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The Relationship Between the Level of Depression and Anxiety in Parents with Primary School Children, and Preschool Children Diagnosed with Neuro-Developmental Disorders

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Abstract

This study aimed to evaluate the relationship between depression and anxiety in parents with children diagnosed with neurodevelopmental disorders. The main purpose of this study is to measure the level of depression and anxiety in parents whose primary school children and preschool children have been diagnosed with neurodevelopmental disorders and to correlate these disorders with sociodemographic characteristics. In this study participated 300 parents whose children were diagnosed with neuro-developmental disorders. For the methodology of this study, the integration of quantitative and qualitative methods was used. In this study, two closed-type instruments were used, one instrument measures anxiety and the other depression in parents whose primary school children and preschool children have been diagnosed with neurodevelopmental disorders. The findings of this study have shown that depression has a high positive correlation with anxiety. As the level of depression in parents increases, so does the level of anxiety. Gender differences, statistically significant, between the level of depression of parents whose children have been diagnosed with neuro-developmental disorders, we see that mothers reach a higher average than fathers, also when it comes to anxiety, mothers reach a higher average than fathers.

Keywords: *D*epression, anxiety, parents, *primary school children*, *preschool children, neuro-developmental, disorders.*

Introduction

In this paper, we will talk about the relationship between depression and anxiety in parents with children diagnosed with neuro-developmental disorders as well as their causes and consequences.

Considering that these disorders are very current, today each of us should be informed about depression and anxiety and their impact on our lives, autism how it appears, and why it appears (Stoep & Weiss, 2003).

One of the main reasons why I chose such a topic is that families of children with mental health problems refer to increased weight/burden, loss of work, and increasing parent-child conflicts. (Brannan & Heflinger, 2006).

From other studies, we see that depression is a mental state of the individual, which appears with negative changes and with a feeling of fear, internal discomfort, as well as obstacles in thinking.

These changes are manifested in the reduction of the individual's interest in events, in the loss of initiative to act, in despair and in a pessimistic attitude toward the future. Depressed people have feelings of guilt, thoughts, and ideas of the sinner, which can rise to delusional states. Obstacles in sleep are expressed by difficulties during sleep, insomnia, and repeated and early awakening, so there is no freshness in the morning. The morning is often the worst time for depressed patients, as that's when they feel really bad. At lunch, their condition improves and in the evening it becomes relatively bearable. (Stoep & Weiss, 2003).

Anxiety is defined as a condition, which can be caused as a result of interpersonal relationships. Anxiety is perceived as an undesirable emotional state, which is characterized by the subjective emotional feeling of tension, evaluation of the situation, and worry, as well as by the activation of the autonomic nervous system, which can be found in a more stable form, especially in its use in the mental health literature. Feelings of anxiety come as a result of the nature of the relationships that the individual has and creates with others.

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So, if these relationships are filled with tension, stress, disagreement or aggressiveness, then the individual experiences similar situations with anxiety, or will respond in the same way to new situations in his life. (Betty, 1997). This study also emphasizes the awareness and psychoeducation of parents on positive parenting strategies for raising children with neurodevelopmental disorders. Mental health problems, defined as neuro-developmental or cognitive, even associated with impairment (Sayal, 2006), affect every aspect of children's development and functioning, including relationships with peers and family, behavior at school, and the transition to adulthood. For example, children with mental health problems are at greater risk than those without problems to drop out of school (Stoep & Weiss, 2003), at risk of becoming victims through physical or sexual abuse (Unger & Kipke, 1997), to have conflicts with parents (Verhulst & van der Ende, 1997), to be drug and alcohol users (White, Xie et al., 2001), and to have problems with justice (Cocozza & Skowyra, 2000; Huber & Wolfson, 2000), be violent or die by suicide. Families of children with mental health problems report increased weight/burden, job loss, and increased parent-child conflict (Brannan & Heflinger, 2006). The societal cost of children's mental health problems can be calculated in the increased frequency of academic failure, youth incarceration, suicide attempts, and psychiatric hospitalizations (US Public Health Service, 2000).

The results of this study may improve the future treatment of children with neurodevelopmental disorders and help parents manage anxiety and depression. (Stoep & Weiss, 2003). The review of the literature on depression and anxiety in parents with children diagnosed with neuro-developmental disorders, with a research character, is developed according to the perspectives of different theories of depression and anxiety presented in the theoretical bases. Different studies on influencing factors are examined by comparing and contrasting them with each other. The findings and results evidenced by the reviewed literature serve as the initiative and commitment of this paper to provide valuable assistance with new findings and recommendations in this field.

