

Psychological Burdens among Wives of Disabled People in Light of Factors-related Disability

Abstract

Background: Spouses of people with disabilities often face unique psychological burdens due to challenges associated with caregiving and emotional support. This study aims to explore the psychological burdens faced by wives of people with disabilities, focusing on the disability-related factors that contribute to these challenges.

Methods: A descriptive cross-sectional study was conducted in Babylon Rehabilitation Center for Disability from April 2nd to Jun 12th, 2024. The study sample consists of 250 wives of disabled people. Data were collected through the interviews and analyzed by applying descriptive and inferential statistical approaches.

Results: The results show that a significant majority (81.6%) of the wives of individuals with disabilities suffer from significant psychological burdens, and reveal that the psychological burdens of wives increase by 29,287 times with every decrease in monthly income. Likewise, the results show a 27.837-fold increase in burdens for those with severe disabilities, while the results indicate a 2.3409-fold increase with longer periods of disability. It confirms the results of statistically significant differences in psychological burdens based on the reasons for spouses' disability ($p=0.001$) and the location of the disability ($p=0.001$).

Conclusions: The study sheds light on the stark reality experienced by wives of individuals with disabilities, and factors such as low monthly income, the severity of the disability, and the duration of the disability greatly exacerbate these burdens. There is an urgent need for targeted interventions to support these women, including financial assistance programmes, and psychological support services for families affected by disabilities.

Keywords Psychological Burdens, Disability, Wives of People with Disabilities.

1. Introduction

Spouses of persons with disabilities experience severe and complex psychological difficulties that vary depending on a set of variables associated with disability. Emotional exhaustion, anxiety, depression, and social isolation are common manifestations of these stressors [1]. The physical demands and chronic nature of the disability exacerbate the emotional burden of caregiving duty, which women typically bear. This caregiving dynamic often leads to feelings of being trapped and losing independence because caring for a disabled spouse can involve a lot of difficult and stressful tasks [2].

These mental costs result from several disability-related problems. The type of condition and its severity are important factors to take into consideration. For example, disabilities such as severe motor impairment or cognitive disorders that need regular monitoring or significant physical care place a greater burden on caregivers [3]. Long-term or permanent disabilities cause constant stress and progressively reduce the caregiver's flexibility, so the length of the condition is also a crucial issue. Wives often face financial struggles and social rejection, which can lead to feelings of helplessness and despair. These factors, along with the social stigma and economic obstacles associated with disability, further exacerbate psychological burdens [4].

Moreover, a woman's psychological effects may be greatly influenced by her marital status before the onset of disability. A strong and sustainable marriage can act as a stress reliever and reduce some of the emotional stress [5]. On the other hand, the caregiver's perception of loneliness and psychological pain may be exacerbated by pre-existing marital discord or lack of emotional closeness [6]. Spouses of persons with disabilities often obtain significant relief from their limitations from their social support networks, underscoring the need for comprehensive support systems in treating these psychological burdens. Such networks include friends, extended family, and community services [7].

Spouses of people with disabilities face significant psychological challenges that are influenced by a complex web of interconnected elements related to both disability and the larger social and relational environment. A comprehensive strategy is needed to address these obligations, including social services, psychological support, and policies designed to reduce caregiving stresses and improve the quality of life for people with disabilities and their spouses [1, 8]. Therefore, this study aims to explore the psychological burden among wives of people with disabilities in the light of factors related to disability at Babylon Rehabilitation Center for Disability/ Iraq.

2. Materials and Methods

2.1. Study Design and Sample

This descriptive cross-sectional study was conducted in Babylon Rehabilitation Center for Disability from April 2nd to Jun 12th, 2024. A sample of 250 wives of disabled people in the Babylon Province was used for the study; this sample makes up about 10% of the total study population.

From the list of spouses registered with the Babylon Rehabilitation Center for Disabled, a simple random sampling was used to choose the sample.

