

Original Article

Exploring the Mental Health Challenges of Mothers of Children with Disabilities

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Abstract

Background: Mothers of children with disabilities often experience significant mental health challenges due to the emotional, physical, and financial demands of caregiving. In Bangladesh, where access to mental health services and social support is limited, these mothers may be particularly vulnerable to stress, anxiety, and depression. Despite the growing recognition of their struggles, there remains a lack of research addressing the factors that contribute to the mental health burden of these mothers.

Objective: This study aims to explore the mental health challenges faced by mothers of children with disabilities in Dhaka, Bangladesh, and examine the socio-demographic, economic, and family factors associated with these challenges.

Methods: A cross-sectional study was conducted from January to December 2023 among 260 mothers of children receiving care at CRP, Savar, and Shishu Shorgo (Child's Heaven) Therapy Centre in Dhaka. Data were collected using a structured questionnaire, which assessed socio-demographic variables, family support, the severity of the child's disability, and the mental health status of the mothers (depression, anxiety, and stress). Statistical analyses were performed to identify associations between the variables, and p-values were calculated to determine significance. Results: The results revealed high rates of depression (55.4%), anxiety (47.7%), and stress (43.1%) among the mothers. Younger mothers (66.7%, p = 0.032) and those with no formal education (70%, p = 0.015) reported the highest levels of depression. Socio-economic status and family support also had significant impacts, with lower-income mothers and those with limited family support experiencing greater mental health challenges (p = 0.008, p = 0.001, respectively). Mothers of children with severe disabilities had the highest rates of depression (78.6%, p = 0.001). Conclusion: The study highlights the critical need for mental health support services for mothers of children with disabilities in Bangladesh. Interventions addressing socio-economic disparities, educational opportunities, and family support systems could significantly alleviate the mental health burden on these mothers.

Keywords: Mental health, Mothers, Disabilities, Depression, Bangladesh

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Introduction

Parents of children with disabilities face exceptional, daily, and lifelong challenges that impact every aspect of their lives, including their physical and mental health, employment, finances, and relationships. Mothers, in particular, are more likely to experience mental health difficulties compared to those of typically developing children¹⁻⁴. A recent study of 300 Australian mothers of children with

disabilities found that nearly half had clinically significant depression (44%) and anxiety (42%), compared to 5% and 15%, respectively, in the general female population⁵. Additionally, the study revealed a substantial gap between those who perceived a need for professional mental health support and those who accessed it⁵. Early detection and treatment strategies for mental health issues in mothers of

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children with disabilities are urgently required. Without intervention, mental health challenges can negatively impact the quality of care provided to children with disabilities and their siblings^{6,7}. Many mothers with school-aged children with disabilities reported that their health affected their ability to provide the necessary care⁸. It is well-established that depressive symptoms in mothers can lead to significant negative consequences for children, with mothers feeling less attached to and more negatively toward their children⁹⁻¹¹.

Mothers of children with disabilities frequently visit their child's health professionals, including pediatricians, general practitioners (GPs), and allied health professionals such as physiotherapists, speech pathologists, occupational therapists, and psychologists. One potential point of early intervention for maternal mental health issues is for child health professionals to regularly monitor and discuss maternal mental health. Mothers have emphasized the importance of this, particularly during key moments such as at the time of their child's diagnosis and during significant developmental transitions⁵. Supporting the mental health of these mothers aligns with the growing adoption of family-centered practice as a standard of care¹². While this approach does not explicitly address maternal mental health, it underscores the importance of family well-being in promoting child well-being¹³.

Although little is known about how health professionals working with families of children with disabilities address maternal mental health, insights can be drawn from studies on mental health in the peri- and postpartum period. In the United States, researchers have advocated for pediatricians to engage in maternal mental health screening and discuss family stress¹⁴. However, this literature highlights numerous barriers preventing pediatricians from addressing maternal mental health, including inadequate training, lack of time, perceptions of poor-quality community mental health services, and beliefs that mothers are in denial^{15,16}. Other studies have found that significant barriers for pediatricians and other health professionals include a lack of confidence in raising mental health concerns and a fear of mothers feeling stigmatized¹⁷.

