

## THE MENTAL HEALTH OF PARENTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES IN CENTRAL SERBIA AND KOSOVO AND METOHİJA

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**Abstract.** Parenting brings many challenges, especially if there is a child with developmental disabilities in the family. With this in mind, we designed a study aimed at examining the differences in the levels of depression, anxiety, and stress among parents of children with and without developmental disabilities who live in Kosovo and Metohija and central Serbia. The study involved 215 families, 108 families from Kosovo and Metohija (53 families are families with children with disabilities, while 55 families have children without developmental disabilities) and 107 families (51 families are families with children with some form of developmental disability, while 56 families have children without developmental disabilities) from central Serbia. Both parents completed the DASS-21 scale. For data analysis we used the Paired Samples *t*-Test and two-factor multivariate analysis of variance.

The results indicate that mothers generally show higher levels of depression, anxiety and stress than fathers. In addition, the results show that parents of children with disabilities living in central Serbia show higher levels of depression, anxiety and stress than parents of children with disabilities in Kosovo and Metohija. Regarding the differences between parents with/without a child with developmental disabilities, the results indicate that fathers of children with developmental disabilities who live in the area of Kosovo and Metohija show lower levels of depression and anxiety compared to fathers of children with developmental disabilities who live in central Serbia; while fathers of children who do not have developmental disabilities show the same level of depression and anxiety, regardless of their place of residence. The results also show that fathers living in central Serbia are generally more stressed than fathers living in Kosovo and Metohija. On the other hand, mothers of children with developmental disabilities who live in the area of Kosovo and Metohija show a lower level of depression and stress compared to mothers of children with developmental disabilities who live in central Serbia; while mothers of children who do not

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*have developmental disabilities show the same level of depression and stress regardless of their place of residence. In addition, mothers living in central Serbia show a higher level of anxiety compared to mothers living in the area of Kosovo and Metohija. The obtained findings only partly confirm the set hypothesis.*

**Key words:** *fathers, authoritarian parenting style, attachment, conflict resolution styles.*

## 1. INTRODUCTION

Parenthood brings with it new developmental tasks, the assumption of new roles, new patterns of behaviour, a new lifestyle. On the other hand, modern society requires parents to be simultaneously successful in their careers and lead socially and culturally fulfilling lives. Facing new developmental tasks is stressful, parents may feel anxious about the tasks they have to perform, and they may feel depressed if they are unable to adequately respond to their children's demands (Митић 1997). This is especially pronounced in families with a child with developmental disabilities.

Developmental disabilities in children can manifest in several different areas such as physical, intellectual, speech, social, and emotional development. Developmental disabilities can also occur in the area of sensory modalities such as vision and hearing disorders. A child with a developmental disability can be affected by several different aspects of the disability. For example, children who have a problem with hearing and speech (deaf-mute) often have problems in social and emotional development. Having a child with a disability in the family is a real challenge that requires the possession of certain knowledge, skills, and abilities to work with and support them. The parental role involves greater responsibility than that normally assumed by parents of children without disabilities. The high degree of responsibility and care that such children require continues until the parents can no longer fulfil their role due to poor health or death. This process differs in other parents whose direct parental role decreases as the children mature. Such parents also experience stress or strain because the individual has more responsibilities than they can bear (Lee et al. 2003). Parents have expressed personal concerns about the child's ability to function in a less restrictive environment or in less protected conditions and are mostly concerned about the child's future (Waggoner & Wilgosh 1990). Additional stress is also created due to marital conflicts related to raising a child with developmental disabilities, additional financial burdens, fatigue, and loss of free time (Dyson 1997). Previous findings suggest that families with a child with developmental disabilities are susceptible to the development of a dysfunctional dyadic relationship between spouses based on feelings of guilt and helplessness (Khamis 2007; Krstić et al. 2019; Митић 1997). This feeling of guilt can be associated with impaired mental health of the parents, such as increased levels of anxiety and stress (Findler et al. 2016).