2.2. Study Instruments

The socio-demographic factors included in the study tool were the age of the spouses, degree of education, and monthly income. Factors associated with disability include the types of disabilities, the causes of disabilities, and the duration of disabilities. The 22 items of the Zarit caregiver burden scale (ZCBS), developed by Zarit et al. In 1980 [9], measure how caregiving affects the caregiver. Each item is rated as follows: never (0), rarely (1), sometimes (2), very often (3), and usually almost (4) on a 5-point Likert scale. The maximum value of the scale is 88 and the lowest possible score is 0. A high score indicates an increased burden on spouses. The validity and reliability of the scale were examined in Iraq by Maleh Radhi and others. The results showed that the test-retest reliability was 0.81 and that the internal consistency ranged from 0.87 [1].

2.3. Validity and Reliability

The reliability of the research tool was evaluated by conducting a pilot study that included 20 respondents, or 10% of the study sample. When the participants visited the Babylon Center for Rehabilitation of the Disabled, the researcher gave them a brief introduction and asked them to complete a questionnaire to share their thoughts and participate in the study. Next, the researcher provided a summary of the study objectives and title to evaluate the clarity of the study and the simplicity of understanding of the questionnaire. It was expected that each form would take about 20 minutes to complete. After examining the data, the experimental study was excluded from the sample without making any changes. In our analysis of the scale, the Cronbach's alpha coefficient was 0.81, which indicates a reasonable degree of reliability.

2.4. Data Collection

The data was collected during a full month at the Babylon Center for Rehabilitation of the Disabled. The researchers conducted individual interviews with each study participant to explain the project's goal and obtain verbal consent. Participants interviews were used to collect data according to the following criteria:

Participants studying psychological difficulties among couples with disabilities must meet several requirements to be considered for inclusion. The first need is for them to be adult females (18 years and older) currently married to someone with a recognized disability, such as a physical, intellectual, or sensory disability. To ensure that impairment has a significant impact on daily functioning, it must be medically verified and continued for at least six months. Furthermore, participants had to live with their spouses with disabilities to ensure the sharing of daily experiences and care obligations. Besides being prepared to participate in surveys or interviews about their psychological and emotional experiences, they must also be able to give informed consent. Participants must also have been providing care for at least six months to demonstrate that they have significant experience managing the psychological responsibilities that come with the job.

Those who do not meet the age or gender requirements will not be allowed to participate in the study, subject to exclusion criteria. Spouses of people with short-term disability (less than six months) will not be eligible because the study is more concerned with the long-term psychological effects. Furthermore, people who do not live with a spouse with a disability will not be accepted, as their caregiving experiences may differ significantly from the experiences of those with whom they live. To further ensure the validity of the data, women with serious mental health problems or cognitive impairments that prevent them from giving informed permission or correctly recalling their experiences will be excluded. Finally, to avoid biases or confounding effects in the data collected, participants in other psychological research on caregiving will not be allowed to participate.

2.5. Statistical Analysis

All statistical analyses were performed using IBM SPSS 20.0 software. Numbers and percentages were used to rank variables, while the mean and standard deviation were used to statistically describe continuous variables. Kolmogorov–Smirnov tests (KS test) and Shapiro–Wilk tests were used to test normality. In addition, associations and predictors between study variables were examined using a simple linear regression test and the Kruskal-Wallis test. A significance threshold of 0.05 was applied to the statistical interpretations used.

3. Results

Findings indicate that the mean age of study participants was 37.93 ± 10.020 years. Notably, most of the study sample were secondary school graduates (45.6%). The majority of the study sample felt low monthly income (84.0 %). The (81.6 %) expressed high severity of disability. War-the major cause of disabilities (76.8%) in the lower limb (82.0%). The average duration of disabilities was 9.87 ± 5.091 years (see Table 1).

Table (1): Distribution of Study Sample by their Factors-related Disability

Factors	No. (%)
Age (years)	37.93 ± 10.020
Education level	
Illiterate	20 (8.0)
Primary school	76 (30.4)
Secondary school	114 (45.6)
College	40 (16.0)
Monthly income	
Low	210 (84.0)
Moderate	14 (5.6)
High	26 (10.4)
Severity of Disability	

Mild	31 (12.4)
Moderate	15 (6.0)
High	204 (81.6)
Reasons of Disability	
Conditions (Diseases)	22 (8.8)
War	192 (76.8)
Accidents	36 (14.4)
Sites of Disability	
Upper limb	45 (18.0)
Lower limb	205 (82.0)
Duration of Disability	9.87±5.091

Findings in Table (2), show a significant proportion (81.6%) of the wives of people with disabilities expressed high psychological burden (73.87±19.443).

