members of the team for special education of their child. They are active participants in the evaluation and design of the school of their children. This approach encourages coordination between the children, their families, special education institutions and school (Gupta, Singhal, 2005).

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