

Relationship between Parenting Stress and Social Support among Mothers of Children with Different Disabilities

Azza Mohamed Abd El-Aziz¹, Mervat Elshahat Ibrahim², & Saleh Omar Abdullah³

¹ Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Assiut University, Egypt

² Assistant Professor of Family and Community Health Nursing, Faculty of Nursing, Suez Canal University, Egypt

³ Lecturer of Psychiatric and Mental Health Nursing, Faculty of Medicine & Health Science, Hodeidah University, Yemen

Abstract

Mothers caring for children with disabilities often experience parental stress, than mothers of children without disabilities due to the range of challenges they face. Aim: explore the relationship between parenting stress and social support among mothers of children with different disabilities. **Subjects & Method:** A descriptive correlational design was utilized. A convenient sample composed 100 of mothers of disabled children who agreed to participate in this study. **Data collection tool include:** socio-demographic characteristics sheet, parental stress scale, and multidimensional scale of perceived social support. **Results:** The majority of mothers have moderate and sever levels of parental stress respectively and majority of mothers have lower level of social support. Also, there is a negative and highly statistically significant correlation between total parental stress and social support scores among mothers of handicap children. **Conclusion:** Mothers of children with different disabilities experiences higher level of stress and lower level of social support. **Recommendations:** Design continuing health education, training programs, and stress management techniques for mothers who have children with disabilities to face stress and coping with it.

Keywords: *Children with disabilities, Mothers, Parenting Stress & Social support.*

Introduction:

More than one billion people live with some sort of disability, according to the World Bank and the World Health Organization, accounting for roughly 15% of the global population, with 80% of those living in developing nations (Weiss & Copelton, 2020). The 2017 Egypt Census offers data on the percentages of Persons with Disabilities (PWDs) aged five and up, broken down by handicap type and severity, gender, and geographic area. PWDs account for 10.7% of the population, according to the census. However, there are currently no statistics on children under the age of five, and published results are not broken down by age groups (Central Agency for Public Mobilization and Statistics, 2017).

A disability is a physical or mental condition (impairment) that makes it more difficult for a person to undertake particular tasks (activity limitation) or interact with the environment around them (participation restrictions). There are numerous forms of disabilities, including those that affect a person's vision, movement, thinking, and communication (Lollar et al., 2021).

The birth of a child gives its parents a new social role and might mark the start of a new life cycle while raising children delivers joy and satisfaction to their parents. However, after the birth of a child, parents encounter a variety of obstacles. As a result, having

children causes stress and requires parents to make many lifestyle changes and accept obligations. When a child is impaired, this event takes on new dimensions, creating an unexpected and potentially anxiety-provoking situation (Zelman et al., 2018; National Research Council, 2015).

For many years, it has been well accepted that giving birth to a child with a physical or intellectual handicap is a stressful experience including a variety of demands and major obstacles for the family, which can negatively impact parents' physical and mental health. These parents are always under emotional demands, such as feeling ashamed or guilty, in addition to financial pressures (Zitelli et al., 2021 & Kauffman et al., 2017).

According to a recent study, parents of disabled children typically take primary responsibility for the condition's medication adherence, specific diets, allied health interventions and services, and vigilance against risk behaviors that could exacerbate the illness are all examples of management. This ongoing management involves parental involvement in their child's daily activities as well as the ability to respond appropriately in the event of a health emergency. To promote healthy psychosocial development and quality of life, parents of impaired children must also provide educational and social opportunities for their children (Zelman et al., 2018 & Morawska et al., 2015).

When parents do not have enough resources to meet their needs, also raising children, parents may experience parental stress, especially if their children have unique needs (Benedetto & Ingrassia, 2021). Parents with children with oppositional behaviour problems, for example, must give more consistent care than parents of children who do not have such difficulties. Parents of children with autism spectrum disorder are also considered to be more stressed than parents of children without developmental issues (Park & Lee, 2022).