The mental health of parents of children with developmental disabilities is worse than the mental health of other parents (Boyce et al. 1991; Scott et al. 1997; Walker et al. 1992). This is particularly pronounced in terms of average stress (Boyce et al. 1991), where parents of children with developmental disabilities exhibit higher levels of stress in the context of relationships with their children (Dyson 1997). An extensive meta-analytic study indicates higher levels of depression in mothers of children with developmental disabilities compared to mothers of children without developmental disabilities (Singer

2006); where Bailey Jr et al. (2007) note that the clinical picture of depression is very rare in the population of mothers of children with developmental disabilities, and that these differences relate only to the manifestation of depressive symptoms, not necessarily to the clinical picture. On the other hand, the findings of one study show that 89% of mothers and 77% of fathers with a child with developmental disabilities suffered from depression or anxiety, of which 13% of mothers and 3% of fathers suffered from both at the same time (Azeem et al. al, 2013). Mothers of children with intellectual disabilities report higher social burden than mothers of children with physical disabilities (Tangri & Verma 1992), especially when the children with disabilities become adults (Rimmerman & Duvdevani 1996).

Families with children with developmental disabilities face the usual pressures and tensions of family life in addition to having to adjust to the presence of a child with developmental disabilities. Such families usually need help reorganizing their lives and responding adequately to the demands of the crisis (Werth & Oseroff 1987). This is also the reason why they need more support from their extended family, but also from the relevant institutions (Cramm & Nieboer 2011; Mahoney et al. 199). Some families experience financial difficulties or indicate that their support is inadequate and insufficient, while others feel that there is a lack of coordination among various social service departments, agencies, and authorized workers (Freedman & Boyer 2000). According to Schmidt et al. (2001), family resources, as well as children's social skills, unlike other types of child disabilities (communication, motor or cognitive abilities), were the most pronounced predictor of parental stress.

A study conducted in Canada shows that high levels of stress in parents of children with some form of developmental disability or dysfunctional behaviour can be mitigated by appropriate interventions in the form of support and assistance to these families (Ritzema 2010). Similar findings, that parents' awareness of their child's problem, appropriate help from the extended family, and adequate professional support are important factors in explaining the variance in the overall quality of life for these families, were obtained from a sample of Australian citizens (Davis & Gavidia-Payne 2009). Group interventions and professional treatment are especially helpful in reducing stress in mothers (Hastings & Beck 2004). Child characteristics, the family environment, and socioeconomic status are important predictors of mental health in parents of children with disabilities. Families with lower socioeconomic status also expressed greater dissatisfaction on the Family Environment Scale (FES) (Mahoney et al. 1992). According to the findings of a study conducted in the United Arab Emirates, stress is highly pronounced in parents of children with developmental disabilities, but decreases as the child grows older. Parental depression and anxiety have been associated with low socio-economic status of the family, while personal growth and development of the parents stand out as the factors that contribute most to stress in these individuals (Khamis 2007).

Previous research has shown that mothers perform more tasks on a daily basis than fathers, therefore mothers of children with disabilities generally exhibit higher stress levels than fathers (Beckman 1991). Material status, children's characteristics, the parents' work requirements, but also the number of children in the family have been shown to be significant predictors of parental stress (Warfield 2005). Financial status, relationships between siblings, and general occupational difficulties are significant contributors of maternal stress levels. On the other hand, finding adequate care for children was a significant predictor of stress in fathers, but not in mothers (Warfield 2005).