Research Methodology

In this study, we used quantitative research, as it provides several advantages compared to other research alternatives and I believe it has best achieved the purpose of the study. The main advantage of quantitative research is that it provides a deeper understanding of the population being studied (Ritchie & Levis, 2003).

Instruments used

The measurement instruments were determined by the need to provide data from different perspectives to make the comparison between their results more meaningful. For the realization of our research, two measuring instruments were used, which are:

- **The depression measuring instrument** - is a standardized questionnaire by Seligman and has been officially used since 1975. This questionnaire has been prepared for all parents who have children with a neurodevelopmental diagnosis. In the first part of this questionnaire, the questions about the demographic data of the subjects are presented, while the second part of the questionnaire contains 17 statements of the closed type with 6 rating scales.
- **Anxiety measuring instrument** - is a standardized questionnaire by Charles. D. Spielberg, C.D. Edwards, J. Monturi & R. Lushene, in 1973. This questionnaire was prepared for all parents who have children with a neuro-developmental diagnoses. Through this questionnaire, we understand how disturbing each of the listed symptoms has been during the last 30 days, including today. This questionnaire has 20 closed-type questions with 4 rating scales.

Reliability of measuring instruments

Cronbach's Alpha method was used in this study. Cronbach's Alpha coefficient, to assess the reliability of the instrument as a whole (Table 1).

The results show that the measuring instrument which measures depression satisfies the important condition for the application of the measuring instrument, respectively the reliability values for the Cronbach's Alpha method Alpha=0.819 and Gutman = 0.75 reach the reliability values a=0.80. Whereas the measuring instrument which measures anxiety partially satisfies the important condition for the application of the measuring instrument, respectively the reliability values for the Cronbach's Alpha method Alpha=0.75 and Gutman = 0.75 reach the reliability values a=0.80.

Study sample

In this study, we included 300 parents of primary school children and preschool children with neuro-developmental

Table 1: The reliability coefficient of measuring instruments for depression and anxiety.

No. of events		*Cronbach's Alpha*	*Lambda*					
			1	*2*	*3*	*4*	*5*	*6*
Depression	17	0.819	0.712	0.874	0.755	0.817	0.845	0.912
Anxiety	20	0.755	0.714	0.761	0.821	0.727		

disorders from several residential areas in Kosovo. The subjects that we sampled combine the characteristics for an adequate sample (gender of parents, age, place of residence, financial status, level of education, birth order and age of the child with neurodevelopmental disorders, number of primary school children and preschool children, diagnosis of primary school children and preschool children, they possess all the characteristics of the population where the research will be conducted, and the subjects have equal opportunities to be included in the sample (Table 2).

Statistics processing

All variables of interest were checked for normal distribution and then a decision was made as to the type of statistical analysis to be used. On the basis of these initial data, a more detailed analysis was carried out, looking for patterns and connections by comparing averages and exploring correlations. The data collected from the questionnaires were processed and analyzed with the SPSS-21 statistical program. The statistical analyzes undertaken in this study are descriptive and cognitive.

Results

In this part of the study, we will present the results achieved during this research.

For the clearest and most logical presentation of the results from the statistical analyses, we will present the data in tabular form.

Results related to differential analysis

In the following, we will present the results related to the relationship between the level of depression and anxiety in parents with *primary school children and preschool children* diagnosed with neuro-developmental disorders, in which the request to test the difference between the respondents in the context of the research variables is included (Table 3).

The minimization of the score for each respondent in the general scale for the assessment of depression is 1, the maximum is 6, the Average A=4.8191, and SD =1.3898. Whereas, the minimization of the result for each respondent in the sub-scale for the assessment of anxiety is 1, maximum 4, average 4 A=3.8845 and SD= 0.8007.

Results related to correlations

In the following, we will present the results related to the relationship between the level of depression and anxiety in parents with primary school children and preschool children diagnosed with neuro-developmental disorders, as well as the relationship between socio-demographic characteristics: gender, calendar age, residence, and status. From the evidence that the correlative statistical analysis gives us, we have these results, which we will present below in the tabular form.

Table 2: Tabular presentation of the number of participants in the study, by gender, age, place of residence and their relative percentage

Gender			*Age*			*Residence*		
Parent	*Frequencies*	*%*	*Age*	*Frequencies*	*%*	*Residence*	*Frequencies*	*%*
			20-25years	39	13.0			
			26-30years	53	17.7			
Mother	153	51.0%	31-35years	53	17.7	Village	81	27.0%
			36-40years	57	19.0			
			41-45years	29	9.7			
			46-50years	28	9.3			
			51-55years	16	5.3			
Father	147	49.0%	56-60years	16	5.3	City	219	73.0%
			61-64years	9	3.0			
Total	300	100%	Total	300	100%	Total	300	100%

Table 3: The average and the standard deviation of the overall level and variables.

