

Parenting stress and social support in mothers of children with disability in Ardabil, 2020

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ABSTRACT

A disabled child causes parenting stress, especially for the mother. Social support is effective to reduce parenting stress. This study determined the relationship between parenting stress and social support in mothers covered by Ardabil Welfare Organization. This is a descriptive-correlational study conducted by census method on 154 mothers. Data collection tools included demographic and social characteristics questionnaire, Parenting Stress Questionnaire (P.S.I-SF), and Sarason Social Support Questionnaire. Data were analyzed using SPSS software using descriptive and analytical statistics. The total score of parenting stress in mothers of children with disability was less than the criterion score (108), but the difference was not statistically significant ($p=0.9$). Parenting stress score of mothers with autistic children was higher than other disorder groups (126.05 ± 22.28) and the difference was statistically significant ($p < 0.01$). The total social support score was 111.08 ± 29.55 and the highest score obtained by mothers of children with down syndrome. Social network size components with the beta of -0.37 ($p=0.001$, $t=28.99$, $B=-0.37$) and, satisfaction with social support with the beta of -0.36 ($p=0.001$, $t=17.43$, $B=-0.36$) had the highest and lowest contribution to predicting parenting stress in the mothers, respectively. The mothers with higher scores on social network size had lower scores of parenting stress. The total score of parenting stress in mothers was desirable. The parenting stress in the mothers of children with different disabilities was not identical and, the highest rate was associated with the mothers of autistic children and, there was a significant inverse relationship between social support and parenting stress.

Keywords: Parenting stress, Social support, Disabled child Autism, Down syndrome, Hearing loss, Blindness

Introduction

The family is a small community and a safe place to satisfy the various needs of its members [1]. Philosophers and thinkers believe that the family is a key institution in the social structure of any society, and the higher health and growth of the family leads to the greater growth of society [2].

One of the most common daily concerns for parents is parenting stress. High levels of parenting stress may lead to problems in parent-child interaction impairing parenting skills [3, 4]. Parenting stress is caused by various external, and internal factors such as parent and child characteristics, environmental facilities, social support, and interaction between them [5]. Due to the parent reports, fewer variables can disrupt the rhythm and balance of the family and alter the emotional-psychological states of the parents as much as the birth of a child. At present, if this new member also has a disability, it will make the situation worse than expected [3, 5]. Due to the World Health Organization, between 10 and 15 percent of developing countries have a disability. Furthermore, disability affects a large population of more than one and a half million people in Iran. Three percent of these people have very severe disabilities. Based on the statistics of the Welfare Organization, 29 to 35 thousand children are

Access this article online

Website: www.japer.in

E-ISSN: 2249-3379

How to cite this article: Ghanizadeh SM, Mohammadi MA, Dadkhah B, Raisi L, Mozaffari N. Parenting stress and social support in mothers of children with disability in Ardabil, 2020. *J Adv Pharm Edu Res.* 2023;13(1):1105-10. <https://doi.org/10.51847/fnQM7IC3Lb>

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annually born with disabilities in Iran [6]. Children with disabilities and their families form a unique group that is different from healthy children [7].

Evidence shows that the physical and mental needs of these children and the time and energy required to care for them are unique challenges for the mothers [8, 9]. Higher levels of parenting stress have been found to be associated to depression and psychological difficulties in parents, behaviour problems and self-regulation difficulties in children [10]. A child's disability can exacerbate negative self-perceptions and even lead to social isolation [11]. Although mothers cope with their child's disability, most of them are upset with the attitude of others and society towards their child's disability. Research shows that mothers experience more stress, conflict, and even conflicting emotions [12, 13]. Considering their personality structure, mothers feel more responsible and sometimes feel guilty which leads to more information about the child's disability and extreme support for him/her [11, 12, 14]. Some mothers with children with disabilities are socially isolated and limit their social interactions, and are more vulnerable to parenting stress [11, 15]. Very few studies and articles have investigated the role of fathers, and often "parents" in the articles refer only to mothers, and more stress was reported in mothers, Fathers are also less adaptable to their child's problem and often follow the reaction of denial [9, 12, 16]. Mothers are most often in contact with specialists and do the education of the disabled child at home, and they are better able than the fathers to communicate with their child, and sometimes they are constantly in the role of their liaison [9, 11, 12]. In families where her husband sufficiently supports the mother, there is more balance, and children with disabilities have better performance [12, 17]. Based on the research, mothers who receive emotional and practical support from their family and friends are better able to cope with their situation [16, 17].

One of the most important sources of help is the support groups, including experts and parents with children with disabilities [17]. At the same time, the parents were in dire need of social support; these families often incur additional costs concerning their children which puts an additional burden on the family and sometimes causes double problems [12, 18].