Parenting requires a lot of work, effort, sacrifice, and learning. Parenting is even more difficult when problems and obstacles appear, such as a child's illness. The situation is further complicated by the family's place of residence, as well as its social status. Bearing in mind that Kosovo and Metohija is an unstable area, where stressful situations and various incidents occur, as well as frequent inadequate provision of food and other resources, and considering that there are empirical data on the alarming situation and serious mental health issues in Kosovo and Metohija, highlighting the negative consequences of stress on the mental health of people living in the northern part of Kosovska Mitrovica (Štule 2004), we were interested in examining the mental health of parents of children with developmental disabilities living in this area. In addition, we sought to compare the mental health of parents of children with developmental disabilities, measured through the dimensions of anxiety, stress, and depression, with that of parents who do not have a child with developmental disabilities, according to their place of residence (Kosovo and Metohija or central Serbia).

Considering the basic problem of the study, we formulated the following goals:

1. to determine whether there are statistically significant differences in levels of depression, stress, and anxiety between the parents (mothers and fathers);
2. to determine whether there are statistically significant differences in levels of depression, stress, and anxiety between the parents of children with disabilities and the parents of children without disabilities, taking into account the place of residence of the parents.

## 2. METHODOLOGY

### 2.1. The sample

The sample is non-random, 215 families, 108 families from Kosovo and Metohija and 107 families from the territory of Serbia participated in the study. Within the sample from the territory of Kosovo and Metohija, 53 families are families with children with disabilities, while 55 families have children without developmental disabilities. On the other hand, in the sample from the territory of Serbia, 51 families are families with children with some form of developmental disability, while 56 families have children without developmental disabilities. The families were selected from special schools, each of which is focused on a specific type of disability: intellectual or physical. The research only included complete families; that is, the sample consisted of 215 mothers and 215 fathers, and all the necessary measurements on both parents we performed, i.e., the scale and the questionnaire were administered to both mothers and fathers. The average age of the mothers from the territory of Kosovo and Metohija is 41.44 years (SD = 9.19), that of fathers is 44.14 (SD = 9.61); the average age of mothers from the area of central Serbia is 40.37 years (SD = 11.80), that of fathers is 42.23 (SD = 11.53). Regarding economic status, 8.8% of families indicated that they have low, 77.2% medium, and 14% higher economic status. We tested whether the sub-samples according to the place of residence of the families differ in terms of economic status, and the results indicate the absence of such differences ( $\chi^2(2) = 0.60$ ;  $p = .74$ ).

## 2.2. Hypothesis

Having a sick child, a child with disabilities, is a very stressful condition. Therefore, parents of children with disabilities are expected to have higher scores on the dimensions of depression, stress, and anxiety compared to parents of children without disabilities (Boyce et al. 1991; Scott et al. 1997; Walker et al. 1992). Previous research has shown that mothers engage in a greater number of activities that include caring for children as a result of the asymmetric division of responsibilities (Beckman 1991). We hypothesise that mothers of children with disabilities will have the highest levels of depression, stress, and anxiety compared to other parents. Given that Kosovo and Metohija is an unstable area with stressful living conditions and high incidence of conflict, as well as frequent inadequate provision of food, resources, and needs (Štula 2004), it is expected that there will be differences and that parents of children with disabilities in Kosovo and Metohija will have a higher level of depression, stress, and anxiety compared to parents from central Serbia.

## 2.3. Instruments

The *DASS-21* (Lovibond & Lovibond 1995; for Serbian adaptation see Jovanović et al. 2014) measures 3 dimensions: depression (7 items), anxiety (7 items), and stress (7 items). It consists of a total of 21 Likert-type items (0. *Never*; 1. *Sometimes*; 2. *Often*; and 3. *Almost always*). The internal consistencies of the Scales in this sample are: depression  $\alpha$  (for mothers) = .88 and  $\alpha$  (for fathers) = .94; anxiety  $\alpha$  (for mothers) = .90 and  $\alpha$  (for fathers) = .92; and stress  $\alpha$  (for mothers) = .89 and  $\alpha$  (for fathers) = .97.

The group of questions on socio-demographic characteristics of the respondents pertained to: gender (male and female), parents of children with/without disabilities, place of residence (Serbia or Kosovo and Metohija) and material status (low, medium and higher economic status).