As evidenced by past research, parenting children with disabilities may be creating burden on the parents and households (Khanlou et al., 2015). They encounter issues such as anxiety about the future, a lack of parenting skills, trouble with their children's careers, social prejudice and stigma, and financial difficulties. (Kim et al., 2017; Werner & Shulman, 2015). The financial and psychological load placed on family members of disabled children grows over with the time. When such difficulties go unsolved, family tensions and disputes can become chronic and severe, potentially leading to the family's dissolution. Family conflicts have been reported by 57.8% of families with disabled children, as well as the discovery that families face conflict due to the difficulty of caring for challenged children or a lack of understanding among family members. Because parenting disabled children takes more physical, psychological, and financial resources, parents of disabled children experience higher levels of parental stress than parents of children without disabilities (Hsiao, 2018). Parents of handicapped children may experience parental stress, which can result in marital conflict and divorce. Parental stress may harm parents of disabled children's mental and physical health, as well as cause family breakdown by reducing family functions. As a result, parental stress is known to be a factor that affects the caregiver's psychological well-being (Lu et al., 2018; Namkung et al., 2015). As a result, parental stress harms the parents' physical and mental health. Parents of disabled children are said to be more likely than parents of children without disabilities to experience sadness and anxiety symptoms. According to a survey of caretakers of adults with developmental disabilities, 52% of guardians of disabled children obtained a probable depression diagnosis. According to another study, 19% of parents of children with disabilities are depressed (Rayan & Ahmad, 2018; Kim, 2017).

Mothers who have been the primary caring for their children and have developed deep emotional relationships with them are more affected than other family members by their children's disability. According to the study, mothers with handicapped children reported higher levels of parental stress than

fathers. This is particularly true for mothers, who spend three times as much time as fathers raising their children (Ziapour & Khosravi, 2021; Tsermentseli & Kouklari, 2021).

Individuals' psychological susceptibility is linked to the availability of psychosocial resources, which implies that when such resources are scarce, their mental health may suffer (Edelman & Kudzma, 2021). Adequate psychosocial resources, on the other hand, aid individuals in coping with stress and adapting to their surroundings. Social support has been discovered to play a significant part in understanding how people cope with stressful situations or critical life experiences among various psychosocial resources (Shi, 2021). For parents with disabled children, social support is a crucial coping resource that also helps to relieve stress. Individuals' subjective assessment that they will be able to receive the needed support and help when they need it from their surrounding social networks, such as their spouse, relatives, friends, workplace, or community, boosts their physical and psychological health. (Park & Lee, 2022; Ishida et al. 2022). According to the buffering concept, social support acts as a moderator, lowering unpleasant emotions associated with stressful occurrences. As a result, it is known as a coping resource for dealing with stress and adapting to new situations (Song & Kim, 2015; Kim, 2019; Yang & Jo, 2019).

Significant of study:

Raising children with disabilities is difficult for parents, especially when there is a lack of social assistance available. Several studies have found that parents of disabled children experience more parenting stress than parents of generally functioning children (Gordon and Hinshaw 2017; Phillips et al. 2017; Hutchison et al. 2016). In Assiut City, there are few studies on the buffering effect of social support and parental stress on mothers of disabled children. Moreover, the mothers of children with different disabilities are always bearing load higher levels of stress in comparison with mothers of normal children. As a result, the aim of this study is to explore the relationship between parenting stress and social support among mothers of children with different disabilities.

Aim of the study: This current study aims to:

Explore the relationship between parenting stress and social support among mothers of children with different disabilities.

Research Questions:

The following research questions were developed to achieve the study's goal:

Q1: What is the level of stress and social support among mothers of children with different disabilities?

Q2: What is correlation between parenting stress and social support among mothers of children with different disabilities?

Subjects and Method:

Study Design: A descriptive correlational design was utilized in this study.

Study setting: This research was conducted in the Alresala Association for Society Development in Aboteig city, Assiut Governorate.

Study subjects:

A convenient sample of all mothers with disabled children attending to the Alresala association in Aboteig city was taken, from the 1st of November 2021 to the end of April 2022. A total 100 mothers volunteered to take part in the study.

Tools of data collection: The following tools were used to collect data.

Tool I: A self-Administered Questionnaire:

It includes demographic characteristic for mothers and their disabled children. This tool was developed by the researchers in an Arabic language.

Mothers' characteristic questionnaire: This part including mother's age, occupations, education, residence, income, training attendance and the number of handicapped child in the family.

