

# Inter-Gender and Intra-Gender Differences of Parenting Stress among Mothers of Children with Special Needs and Normal Children

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## Abstract

**Introduction:** Parenting is a major form of stress, especially in children with special needs. However this stress has not been properly understood as evident from paucity of literature in this area.

**Objective:** (i) To evaluate parenting stress among parents (mother & father) of children with special needs and normal children. (ii) To compare parenting stress among mothers of special children and normal children.

**Method:** Assessment of parenting stress using Sheldon Cohen Perceived Stress Scale questionnaire on (i) Parents of 60 special (study group) and 60 normal (control group) children aged between 5 and 12 years. (ii) Mothers of children with special needs and mothers of normal children. The Questionnaire was provided to both parents, they were seated separately in order to avoid bias. Statistical analysis was done using Unpaired t-test.

**Results:** (i) The study group scored higher as compared to the control group with their means and standard deviations being (18.914+ 5.24) and (16.12+ 4.18) respectively. The statistical value of significance (p value) is 0.0019. (ii) The mothers of children with special needs scored higher than mothers of normal children with their means and standard deviations being (19.04 + 5.68) and (15.08 + 5.06) respectively, the p value is 0.014.

**Conclusion:** Present study showed that the parents of special children had significantly higher parenting stress levels as compared to the parents of normal children and mothers of special need children were more stressed than the mothers of normal children. It is important to address this stress as it could lead to impairments of overall quality of life in both parents and their child or children.

**Keywords:** Parenting stress, Maternal stress, Special needs, The Perceived Stress Scale (PSS).

## Introduction

Stress is an inevitable, normal experience that is felt when an individual is unsure if they can meet the demands of their environment<sup>1</sup>. Depending on the context, stress can be one of three things: 1) positive and conducive to

healthy development 2) simply tolerable with no strong effects 3) toxic and conducive to physical, emotional, and mental impairment (Centre on the Developing Child, 2015). It is important to note that “stress” is defined not necessarily by an individual’s experience, but by their behavioural, emotional, cognitive, biological and interpersonal responses to that experience. In general, stress can be defined as “a negative emotional experience accompanied by predictable biochemical, physiological, cognitive, and behavioural changes that are directed either towards altering the stressful event or accommodating to its effects”<sup>1, 2</sup>. However, while stress is generally defined as a negative emotional experience.

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**Parenting** is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. “Parenting stress” as stress that is felt in response to the demands of being a parent — stress that is often experienced as negative feelings toward the self and toward the child or children. By definition these negative feelings are directly attributable to the demands of parenthood<sup>3</sup>.

**Special needs** is a term used in clinical diagnostic and functional development to describe individuals who require assistance for disabilities that may be medical, mental, or psychological<sup>4</sup>. These are the children, who may have challenges which are more severe than the typical child, and could possibly last a lifetime, they will need extra support, and additional services. They will have distinct goals, need added guidance and help them in meeting their academic, social, emotional, and sometimes medical milestones. These Families may experience a myriad of emotions upon diagnosis, including anger, grief, loss, and denial<sup>5</sup>. There are four major types of special needs children:

1. Physical–muscular dystrophy, multiple sclerosis, chronic asthma, epilepsy, etc.
2. Developmental–down syndrome, autism, dyslexia, processing disorders
3. Behavioral/Emotional–ADD, bi-polar, oppositional defiance disorder, etc.
4. Sensory Impaired–Blind, visually impaired, deaf, limited hearing<sup>11</sup>

Becoming a mother often brings about personal adjustments and alterations in the individual’s self-identity and family relations, thereby leading to new attachment-related experiences<sup>6, 7, 8</sup>. Increase maternal stress in the parenting role has direct effects on the parent–child relationship. A significant association between perceived infant temperament and parenting stress was also found<sup>9</sup>. Mothers of children with special needs may experience stress associated with increased care giving demands and co ordination of care as well as the presence of co occurring behavioural and medical conditions. Average level of stress are high across all developmental periods from infancy through adolescence. (Baker et al 2003; Lopez, Cliffard, Minnes & Quелlette–kunz, 2008), and there is some evidence to suggest that parenting stress increases over time<sup>10</sup>. Resilience and the course of daily parenting stress in families of young children with

intellectual disabilities<sup>10</sup>. The mothers of special need children are faced with multiple challenges across their children’s lives, including overcoming disappointments and fears associated with the original diagnosis, securing appropriate medical interventions, school placements and much more.

**Sheldon Cohen Perceived Stress Scale (PSS)** is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one’s life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress.

## Material and Method

Assessment of parenting stress was done using Sheldon Cohen Perceived Stress Scale questionnaire. It was conducted on i) Parents of 60 special (study group) and 60 normal (control group) children, aged between 5 and 12 years. The parents were aged between 30 to 50 years. ii) Mothers of children with special needs and mothers of normal children.

The Questionnaire was provided to both parents, they were seated separately in order to avoid bias.