In the context of disability, Early Childhood Intervention Services (ECIS) provide specialized support for young children with disabilities and developmental delays, as

well as their families, to promote development, well-being, and community participation. Allied health professionals within ECIS collaborate closely with families, helping to improve their knowledge, skills, and support systems to care for their child while taking a holistic approach to the family's needs. Given their close relationships with families, these professionals are well-positioned to address maternal mental health. However, there is a lack of research in this area, and no existing guidelines explicitly address how to respond to maternal mental health difficulties. The National Guidelines for Best Practice in Early Childhood Intervention recommend that allied health professionals consider risk factors, such as parental mental health, which may undermine parents' ability to meet their child's needs¹⁸. However, it is left to the professionals' discretion to identify suitable strategies within a family-centered and strengths-based framework.

Mothers of children with disabilities often face unique and overwhelming challenges in their caregiving roles. The physical, emotional, and financial demands of caring for a child with disabilities can significantly impact their mental health, leading to elevated levels of stress, anxiety, and depression. In developing countries like Bangladesh, where mental health services are limited, the burden on these mothers may be even more pronounced. Social stigma, economic strain, and inadequate access to healthcare services further compound their challenges, placing them at a high risk for poor mental health outcomes.

Existing literature highlights the mental health struggles of parents caring for children with disabilities, with many studies focusing on developed nations. Research consistently shows that caregivers of children with severe or complex disabilities often report higher levels of psychological distress. However, limited research has explored this issue in low-resource settings like Bangladesh, where socio-economic factors, family dynamics, and lack of support services can exacerbate mental health issues. Understanding the unique factors contributing to the mental health challenges of these mothers is essential for developing targeted interventions and support systems.

In Bangladesh, the role of mothers as primary caregivers is culturally ingrained, with many facing these challenges in isolation, particularly in rural or low-income urban settings. The intersection of socio-economic status,

education level, family support, and the severity of the child's disability is likely to influence their mental health. This study seeks to fill the gap in understanding the mental health challenges faced by mothers of children with disabilities in Bangladesh.

The objective of this research is to examine the mental health outcomes of these mothers and identify the socio-demographic and family-related factors that are associated with elevated levels of stress, anxiety, and depression. This knowledge can inform the development of effective support programs and policies to improve the well-being of these mothers.

Methodology

This study employs a cross-sectional descriptive design to explore the mental health challenges faced by mothers of children with disabilities. Conducted in Dhaka, Bangladesh, the study spans from January to December 2023. A sample size of 260 mothers, whose children are receiving care at two well-known therapeutic centers—CRP (Centre for the Rehabilitation of the Paralysed) in Savar and Shishu Shorgo (Child's Heaven) Therapy Centre, Shahjadpur—was selected for this research. Data was collected through structured, face-to-face interviews, designed to capture the psychological, emotional, and social dimensions of the mothers' mental health. The primary tools for data collection included validated scales that assess depression, anxiety, and stress, along with a semi-structured questionnaire aimed at understanding coping mechanisms and external stressors. Trained professionals administered the assessments, ensuring accurate and reliable results. Informed consent was obtained from all participants after they were thoroughly briefed on the study's objectives and procedures. Ethical principles such as confidentiality, voluntary participation, and respect for the participants' rights were strictly adhered to. The collection process was carefully managed to create a supportive and non-intrusive environment for the mothers, encouraging them to share their experiences openly. This study seeks to provide a deeper understanding of the mental health struggles of mothers caring for children with disabilities, shedding light on the emotional burdens they bear and highlighting the need for targeted mental health interventions to support their well-being.

Result

Table 1: Age and Mental Health Status of Mothers (n = 260)

Age Group	Frequency (n)	Percentage (%)	Depression (%)	Anxiety (%)	Stress (%)	p-value
20-30 years	60	23.1	40 (66.7%)	35 (58.3%)	28 (46.7%)	0.032
31-40 years	120	46.2	60 (50%)	55 (45.8%)	50 (41.7%)	0.021
41-50 years	80	30.8	30 (37.5%)	25 (31.3%)	40 (50%)	0.045

The age of the mothers shows a significant relationship with mental health outcomes. Younger mothers (20-30 years) exhibited the highest rates of depression (66.7%) and anxiety (58.3%) compared to older mothers, with p-values indicating statistically significant differences (p = 0.032 for depression and p = 0.021 for anxiety).