Disabled children's' characteristic questionnaire: This part including history about disabled children such as age, sex, birth order, types and duration of disability.

Tool II: Parental Stress Scale (PSS):

The Parental Stress Scale (PSS) is a reliable and valid scale and developed by **Berry & Jones, (1995)** in an English Language used to assess parental stress for both mothers and fathers (parents) of children with and without clinical problems. This is an 18-item, with a response five -point, Likert-type, from one 'strongly disagree' to 5 five 'strongly agree'. Self-reporting scale with four subscales of parenting: Rewards, stressors, loss of control, and satisfaction. The eight positive items 1, 2, 5, 6, 7, 8, 17, and 18 are reverse scored so, scoring system is range between "18-90". Scoring 18-41 indicate (low level of parenting stress); 42-65 indicate (moderate level of parenting stress); and 66-90 indicate (high level of parenting stress). This scale translation into Arabic form and validation were done by **Aly et al., (2013)** and was reported to have high reliability as evidence by Cronbach's Alpha was $r=0.92$ for the total scale.

Tool III: Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS was originally developed by **Zimet et al., (1990)**, modified and translated into an Arabic language by **Mohammed et al., (2015)**. It is a 12-item self-report scale to measure perceived adequacy of social support from family, friends, and significant

others. The scale responses categories into a five -point Likert scale, ranging from one strongly disagree to five strongly agree. Scoring system is range between "12-60". Scoring 12-28 indicate (low level of support); 29-44 indicate (moderate level of support); and 45-60 indicate (high level of support). Cronbach's Alpha for the total scale was $r=0.89$, indicating that the scale was very reliable.

Preparatory phase

The dean of faculty of nursing, Assiut University's addressed an official letter to the directors of the Alresala association for societal development in Aboteig city. These letters offer permission to conduct the study as well as an explanation of the study's goal and nature.

Ethical Consideration:

The study proposal was approved by the ethics committee in the Faculty of Nursing, Assiut University. An oral agreement was obtained from each mother who participated in the study after explaining the aim of the study. Participants in the study were informed about their rights to refuse or consent participation in the study. The researchers also reassured the participants in the study that their privacy would be protected and any obtained information would be strictly confidential before starting data collection.

Pilot study:

The first 10 mothers in the sample were studied in a pilot study. The goal of the pilot study was to identify any specific issues with the tools' clarity, feasibility, and application. The tools was not changed, therefore the mothers who were chosen for the pilot trial were also included in the main study.

Field work:

Data of the current study were collected over a period of 6 months, from 1st of November 2021 to the end of April 2022, twice a week, from 10 a.m. to 1 p.m. The purpose and nature of the study were explained to each mother, who agree to participate in the study, oral informed consent was obtained from them and they were assured about confidentiality and privacy, the information used only for the purpose of research. Each mother was individually interviewed in the waiting area of the Alresala Association of previously mentioned setting in order to collect the data. Then the researcher asked the mother by Arabic and record the answers in the tool after explaining the scoring system of tools. The tools was filled and completed in one session. The average time taken for completing tools was around 30 minutes or more depending on the mother response to a question.

Statistical Analysis:

The data were tested for normality using the Anderson-Darling test and for homogeneity variances prior to further statistical analysis. Categorical

variables were described by **number and percent**, where continuous variables described by mean and standard deviation (**Mean and SD**). **Pearson correlation coefficient** used to assess the association between continuous variables. A **two-tailed p < 0.05** was considered statistically significant. All analyses were performed with the **IBM SPSS 26.0 software**.

Result:

Table (1): demographic characteristics of the Mothers of Children with Disabilities (N=100)

Mothers Demographic Data	N	%
Age groups: Mean±SD		38.40±6.05
25-<41 yrs	72	72.0
≥ 41yrs	28	28.0
Occupations		
working	8	8.0
Not working	92	92.0
Level of educations		
Un educated	68	68.0
Educated	32	32.0
Income		
Satisfied	84	84.0
Unsatisfied	16	16.0
Residence		
Rural	3	3.0
Urban	97	97.0
Training attendance courses related to caring services to their disabled children		
Yes	29	29.0
No	71	71.0
Number of child disabled		
One child	86	86.0
Two child	14	14.0

