

The Perceived Family Support and Level of Depression among Primary Care Givers of Children with Developmental Disorders

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Abstract: *A child with a developmental need may cause serious stress for the parents and can affect each member of the family, who experiences a great amount of psychological distress. A major goal in working with such family is to support the family and give psychological support to the parents. The current study aims at assessing the perceived family support and level of depression among primary care givers of children with developmental disorders. The conceptual frame work of the present study is based on Roy's Adaptation Model. Non probability convenient sampling technique was used to select 100 samples. One hundred samples completed the self administered questionnaire which included sociodemographic profile, modified Family Support Scale and Becks Depression Inventory. The results revealed that 33% of the subjects were having mild mood disturbance to borderline depression. It was seen that 11% of the primary care givers had moderate depression to extreme depression. Most of the primary care givers ie 53% perceived low family support and 34% perceived moderate family support. Only few, ie 7% perceived no family support and 6% perceived high family support. The data subjected for statistical relationship between perceived family support and level of depression was found to be significant ($r=-0.465^{**}$). It can be concluded that lower the perceived family support higher the level of depression among primary care givers of children with developmental disorders.*

Keywords: perceived family support, level of depression, primary care givers, children with developmental disorders

1. Introduction

The birth of a child is one of the lives most natural and happy experiences. In Indian family set up getting a child to future generation is considered as a great gift of God and every member of the family awaits prayerfully for the new arrival. At this juncture, birth of a child with a developmental need may cause serious stress for the parents and can affect each member of the family, who experiences a great amount of psychological distress [1].

A developmental disorder occurs when a child does not acquire normal developmental skills expected for their age. This affects their ability to learn, behave and socialize. The magnitude of impairment, disabilities and handicaps has been estimated differently in different countries. About 5.21% of the population of developing countries is "disabled." [2]

The World Health Organization estimates that 15-20% of children, worldwide, have disabilities; 85% of which are in developing countries [3]. As per 2011 Census of India, there are 7,862,921 children with disability in the below 19 year age group, including 683,702 speech disorder, 1,045,656 movement disorder, 595,089 intellectual disability, 678,441 multiple disability, and 1,719,845 other disabilities [4]. In a state-wide Aanganwadi-based systematic sample survey in partnership with IAP Kerala, 2.5-3.4% of children had various forms of developmental problems. The most common forms were: developmental delay (69.3%), speech delay (14.3%), global delay (5.7%), gross motor delay (5.3%) and hearing impairment (3.6%) [5].

Children with developmental needs have difficulties with major activities such as language, mobility, learning, self help, and independent living. Difficulty of care-giving tasks,

difficult child behavior during care-giving tasks, and level of child disability are the primary factors which contribute to parent stress and depression. The researchers suggest that the increased stress of caring for a child with autism or ADHD plays a role in increased perceived stress, anxiety, and depression for caregivers. They also suggest that elevated levels of inflammation biomarkers may make caregivers more susceptible to illnesses related to inflammation [2]

Raising children with developmental disorders is a stressful event for a family because of the interrelated negative effects. Studies on clinical depression among caregivers of children with developmental disorders are very few. Developmental disabilities, because of their early onset and lifelong requirement for support and care, impose enormous social and economic burdens on affected individuals, their families, and their communities [6].

2. Problem Statement

A study to assess the perceived family support and level of depression among primary care givers of children with developmental disorders in selected institutions at Bengaluru.

3. Objectives of the Study

- To assess the perceived family support of the primary care givers of children with developmental disorders.
- To assess the level of depression among primary care givers of children with developmental disorders.
- To find the correlation between perceived family support and level of depression among primary care givers of children with developmental disorders.

- To identify the association between selected demographic variables with perceived family support and level of depression among the primary care givers of children with developmental disorders.

4. Methods

In this study a survey approach was used. Non-experimental descriptive research study was conducted using self administered questionnaire which was administered among 100 primary care givers of children with developmental disorders. The study targeted the primary care givers of children with developmental disorders who attended selected special schools in Bengaluru. Informed consent was obtained and anonymity was assured prior to data collection. The questionnaire consisted of three sections;

Section A: Demographic variables

Section B: Beck's Depression Inventory (consists of 21 groups of statements)

Section C: Modified Family Support Scale (consists of 18 support groups).