Table (2): Overall Psychological Burdens among Wives of People with Disability

Scale	M ± SD	Score	No.	%
Psychological Burdens	73.87±19.443	Low	20	8.0
		Moderate	26	10.4
		High	204	81.6
		Total	250	100.0

The linear regression (see Table 3) indicates that the predicted relationship between psychological burdens among wives of people with disabilities and their monthly income (Fig. 1), severity of disabilities (Fig. 2), and duration of disabilities (Fig. 3).

Table (3): Linear Regression among the Study Variables in Predict the Psychological Burdens

Variables	Unstandardized		Standardized	T	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
Age	-.006	.044	-.003	-.127	.899
Education	-.021	.488	-.001	-.043	.965
Income	-13.528	1.315	-.421	10.289	.000
Severity	15.833	1.249	.527	12.680	.000

Duration	.229	.097	.057	2.368	.019
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Dependent Variable: Psychological Burdens.

Figure (1) indicates that every decrease in the monthly income is accompanied by an increase in psychological burdens among the wives of disabled people by 29.287 times. Figure (2) indicates every when the disability becomes severe accompanied by an increase in psychological burdens among wives of disabled people by 27.837 times. Figure (3) indicates that every increase in the duration of disability is accompanied by an increase in psychological burdens among wives of disabled people by 2.3409 time.

