

**PARENTING STRESS IN MOTHERS OF CHILDREN WITH
DISABILITIES: A COMPARATIVE STUDY**

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ABSTRACT

This study aimed to explore the differences in the level of parenting stress among the mothers of children with hearing impairment (C-HI), mothers of children with intellectual disabilities, mild (C-ID), and mothers of children without any disability (C-WOD). The sample comprised of 145 mothers of children divided into: mothers of C-HI, (N=56); mothers of C-ID (N= 37); and mothers of C-WOD (N=52). Parenting Stress Index (Abidin, 1995) was administered to measure the stress related to parenting. One Way ANOVA indicated that there is significant difference in the level of parenting stress between mothers of C-HI, mothers of C-ID and mothers of C-WOD. Post hoc comparisons using Tukey's HSD indicated higher level of parenting stress in both mothers of C-HI and mothers of C-ID in contrast to mothers of C-WOD. However, the mean difference between mothers of C-HI and mothers of C-ID was found to be insignificant. These findings are suggestive of higher parenting stress in mothers of children with disabilities. Limitations and avenues for future research were suggested.

Keywords: Parenting, Stress, Hearing Impairment, Intellectual Disability

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INTRODUCTION

Disability not only affects the person negatively but the family also. Along with the associated behavioral and psychological problems in children with disabilities, their parents also tend to be at increased risk of having emotional as well as psychological problems. Stress is the commonly reported and studied factor which parents experience most frequently in raising a child with disabilities since the overall responsibility is increased for the whole family in general, and parents specifically. In Pakistan, the research work has been insufficiently extended to the special populations and requires extensive work to explore the dynamics within this population. The inadequate knowledge of the needs of population with disabilities causes hindrance for professionals to help them adequately. Consequently, parents are also left out of support services and adequate guidance to have enough competence in parenting their child with disabilities. In this context, this study is an attempt to investigate the level of parenting stress among the mothers of children with disabilities, i.e. hearing impairment and intellectual disability and mothers of children without any disabilities.

Hearing impairment is characterized into two types based on severity: Deafness and hard of hearing. Deafness is defined as “an inability to usefully perceive sounds in the environment with or without the use of a hearing aid; inability to use hearing as a primary way to gain information”. While hard of hearing is defined as “having sufficient residual hearing to be able, with a hearing aid, to comprehend other’s speech and oral communication” (Deborah, 1998). Moreover, intellectual disability is a neurodevelopmental disorder, that has onset during developmental phase that demonstrate deficits in intellectual and adaptive functioning in the areas of social, practical and conceptual. Deficits are manifested in general mental capacities, for example, reasoning, problem solving skills, planning abilities, judgment, and learning either academic or from experiences (American Psychiatric Association, 2013).

The ample amount of researches have indicated the adverse influence of upbringing of a child with disabilities on family and demonstrated the presence of depression, anger and stress among parents (e.g., Little, 2003; Sanders & Morgan, 1997). Sereshki (1999) demonstrated that the more common reaction at the birth of a disable child is depression and the survival of a disable child is more stressful than the death of normal child. As explained by Ellis (1989), this may be due to the reason that parents experience disappointment, humiliation,

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loss of control, guilt, self-doubt, panic and they tend to feel overwhelmed with their expectation of a perfect child. Likewise, Luterman (2008) attributed this to parental sense of inadequacy and overwhelming thoughts regarding future. He asserts that besides anger feelings developed by lack of fulfillment of expectations, guilt is most likely to prevail in parents of children with disabilities. Sometime excessive knowledge with regard to child's disability render them in confusion, consequently they become vulnerable. Furthermore, the severity of disorder in children taxes parental stress tolerance.

Disability generates negative feelings and causes more stress among mothers than fathers. Since, mothers have greater involvement with their kids than do fathers eventually it causes more stress in mothers (Hastings, 2003). In a comparative study on fathers and mothers of C-ID, Hastings and colleagues (2005) demonstrated that mothers were more stressed than fathers. Similar findings were reported in other past studies (e.g., Beckman, 1991; Krauss, 1993; Baker, 1994).