## 2.4. Data Collection

The survey was conducted online using Google Forms and distributed to respondents through various groups on social networks such as Instagram and Facebook, as well as via email. The survey was administered in November and December 2021. The parents were contacted electronically to be informed of the purpose of the study. The optimal amount of time to complete the survey was approximately 15-20 minutes.

## 3. RESEARCH RESULTS

The first aim of the research was to examine whether there are statistically significant differences between mothers and fathers regarding the manifestation of depression, anxiety, and stress. To examine this, we conducted 3 separate Paired Samples t-Tests. The results are shown in Table 1.

The results show that mothers exhibit higher levels of depression, anxiety, and stress compared to fathers.

The second aim of the research was to check whether there are statistically significant differences in the level of depression, anxiety, and stress in the parents, taking into account the family's place of residence and whether there is a child with developmental disabilities in the family or not. To examine this, we conducted two separate two-factor multivariate analyses of

variance. As factors, we used place of residence and parents of children with/without disabilities, and the dependent variables in one analysis are the levels of depression, anxiety, and stress in fathers, and in the other, the levels of manifestation of the same dimensions in mothers.

**Table 1** Presentation of the existence of statistically significant differences in the level of depression, anxiety, and stress between mothers and fathers

		M	SD	t	df	p
Depression	Fathers	4.25	5.07	-3.06	214	.002
	Mothers	4.96	5.54			
Anxiety	Fathers	5.06	5.00	-4.37	214	.000
	Mothers	6.03	5.17			
Stress	Fathers	8.30	4.79	-2.38	214	.018
	Mothers	8.89	5.09			

M - means; SD - standard deviation; t - value of the t statistic; df - degrees of freedom; p - significance

The results show that in fathers there is an interaction of place of residence and parents of children with/without disabilities on the dimensions of depression ( $F(1, 211) = 8.44, p < .01; \eta^2 = .04$ ) and anxiety ( $F(1, 211) = 6.91, p < .01; \eta^2 = .03$ ); while in the dimension of stress we have significant separate effects of the factors of place of residence ( $F(1, 211) = 4.50, p < .05; \eta^2 = .02$ ) and parents of children with/without disabilities ( $F(1, 211) = 29.83, p < .01; \eta^2 = .12$ ), but not their interaction ( $F(1, 211) = 2.40, p > .05; \eta^2 = .01$ ). Table 2 shows the results of a comparison of the manifestation of two dimensions in fathers with regard to place of residence and parents of children with/without disabilities; while table 3 shows the results of a comparison on the dimension of stress separately for parents of children with/without disabilities and place of residence.

**Table 2** Descriptive statistics and Post Hoc tests of the existence of statistically significant differences in the level of depression and anxiety in fathers considering place of residence and parents of children with/without disabilities

	Do you have a child with a developmental disability	Place of residence		N	M	SD
		K&M	C. Serbia			
Depression	Yes	K&M	C. Serbia	53	4.81	4.55
		K&M	C. Serbia	51	8.29	5.92
	No	K&M	C. Serbia	53	2.15	3.14
		K&M	C. Serbia	51	2.11	3.80
Anxiety	Yes	K&M	C. Serbia	53	5.55	4.94
		K&M	C. Serbia	51	8.90	5.62
	No	K&M	C. Serbia	53	2.96	3.38
		K&M	C. Serbia	51	3.14	3.50

  

	Do you have a child with a developmental disability	Place of residence		M.D.	p	95% Confidence Interval for Difference	
		K&M	C. Serbia			Lower	Upper
Depression	Yes	K&M	C. Serbia	-3.48	.00	-5.20	-1.77
	No	K&M	C. Serbia	0.04	.96	-1.62	1.70
Anxiety	Yes	K&M	C. Serbia	-3.36	.00	-5.067	-1.64
	No	K&M	C. Serbia	-0.18	.83	-1.84	1.48