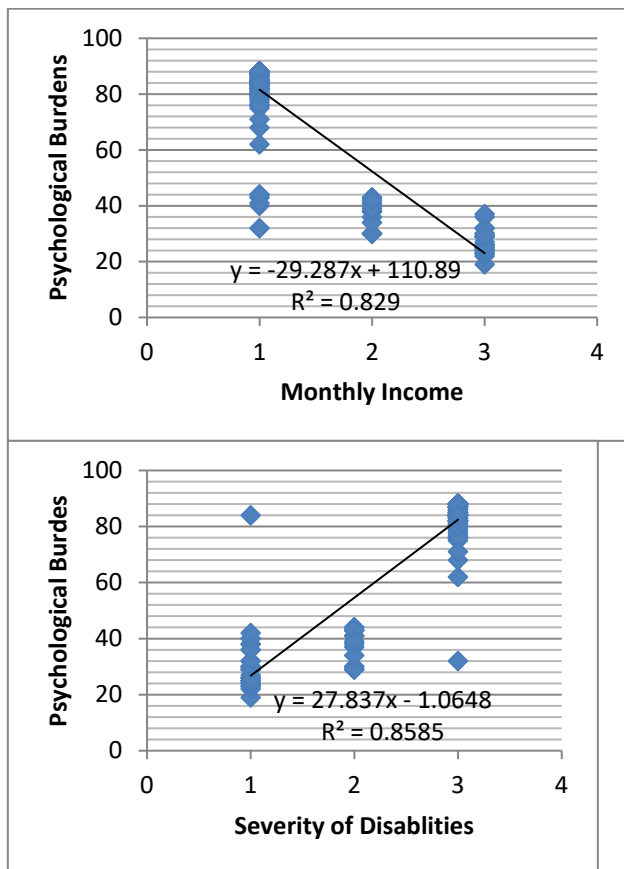


Fig. (1): Psychological Burdens and Monthly Income Severity of Disability

Fig. (2): Psychological Burdens and Severity of Disability

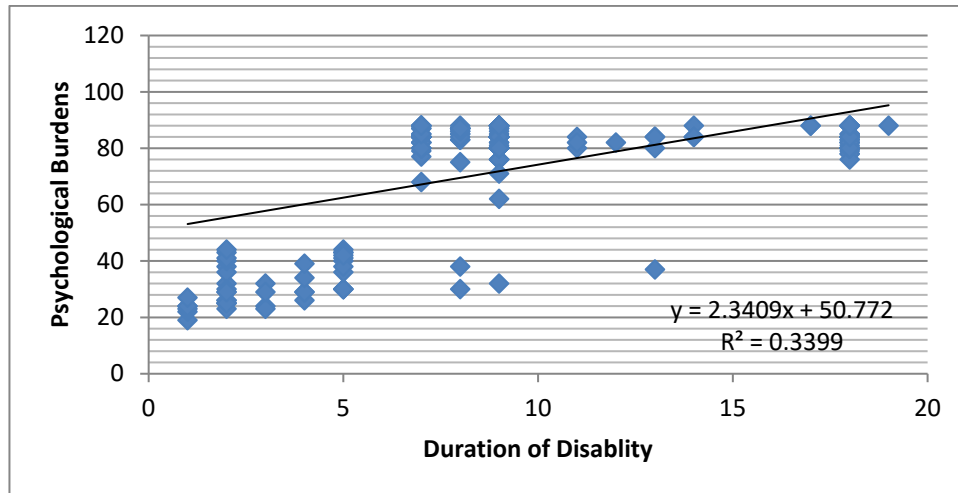


Fig. (3): Psychological Burdens and Duration of Disability

The findings of Kruskal-Wallis analysis indicate statistically significant differences in psychological burdens among wives of people with disabilities and the reasons for their husband's disability ($p=0.001$), and the sites of their husband's disability, whether upper or lower limbs ($p=0.001$) (Table 4).

Table (4): Statistical Differences in Psychological Burdens between Groups of Reasons and Sites of Disability

Variables	Ranks		$b\chi^2$	Sig.	
	Psychological Burdens	No.			Mean Rank
Reasons of Disability	Condition (Diseases)	22	58.43	90.265	.001
	War	192	148.80		
	Accident	36	42.19		
Sites of Disability	Lower extremities	45	23.42	113.925	.001
	Upper extremities	205	147.91		

b = Kruskal Wallis Test; n = number; sig. = significant level at 0.05.

4. Discussion

The results indicate a significant psychological cost borne by spouses of persons with disabilities. According to the measurement scale applied, 81.6% of these women reported high levels of psychological burdens, with a mean score of 73.87 and a standard deviation of 19.443. This high percentage highlights the extent of the psychological difficulties suffered by these women. Although the majority of them feel intense stress, the degree and type of this stress can vary greatly, as the large standard deviation demonstrates. There are several reasons why spouses of persons with disabilities endure such psychological stress. Stress levels are often high due to caregiving obligations, the emotional impact of witnessing a loved one in misery, and the potential for financial

problems. Given the chronic nature of many disabilities, psychological stress persists as a result of these stressors. Feelings of loneliness, anxiety, and sadness may result from this circumstance, which increases the burden.

Previous research has repeatedly demonstrated the significant psychological stress borne by wives and other caregivers of people with disabilities. Studies have shown that providing care to people with long-term illnesses or disabilities often results in high levels of stress, anxiety, and depression in caregivers. Research from South Australia shows that compared with non-carers, carers of people with chronic illnesses show significantly greater levels of psychological burdens [10]. This is consistent with recent research highlighting the significant psychological impact endured by spouses of individuals with disabilities.

Additionally, a Belgian study supported the idea that caregiving is associated with poor mental health outcomes. Their study revealed that constant care demands often cause emotional stress on caregivers, which can lead to chronic stress and burnout [11]. This is particularly important for spouses of people with disabilities, who often have to provide long-term care without downtime or adequate assistance.

Moreover, studies conducted in China have discovered that lack of financial means and social support may exacerbate the psychological burden faced by caregivers. Stress levels and mental health problems are more likely in caregivers who feel lonely or do not have adequate support networks [12]. This is consistent with existing research suggesting that a lack of external support and social acceptance of caregiving roles may contribute to the significant psychological burden experienced by spouses of individuals with disabilities.