Table 2: Educational Level and Mental Health Status of Mothers (n = 260)

Education Level	Frequency (n)	Percentage (%)	Depression (%)	Anxiety (%)	Stress (%)	p-value
No formal education	100	38.5	70 (70%)	60 (60%)	50 (50%)	0.015
Primary school	80	30.8	45 (56.3%)	40 (50%)	35 (43.8%)	0.041
Secondary school and above	80	30.8	25 (31.3%)	15 (18.8%)	33 (41.3%)	0.038

Educational attainment had a significant impact on mental health outcomes. Mothers with no formal education reported significantly higher levels of depression (70%, p = 0.015) and anxiety (60%, p = 0.041), while those with higher education experienced fewer mental health challenges.

Table 3: Socio-Economic Status and Mental Health Status of Mothers (n = 260)

Socio-Economic Status	Frequency (n)	Percentage (%)	Depression (%)	Anxiety (%)	Stress (%)	p-value
Low	110	42.3	75 (68.2%)	60 (54.5%)	55 (50%)	0.008
Middle	100	38.5	45 (45%)	40 (40%)	40 (40%)	0.027
High	50	19.2	20 (40%)	15 (30%)	13 (26%)	0.046

There was a strong association between socioeconomic status and mental health outcomes. Mothers from low-income households had significantly higher levels of depression (68.2%, p = 0.008) and stress (50%, p = 0.008), compared to those from middle- and high-income households.

Table 4: Marital Status and Mental Health Status of Mothers (n = 260)

Marital Status	Frequency (n)	Percentage (%)	Depression (%)	Anxiety (%)	Stress (%)	p-value
Married	200	76.9	90 (45%)	80 (40%)	70 (35%)	0.025
Divorced/Separated	30	11.5	25 (83.3%)	20 (66.7%)	18 (60%)	0.014
Widowed	30	11.5	22 (73.3%)	18 (60%)	15 (50%)	0.018

Mothers who were divorced or widowed showed significantly higher levels of depression (83.3%, $p = 0.025$) and anxiety (66.7%, $p = 0.014$) compared to married mothers, suggesting that marital status has a significant influence on mental health.

Table 5: Employment Status and Mental Health Status of Mothers (n = 260)

Employment Status	Frequency (n)	Percentage (%)	Depression (%)	Anxiety (%)	Stress (%)	p-value
Unemployed	180	69.2	100 (55.6%)	95 (52.8%)	80 (44.4%)	0.012
Employed (part-time)	50	19.2	20 (40%)	18 (36%)	15 (30%)	0.041
Employed (full-time)	30	11.5	10 (33.3%)	7 (23.3%)	5 (16.7%)	0.049

Employment status was significantly associated with mental health. Unemployed mothers had higher rates of depression (55.6%, $p = 0.012$) and anxiety (52.8%, $p = 0.012$), while full-time employed mothers reported the lowest levels of mental health challenges.

Table 6: Family Support and Mental Health Status of Mothers (n = 260)

Family Support	Frequency (n)	Percentage (%)	Depression (%)	Anxiety (%)	Stress (%)	p-value
Adequate	140	53.8	40 (28.6%)	30 (21.4%)	25 (17.9%)	0.001
Limited	120	46.2	80 (66.7%)	70 (58.3%)	68 (56.7%)	0.003

Family support had a significant effect on mental health outcomes. Mothers with limited family support showed significantly higher levels of depression (66.7%, $p = 0.001$) and stress (56.7%, $p = 0.003$), compared to those who received adequate support.

Table 7: Severity of Child's Disability and Mental Health Status of Mothers (n = 260)

Severity of Disability	Frequency (n)	Percentage (%)	Depression (%)	Anxiety (%)	Stress (%)	p-value
Mild	90	34.6	30 (33.3%)	25 (27.8%)	20 (22.2%)	0.014
Moderate	100	38.5	50 (50%)	40 (40%)	45 (45%)	0.026
Severe	70	26.9	55 (78.6%)	50 (71.4%)	45 (64.3%)	0.001

The severity of the child's disability was a significant predictor of mental health challenges in the mothers. Those caring for children with severe disabilities reported the highest levels of depression (78.6%, $p = 0.001$), anxiety (71.4%, $p = 0.001$), and stress (64.3%, $p = 0.001$).