K&M - Kosovo and Metohija; C. Serbia - Central Serbia; N- number of respondents; M - arithmetic mean; SD - standard deviation; M. D. - Mean Difference

**Table 3** Descriptive statistics and Post Hoc tests of the existence of statistically significant differences in the level of stress in fathers considering, separately, place of residence and parents of children with/without disabilities

		Do you have a child with a developmental disability		Place of residence	N	M	SD
Stress	Yes			K&M	53	8.91	5.30
				C. Serbia	51	11.14	4.79
	No			K&M	53	6.53	3.59
				C. Serbia	51	6.88	4.01
		Do you have a child with a developmental disability	M. D.	p	95% Confidence Interval for Difference		
					Lower	Upper	
Stress	Yes	No	3.32	.00	2.12	4.52	
		Place of residence	M. D.	p	95% Confidence Interval for Difference		
					Lower	Upper	
Stress	K&M	C. Serbia	-1.29	.04	-2.49	-0.09	

K&M - Kosovo and Metohija; C. Serbia - Central Serbia; N- number of respondents;  
M - arithmetic mean; SD - standard deviation; M. D. - Mean Difference

The research results indicate that fathers who have a developmentally disabled child and who are from central Serbia exhibit a higher level of depression and anxiety compared to fathers who also have a developmentally disabled child, but who live in the area of Kosovo and Metohija. On the other hand, the results suggest that there is no difference in the degree of depression and anxiety between fathers who do not have a developmentally disabled child, regardless of the family's place of residence. Bearing in mind that there was no interaction between the two factors in the dimension of stress, the results indicate that fathers of developmentally disabled children are generally more anxious than fathers of children without disabilities. Also, fathers who live with their families in Central Serbia show a higher level of stress compared to fathers who live with their families on the territory of Kosovo and Metohija.

The results show that among mothers there is an interaction between place of residence and parents of children with/without disabilities on the dimensions of depression ( $F(1, 211) = 5.59, p < .05; \eta^2 = .03$ ) and stress ( $F(1, 211) = 7.66, p < .01; \eta^2 = .04$ ); while in the dimension of anxiety we have significant separate effects of the factors place of residence ( $F(1, 211) = 8.61, p < .01; \eta^2 = .04$ ) and parents of children with/without disabilities ( $F(1, 211) = 39.89, p < .01; \eta^2 = .16$ ), but not their interaction ( $F(1, 211) = 2.33, p > .05; \eta^2 = .01$ ). Table 4 shows the results of a comparison of the manifestation of two dimensions in mothers with regard to place of residence and parents of children with/without disabilities; while table 5 shows the results of the comparison on the dimension of anxiety separately by parents of children with/without disabilities and place of residence.

The research results indicate that mothers who have a developmentally disabled child and who are from central Serbia exhibit a higher level of depression and stress compared to mothers who also have a developmentally disabled child, but who live in the area of Kosovo and Metohija; however, these differences are not statistically significant if the mothers do not have a developmentally disabled child. Bearing in mind that there was no interaction between the two factors in the dimension of anxiety, the results indicate that mothers of developmentally disabled children are generally more anxious than mothers of children without disabilities; in addition, mothers who live with their families in Central

Serbia show a higher level of anxiety compared to mothers who live with their families on the territory of Kosovo and Metohija.