From 2005 to 2020, there were studies on parenting stress in the mothers of children with disabilities in medical and nursing texts, based on a review of literature in the PubMed - Google scholar-prequest-cinahl-Scopus databases. Little information is available on the comparison of parenting stress and social support in the mothers of children with disabilities, including autism, deafness, blindness, and down syndrome. On the other hand, the results of these studies are also contradictory, and no study has been conducted in Iran. Therefore, this study was conducted to determine the relationship between parenting stress and social support in the mothers of children with disabilities covered by the Welfare Organization of Ardabil in 2020.

Materials and Methods

This research is a descriptive-correlational study, the statistical population of which includes the mothers of autistic, deaf, blind, and Down syndrome children under the age of 10 covered by the Welfare Organization of Ardabil, studied by the census. The data collection tool was a three-part questionnaire:

- Social and personal characteristics: including age (parents and child), child gender, type of disability, family history of disability, marital status, pregnancy rank, parents' education, parents' occupation, etc.
- Abidin Parenting Stress Questionnaire (PSI-SF): This tool is a short form of Parenting Stress Questionnaire with 36 5-scale Likert-type questions. It has many clinical and research applications and was designed by Abidin in 1983 and 1995. It is a self-report screening tool that helps the researchers and families identify the sources and different types of stress experienced by parents. Parents respond to 36 items with 3 subscales. Parenting Stress (PD): The competence, limitation, involvement, support, and depression perceived by the parents in their role as parents (Questions 1-12).
 - Parent-child dysfunctional interaction (P-CDI): The degree to which parents feel uncomfortable with the interaction with their child (questions 13-24).
 - Difficult child (DC): What parents understand about their child, whether the child is difficult or not (questions 25-36).

Total stress indicates the overall level of stress of an individual who feels his or her role as a parent. In each question, parents must choose between 5 options of "Completely Agree", "Agree", "Disagree", "Disagree", and "Completely Disagree". Raw scores were directly calculated due to the mother's response to the questions. In general, higher raw scores indicate higher levels of stress. The cut-off point in all subscales is 15-80% of normal stress, 81-89% of high stress, 90-100% of stress requires clinical intervention. The Parenting Stress Questionnaire (PSI) has validity and reliability in foreign and domestic studies. This tool was psychometric assessed in Iran by Shirzadi *et al.* [19] and Fadaei *et al.* [20].

In the study conducted by Shirzadi *et al.* [18] Cronbach's alpha coefficient was from 0.59 to 0.86. The validity coefficient of the retest during 16 days after the first round was from 0.92 to 0.97. The internal consistency of the tool was obtained by Cronbach's alpha method at $\alpha = 0.88$.

- Social Support Questionnaire proposed by Sarason *et al.* (1983):

This standard questionnaire consists of 26 questions with 2-part answers completed by the participant. The first part of the answer is about the specific situation that the participant should think about and check the names of people who feel they can help her in that particular situation. The second part is related to the satisfaction of the individual with the perception of social support in those particular circumstances where it is possible to respond on a six-part scale from very low satisfaction to very high satisfaction. The social support questionnaire measures the size of an individual's social network and the level of satisfaction with this social support by two scores. The first score is related to the

Social Support Questionnaire – dimension of the network - which is the average number of people assumed to be available for support and the second score is associated with the social support questionnaire – dimension of satisfaction - which is the mean individual's satisfaction with this number of social support. The higher average number of people assumed to be available for support and also the higher average person's satisfaction with this number of social support indicate that the social support that the person receives is higher. In 1983, Sarason *et al.* estimated the reliability for the Social Network Size Scale, the Satisfaction Scale, at 0.90 and 0.83, respectively [21].

The reliability of the tool with retest for social network size was obtained at 0.86 and for satisfaction with social support with Cronbach's alpha was 0.85. Data were entered into SPSS statistical software and, central indicators and dispersion were calculated for quantitative variables such as age, income, etc. Qualitative variables were shown as percentages and frequencies.

F-test was used to compare the mean of parenting stress and social support in mothers of children with disabilities, and the t-test was used to examine the relationship between demographic characteristics and parenting stress and social support. The Pearson correlation coefficient test and regression logistic statistical model were used to investigate the relationship between social support and parenting stress.

Results and Discussion

The results showed that 47.4% of mothers had deaf children, and 13% had children with Down syndrome. 46.1% of mothers had a disabled child in the first childbirth, and most of the samples (49.4%) lived in their own house. Other personal and social characteristics were given in **Table 1**.