Previous research also supports the heterogeneity in these women's experiences, as demonstrated by the large standard deviation in the present results. For example, a systematic review found that psychological impacts on caregivers may vary widely based on the degree of disability, availability of support systems, and coping strategies used by caregivers [13]. This variation underscores the importance of providing individualized treatments and support plans to meet the specific requirements of each caregiver.

The current study's findings are consistent with a body of previous research that highlights the noteworthy psychological harms endured by caregivers—especially spouses—of people with disabilities. Previous research has drawn attention to the emotional toll, ongoing stress, and diversity of experiences that caregivers face, underscoring the need to improve support networks and social recognition of their vital role. By addressing these issues, the overall health of caregivers can be enhanced and their psychological burden reduced.

Together, the information shown in Figures 1, 2, and 3 demonstrates the significant influence that factors related to economic status and the degree and duration of a person's condition have on the psychological difficulties experienced by spouses of persons with disabilities. These data show a strong and statistically significant relationship between these factors and caregivers' mental health,

suggesting that these women's psychological struggles are likely to worsen as their financial burden, the severity and duration of their disability, and their disability itself rise.

Figure 1 shows that wives of people with disabilities experience a staggering 29,287-fold increase in psychological difficulties for every monthly reduction in income. This research shows the important impact financial stability plays on mental health. Stress, anxiety, and depression can be exacerbated by economic instability, especially for people already juggling caregiving demands. The emotional and psychological toll of being unable to meet one's financial demands is likely to be made worse by this, underscoring the need for resources and targeted financial assistance to ease this burden. This is supported by a wealth of existing material. For example, research suggests that caregivers experiencing financial difficulties are more likely to report higher levels of stress, anxiety, and hopelessness. Financial stress is a strong predictor of depressive symptoms in Hong Kong, underscoring the need for financial support systems to alleviate the pressure of caring for older individuals [14]. Similarly, in Galveston, USA, it was highlighted that the presence of financial challenges may make caregiving more emotionally and mentally stressful, highlighting the importance of financial measures to enhance caregivers' mental health [15].

According to Figure 2, the psychological burdens of these couples increase by a factor of 27.837 with their degree of vulnerability. There is often a need for more comprehensive and ongoing care for those with severe disabilities, which can be mentally and physically exhausting. The amount and type of caring responsibilities appear to be important determinants of mental health, as evidenced by the observed rise in psychological burden associated with increasing severity of disability. This highlights the need for comprehensive support networks, such as counseling, community services, and respite care, to help these caregivers deal with the additional difficulties that come with more severe disabilities. Previous study also supports these conclusions. According to a Korean study, caregivers of people with more severe disabilities experienced greater levels of caregiver sadness and stress [16]. Stress and emotional exhaustion for caregivers can be exacerbated by the added responsibilities of caring for someone with a severe disability, such as more medical appointments and physical care needs. In addition, a study conducted in Victoria, Australia, demonstrated a link between increased severity of disability and increased caregiver suffering. This points to the need for improved support services for those caring for people with severe disabilities [17].

Finally, Figure 3 shows that women with disabilities have 2.3409 times more psychological problems for every year their husbands have a disability. Because long-term care duties without adequate support can gradually weaken mental resilience, providing long-term care may lead to chronic stress and burnout. This research underscores the value of long-term support plans for caregivers, which ensure they have continued access to support networks, mental health treatments, and other resources to maintain their well-being over time. Literature similarly reflects these findings. Long-term caregiving has been linked to ongoing stress and increased chances of developing mental health problems. Chronic caregiving has been linked to severe psychological morbidity, including higher levels of anxiety and sadness, according to German research [18].

Moreover, studies conducted in Babylon/Iraq revealed that burnout is common for long-term caregivers, underscoring the need for ongoing assistance and short-term respite care to enable them to cope with their obligations over time [1].

Strong evidence from previous research supports the conclusions drawn from Figures 1, 2, and 3, highlighting the urgent need for comprehensive support systems to address the short-term and long-term financial difficulties experienced by caregivers of disabled people. When these findings are compared with previous studies, it is clear that focused treatments are necessary to reduce the psychological costs to this sensitive group.