**Table 4** Descriptive statistics and Post Hoc tests of the existence of statistically significant differences in the level of depression and stress in mothers considering place of residence and parents of children with/without disabilities

		Do you have a child with a developmental disability		Place of residence	N	M	SD
Depression	Yes			K&M	53	5.81	5.27
				C. Serbia	51	8.86	6.22
	No			K&M	53	2.84	3.33
				C. Serbia	51	2.68	4.74
Stress	Yes			K&M	53	9.09	5.00
				C. Serbia	51	12.47	4.39
	No			K&M	53	7.22	4.06
				C. Serbia	51	7.09	5.02

  

		Do you have a child with a developmental disability		Place of residence	M.D.	p	95% Confidence Interval for Difference	
							Lower	Upper
Depression	Yes	K&M	C. Serbia	-3.05	.00	-4.97	-1.13	
	No	K&M	C. Serbia	0.16	.87	-1.70	2.02	
Stress	Yes	K&M	C. Serbia	-3.38	.00	-5.17	-1.58	
	No	K&M	C. Serbia	0.13	.88	-1.61	1.87	

K&M - Kosovo and Metohija; C. Serbia - Central Serbia; N - number of respondents; M - arithmetic mean; SD - standard deviation; M. D. - Mean Difference

**Table 5** Descriptive statistics and Post Hoc tests of the existence of statistically significant differences in the level of anxiety in mothers considering, separately, place of residence and parents of children with/without disabilities

		Do you have a child with a developmental disability		Place of residence	N	M	SD
Anxiety	Yes			K&M	53	6.70	5.42
				C. Serbia	51	9.55	5.11
	No			K&M	53	3.64	3.68
				C. Serbia	51	4.54	4.40

  

		Do you have a child with a developmental disability		M. D.	p	95% Confidence Interval for Difference	
						Lower	Upper
Anxiety	Yes	No		4.04	.00	2.78	5.30

  

		Place of residence		M. D.	p	95% Confidence Interval for Difference	
						Lower	Upper
Anxiety	K&M	C. Serbia		-1.88	.00	-3.14	-0.62

K&M - Kosovo and Metohija; C. Serbia - Central Serbia; N- number of respondents; M - arithmetic mean; SD - standard deviation; M. D. - Mean Difference



#### 4. DISCUSSION

In this paper, we dealt with the mental health of parents of children with and without developmental disabilities; that is, the aim of the research was to check the mental health of parents of children with and without developmental disabilities living on the territory of Kosovo and Metohija and on the territory of central Serbia. We measured mental health using three dimensions - anxiety, depression, and stress level in parents.

The results show that mothers exhibit higher levels of depression, anxiety, and stress compared to fathers. The results obtained in this way are in accordance with the set hypothesis. Namely, bearing in mind that the findings so far indicate that it is the mothers who work harder for the children, have more parenting responsibilities, and are more stressed than the fathers (Beckman 1991), we expected that the mothers would score higher on all dimensions compared to the fathers.

The results show that only in the dimension of stress in mothers was there, there are no significant interaction of place of residence and parents of children with/without disabilities. With the other two dimensions, depression and anxiety, there is significant interaction of place of residence and parents of children with/without disabilities. Mothers of children with developmental disabilities who live in the area of central Serbia exhibit a higher degree of depression and anxiety compared to mothers who also have a child with a developmental disability but who live in the area of Kosovo and Metohija; while mother of children without developmental disabilities do not differ from each other in terms of the level of depression and anxiety, regardless of place of residence. Regarding the dimension of stress, the results indicate that mothers of children with developmental disabilities show a higher level of stress compared to mothers who do not have a child with developmental disabilities. In addition, mothers who live with their families in central Serbia generally exhibit a higher level of stress compared to mothers who live in the area of Kosovo and Metohija. The research results further show that there is an interaction between place of residence and parents of children with/without disabilities in fathers on the depression and stress dimensions, while this interaction is not significant for anxiety. Fathers of children with developmental disabilities who live in the area of central Serbia exhibit a higher degree of depression and stress compared to fathers who also have a child with a developmental disability but who live in the area of Kosovo and Metohija; while fathers of children without developmental disabilities do not differ from each other in the level of depression and anxiety, regardless of their place of residence. Regarding the dimension of anxiety, the results indicate that fathers of children with developmental disabilities show a higher level of anxiety compared to fathers who do not have a child with developmental disabilities. In addition, fathers who live with their families in central Serbia generally exhibit a higher level of stress compared to fathers who live in the area of Kosovo and Metohija. Based on the results of previous research (Boyce et al. 1991; Scott et al. 1997; Walker et al. 1992) we expected that both parents of children with developmental disabilities would have significantly higher scores on all three tested mental health dimensions compared to parents of children without developmental disabilities. With that in mind, we can draw a conclusion the results are in accordance with the set hypothesis.