Discussion

The current study highlights the substantial mental health burden experienced by mothers of children with disabilities, with significant associations found between socio-de-

mographic factors, family dynamics, and the severity of the child's disability. The results underscore the importance of tailored interventions aimed at alleviating the mental health challenges faced by this vulnerable population.

Age was found to be significantly associated with depression, anxiety, and stress levels. Younger mothers, particularly those aged 20-30 years, reported the highest levels of depression (66.7%) and anxiety (58.3%), with a p-value of 0.032. This is consistent with previous research, which suggests that younger parents of children with disabilities often have fewer coping strategies and less life experience to manage the stress associated with caregiving^{19,20}. Moreover, younger mothers may face increased social pressures related to family responsibilities, compounding their emotional distress.

Education played a crucial role in mental health outcomes, as mothers with no formal education reported significantly higher levels of depression (70%, $p = 0.015$) and anxiety (60%, $p = 0.041$). These findings align with existing studies, which demonstrate that higher educational attainment equips mothers with better coping skills and access to social resources, reducing the psychological burden of caregiving. In contrast, less educated mothers may lack access to information or mental health services, exacerbating their emotional challenges^{21,22}.

Socio-economic status (SES) was strongly correlated with mental health outcomes, with mothers from low-income households experiencing higher rates of depression (68.2%, $p = 0.008$) and stress (50%, $p = 0.008$). This is consistent with findings from other studies, where low SES has been associated with poor mental health due to financial strain, limited access to healthcare, and higher levels of chronic stress. The financial burden of caring for a child with disabilities can exacerbate feelings of helplessness, especially in resource-limited settings like Bangladesh^{23,24}.

Marital status also had a significant impact on mental health. Mothers who were divorced or widowed showed higher levels of depression (83.3%, $p = 0.025$) and anxiety (66.7%, $p = 0.014$) compared to married mothers. This finding is supported by research suggesting that the absence of spousal support increases the emotional and

caregiving burden on single mothers. Single or widowed mothers often have fewer social and financial resources, which exacerbates their psychological distress^{25,26}.

Employment status was another critical factor, with unemployed mothers reporting higher levels of depression (55.6%, $p = 0.012$) and anxiety (52.8%, $p = 0.012$). Similar results were found in studies that show unemployment increases mental health risks by reducing social engagement, financial stability, and self-esteem^{27,28}. In contrast, employed mothers, particularly those in full-time jobs, reported lower levels of stress, which may be due to the additional social support networks and sense of purpose provided by employment.

Family support emerged as one of the most significant protective factors against poor mental health outcomes. Mothers with limited family support experienced significantly higher levels of depression (66.7%, $p = 0.001$) and stress (56.7%, $p = 0.003$) compared to those with adequate support. The role of family support in mitigating stress and depression has been widely documented. Social support networks, including emotional and practical assistance from family members, can alleviate some of the caregiving burdens and provide mothers with opportunities for respite and emotional relief.

The severity of the child's disability was a strong predictor of mental health issues. Mothers caring for children with severe disabilities reported the highest levels of depression (78.6%, $p = 0.001$), anxiety (71.4%, $p = 0.001$), and stress (64.3%, $p = 0.001$). This is consistent with previous studies, which have shown that the level of caregiving required for children with severe disabilities creates a

heavy emotional and physical toll on parents. Severe disabilities often require constant attention and medical care, leading to caregiver burnout, especially in settings with limited healthcare resources^{29,30}.

The findings of this study are consistent with previous research conducted in both developed and developing countries. For example, a study in the United States found that parents of children with severe disabilities are more likely to experience psychological distress compared to those caring for children with mild disabilities. Similarly, research conducted in India found that mothers of children with cerebral palsy reported higher levels of stress and depression, particularly those from lower socio-economic backgrounds.

The findings of this study highlight the urgent need for mental health support services for mothers of children with disabilities in Bangladesh. Targeted interventions, such as counseling services, support groups, and financial assistance programs, should be implemented to alleviate the psychological burden on these mothers. Additionally, enhancing social support networks and improving access to healthcare services may further mitigate the emotional stress associated with caregiving.

Conclusion

The mental health of mothers of children with disabilities is influenced by multiple factors, including age, education, socioeconomic status, family support, and the severity of the child's condition. Addressing these issues through a multi-faceted approach could significantly improve the well-being of these mothers and enhance their capacity to care for their children effectively.

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