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Abstract: *Disability puts negative impacts on mental health leading to tension, depression, anxiety and other behavioral problems for the persons with disabilities and the caregivers in Pakistan. The study is qualitative in nature and is based on the analysis of available literature regarding disability and its psychological impacts on mental health of family members. The study concludes that in Pakistan persons with disabilities are totally dependent on their family members because the government as well as private sector seldom provides services for their care at home. In the absence of such services, the family has to shoulder all the responsibilities of this vulnerable segment of society. The study recommends that in order to deal with problems faced by family members and caregivers of the persons with special disabilities, the government, private sector and philanthropists should join hands and resolve their issues. Moreover the people should also change their attitude towards them of society and should not make them stigmatized.. Mental health services should be provided to the family members of persons with disability so that they can better serve them. Furthermore, economic assistance, insurance and social security programs should be introduced for children with disabilities as well as their family members.*

Introduction

Disability is a complex issue that's why it is very difficult to explain in the real sense. The term refers to physical, sensory, cognitive impairment and several other diseases which affect the life of Person with Disability (PWDs) to a greater extent (Brett, 2002). Birth of a child with disability or if a person becomes disable at any stage of life is considered a burden for the entire family. It becomes a cause for various other challenges in the life of parents, family members and other caregivers for which they are not prepared at all (Ali, & Rafique, 2015). Children with Disability (CWD) require more care from parents in terms of time and money as some times the parents have to leave their jobs or other productive responsibilities to take care of him/her (Brennan & Brannan, 2005). Disability whether it is physical or mental, the family members of CWD may face financial problems, affects relationship among family members, changes work and leisure time activities, social activities and time management issues for

their care (Olsson & Hwang, 2003).

Research studies confirm that parents of CWDs face more stress, frustration, grief, burden and alienation as compared to those parents having normal children (Fish, 2006). In addition such parents have to face attitudes of people as well as cater the needs of the family. This situation makes them disappointed and their lives becomes miserable (Fisher & Doodley, 2007).

In South Asian context, CWDs are stigmatized and are considered as curse and result of bad deeds on the part of parents as well as punishment from God (Ullah, & Ali, 2025). Parents feel ashamed of and mostly they hide their children when there is any ceremony in the family or in case guests visit their home. Moreover, due to stigma the parents seldom treat such children and as a result the children suffer from other chronic diseases. However, such attitudes have changed over time in the context of South Asia especially in Muslim families and now they consider such children as gift from God and that they had been chosen by Allah to serve them (Jegatheesan, 2009).

In Pakistan, both the persons with disabilities and their parents are facing hardships in the form of access to services, transportation, and scarcity of opportunities and lack of support from government as well as private sector (UNICEF, 2013). In addition, attitude of people towards them is also stereotypical considering them inferior in the society. Due to these issues the family especially parents have to struggle for fulfilling their needs as well as face society and their inapt outlooks (Ahmed, 2015). In such situation they suffer from various aliments like tension, depression and anxiety. Most of the time, these parents are totally unaware about their mental condition which further lead them to sever mental health condition. Recently the topic of disability has attracted the attention of social scientists, researchers and policy makers (Razzaq, & Rathore, 2020).

The current study aims to know about the impacts of disability on mental health of their family members especially parents who take care of their needs. In addition, the study also aims to suggest possible policy measures to facilitate this marginalized section of society and address related mental health issues faced by parents and other family members in contemporary Pakistani society.

Methodology

The study is qualitative in nature and is based on the review of existing literature regarding disability and its impacts on mental health in Pakistan. It aims to explore how disability negatively impacts the mental health of caregivers of persons with disability. In addition, it also identifies the gaps in existing studies regarding the topic under study. Books, journals, newspapers and online material was reviewed in order to find out how disability impacts mental health condition of both persons with disability and its family members.