Variables	*Number (N)*	*Minimum*	*Maximum*	*Average (A)*	*Standard Deviation (SD)*
Depression	300	1	6	4.8191	1.3898
Anxiety	300	1	4	3.8845	0.8007

Table 4.1. Correlation between depression and age

		Depression	*Age*
Depression	Pearson Correlation	1	0 .673**
	Sig. (2-tailed)		000
	N	300	300
Age	Pearson Correlation	0.673**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 4.2: Correlation between depression and gender

		Depression	*Gender*
Depression	Pearson Correlation	1	0 .691**
	Sig. (2-tailed)		000
	N	300	300
Gender	Pearson Correlation	0.212**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 4.3. Correlation between depression and residence

		Depression	*Settlement*
Depression	Pearson Correlation	1	0 .364**
	Sig. (2-tailed)		000
	N	300	300
Settlement	Pearson Correlation	0.364**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 4.4. Correlation between depression and financial status

		Depression	*Financial status*
Depression	Pearson Correlation	1	0 .691**
	Sig. (2-tailed)		000
	N	300	300
Financial status	Pearson Correlation	0.691**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 4.5. Correlation between depression and level of education

		Depression	*Education level*
Depression	Pearson Correlation	1	0 .519**
	Sig. (2-tailed)		000
	N	300	300
Education level	Pearson Correlation	0.519**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 4: Correlation between depression and sociodemographic characteristics: age, gender, place of residence, financial status, level of education in parents with primary school children and preschool children diagnosed with neuro-developmental disorders.

		Anxiety	*Age*
Anxiety	Pearson Correlation	1	0 .221**
	Sig. (2-tailed)		000
	N	300	300
Age	Pearson Correlation	0.221**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 5.1. Correlation between anxiety and age

		Anxiety	*Gender*
Anxiety	Pearson Correlation	1	0 .148**
	Sig. (2-tailed)		000
	N	300	300
Gender	Pearson Correlation	0.148**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 5.2. Correlation between anxiety and gender

		Anxiety	*Residence*
Anxiety	Pearson Correlation	1	0 .311**
	Sig. (2-tailed)		000
	N	300	300
Residence	Pearson Correlation	0.311**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 5.3. Correlation between anxiety and residence

		Anxiety	*Financial Status*
Anxiety	Pearson Correlation	1	0 .587**
	Sig. (2-tailed)		000
	N	300	300
Financial status	Pearson Correlation	0.587**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 5.4. Correlation between anxiety and financial status

		Anxiety	*Education level*
Anxiety	Pearson Correlation	1	0 .614**
	Sig. (2-tailed)		000
	N	300	300
Education level	Pearson Correlation	0.614**	1
	Sig. (2-tailed)	000	
	N	300	300

Table 5.5. Correlation between anxiety and level of education

Table 5: Correlation between anxiety and socio-demographic characteristics: age, gender, place of residence, financial status, level of education in parents with primary school children and preschool children diagnosed with neuro-developmental disorders

Table 6: Tabular presentation of gender differences in the context of depression in parents

Variables	*Gender*	*Number of cases (N)*	*Average (A)*	*Standard Deviation (SD)*	*Standard Error (SE)*
Depression in parents	Mother	153	5.127	1.155	0.588
	Father	147	4.898	0.854	0.305

\Table 7. Tabular representation of gender differences in the context of anxiety in parents

Variables	*Gender*	*Number of cases (N)*	*Average (A)*	*Standard Deviation (DS)*	*Standard Error (SE)*
Anxiety in parents	Mother	153	4.951	0.940	0.451
	Father	147	4.215	0.537	0.216

Discussion

From the results of the study and the analysis of the findings (see table 3), it appears that depression has a high positive correlation with anxiety r=0.821: p<0.01 at the 0.01 significance level. As the level of depression in parents increases, so does the level of anxiety. From the evidence provided by correlative

statistical analysis, we can conclude that there is a high positive correlation between depression and anxiety.