Existing literature emphasized greater psychological disturbances especially in mothers of children with special needs as compared to the mothers of normal children. Dekhordi and colleagues (2011) studied stress among mothers of C-ID, mothers of C-HI, and mothers CWOD. The results demonstrated significant differences on the level of stress specifically on the areas of financial strains, intra family strains, stress related to job transitions, stress related to illness and family care. Other studies have also shown that stress is found to be more prevalent in mothers of children with special needs in contrast to mothers of healthy children (Berkell, 1992; Nachesen & Jemieson, 2001; O'Neill, 2000; Riper, 1999). Similarly, Research finding in Pakistani culture also indicates significant difference in the scores of parental stress, parental distress, and parent-children dysfunctional interaction in mothers of children with special needs as compared to the mothers of healthy children (Ali, 2004).

Mothers are more affected by child's disability since they have to arrange requirement for a handicap child in home environment, in her routine and in her communication mode. Children with hearing impairment need constant visual stimulus in order to communicate, respond and follow instructions. These and other kind of adjustments in order to make a child understand his environment puts great stress on mother's psychological well-being. In Asian culture, mothers hold more responsibility for taking care of child in its physical,

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emotional and social development due to the fact that mothers are supposed to be typical home makers. Mothers are mainly responsible for care taking of a disabled child. This pattern is led by the male incompetence myth (Blain, 1994), suggesting that males are less capable and show reluctance in learning the necessary skills. This burden over mother's shoulders is increased when special service providers focus more on mothers and indirectly ignore the role of fathers. She tends to feel overwhelmed by constant supervision for a child's safety outside and inside home and constant and deliberate efforts to make child able to attain optimal development. These extra efforts may lead to increased stress on mother's part and eventually may affect mother's other duties related to other children, marital relationships, household chores, her own health and her interpersonal relationships. Consequently, the level of stress may be multiplied and may lead to further debilitating psychological consequences and this cycle may continue affecting the whole family. Hence, keeping in view above mentioned findings, it is hypothesized that:

1. There will be difference in the level of parenting stress in mothers of children with hearing impairment, mothers of children with intellectual disability and mothers of children without any disability.

METHOD

Participants

The sample comprised of 145 mothers further divided into three groups: Group 1 consisted of 56 mothers of children with known case of hearing impairment irrespective of the type of impairment. The children with hearing impairment were selected from deaf sections of special education schools to ascertain their diagnosis. Children with other co-morbid disorders were not included in above sample i.e. children with Intellectual Disability, Attention Deficit Hyperactive Disorder, Cerebral Palsy or any other psychiatric as well as physical disorders. The second group comprised of 37 mothers of children with Intellectual Disability, Mild. They were selected from the section of intellectual disability in special schools and from the Institute of Clinical Psychology, University of Karachi. The third group consisted of 52 children without any disability. These were selected as control group from normal schools of the community. This group had no significant health issues or any physical disability. The age range of children in each sample was from 5 to 12 years.

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Mother's sample was controlled on the basis of their educational level, marital status and socioeconomic status to ensure the homogeneity. Mothers with minimum Intermediate education level (*this was also the minimum requirement to respond to the measures being used*); married and middle socioeconomic status were encompassed in the sample. The widow, divorced and separated mothers were excluded to maintain homogeneity. All mothers were with intact hearing and were not competent in sign language although most of them reported that they can understand what their child wants to express.