### Inclusion Criteria

1. Age of parents should between 30-50 years.
2. Age of children should be between 5-12 years.
3. Study group includes i) Fathers and mothers of children with special needs. ii) Mothers of children with special needs.
4. Control group includes i) Fathers and mothers of normal children. ii) Mothers of normal children.

**Statistical analysis:** The *F-Test* was used to compare two Variances. The PSS score was then analysed using Unpaired t-test.

## Result

- (i) The parents of children with special needs [study group (i)] scored higher as compared to the parents of normal children [control group (i)] with their means and standard deviations being (18.914+ 5.24) and (16.12+ 4.18) respectively. The statistical value of significance (p value) is 0.0019.

- (ii) The mothers of special needs children [study group (ii)] scored higher than mothers of normal children [control group (ii)] with their means and standard deviations being (19.04 + 5.68) and (15.08 + 5.06) respectively, with the p value being 0.014.

**Table1: Study of PSS score in comparison between Study (i) and Control (i) groups.**

t-Test: Two-Sample Assuming Unequal Variances		
	Study (i)	Control (i)
Mean	18.91	16.12
Variance	27.45	17.48
Observations	58	58
Hypothesized Mean Difference	0	
Df	109	
t Stat	3.17	
P (T<=t) one-tail	0.0009	

**Table2: Study of Equality of Variance between Mothers of Study (ii) and Control groups (ii).**

F-Test Two-Sample for Variances of mothers		
	Study (ii)	Control (ii)
Mean	19.04	15.79
Variance	32.26	25.66
Observations	28	28
Df	27	27
F	1.26	
P (F<=f) one-tail	0.28	
F Critical one-tail	1.90	
F>F, Variance of 2 samples are equal		

**Table 3: Study of PSS score in MOTHERS between study (ii) and Control groups (ii)**

t-Test: Two-Sample Assuming Equal Variances		
	Study (ii)	Control (ii)
Mean	19.036	15.786
Variance	32.258	25.656
Observations	28	28
Pooled Variance	28.957	
Hypothesized Mean Difference	0	
Df	54	
t Stat	2.2598	
P (T<=t) one-tail	0.0139	
t Critical one-tail	1.6736	

## Discussion

The purpose of the study is to assess the stress of parenting in parents (both father & mother) and in

detail comparison of parenting stress among mothers of children with special needs and normal children. The study shows that parents of children with special needs are stressed more than parents of normal children. This elevated stress is more in mothers of special need children. The statistically significant increased parenting stress among both the study group is due to increase in the demands of parenthood among various parameters of parenting. Special needs children require assistance for disabilities that may be medical, mental, or psychological. They will need added guidance, extra support, additional services and help meeting academic, social, emotional, and sometimes medical milestones. In order to meet the above the parents need help and also go through myriad of emotions including anger, grief, loss, and denial, ultimately causing stress among parents. Parenting stress can be described under two major components: Child domain and Parental domain. Child domain arises directly from child characteristics and Parental domain is more affected by parental functioning<sup>12</sup>.

Stress plays a vital role in child behaviour. Elevated stress can lead to lower levels of parental warmth and higher rates of harsh parenting<sup>13</sup>. Parents who experience extreme levels of parenting stress may be less able to implement interventions to support their children (Kazdin, 1995). It is likely that parenting stress and child behaviour problems have a mutually escalating reciprocal interaction over time. Maternal depression has been linked to a variety of negative outcomes for children. These include low attachment among infants and increased behavioural problems among toddlers<sup>14</sup>. Maternal depression has also been found to be a predictor of adolescents' depression, poor social and emotional adjustment, substance use, and early sexual risk behaviour (Leve, Kim, & Pears, 2005). Parental psychopathology, particularly maternal depression, has been shown to be associated with parenting stress<sup>15</sup>. Many studies conducted on this area show that parents of children with developmental disabilities experience higher levels of stress compared to parents of children with typical development<sup>16</sup>. Parents may experience depression, anxiety<sup>17</sup>, higher levels of hopelessness, failure, guilt (Jones 1997; Powers 1989; Tommasone & Tommasone 1989), they report less parental skills and less marital satisfaction<sup>18</sup>.

## Conclusion

To aim of the study was to evaluate parenting stress among parents (mother & father) of special children and

normal children and to compare parenting stress among mothers of special children and normal children. Stress was assessed using Sheldon Cohen Perceived Stress Scale questionnaire. PSS score was analysed using Unpaired t test. The study shows that parents of children with special needs are stressed more than parents of normal children which is statistically significant (p value is 0.0019). This elevated stress is more in mothers of special need children with statistical significance (p value) of 0.014.

Our study creates further scope to evaluate physiological parameters of stress mainly quantitative levels. It also calls for studying interventions to reduce parenting stress among parents of children with special needs.

**Conflict of Interest:** ‘The author (s) declare (s) that there is no conflict of interest’

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**Ethical Clearance:** Taken from Ethical review board Ramaiah Medical college and Hospitals.

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