Viewed together, we can draw the conclusion that parents of children with developmental disabilities who live in central Serbia show a higher level of depression, anxiety, and stress compared to parents who have a child with a developmental disability and who live on the territory of Kosovo and Metohija. This result is inconsistent with the presumed hypothesis.

Namely, bearing in mind that the territory of Kosovo and Metohija is an unstable area characterised by unrest, inadequate provision of supplies, medicine, and generally poorer mental health of people (Štula 2004) we expected that parents from the area of Kosovo and Metohija would score higher on almost all three dimensions compared to parents from central Serbia. However, since these differences were not obtained for any of the situations when parents of children with or without developmental disabilities were compared, and instead only in situations where parents have children with developmental disabilities, we tried to consider some factors that could explain the obtained differences. As family support has proven to be a significant factor in helping parents of children with developmental disabilities (Cramm & Nieboer 2011; Davis & Gavidia-Payne 2009; Mahoney et al. 1992; Ritzema 2010), and bearing in mind that Serbs in Kosovo and Metohija live in smaller places where they mostly turn to each other (there is a possibility that it is more common situation that families in Kosovo and Metohija live together with members of their extended family or that they are at least physically closer to each other), our assumption is that families from Kosovo and Metohija can depend on the help of other members of their extended families more than families in central Serbia can. In addition, the unemployment of mothers can be valuable in providing better care for a child, mothers are more focused on children and can devote themselves to them more. Bearing in mind that the results of studies indicate that the percentage of unemployed women in Kosovo and Metohija is very high-only 16% of women are employed (Agency for Statistics of Kosovo 2021) – it is possible that this is the reason why these mothers can devote themselves to their children much more than mothers from central Serbia, which can have an effect on their mental health in the sense of being less depressed, anxious, and stressed. The results indicate that fathers from central Serbia are more stressed, while the mothers are more anxious, compared to fathers and mothers from Kosovo and Metohija. Given these results, and regarding the findings of Warfield (2005), who suggests that mothers are more concerned about the economic situation, work requirements, characteristics of children, while fathers are generally more concerned about childcare, it is possible that fathers of children living in central Serbia are more concerned about childcare due to the possible lesser degree of support from family members (help with childcare, etc.) and higher employment rates for women, in relation to fathers of children from Kosovo and Metohija, where the mothers are mostly unemployed.

Therefore, we assume that family support, as well as the high unemployment rate of mothers in Kosovo and Metohija are the basis for the differences in the levels of depression, anxiety and stress between parents of developmentally disabled children from the area of Kosovo and Metohija and from central Serbia. However, we lack data from our sample to confirm the assumption, so this can be a recommendation for more extensive research.

## 5. CONCLUSION

The result that parents of children with developmental disabilities showed a higher level of depression, anxiety and stress compared to parents of children without developmental disabilities was expected and confirmed in this study. Bearing in mind that Kosovo and Metohija is an unstable area, it was assumed that parents living in this area will have a higher level of depression, anxiety and stress compared to parents living in central Serbia, which was not confirmed. The results suggest that what we perceive as an objectively stressful

environment (frequent conflicts, shortage of food, medicine, etc.) are not necessarily factors that have an effect on the mental health of parents of children with special needs, and it is possible that there are some factors that are more important. However, based on this study, we can only draw a conclusion about the existence of differences, but not about the factors that are important for understanding the results obtained; so this can be a recommendation for some subsequent, more extensive research on this problem.