Table 1

Descriptive Statistics for the Age of the Children with Hearing Impairment, Children with Intellectual Disabilities, and Children without Any Disability

Groups	Gender	N	M	SD
C-HI (N=56)	Male	28	8.53	2.19
	Female	28	8.5	1.93
C-ID (N=37)	Male	26	8.6	2.45
	Female	11	8.25	2.43
C-WOD (N=52)	Male	26	8.04	2.54
	Female	26	7.8	2.04

Note: Children with Hearing Impairment= C-HI; Children with Intellectual Disability= C-ID; Children Without Any Disability= C-WOD; $p < .05$

Measures

Demographic Form

The Demographic form was used to obtain information and screen participants according to the pre-decided research criteria. The child related information was obtained through items focusing on child's age, sex, grade level, type of disability, etc. The mother's information was obtained through items

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including, parental education, parental occupation, monthly family income, number of siblings, residential locality, mother's educational level, parents' marital status, etc.

Parenting Stress Index (PSI)

Parenting Stress Index (PSI; Abidin, 1995) comprised of three main domains: *Child domain, Parent domain, and Life Stress*. Only the Parent Domain was used in this study. Parent domain is comprised of seven subscales that are *Competence, Isolation, Attachment, Health, Role Restriction, Depression* and *Spouse*. Most of the items on parent domain are responded using a 5-point Likert type scale from 'Strongly Agree' to 'Strongly Disagree'. Overall reliability coefficients for parent domain is .90 or larger that proved high level of internal consistency. Results of test retest reliability obtained for two sets of scores were .91 for Parent domain

Procedure

The sample was drawn from special and mainstream schools of Karachi. First, consent was taken from school authorities and then mothers were approached through the permission from school to collect data. Only those mothers were approached who had their children having disability (hearing impairment and intellectual disability, mild). Mothers were given assurance about confidentiality, the right to withdraw participation at any time and debriefed about the study purpose. First consent to participate was taken through Consent Form followed by Demographic Form to be filled. Lastly, Parental Stress Index was administered. At the end, mothers were thanked for their time and cooperation.

Scoring & Statistical Analysis

After data collection, the research questionnaires are scored. Then the Statistical Package for Social Sciences (SPSS, V20.0) was used to analyze data statistically. Mean and standard deviation were calculated for the variable of parenting stress in mothers. One Way ANOVA was computed to test the hypothesis of the study. The Post Hoc Tukey's HSD was computed to examine the mean difference between three groups.

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RESULTS

Table 2

Differences in their level of Parenting Stress between Mothers of Children with Hearing Impairment, Mothers of Children with Intellectual Disability and Mothers of Children Without Any Disability

Groups	<i>M</i>	<i>SD</i>	<i>df</i>	<i>F</i>	<i>Sig</i>
Mothers of C-HI (N=56)	51.12	25.69			
Mothers of C-ID (N=37)	53.54	26.75	2, 142	8.281	.000*
Mothers of C-WOD (N=52)	32.80	29.80			

Note: Children with Hearing Impairment= C-HI; Children with Intellectual Disability= C-ID; Children without Any Disability= C-WOD; * $p<.05$

Table 3

Post Hoc Tukey's HSD for Parenting Stress in Mothers of Children with Hearing Impairment, Mothers of Children with Intellectual Disability and Mothers of Children without Any Disability

Groups	Groups	<i>MD</i>	<i>SE</i>	<i>Sig</i>
Mothers of C-HI (N=56)	Mothers of C-ID (N=37)	-2.41	5.82	.910
	Mothers of C-WOD (N=52)	18.31	5.29	.002*
Mothers of C-ID (N=37)	Mothers of C-WOD (N=52)	20.73	5.91	.002*

Note: Children with Hearing Impairment= C-HI; Children with Intellectual Disability= C-ID; Children without Any Disability= C-WOD; * $p<.05$

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DISCUSSION

The findings of the study supported the hypothesis of the study indicating significant difference in the level of parenting stress among mothers of C-HI, mothers of C-ID and mothers of C-WOD (Table 2). Further, Post Hoc Tukey's HSD was conducted to analyze the differences in three groups of mothers (Table 3). The mothers of C-HI scored higher than the mothers of C-WOD. Further, the mothers of C-ID scored higher than mothers of C-WOD. However, the means difference between mothers of C-HI and mothers of C-ID was found to be insignificant.

