

Parental stress of Mothers of Children with Learning Disabilities

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ABSTRACT

Parents are very much worried when their child's academic performance declines. Early identification, remedial training and positive support from family are very important for the child to perform well. Present study focused on parental stress of mothers of children diagnosed with Learning disabilities. Participants include 224 mothers, in which 112 are mothers of children with learning disabilities and 112 are mothers of typically developing children. Instruments used for the study are socio demographic data and parental stress scale. Result of the t- test reveals that there is significant difference in the stress experienced by mothers of children with learning disabilities when compared with typically developing children. Result implies there is a high need of extending the evaluation and intervention to parents by providing services like counselling, social support group so that they can realize they are not alone and gain new knowledge to enhance coping strategies.

Keywords: Parental stress, Learning Disability.

INTRODUCTION:

Children are the perfect extension and expression of a couple's love and caring (Gibran, 1986). Parents will start fantasizing about their children when they are in gestational period and it is usually shaped by the glamorous image of the child. The discrepancy between the ideal child of their dream and the real one may trigger parental stress (Chandramukhi et al., 2012). Parenting stress as a definition can be stated as "a set of processes that lead to aversive psychological and physiological reaction arising from the attempt to adapt to the demands of parenthood. This is often experienced as negative feelings and beliefs toward and about the self and the child (Deckard, 2004). All parents experience stress related to parenting and they differ on their ability and opportunities to adapt to these challenges. Parents of children with disabilities develop 'chronic sorrow' characterised by periodic recurrence of sadness, guilt, shock and pain (Wikler et al., 1981). Parents of children with disabilities face more stress when compared with parents of typically developing children (Floyd & Gallagher, 1997). One of the potential outcomes of heightened stress is increased behavioural problems in children which can disrupt a functioning parent- child relationship (Williford et al., 2007).

Academic related problems are the major score for stress for parents as well as students (Sarita & Sonia 2015) and if the child has any learning disability, the stress doubles because of the difficulties, frustration and challenges faced by parents in their daily life (Kamaruddin & Mamat, 2015). Learning disability denotes a range of primary difficulties in the academic subjects and secondary problems in social and emotional domains (Winzer, 1990). Education system in India with its over emphasis on knowing rather than learning, theory rather than application is ill- suited for LD children, and the lack of alternative system which is popular in western countries like vocational training is less popular in India. Learning disabilities give disastrous effect on children and their families, children's emotional, social and school life is affected with poor motivation and self-esteem and less acceptable by their peers (Erk, 1997) (Gibran, 1986). Families need to try hard to deal with the child's difficulties before they seek professional help and they

were in the state of learned helplessness and the psychological distress faced by them is high and lasting (Dyson, 1996).

Parents are very much worried when their child shows poor academic performance. There are several reasons for poor performance at school, and learning disabilities are one among them. Learning disabilities refer to a number of disabilities which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. Learning disabilities creates difficulties when the child enters the later grades that emphasize writing, reading, spelling, comprehension and maths (Hallahan et al., 2005). Because LD is a hidden disability it is difficult for the parents to understand their child's learning problems earlier. Evidences from the studies suggested higher levels of child monitoring (Margalit & Heiman, 1986), parenting stress (Fuller & Rankin, 1994) and worries about their children's future (Waggoner & Wilgosh, 1990) in mothers of children with learning disabilities. In a study by (Kevin & Joseph, 2006), reported that parents of children with SLD showed higher levels of parental distress.

Mothers are more vulnerable to stress because of their role as primary care givers and they are the most appropriate person to navigate a child to a fully functioning adult. They are the one who cultivates family cohesion and take the primary burden of care within the families so that they are at risk for the greatest levels of distress (Whitney & Smith, 2014). Indian mothers with multiple roles they have to play experience high levels of stress. They have to take care of the children, do household chores, and if they are working their stress level is even higher. Mothers of children with LD compared with mothers of NLD kids found to have lower satisfaction with their parental role, low levels of self-efficacy, high depressive symptoms and marital discords and high rate of Divorce. Children with LD give day- to- day challenges to parents in a variety of areas like academic, emotional, social and behavioural (Blumsack et al., 1997) and as a result parents of children with LD often feel angry, guilty and helpless (Barkley et al., 1991; (Rueter & Conger, 1995) and they often feel that they have lost control over their child's behaviour and their child taken control of their lives (Stice & Barrera, 1995).

Existing literature suggests that there are only few studies from the Asian Countries and research on the cross-cultural aspects of parental stress. In the context of Kerala which has limited availability of government-aided higher educational institution, students have to compete toughly to get enrolled in the best institutions. Schools and colleges where the child study is a prestige issue for many parents in Kerala. And the school authorities will not compromise on 100% results doubling the pressure on the child and their parents when compared to previous years. Present study focuses on the stress of mothers of children diagnosed with learning disabilities compared to typically developing children.