Table (2): Demographic characteristics of the handicapped children (N=100)

Child Demographic Data	N	%
Child Age: Mean±SD		8.89±5.11
< 1 0 yrs	62	62.0
> 10yrs	38	38.0
Sex		
Boys	71	71.0
Girls	29	29.0
Duration of disability		
< 10 yrs	63	63.0
> 10yrs	37	37.0
Type of disability		
Intellectual disability	64	64.0
Visual/hearing/language disability	20	20.0
Physical disability	16	16.0

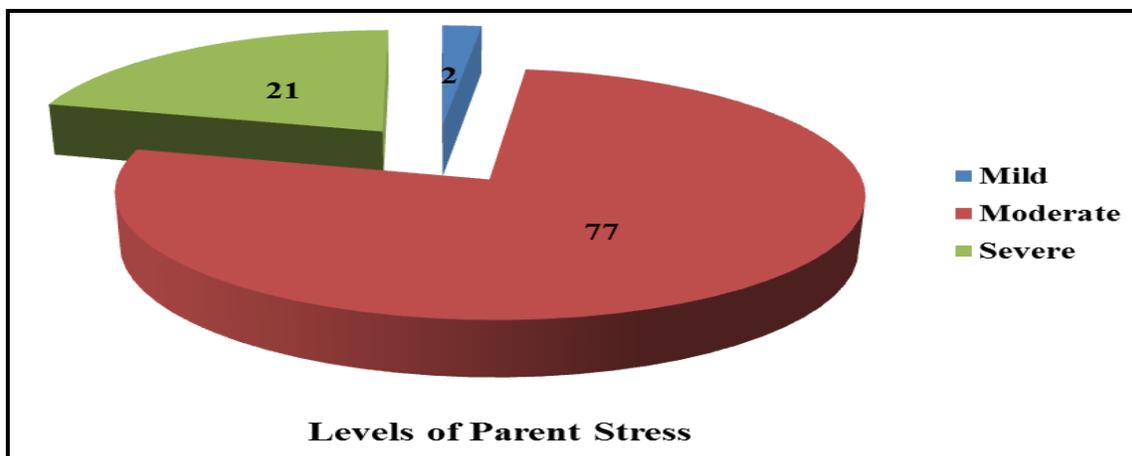


Figure (1): Levels of Parent Stress among Mothers of Children with Disabilities (N=100)

Table (3): Mean Score of Parenting stress Scale and Subscale of the Mothers of Children with Disabilities (N=100)

Items	Mini & Max Score	Mean±SD
Parental rewards	6 - 30	19.84± 4.41
Parental stressors	6 - 30	19.88±5.87
Loss of control	3 - 15	8.96±2.49
Parental satisfaction	3 - 15	11.00±2.67
Total score of parenting stress	18 - 90	59.68±7.52

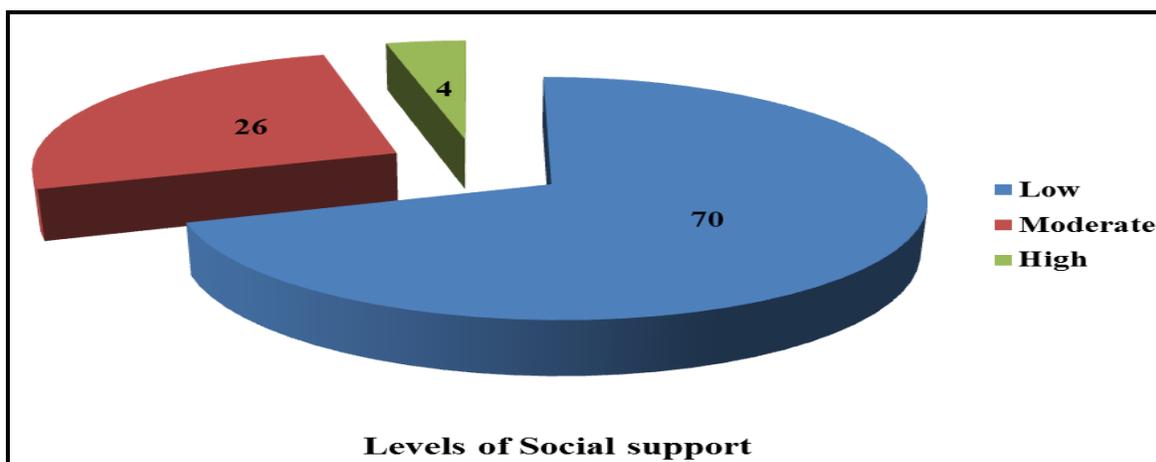


Figure (2): Levels of Social support among Mothers of Children with Disabilities (N=100)