The study's findings indicate that there are noticeable differences in the psychological burdens borne by spouses of people with disabilities, depending on the exact location of the affected body and the cause of the condition. Compared with wives whose husbands acquired their disabilities in other ways, husbands whose husbands suffered war-related impairments bear much greater psychological costs. There are several reasons for this increased burden. Veterans and their spouses are not the only ones affected by the complex emotional and psychological ramifications resulting from war-related injuries, which often include trauma and post-traumatic stress disorder. These women may experience greater emotional stress and a stronger sense of duty or helplessness due to constant reminders of war and a higher level of war casualties in the community. Furthermore, women may worry about their husbands' recurring mental health crises or medical problems due to the severe and unexpected nature of combat injuries.

Studies conducted in the past have consistently shown the extreme psychological stress that wives of war veterans are exposed to. For example, a study conducted in Falls Church, Virginia, USA, discovered that compared with wives of non-combatant veterans, spouses of veterans with PTSD showed greater degrees of emotional burdens, hopelessness, and anxiety [19]. This is explained by the widespread effects of post-traumatic stress disorder (PTSD), which hurts the veteran as well as his or her family members, leading to a tense and unstable home life. Likewise, research conducted in Garden City, New York, USA, found that wives of veterans with mental health problems experienced significant declines in their psychological well-being, supporting the notion that husbands suffer profound emotional effects from war-related disabilities [20].

In addition, the location of the disability has a major impact on psychological difficulties. According to the study, wives of people who suffer from disabilities in the lower limbs are exposed to more psychological problems than wives of people who suffer from disabilities in the upper limbs. Functional and care consequences associated with different types of disability may be the basis for this differentiation. Disabilities that affect the lower extremities often result in severe mobility problems that require more intense physical care and may require changes in living arrangements. Increased stress and emotional fatigue may result from increased caregiving responsibilities as well as the potential need for help with simple daily tasks such as dressing, washing, and using the bathroom. On the other hand, limitations on the upper extremities, although still significant, would provide more freedom of movement and less intensive physical care, reducing the psychological

burden on the husband. This is well supported by Korean research that found that higher levels of caregiving burden are experienced by those who provide care for people with spinal cord injuries, which predominantly affect the lower extremities. Due to the increased intensity of caregiving duties and the frequent need for constant and comprehensive assistance from the care recipient, this stress has both physical and emotional components [21]. Furthermore, the obligations of providing physical care and the emotional burden of seeing loved ones lose independence have increased stress and deteriorating quality of life for family members of people with significant mobility impairments, especially for spouses [1, 22, 23].

Observed differences in psychological burdens between spouses of individuals with disabilities according to the type and location of their disability are strongly supported by these previous investigations. They stress the need for support networks tailored to deal with the practical and emotional difficulties faced by caregivers. These customized treatments are essential to reduce the increasing psychological costs and improve the overall health of these couples.

5. Conclusions

The study sheds light on the stark reality experienced by wives of individuals with disabilities, as a large majority suffer from great psychological burdens. Factors such as low monthly income, the severity of the disability, and the duration of the disability greatly exacerbate these burdens. The results underscore the urgent need for targeted interventions to support these women, including financial assistance programs, psychological support services, and initiatives to improve the quality of life for families affected by disability. Policymakers and health care providers should prioritize these interventions to alleviate the psychological stress faced by wives of persons with disabilities and improve their overall well-being.

Limitation

Generalizing the study results to the psychological difficulties experienced by spouses of people with disabilities, taking disability-related characteristics into account, is one potential limitation. The sample was unable to accurately reflect the range of couples' experiences in different social, cultural, and geographic situations. Furthermore, because the study relied solely on self-report measures, response bias may be introduced because participants may over-report their experiences depending on how they perceive the questions or how desirable they believe the information is. Furthermore, the cross-sectional study design makes it difficult to determine a cause-and-effect relationship or assess how these women's psychological burdens change over time. Longitudinal approaches and more diverse participant groups may improve the validity and usefulness of the findings in future study.

Ethics approval and consent to participate

The ethical approval was obtained from the Research Ethics Committee of the College of Nursing/ Babylon University (No.: 122, dated April/5/2024).

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