Literature Review

State of Disability Worldwide

Worldwide, disability is increasing, according to the WHO; 1.3 billion people are facing disability. This vulnerable section of population is facing multiple other diseases as well which includes diabetes, heart related issues and mental health problems. In addition, they lack access to education and employment transportation and other health related challenges (Pakistan Disability Report, 2025). The life span of these disable persons is also less than that of a normal human being. They are more at risk of developing conditions consisting depression, asthma, diabetes, stroke, obesity, or poor oral health (Kerstein, 2017).

Situation of Disability in Pakistan

In Pakistan, 3.1 percent of people are suffering from some type of disability whereas this ratio is higher among males with 3.3 percent as compared to females with 2.9 percent. According to 7th population

and housing census done in 2023, 9.6 percent of Pakistani people have functional disability. In addition, the disability rate is higher in rural areas as compared with urban areas. In Pakistan, the people stigmatize the disable persons due to which their family members hide them and keep their mobility restricted to the home (Pakistan Disability Report, 2025).

Impacts of Disability on mental health of parents

Intellectual Disability

Parenting of children with disabilities is a cumbersome process and needs basic skills for child care, planning and the capability to manage routines (Brooks-Gunn & Markman, 2005). Particularly responsibilities of parents for taking care of children with intellectual deformities, developmental delays and autism face challenges in their daily routine life (Randell, Forslund, Strandberg, Holmefur, & Wennberg, 2025). Parents of children with ID are more prone to low sensitivity towards their children signals, lacks sufficient knowledge about parenting and are unaware about basic child care skills (Lindberg et al., 2017).

The family of child with ID has to sacrifice their family goals, relationships and responsibilities. Moreover, their parents experience mental health problems like emotional disturbances, disruption in family relations, frequent changes in daily routine and financial burden (Gohel, Mukherjee, & Choudhary, 2011). A research study conducted in Turkey validates the high ratio of mental health issues especially depression among mother of children with autism (72.5%) and in mothers of children with mental retardation (44.7%) (Firat, Diler, Avci, & Seydaoglu, 2002).

Similarly, parents of children with ID remain anxious about the future of their child and they feel disappointed, embarrassed, feel shame and isolation. Among parents mostly the mothers provide more care to such children as compared to fathers therefore they are more exposed to stress (Floyd & Zmich, 1991). Mothers, who are housewives without additional help, can feel restricted in pursuing their social and leisure activities, and experience more stress (Ergun & Ertem, 2012). Fathers have lower rates of anxiety and depression as compared to mothers, but higher rates than males in the general population (Mumford, Saeed, Ahmad, Latif, & Mubbashar, 1997).

Anxiety and tension in mothers of children with ID is dependent on age of child, gender and number of siblings. While the child's mental health is also linked with the health of his/her mother even in countries like Pakistan (Azeem et al, 2013). Similarly disability of child badly affects parent's well-being to a greater extent and similar to developed states, it can be linked with components of parents mental health (Neoh, et al, 2022).

In Pakistan, the culture is male dominated and male head of the house has to take care of all the family members. In the presence of a child with ID, the father has to struggle more to take of his/her needs. In addition, due social stigma, the father feels shame and hides his child with ID in social gatherings. This may lead the father to social isolation which further creates stress for the whole family (Shaukat, 2023). The main reasons of stress consists age of the child, severity of his/her problems and related behavioral issues (Hastings, 2002). Findings of the research study conducted in India by Gupta and Kaur (2010) confirm that both mother and fathers of children with ID were facing mental diseases especially mother. During the last few decades, the bomb blasts and in various parts of the county has resulted in to severe injuries leading to amputation and disability for personnel of law enforcing agencies. These injuries leads to difficult treatment procedures creating distressing effects on the mind of injured personnel of law enforcement agencies as well as their family members (Malik at al, 2019). Moreover, the rehabilitation process takes long time due to which the patient as well the family members has to pass through difficult time which makes them depresses and worried (Friedemann-Sanchez, Sayer, & Pickett,

2008). The level of depression and unhappy state depends on the type of incapacitation and functional impacts on family support as well as relationships among the family members (Arzeen, Irshad, Arzeen, & Shah, 2020)

Summarizing, the CWDs who are already dependent on their parents for fulfilling their needs are also contributing factors in parental stress as they needs more care. Among parents, mother shoulder more responsibilities as she has to handle the child at home. These double responsibilities badly affect her health as she has to spare more time to their dependent children along with other domestic chores.