Table (4): Correlation between total Parent Stress, child age and duration disability

Correlations	Child Age		Duration disability	
	r	p	r	p
Total Parent Stress score	0.221	0.027*	0.301	0.002**

Pearson correlation

**statistically significant correlation (p<0.001) *statistically significant correlation (p<0.05)

Table (5): Correlation between total Parent Stress and Social support score

Correlations	Total Social support score	
	r	p
Total Parent Stress score	-0.261	0.009**

Pearson correlation

** statistically significant correlation (p<0.001)

Table (1): This table shows that the mean age of the studied mothers is (38.40±6.05) years; the less than three quarter of them (72.0%) aged 25 to less than 41 years old and 92.0% were not working. More than two thirds (68.0%) of mothers were not educated and 84.0% of them have satisfied income. Most of the mothers (97.0%) were living in the urban area. Also 71.0% of mothers haven't attendance training courses related to caring services to their disabled children and 86.0% of mothers have one disabled child.

Table (2): This table shows that the mean age of the disable children is (8.89±5.11) years; the majority of the disable children (62.0%) aged less than 10 years with most of the children were boys and less than two thirds (63.0%) of them were have disability for less than 10 years duration of disabled. More than half of disabled children (64.0%) have intellectual disabilities.

Table (3): Shows the total mean scores of parenting stress subscale. The highest mean score was in parental stressors (19.88±5.87); parental rewards (19.84±4.41); and parental satisfaction (11.00±2.67) respectively. While total score of parenting stress scale were (59.68±7.52).

Figure (1): Clarification of the mothers of children with disabilities according to their levels of parental stress. This figure reveals that, the majority of mothers had moderate level followed by severe level of parental stress respectively.

Figure (2): Clarification of the mothers of children with disabilities according to their levels of social support. This figure reveals that, the majority of mothers had lower level of social support.

Table (4): Demonstrated that there is a positive and statistically significant correlation between total parental stress score and child Age ($r= 0.221$ with p -value 0.027). Also there is a positive and statistically significant correlation between total parental stress and duration of disability ($r= 0.301$ with p -value 0.002).

Table (5): Demonstrated that there is a negative and highly statistically significant correlation between total parental stress and social support score among mothers of disabled children ($r= 0.261$ with p -value 0.009).

Discussion:

Mothers of disabled children frequently endure significant levels of parental stress. Raising children with disabilities is difficult for parents, especially when there is a lack of social support (Park & Lee, 2022). For understanding the impact of children's disabilities on their mothers, stress and social support are important aspects to consider. As a result, the purpose of this study was to explore the relationship between parenting stress and social support among

mothers of children with different disabilities. The current study results was answered the study questions that the parental stress were moderate and severe respectively and the level of social support were low. Also the result revealed a negative and significant relation between parenting stress and social support among mothers with disabled children.

According to the current result, intellectual disabilities affect more than half of disabled children. This could be explained by the fact that parents of children with disabilities as mental retardation experience more parenting stress than parents of children with other type of disability. These findings were similar to a previous study reported by Park & Lee, (2022), who found that high percentage handicapped children have intellectual disabilities. In addition, Daulay, (2018) found that experience the stress of parenting in mothers who have children with intellectual disability and autism spectrum disorder, in each country experienced a high level of parenting stress compared to the care of mothers who have children with other developmental disorders.