The knowledge of having a child with disability, that requires certain adjustment in home, in family members as well as within social group, renders parents at greater risk for having stress. There are certain causative factors of stress that become source of stress for the parents and specifically mothers. The most important aspect of the disability is the presence of such child in family. This brings a grave amount of sorrow in mothers specially who is supposed to be responsible for child's prenatal development. Other family members also experience sense of embarrassment, hindering their acceptance for such child. In such cases mothers have to play dual role, to overcome her own grief and to make other members accepting handicapped child. Eventually, mothers experience greater parenting stress.

In conventional societies and eastern culture, it is common that child rearing practices are sole responsibility of the mother. She is supposed to take care of the child, its illnesses, and handicaps. Thus, it is obvious that in such culture the disabilities in child affect the mothers more than the father or anybody else in the family. Although the father's stress may be significant but its attribute and focus differ from those of the mothers. Fathers in such cultures do not encounter the daily hassles of child's management; his concerns would be more towards child's future and its self-sufficiency and independence. Generally, it has been seen that mothers are responsible for the crises management in the family regardless of the culture (Pipp-Siegel, Sedey, & Yoshinaga-Itano, 2002), and this is the situation where she suffered most in the family and experience parenting stress and consequently become vulnerable to psychological problems. This cultural aspect associated with gender differences in parental involvement is well acknowledged but less understood (Cohler, Storr, & Musick, 1995; Seligman & Daring, 1989).

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Other source of parenting stress particularly in mothers of children with Intellectual Disability (ID) may be as ID itself is a constant condition for which mothers have to guide, train and supervise them throughout their lives. In this context, children with ID are more dependent on their parents as they have difficulty to learn from experiences. While, the particular source of parenting stress in mothers of hearing impairment, may be communication problem due to child's inability in expressive and receptive skills of communication. Difficulty in communication causes psychological problems in children that increases mother's stress. Mothers in the present study reported one or two family member's ability to understand what the child is saying including mother. Competent signing ability was not reported by any mother in any of the family member. Communication difficulties among children with hearing impairment cause maladaptive behaviors that ultimately increase parenting stress and hence reduce the likelihood of developing positive self-image and problem solving skills of family (Desselle, 1994; Jones, 1995; Pisterman et al., 1992).

Another stressor is the additional burden of arrangement of a special education system for the child. In our culture, there are limited institutions for such services and also they are far distant from child's home that demands parental resources to be more affording and time consuming. In recent qualitative study on parents of children with hearing impairment, researchers explored that parents increased their work hours for better future of their family that ultimately substantiate their stress. Parents admitted that the financial support provided by their government is a big help for them (Hong & Turnbull, 2013). Contrary to this, in our country no such help is provided on the government level to the children with special needs or their parents. The financial burden is a great source of stress for the parents of such children.

Conclusion

Summing up, disability in a child is chronic condition, prevails life time and demands constant adjustment, modifications and transition while going through child's developmental phases of life. Starting from diagnosis to the ongoing accommodations for child's better future, parents put their constant efforts. Visits to speech therapists, medical check-ups, arrangement of hearing aid and making child adjust with it, searching for suitable schools are examples of these adjustments. Furthermore, after doing these all efforts, they still remain apprehensive, pessimistic and fearful of child's future life in terms of his/her independence, practical life issues and interaction with outside world. Thus the

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child's disability undeniably increases parenting stress on part of mothers eventually affecting their overall psychological well-being. Thus, it is important for mental health professionals to know the associated negative impacts of certain factors that cause parenting stress on part of mothers in our culture and formulate interventions attempting to lessen the emotional burden and grief experienced by them. Special schools need to offer counseling services to provide guidance for rearing children with special needs and for implementation of adaptive coping strategies to face stressors.

There are some potential limitations of this study. The sample size was smaller; belonged to only middle socioeconomic status and was recruited from schools in urban area only. Thus, this limits the generalizability of the findings. Future studies with an inclusion of a larger sample size and broader demographic characteristics may be carried out.

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