Mental Retardation

The phrase mental retardation or similar expressions regarding mental delay can be the only manifestation in all the languages of the whole world which is becoming the main source of tension, depression, fear, anxiety and stigma in modern day society (McDonald et al., 1992). We are living in a world where only those people are encouraged that are perfect physically, mentally and socially. Mental retardation is considered as sever and long-lasting disability and to a great extent it causes intellectual and functional impairment in daily activities (Baroff, 1991). Problems in learning, attention deficit disorder, cerebral palsy and hearing problems are all part of developmental and intellectual disability. Children with mental retardation can progress with many educational and therapeutically models disorders (Luckasson et al., 1992)..

The parents of child with mental retardation feel stress due to their child's infirmity and face this difficult time consisting of six stages; shock, despair, guilt, withdrawal, acceptance and adjustment (Begum, 2008). Reaction to the birth or identification of child with disability differs from parent to parent and family to family. Often the parents feel shocked when they know about their child's disability and feel helpless. The parents of such child are worried about their education, career and protection of their child's life as well as support (Sajjad, 2011).

Results of the study carried out in India also validates that a combination of many stresses leads to depression and anxiety. In addition, these stresses also depend on the socio-economic condition of the family of mentally retarded children. Moreover, education of parents, family structure and family composition also contributes to taking care of such children as well as affect associated stresses (Majumdar, Pereira, & Fernandes, 2005).

Likewise, there is lack of academic research in South Asian countries particularly Pakistan especially neurodevelopmental disorders in children and very few researchers have probed in to this matter (Azeem, et al, 2013). Most of the studies have been conducted in middle-income households in developing countries which reveal that there are differences in the level of depression and anxiety faced by parents with different cultural backgrounds (Valicenti-McDermott, et al, 2015). According to Dabrowska & Pistula (2010) parental distress also depends on relationship, social support and types of parental care. In addition, physical health, emotional state, social contacts and the types of environment are also contributing factors in care of child with ID.

Historically persons with disability regardless of age, gender, race and nationality have been subject to harsh attitudes of people around them. They are disable on one hand but on the other hand attitudes of people further aggravates the situation as they are scolded, abuses, chained and mistreated. They are considered as burden on family purse and are regarded as God's punishment to parents. Such attitudes make the parents worrisome as they always think about the future of their children (McConnell et al., 2021). As in Pakistan mostly the poor people cannot afford to stay at home for the care of their disable person. As a result they have to quit their jobs or stop their business to take care of their CWDs or PWDs at home. This badly affects the socio-economic condition of the family, leading them to poor social

relationships and restricted life (Nisar, 2017).

As per Constitution of Pakistan, a welfare measure for integration of these PWDs is the basic responsibility of the state but so far no new schemes have been introduced. Moreover, the services provided by government as well as private sector are insufficient for fulfilling the needs of this vulnerable section of society (Naznin & Khan, 2025).. Likewise, mental health services are not according to the increasing number of patients as most the people do not consider mental health problems as disease. Therefore the mental health problem remains untreated causing severe physical and mental health issues (Syed, Awan, & Syeda, 2020).

Another reason for parental burden and stress is conversion of joint family system in to nuclear family system. In joint family care of disable, and sick person was much easier as compared to nuclear family system (Yousafzai, Farrukh, & Khan, 2011). Nuclear family system cannot perform those functions which were performed by joint family system. In traditional joint family parents have a lot person who can help them in dealing with their child with disability and can share joys and sorrows (Lakhani, Gavino & Yousafzai, 2013).