Ethical approval was insured. The data was analyzed by using statistical package for social sciences (SPSS) .

5. Results

The data was collected from 100 primary care givers of children with developmental disorders. With regard to age, most of the primary care givers (64%) belonged to the age group of 30-40 years, followed by 22% who were in the age group of >40 years. It was seen that the majority (82%) of the primary care givers of children with developmental disorders who filled the questionnaire were females.

In this study 47% of the primary care givers of children with developmental disorders were graduates, 25% had completed their secondary education, 15% had done their post graduation and 8% completed their primary education. Only a small number i.e 5% had no formal education. Based on the occupational status of the primary care giver, most of them, (37%) were house wives, 22% were private employees, 20% belonged to other category, 11% were self employed and 10% were government employees. In view of the presence of any medical condition for the primary care givers of children with developmental disorders, majority (85%) had no medical conditions and 15% complained of the presence of some medical condition in them.

Based on the age of the child, most of them (48%) falls under the category of 10-15 years, followed by 45% of the children belongs to less than 10 years of age and the remaining 7% falls under the category of above 15 years. With regard to the gender of the child, maximum numbers of the children (73%) were male and only 27% were females. Up to 60 (60%) primary caregivers complained of behavioral and emotional problems for their children and 40% reported no behavioral and emotional problems.

In relation to the income of the family, 45% were having monthly family income above Rs. 20,000, 39% were having between Rs. 10,000- Rs.20, 000 and the remaining 16% were having below Rs. 10,000. Considering the history of

developmental disorders in the family, majority (83%) reported no history of any developmental disorders and up to 17% reported a history of developmental disorders in the family. Based on the residence, majority(96%)were having an urban background and remaining 4% were from rural area. Most of the primary care givers (81%) were related to the child as mother and 14% were fathers. Only 4% of the respondents were siblings and 1% falls under the category of others.

Table 1 shows that most of the primary care givers (56%) fall in normal category, 33% were having mild mood disturbance to borderline depression. It was seen that 11% of the primary care givers had moderate to extreme depression.

Table 1: Frequency and percentage distribution of level of depression
N=100

Variable	Primary care givers of children with developmental disorders	
Level of depression	Frequency	Percentage (%)
Normal	56	56
Mild mood disturbances to Borderline clinical depression	33	33
Moderate depression to extreme depression	11	11
Total	100	100%

Figure: 1 shows that most of the primary care givers (53%) perceived low family support and 34% perceived moderate family support. Only few, ie, 7% perceived no family support and 6% perceived high family support.

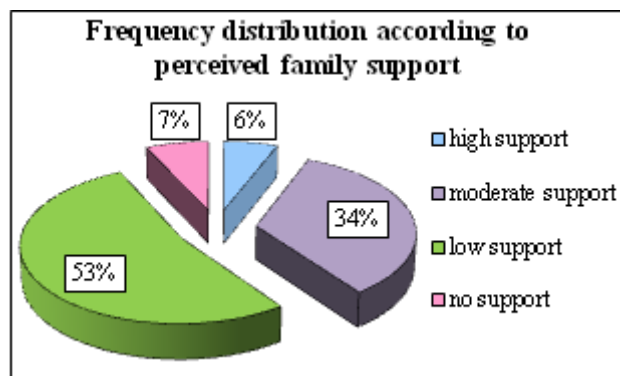


Figure 1: Classification of primary care givers of children with developmental disorders according to the perceived family support

Table 2: shows that the overall level of depression was found to be 10.80 (17.14%) and that of the perceived family support was 43.23 (48.03%). However the data subjected for statistical relationship between level of depression and the perceived family support established significance ($r = -0.465^{**}$) at the 0.01 level. The value indicates a negative correlation between perceived family support and level of depression. It can be concluded that, lower the perceived family support, higher the level of depression.