Table 1. Frequency distribution and mean value of individual-social characteristics

individual-social characteristics	Frequency		Numbers		Percentage		Frequency individual-social characteristics	Mean and standard deviation
	Numbers	Percentage	Numbers	Percentage	Numbers	Percentage		
Child gender	Girl	67	43.5				Age of disabled child	7.23±3.16
	Boy	87	56.5					
Family history of disability	Yes	45	29.9				Mother's age	33.16±5.64
	No	109	70.8					
Residential location	City	146	94.8				Income	1360268±1559091
	village	8	5.2					
Education							Father's age	37.9±5.65
occupation							Maternal age at the pregnancy of a disabled child	25.47±5.63

The results showed that the mean score of total parenting stress in mothers of children with disabilities was 107.98 ± 28.72 and was less than the benchmark (108), but this difference was not statistically significant (p<0.99). Furthermore, the factor of parenting stress with the highest score is related to the item "I am very worried about a lot of things in my life" (4.1 ± 1.08) and, the factor of parenting stress with the lowest score was related to the item "sometimes I feel my child doesn't like it and doesn't want to be with me" (1.89 ± 1.08). Moreover, among the components of parenting stress, the highest score of 37.56 ± 11.27 was related to parental stress (**Table 2**).

Table 2. Mean and standard deviation of the components of parenting stress of mothers with children with disabilities

Dimension	Mean and standard deviation
Parental stress	37.56±11.27

parent-child dysfunctional interaction	31.51±9.5
Difficult child	36.98±8.67
Total mean and standard deviation	107.98±28.72

The total mean score of parenting stress and its sub-components in the mothers of autistic children was higher than the others (126.05 ± 22.28), and this difference was also statistically significant (P<0.001). The majority (86.84%) of the mothers of autistic children had high levels of parenting stress and, only 13.16% of them needed clinical intervention. Furthermore, the frequency of parenting stress with the need for intervention in the mothers of Down syndrome children was higher than other groups and this difference was statistically significant (P = 0.004) (**Table 3**).

Table 3. Distribution of parenting stress levels according to child disability

Stress levels	Types of disabilities	Autism		Deaf		Blind		Down syndrome	
		Numbers	percentage	Numbers	percentage	Numbers	percentage	Numbers	percentage
Usual		0	0	2	2.7	4	17.4	0	0
Top		33	86.84	66	90.50	19	82.6	16	80
Need for intervention		5	3.16	5	6.80	0	0	4	20
Total		38	100	73	100	23	100	20	100

$\chi^2=19.32, P=0.004$

The results showed that the mean and standard deviation of the dimension of social network size was 29.98 ± 17.14 , and mothers with child syndrome had the highest mean social network size (33.18 ± 10.18), and mothers of blind children had the lowest (23.6 ± 82.74), but this difference was not statistically significant ($P < 0.27$). The maximum number of supports was related to the item "Who care or cares about you regardless of your circumstances?" (1.74 ± 1.64), and the lowest number of social network supports was related to the items "Who will give you a solution on how to deal with the problems of a disabled child?" (1.08 ± 0.95).

The results showed that the total score of social support (dimension of satisfaction) was 111.08 ± 29.55 and was higher than the benchmark (87.5) and was statistically significant ($P < 0.001$). The highest score of social support was observed in

mothers of children with Down syndrome 120.90 ± 27.97 . There was no statistically significant difference between the mean score of social support in mothers of children with disabilities ($P < 0.41$).

Regression analysis results showed that the beta coefficient in the components of satisfaction and the size of the social network is negative and is statistically significant at a level less than 0.001 (Table 4). The results indicate that the components of social network size with a beta of 0.37 ($p=0.001, t=28.99, B=0.37$) and satisfaction with social support with a beta of -0.36 ($p=0.001, T=17.43, B=-0.36$) had the highest and lowest contribution in predicting parenting stress in the mothers of children with disabilities, respectively. Mothers with higher scores on social network size have obtained scored lower on parenting stress.

Table 4. Multiple correlation coefficients of predictor variables (satisfaction with social support, social network size) and parenting stress in mothers of children with disabilities

Predictor variables	R	R ²	ADJ.R ²	F	Sig.	Non-standard coefficients		standard coefficients B	t	P-Value
						B	Se			
Satisfaction	0.36	0.13	0.12	22.81	0.001	147/30	8.45	-0.36	17.43	0.001
Social network size	0.37	0.13	0.13	23.32	0.001	126.62	4.36	-0.37	28.99	0.001

Regarding the effect of social support on parenting stress of the mothers of children with disabilities, the results of the Pearson correlation test show that the satisfaction with social support and the size of the social network explains 0.13% of stress and parenting. In examining the relationship between demographic characteristics and mean parenting stress, the results showed that mother's education ($p=0.002$), father's job ($p=0.02$), and residence status ($p=0.003$) have statistically significant relationships with mother's parental stress and, also income ($P=0.001$), father's education ($p=0.002$) and father's job ($p=0.001$) have statistically significant relationships with the satisfaction with social support. There was no significant relationship between the mean age of the child and the parenting stress level.