Summarizing, PWDs and CWDs who are suffering from any type of disability are facing multiple problems on account of their disability as well as the attitudes of people around them. Provision of services to these people is also need of the hour but the people of the community need to change their behaviors so that they can live their lives in a sound manner. In addition, readjust of these persons in society is a joint responsibility of family, community in general as well as government and non-governmental organizations.

Conclusion

Disability whether it is physical or mental badly impacts the persons with disability as well as the family and caregiver. Care of such person depends on the type of family, structure, composition of family, socio-economic status, education and occupation of the parents. In Pakistan where joint family system was the providing care to the old, sick and disable is gradually changing in to nuclear family. As a result the care of such vulnerable population whether it is physically disable or mentally retarded has become a gigantic task. In addition, there is lack of comprehensive program from the government as well as private sector to provide services both in institutional as well as non-institutional level. As a consequence care of this weak section of society totally depends on parents and other close family members in contemporary Pakistani society. Among parents the father who mostly remains outside for earning suffer less as compared to mother who stays at home and mostly is engaged in household activities as well as care of disable person. Such situation compels the parents to spend more time at home and is unable to attend social gatherings leading them to isolation. This isolation leads the parents to tension, depression and anxiety. The care of children with disability depends on the age, gender and number of siblings and health of parents. The parents and family members who are already depressed due to the disability of family members receive poor attitude from the people who stigmatized them. This stigmatization leads them to further isolation, aggression and ultimately they feel shame especially in social gatherings. In Pakistan, the PWDs and CWDs face multiple problems like access to services, lack of assistance, scarcity of social security and protection. Due to this situation, the parents and siblings of such persons detach themselves from society because they are considered inferior as compared to parents on normal children. This societal attitude leads them to mental health issues causing more burdens for their whole family. Mostly they show aggressive behavior, leading to quarrels, tense relationships leading them to poor quality of life. The people also disrupt their relationship with family who have disable person/child and seldom invite them to their family gatherings. These parents are

sometimes unaware about their mental health issues which further aggravate their mental health condition ultimately leading them to weak physical health.

Recommendations

On the basis of the study it is recommended that persons with disabilities and children with disabilities should be given equal opportunities so that their difficulties can be minimized for leading an honorable life. Moreover, they should be provided all the services and facilities like education, health, employment, housing and transportation. Parents of CWDs and PWDs should be given economic assistance so that their problems can be minimized. The people in general should also be guided through formal and informal education regarding the rights of this marginalized section of society. In addition, the general public should also refrain from stigmatizing, scolding and torturing them as well as their families. In order to curtail mental health issues of PWDs/CWDs and their parents, awareness sessions, walks, seminars should be arranged. Moreover, medical assistance should be provided including counseling to them by visiting their homes. Assistance, social insurance and financial assistance from Baitulmal, Zakat and Benzir Income Support program should be provided to such families for leading an honorable life. The people of local community should also not consider these persons as inferior and should provide maximum comfort to them instead of abusing them. The religious leaders i.e. the pesh imams of mosques should teach and guide the people regarding the rights of disable persons in Islam. Teachers at universities, colleges and schools should also sensitize their students regarding the problems faced by children with disabilities and their role in bringing them to the mainstream in society. Special education centers should be established in rural areas so that the local people can get their children admitted in such centers. Medical aid and assistive devices in the form of orthotic and prosthetic appliances/services should be provided free of cost to disable persons to facilitate them in their day to day activities. Parents especially mother of CWDs and PWDs should be trained in the art of handling them at home. More facilities for institutional as well as non-institutional care should be provided by government as well as civil society organizations to reintegrate this weaker section of society. Mobile apps and online services should be introduced for facilitation of parents, caregivers at home regarding their needs fulfillment. Girls with disabilities need special assistance as they are already marginalized. Psychologists and counselors should visit such patients and their family members to provide them mental health services at homes. There should be effective coordination between government departments, elected representatives, people and civil society organizations to provide maximum facilities to both disable persons and their family members.

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