Table 2: Correlation coefficient between level of depression and perceived family support,
 N=100

S no	Aspects	Max scores	Response score			
			Mean	SD	Mean %	SD%
1.	Level of Depression	63	0.80	9.64	17.14	15.2
2.	Perceived Family Support	90	43.23	14.82	48.03	53.5
Correlation coefficient = - 0.465**						

6. Discussion

In the present study perceived family support of the primary care givers of children with developmental disorders was assessed and it was found that most i.e. 53% had perceived low family support. There were 34% of the primary care givers of children with developmental disorders who perceived moderate family support and 6% perceived high family support. Seven percentage of the primary care givers perceived no family support. The mean perceived family support of the primary care givers of children with developmental disorders was 43.23 with standard deviation of 14.82. The mean percentage score of perceived family support was 48.03%.

The findings revealed that a significant number of the primary care givers of children with developmental disorders perceived low family support.

These findings are similar to the findings of a longitudinal study which was done on the impact of mutual support on Iranian parents of children with autism spectrum disorder. 28 parents were included in the study and were given group based training course and followed up after 12 months. Results showed that 30% maintained contact with one another over a year. The parents who maintained contact had greater family functioning and well being than the group who did not maintain contact [7]

The level of depression among the primary care givers of children with developmental disorders was assessed and it was found that most i.e. 56% had normal mood, 33% were having mild mood disturbance to borderline depression. It was seen that 11% of the primary care givers had moderate depression to extreme depression. The findings revealed that a significant number of the primary care givers of children with developmental disorders had mood disturbances especially depression.

These findings of the present study are supported by the findings of a descriptive study which was conducted on predictors of depression symptoms in primary care givers of young children with or at risk for developmental delay. Becks depression inventory was administered for 178 primary care givers of children with developmental disorders, Down's syndrome, spina bifida, and multiple birth defects. The result shows that 20% of care givers scored above beck depression inventory clinical cutoff for depression. Analysis of variance revealed that care givers with elevated BDI scores had higher child behavior problem and lower social support compared with parents without depressive symptoms. Only social support mediated and

moderated the relationship between child behavior problems and care givers depressive symptoms [8].

The current study reveals the negative correlation between perceived family support and level of depression. The overall perceived family support score was found to be 43.23 (48.03%), however level of depression score noticed to be 10.80 (17.14%) among the respondents. However the data subjected for statistical relationship between perceived family support and level of depression was found to be significant ($r=-0.465^{**}$).

It can be concluded that lower the perceived family support higher the level of depression.

Association of the demographic variables with the level of depression and perceived family support of the primary care givers of children with developmental disorders were achieved by using chi-square test. The inferential statistics revealed that there were significant association between the socio demographic variables such as educational qualification of the primary care giver ($\chi^2 = 15.844$, $P < 0.05$), occupation ($\chi^2 = 18.278$, $P < 0.05$) and history of developmental disorders in the family ($\chi^2=11.153$, $P<0.05$) with level of depression at 0.05 level of significance. The inferential statistics revealed that there was significant association between the socio demographic variable and education of the primary care giver ($\chi^2 = 27.154$, $P < 0.05$), with perceived family support at 0.05 level of significance.

7. Conclusion

The inferential statistics revealed the correlation coefficient between perceived family support and level of depression of the primary care givers of children with developmental disorders. The overall score of perceived family support is 43.23 (48.03%) and level of depression found to be 10.80 (17.14%). However the data subjected for statistical relationship between level of depression and the perceived family support established significance ($r= -0.465^{**}$) at the 0.01 level.

Findings on perceived family support:

- The respondents who had higher educational status had perceived higher family support.
- It was found that most i.e. 53% primary care givers of children with developmental disorders had perceived low family support.

Findings on the level of depression:

- Employed respondents were showing lower level of depression than the house wives.
- As the income of the family increases the level of depression decreases.
- Respondents with history of developmental disorders showed higher level of depression.

8. Future Scope

On the basis of this study the following recommendations have been made for further study.

- A similar study can be replicated on a larger population.

- A similar study can be modified by conducting interventions among the primary care givers.
- A similar study can be conducted by taking care givers of children with medical disorders and care givers of children with developmental disorders.
- A comparative study can be conducted among urban and rural population.
- This study will help in developing special support systems for the primary care givers within the hospitals itself.

9. Limitations

- The study was limited to only the primary care givers of children who visited selected special schools in Bengaluru.
- The study was limited to a sample size of only 100 primary care givers of children with developmental disorders.
- The primary care givers of children with developmental disorders who knew Kannada or English only were included in the study.
- Limits generalization as convenient sampling was used.

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