This study aimed to determine the relationship between parenting stress and social support in the mothers of children with disabilities. The results showed that the total score of parenting stress was less than the benchmark value, but it was not statistically significant, and the highest score among the components of stress was related to parental stress. This finding is consistent with the results obtained by Hintermair [22], Barimani *et al.* [23], and Boreiri and Pirali [24]. In explaining this hypothesis, the studies conducted on the relationship between parents and their children show that, after identifying the disability, parents generally suffer from grief and stress of

parenting [12, 17]. The parents gradually value their children after the acceptance of their disability, and parenting stress decreases in them. Probably, the most important factor in parental acceptance and adaptation is the social support they receive from others [23].

The mean total score of stress and its sub-components in mothers of autistic children was higher than in other disabilities, and mothers with autistic children had high levels of parenting stress. Based on the studies conducted by Asri and *et al.* [15], and Weiss *et al.* [25].

The stress level of mothers with autistic children were significantly higher than other groups. In explaining this finding, it can be said that the children with autism show different characteristics and features, due to the nature of the disorder compared to normal children and children with other disorders. One of the main sources of stress for parents of children with autism is child characteristics such as verbal problems, cognitive instabilities, behavioral problems, adaptability, and severity of disabilities [25, 26].

Social support (dimensions of social network size and satisfaction) was desirable for the mothers of children with disabilities and, the mothers of children with Down syndrome had the highest and the mothers of blind children had the lowest mean social network size. Considering the dimension of satisfaction, mothers of children with autism had the highest

satisfaction, and mothers with children with autism had the lowest satisfaction with the social network, but none of these differences were statistically significant. This finding contradicts the study of Masood *et al.* [27] and Vameghi *et al.* [28]. In their study, they found that the social support received by the mothers of children with disabilities was lower than that of mothers of normal children and, a study conducted was not found among different groups of disabilities in terms of the social support. In explaining the study, it can be said that considering the differences among the disabilities, the difference between the social support perceived by them seems logical. However, this was not the case in our study, and the lack of studies on the investigation of the differences in social support between different groups of people with disabilities is also noticeable.

Findings also show that satisfaction with social support and social network size explain 0.13% of the parental stress. The components of social network size and satisfaction with social support had the highest and lowest contribution to predicting the parenting stress of the mothers of children with disabilities, respectively. Mothers with higher scores on social network size have obtained lower parenting stress scores. This finding is consistent to the studies conducted by Vameghi *et al.* [28], Zohoorparvande and Pasban [29] and Miranda *et al.* [30]. The only study is contrary to the study of Wang *et al.* [31] Explaining this finding, it can be said that social support acts as a shock shield against stress. Social support is an important factor that reduces the psychological and adverse effects of raising a disabled child [32].

The findings also showed that mother's education, father's job, and residence status had a statistically significant relationship with the parental stress of mothers and, income, father's education, and father's job had a statistically significant relationship with satisfaction with social support. These findings are consistent with the studies conducted by Zohoorparvande *et al.* [29], Wedgeworth *et al.* [33], and Amiri [34].

The studies of Li *et al.* [35] and Kissel *et al.* [36], which state that there is a relationship between social support and mother's education and parental age, are not consistent with our study. The size of social networks and social support of individuals may become desirable with the increase in education and age of parents.

The limitation of this study was that some of the covered mothers did not go to welfare centers at the time of work which was solved by visiting their homes, but there was no access to the mothers of children with disabilities who are not covered by a welfare organization. Therefore, the results of the study cannot be generalized to all mothers of children with disabilities.

Conclusion

Findings showed that the total stress score in the mothers of children with disabilities was desirable. The level of stress in the mothers of children with different disabilities was not identical and, the highest rate was associated with the mothers of children with autism and then in mothers of children with Down

syndrome, deafness, and blindness, respectively, and there was a significant inverse relationship between social support and parenting stress. The size of the social network had the largest contribution in predicting the parenting stress of the mothers of children with disabilities.

Acknowledgments: This paper was extracted from the master's thesis with the code of ethics IR.ARUMS.REC.1397.062 of Ardabil University of Medical Sciences. We would like to thank the Vice Chancellor for Research of Ardabil University of Medical Sciences, Ardabil Welfare Organization, Education Organization, and all the mothers participating in the research.

Conflict of interest: None

Financial support: None

Ethics statement: None

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