Many authors have found associations between depression and anxiety in parents whose children have been diagnosed with neurodevelopmental disorders (Bornstein, 1993; Shuman et al., 1998). During the analysis of these studies, a significant connection between anxiety and depression in parents is found. This connection is confirmed by the studies of Stuart and Noyes (1999), where according to them, children's neurodevelopmental disorders are related to the manifestation of symptoms of anxiety disorders and depression in parents, the experience of psychological disturbances with physical symptoms. Somatizing behavior is best understood as a unique form of interpersonal behavior that results from neuropsychological disorders in their children (Stuart & Noyes, 1999). Depression affects different people in different ways. People suffering from depression may: be extremely angry and impatient, be engaged in negative thoughts, be bored, hateful, be under tension, lack security, blame themselves and feel guilty about things unnecessarily, smoke cigarettes more than usual, drink alcohol, and use narcotic substances; have decreased energy (have the feeling of losing energy); feeling worthless and useless; do not enjoy activities; lose sexual activity; feel bad spiritually most of the time; have suicidal thoughts; change in the way of eating: they eat too much and gain weight; or they don't eat well and lose weight; have difficulty concentrating or making decisions; they disconnect from others (isolate), instead of asking for help and support, etc. (Demyttenaere, 2008).

Women are more prone to depression than men. The highest risk for the female gender can be hormonal changes, which come as a result of puberty, the monthly cycle, menopause or pregnancy (Stoep & Weiss, 2003). Although the risk in men is lower, depression can go undiagnosed. This is due to the fact that many men mask their illnesses with alcoholic drinks, use drugs, abuse and violence. Suicide is a serious risk for males, 4 times more than females (Demyttenaere, 2008). From the results of the study, it appears that depression has a moderate positive correlation with the age of the parents $r=0.673$: $p<0.01$ at the significance level 0.01 (see table 4.1). From the evidence provided by the correlative statistical analysis, we can conclude that age can partially influence the decrease or increase in the degree of depression.

The results of the study also show us that depression has a weak positive correlation with the gender of the parents $r=0.212$: $p<0.01$ at the 0.01 significance level (see table 4.2). From the evidence provided by the correlative statistical analysis, we can conclude that there is a weak positive correlation between depression and the gender of the parents because the gender of the parents is not an important factor that can influence the increase or decrease in the level of depression.

The results also show that depression has a weak positive correlation with parents' residence $r=0.364$: $p<0.01$ at the 0.01 significance level (see table 4.3). From the evidence provided by the correlative statistical analysis, we can conclude that there is a weak positive correlation between depression and parents' residence for the reason that parents' residence is not an important factor that can influence the increase or decrease in the level of depression.

The results show that depression has a moderate positive correlation with the financial status of parents $r=0.691$: $p<0.01$ at the 0.01 significance level (see table 4.4). From the evidence provided by the correlative statistical analysis, we can conclude that there is a moderate positive correlation between depression and the financial status of the parents, it is moderate for the reason that financial status can partially influence the increase or decrease in the degree of depression.

Our results also show that depression has a moderate positive correlation with parents' education level $r=0.519$: $p<0.01$ at the 0.01 significance level (see table 4.5). From the evidence that the correlative statistical analysis gives us, we can conclude that there is a medium positive correlation between depression and the level of education of the parents, it is medium because the level of education can partially affect the increase or decrease of the level of depression.

In support of these data are many of the results of other studies, however, it is important to emphasize that the results regarding depression and sociodemographic characteristics must be interpreted carefully and certainly require repetition since some of these relationships do not persist after multiple comparisons.

A recent article (Olivari, Tagliabue, & Confalonieri, 2013), found authoritative parenting style positively associated with adaptive behaviors and psychological adjustment and negatively associated with maladaptive behaviors and psychological maladjustment. Other articles concurred or agreed with this statement, (Kawabata, Alink, Tseng, van IJzendoorn, & Crick, 2011; Newman, Harrison, Dashiff, & Davies, 2008; Piko & Balázs, 2012), suggesting the role of data demographics that play in parents with children diagnosed with neurodevelopmental disorders (Tagliabue S., 2014).

From the results of our study regarding the connection between anxiety and socio-demographic characteristics: age, gender, residence, financial status, and level of education among parents with children diagnosed with neurodevelopmental disorders, it appears that anxiety has a weak positive correlation with the age of parents $r=0.221$: $p<0.01$ at the 0.01 significance level (see table 5.1).

Likewise, from the results of our study, we see that anxiety has a very weak positive correlation with the age of the parents $r=0.148$: $p<0.01$ at the 0.01 significance level (see table 5.2). From the evidence that the correlative statistical analysis gives us, we can conclude that there is a very weak positive connection between anxiety and the parents' age, it is a very weak connection for the reason that the parents' gender is

not an important factor that can influence the increasing or decreasing level of anxiety.