### Limitations

The design of the research we conducted is quite simple and useful in terms of showing the existence of differences in the levels of depression, anxiety, and stress between parents of children with and without developmental disabilities. In addition, the results provide information on the existence of differences in the level of these mental health characteristics according to the family's place of residence. However, we lack the data on the dyadic relationship between spouses, the number of family members, and the social support received by family members, since these are all factors that can be significant for understanding the mental health of the parents. That is, in this research, we lack the data that would support a more accurate explanation of the findings.

Bearing in mind all of the above, it would be valuable for future studies to include variables related to the assessment of social support that families receive from members of their extended family, and from some specialized institutions as well. In addition, it would be very useful to include the data on the employment of parents in the analysis, especially mothers, as well as the assessment of the importance of career progress for mothers from central Serbia and mothers from Kosovo and Metohija.

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## **MENTALNO ZDRAVLJE RODITELJA DECE SA SMETNJAMA U RAZVOJU NA PODRUČJU CENTRALNE SRBIJE I KOSOVA I METOHIJE**

*Roditeljstvo je razvojni zadatak koji sa sobom nosi brojne izazove posebno ukoliko u porodici postoji dete sa posebnim potrebama. Imajući to u vidu, osmislili smo istraživanje sa ciljom provere razlike u nivou depresivnosti, anksioznosti i stresa kod roditelja deca sa i bez smetnji u razvoju koji žive na teritoriji Kosova i Metohije i centralne Srbije. U istraživanju je učestvovalo 215 porodica, 108 porodica sa Kosova i Metohije (53 porodice sa detetom sa smetnjom u razvoju) i 107 (51 porodica sa detetom sa smetnjom u razvoju) porodica sa teritorije centralne Srbije. Oba roditelja su popunjavala skalu DASS-21. Prilikom analize podataka sproveli smo t test za zavisne uzorke i dvofaktorsku multivarijantnu analizu varijanse.*

*Rezultati istraživanja ukazuju da majke generalno ispoljavaju viši nivo depresivnosti, anksioznosti i stresa u odnosu na očeve. Pored toga, rezultati pokazuju da su roditelji deca sa smetnjama u razvoju koji žive u centralnoj Srbiji ispoljavaju viši nivo depresivnosti, anksioznosti i stresa u odnosu na roditelje koji imaju dete sa smetnjama u razvoju a koji žive na teritoriji Kosova i Metohije. U pogledu razlika između roditelja koji imaju i nemaju dete sa smetnjama u razvoju, rezultati ukazuju da očevi deca koja imaju smetnje u razvoju i koji žive na prostoru Kosova i Metohije ispoljavaju manji stepen depresivnosti i anksioznosti u odnosu na očeve deca koja imaju smetnje u razvoju i koji žive u centralnoj Srbiji; dok očevi deca koja nemaju smetnje u razvoju pokazuju isti nivo depresivnosti i anksioznosti bez obzira na mesto boravka. Rezultati takođe pokazuju da su očevi koji žive na prostoru centralne Srbije generalno ispoljavaju viši nivo stresa u odnosu na očeve koji žive na prostoru Kosova i Metohije. Sa druge strane, majke deca koja imaju smetnje u razvoju i koje žive na prostoru Kosova i Metohije ispoljavaju niži nivo depresivnosti i stresa u odnosu na majke deca koja imaju smetnje u razvoju i koje žive u centralnoj Srbiji; dok majke deca koja nemaju smetnje u razvoju pokazuju isti nivo depresivnosti i stresa bez obzira na mesto boravka. Pored toga, majke koje žive u centralnoj Srbiji pokazuju viši nivo anksioznosti u odnosu na majke koje žive na prostoru Kosova i Metohije. Dobijeni nalazi su delimično u skladu sa postavljenom hipotezom.*

*Ključne reči: mentalno zdrave roditelja, dete sa smetnjom u razvoju, Kosovo i Metohija, centralna Srbija.*