Concerning parental stress, the result showed that majority of the mothers in this study have a moderate degree of parental stress, followed by a severe level of parental stress respectively, with a high mean score of overall parental stress (59.68±7.52). This finding could be explained by the fact that mothers of children with different disabilities are always bearing a load of responsibility and effort that lead to feeling of stress than mothers of normal children. This observation is reported by many previous studies (Habibi et al., 2009; Feizi, et al., 2014; Aldosari & Pufpaff, 2014; Daulay, 2018; Miranda et al., 2019; Ren et al., 2020; Park & Lee, 2022), who indicated that the majority of the mothers investigated suffer from moderate to severe parental stress.

When looking at the parental stress subscale, it was discovered that parental stressors (19.88±5.87), parental rewards (19.84±4.41), and parental satisfaction (11.00±2.67) had the highest mean scores. This outcome could be because parents of children with developmental problems who show signs of stress, depression, or anxiety may disturb the parenting style's responsibility and effectiveness. So the lowest mean scores related to parental satisfaction. Because, the parental stressors influenced by the duration of the disability. More than half of disabled children have been handicapped for more than 10 years, and more than half of handicapped children have intellectual problems that considered the most difficult type of disabilities.

This result was confirmed by the previous studies (Shin & Nhan, 2009; Shyam & Govil, 2014; Wenjun et al., 2015; Felizardo et al., 2016; Jones, 2018), found that parental stressors had the highest

mean score on the parenting stress scale, followed by parental rewards and parental satisfaction, implying that when parents of children with disabilities experienced high levels of parenting stress. They might also think of themselves as ineffective and be ashamed of their child's behavior.

Concerning social support, the results revealed that the majority of mothers had lower level of social support. This finding indicated that parenting stress associated with raising a child with a handicap increased the likelihood of poor parental resilience, as the accumulation of parenting stress may severely affect parents' ability to seek social support and cope with adversity.

This observation is consistent with many other previous studies (Gupta et al., 2012; Jones, 2018; Putri & Lutfianawati., 2021; Ren et al., 2020; Park & Lee, 2022) who found that many parents reported receiving little support from their extended family members, acquaintances, and community informal social networks in taking care of their children. In the same context, others (Wenjun et al. 2015; Felizardo et al. 2016 & Lima et al., 2016) reported that most participants had high parental stress and low social support. In addition, consistent with previous studies carried out by (Falk et al., 2014; Song & Kim, 2015; Shi, 2021), the present study confirms that social support is the coping resource of stress that alleviates the effect of stress on individuals' mental health.

Current study demonstrated that there is a negative and highly statistically significant correlation between total parental stress and social support score among mothers of handicap children. This finding explained that social support is negatively correlated with parental stress, implying that a lack of social support is linked to a high degree of parental stress. Mothers with disabled children who perceive a lack of social support also report significant levels of parental stress. Besides, the correlational results suggested a negative correlation between parenting stress and social support. Specifically, parents with lower parenting stress were likely to report higher social support, and vice versa. This observation was reported by many other previous studies (Miranda et al., 2019; Ren et al., 2020; Zhao et al., 2021; Park & Lee, 2022), who found that is a negative and highly statistically significant correlation between total parental stress and social support score among mothers of handicap children.

Current study demonstrated that there is a positive and statistically significant correlation among total parental stress, children age and duration of disability. This result reveals that parental stress affected by children age and duration of disability. These findings were similar to a previous studies reported by Prata et al., (2019) & Hadi et al., (2020), who found that

there is a positive and statistically significant correlation among total parental stress, children age and length of disability.

Limitation of the study:

The researchers noted that those coming to the Al-Resala Association for community development to search for the rehabilitation services that provided to children with special needs are mothers, so it was difficult to know the level of parental stress on the fathers.

Conclusion and Implications:

Mothers of children with different disabilities experiences higher level of stress and have a lower level of social support. The specific resources of parenting stress among parents of children with different types of disabilities should be explored in future studies to plan appropriate interventions.

Recommendations:

Based on the current study findings, the following recommendations are suggested

- Design continuing health education programs and stress management techniques for mothers of children with disabilities to learn stress-reduction practices and improvement of social support.
- Social support interventions are needed to promote their quality of life and decrease the burden among mothers of children with disabilities.
- Considering that the mother is a member of the family that has the closest relationship with her children, it is suggested to conduct experimental studies to explore the effects of rehabilitation training on the quality of life of mothers with disabilities.

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