The results show that anxiety has a weak positive correlation with parents' residence r=0.311: p<0.01 at the 0.01 significance level (see table 5.3). From the evidence that the correlative statistical analysis gives us, we can conclude that there is a weak positive connection between anxiety and the residence of the parents, it is a weak connection for the reason that the residence of the parents is not an important factor that can influence the increasing or decreasing level of anxiety.

From our result we also see that anxiety has a moderate positive correlation with the financial status of parents r=0.587: p<0.01 at the 0.01 significance level (see table 5.4). From the evidence provided by the correlative statistical analysis, we can conclude that there is a medium positive connection between anxiety and the financial status of the parents, it is a medium connection because the financial status of the parents partially affects the increasing or decreasing level of anxiety.

Our results show that anxiety has a moderate positive correlation with parents' education level r=0.614: p<0.01 at the 0.01 significance level (see table 5.5). From the evidence that the correlative statistical analysis gives us, we can conclude that there is a medium positive connection between anxiety and the level of the parents' education, it is a medium connection because the level of the parents' education partially affects the increasing or decreasing level of anxiety.

There are many studies have been done regarding the connection between anxiety and sociodemographic data. In the study of Noel (2001), referring to the sociodemographic factors of the parents and the neuropsychological disorders of their children, it was observed that there was an association in the negative direction between the gender of the parents and anxiety, where fathers' result in higher levels of anxiety compared to mothers.

On the other hand, it is noticed in the study by Anderson (2000), a significant statistical association between the gender of the parent and parents' anxiety, where it results that fathers are more likely to show anxiety compared to mothers.

Russell (1998), cites data supporting age differences in parents' anxiety. There is also a negative connection between the age of children with neurodevelopmental disorders and parents' anxiety, where parental protection towards children seems to decrease as the child's age increases. In contrast to this, the positive direction of the connection between the age of the parent and the parenting style shows us a tendency toward the authoritarian style with increasing age, especially over 45 years old.

Parental education level affects parenting anxiety. Studies show that when the level of education increases, the democratic attitudes of parents towards children also increase, and the opposite happens when the level of education of parents is low, they experience more anxiety (Ari Bayhan & Artan, 1995).

From our results regarding the statistically significant gender differences between the level of depression and parents whose children have been diagnosed with neuro-developmental disorders, we see that mothers reach a higher average M=5.127 than fathers M=4.898. The standard deviation for fathers is Ds=1.115, while for mothers Ds= 0.854, and the average standard error for fathers is Se=0.588 and for mothers Se= 0.588 (see table 6). So from these results, we understand that there are gender differences in the variables of depression in parents, but that there are no significant statistical differences.

The reason why mothers achieve a higher depression average than fathers is that mothers are more emotionally sensitive, they are also more isolated at home and spend more time with their children. These factors cause mothers to have higher average depression than fathers.

From our results regarding gender differences, statistically significant between the level of anxiety and parents whose children have been diagnosed with neuro-developmental disorders, we see that mothers reach a higher average A=4.951 than fathers A=4.215. The standard deviation for fathers is Sd=0.940, while for mothers Sd= 0.537, and the average standard error for fathers is Se=0.451 and for mothers Se= 0.216 (see table 7). From these results, we can say that there are gender differences in the variables of anxiety in parents, but they do not have significant statistical differences.

The reason why mothers have higher average anxiety is the same as depression mothers are more emotionally sensitive, they are also more isolated at home and spend more time with their children. These factors cause mothers to have higher average depression than fathers.

Conclusions

Do not rush to solve the problems that children face. Children have a natural need to face life's fears and challenges. If the parents will solve these problems for them, they will never feel strong and capable enough to solve them themselves and will later be dependent on external factors in solving the problems without taking their own initiative for this.

Children benefit from mistakes and testing skills and strengths through personal experiences. When they are over-instructed, they lose confidence in their abilities. Avoiding disappointments, concerns, and ejections failures make children vulnerable and unprepared for the future. Often fears and anxieties are not expressed but kept locked inside themselves, shying away from the judgment of others.

Identify your anxieties and worries. Anxiety is often a learned reaction and can be passed down from one generation to the next. If you are more aware of your own anxiety as a parent, you will take steps to deal with it rather than transferring it onto the child.

Teach the child relaxation techniques and autosuggestion. These techniques have quite good effects in relieving anxiety and moving to another state of mind where the person feels more positive and ready to deal with intrapersonal concerns.

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