Method:

Participants include 224 mothers, of which 112 are mothers having LD children and 112 NLD kids. Group one comprises mothers of boys and girls aged between 5-15, who have been clinically diagnosed with Learning Disabilities by a Clinical Psychologist or a Psychiatrist. Control sample includes mothers of typically developing boys and girls in the age group of 5-15 who have never been taken for psychological/psychiatric consultation. Mothers who have any psychiatric or physical disabilities, single parent, above the age of 50 are excluded. Samples are collected from outpatient department of reputed hospitals in Kerala.

Instruments: Socio Demographic data sheet to collect the details regarding their age, religion, education, occupation, income, husband's job and place of residence. Parental stress scale (PSS) is a tool developed to measure the levels of stress experienced by parents. It was developed by Berry and Jones (1995) and it is an 18 item self-report scale that measures individual's subjective feelings of strain, difficulties and dissatisfaction as a mother. Respondents agree or disagree in terms of their typical relationship with their child on a 5 point scale. Eight positive items are reversed scored and summed so that possible total score on the scale range between 18-90, higher score indicate greater stress. The test retest reliability for this scale is .81 and the level of internal reliability is .83. Validity was established by comparing the measure to other measures of parenting stress and correlation was .75 (Berry & Jones, 1995).

Procedure: Permission was sought from the hospital authorities for data collection and mothers who agreed to participate were seen while waiting for their children's remedial training. Rapport was established with the mothers and the purpose of the study was explained to them in brief. Afterwards socio demographic data and PSS were administered. On an average, the time taken to fill the questionnaires was 15 minutes, scoring was done as per manual and statistical analysis was done using 't' test.

RESULTS AND DISCUSSION:

Table 1: Significance of difference in parental stress between mothers having LD children and mothers having typically developing children

	Group1 Mean	S.D	Group2 Mean	SD	T
Parenting Stress	43.43	9.73	24.74	5.57	17.64**

**Significant at 0.01 level

Table 1 shows the result of the t-test done to find any significant difference in the stress experienced by mothers of children with LD when compared to mothers of typically developing children. From the result it is clear that there existed statistically significant difference between the two groups. The mean and SD of the LD group is 43.43 and 9.73 respectively, and that of non-disabled children’s mothers are 24.74 and 5.57 respectively. This result agrees with the results obtained from the previous studies done by (Dervishaliaj, 2013), (Gupta & Mehrotra, 2012) and (Barkley et al., 1991). Study conducted among Kuwaiti mothers (Alazemi et al, 2015) reveals that working mothers had significantly higher stress levels. The present study also goes with the work done by (Bahri et al, 2014) which states that mothers are experiencing more stress because they are the people who spend more time with the child by compromising their leisure activities and because of it they are experiencing various challenges in life, such as repeated physical and emotional disturbances communication issues within the family, difficulty in following time and rules and financial constrains due to frequent follow ups (Supiah et al 2014). A comparative study carried out by (Craig, et al., 2016) compared the stress of parents of children with neurodevelopmental disorders concluded that parent group of SpLD and LD reported higher parental stress compared with the control group. But this study will not agree with the study conducted by (Baker & Cal, 1995) which says that increased parental stress is connected to the child’s behavioural problems particularly externalizing behaviour problems, and when compared to the stress of parents of children with ADHD and intellectual disabilities parents of children with LD experience mild stress (Feizi et al.,2014)but (Hsiao, 2017) suggested that parents of children with disabilities experience a higher level of stress than parents of children without disabilities regardless of categories of disabilities and appropriate intervention and support is needed for these parents.

Education system in India is highly competitive and exam- focused, which demands text book- oriented learning, that needs rote memorization of lessons, and for that children need to spend long hours for every day studies (Sibnath et al., 2015).If the child is not performing well, the school authorities will pressurize parents, to take necessary steps to enhance the level of the child’s performance. Parents put pressure on the children because of the concern for the welfare of their children. But Learning disability is a hidden handicap and because of the lack of proper awareness by parents and teachers, these children suffer. They are also reluctant to seek professional help because of several misconceptions. The present study stresses the fact that mothers are more vulnerable to the stress associated with child’s problem (Lopez et al., 2008) because they need to balance the child’s needs and household chores. They feel restricted in getting social and leisure activities so that they experience more stress (Gupta,2011).

CONCLUSION:

On the whole, mothers of children with learning disabilities experience stress and they are alone in coping with the problems confronting them. Small amount of stress is necessary because they improves motivation and performance, but when it increses it will negatively affect the well- being of the person. Clinical intervention by mental health professionals mainly focused on the child’s deficit areas but this study result suggests there is a high need of extending the evaluation and intervention to parents by providing services like counselling, social support group, so that they can realize they are not alone and gain new knowledge to enchance coping startegies.

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