CHAPTER 5

DISCUSSION

Findings of the study are in line with the literature that parents with disabled children have higher levels of stress and lower levels of well-being than parents with non-disabled children. As the special child care demands faced by the parents of children with disabilities can cause significant stress for the parents and significant disruption in family relationship (Farber, 1960; Gath, 1973; Turnbull, Brotherson, & Summers, 1986). These demands persist throughout childhood and into the adult years, and required continuous adaptation by the parents to both ongoing stressors and frequent crisis (Wikler, 1986). However some researchers have also reported that mothers and fathers experience different amount of stress with disabilities of children. It is a common conception that mothers experience greater stress than fathers when the family has a child with disability of chronic illness (Milgram & Atzil, 1988).

The present study also confirms the findings of the previous literature that parent's perception of having a child with a disability depends upon a characteristic of the family, their internal and external resources; and the child's characteristics.

The first step undertaken by the researcher was to make a comparison of mean scores of parental stress, family coping including subscales with consideration of parents (mothers and fathers). As we can say from the result that the scores on parental distress and total parental stress for fathers are significantly lower as compared to mothers as seen in Table 4.1 and Table 4.2. However for fathers it was observed that mean for difficult child is significantly higher than mean for parental distress and also the mean for negative coping is significantly higher than mean for positive coping as shown in Table 4.3. Table 4.4 shows that in mothers the negative coping is significantly higher than positive coping. Since the care giving
demands on the mothers together with her desires to present role of supermodel caregivers cause greater parental distress, therefore although both mothers and fathers have the same position on difficult child, because both are affected equally by the difficult child but differently as mothers get affected more in terms of making compromise such as “Career adjustment” or “Losing out on recreation” that is “Social restrictions”. Fathers feel more burdens with ‘extra demands’ due to greater financial problems and extra care responsibilities (Peshawaria, Menon, Ganguly, Roy, Pillay, & Gupta, 1995, p. 27).

Mothers showing higher score on total parental stress as compared to fathers and are also supported by other studies. Shyam, Chouhan & Kavita (2008) compared the extent of parenting stress among mothers and fathers of children with developmental disabilities and normal children and results showed that the parenting stress of mothers was significantly higher than the parenting stress of fathers. This study was also in line with other studies (Majumdar, Pereira, & Fernandes, 2005; Wig, Mehta & Shashi, 1985; Seshadri, 1983).

A similar study conducted by Kausar & Farooq (2001) that a handicapped child is a threat to parent’s self esteem, feeling of self worth and dignity, hence perceived and threatening and of personal significance (Drew, Longan, & Hardman, 1990). Mothers also perceived that their child’s disability was uncontrollable by others is also supported our findings.

Table 4.5 and Table 4.6 proved that significant difference between the mean scores of multiple and simple disabled children for mothers were found out as they have shown greater scores on parental distress and on total parental stress. On the other hand, Table 4.7 and Table 4.8 proved that no significant difference was found out between the mean scores of fathers of multiple and simple disabled children on any of the subscales of Parental Stress Index and Family Coping Scale. The findings show that simple and multiple disabled
children have a significant effect for mothers. The reason of showing no significant difference on any subscale of parental stress for fathers is due to that multiple disabilities do not create additional stress for them but on the other hand multiple disabled children produce more difficulty for mothers than to fathers in adjusting to personal aspects of parenting and parenthood like parental health and restrictions in role relations with the spouse. Another explanation is that since the needs of the parents varied according to the age and sex of the child and severity has less impact on the nature of parental need (Verma & Kishore 2009). It may be possible that mothers have some specific needs and therefore perceived children’s disabilities as uncontrollable and thus score higher on parental distress and on total stress.

Regarding the impact of rural and urban areas on the stress level and coping behaviour of the parents. On this basis it can be safely remarked that although parents of rural and urban disabled children share more or less the similar difficulties, in spite of that the rural parents face more personal barriers to caring for their children Freeman, Slifkin, Skinner, & Schwartz (2005). The findings are supported by Peshawaria, Menon, Ganguly, Roy, Pillay, & Gupta (1995) also who found that the parents from non-urban families reported significantly greater needs in comparison to the parents from the urban families. Further with respect to coping, parents from urban areas reported significantly more “working problem on own”, mutual emotional support and parents from non-urban areas expressed the need to have “professional support”. Internal coping methods as facilitators have also been reported by parents from urban areas than non-urban areas. However most coping strategies are shared by parents of disabled children of rural and urban areas, it is the negative coping behaviour that is highly reflective of the traditional rural culture; especially, it is the spirituality and dedication to religious practice as instrumental to their coping. Many of the parents especially mothers believed that their child to be a gift or responsibility given to them by God. These findings are
also supported by (Nordal & Hill, 1999; Slama, 2004; Wagenfeld, 2003). However, a higher score on total coping by the urban parents of disabled children indicate parents of rural group needed more enhanced service and assistance at governmental level for themselves and for their children. Moreover this result directly or indirectly are in consonance of the findings of Benson, 2003, who found that it is the “urbancentrism,” the tendency to attend to problems in urban and suburban areas rather than those within rural communities, results in community stereotyping and perpetuates health care challenges for rural people as seen in Table 4.9 & Table 4.10.

With respect to high and low income parents of disabled children. Table 4.11 and Table 4.12 showed that Parents with high income group have shown significantly lower scores on parental distress and on total parental stress. The same group also scored higher on positive coping and on total coping in comparison of low income group. The plausible explanation for the finding may be that higher income is possibly contributing factor. In terms of education and awareness also the higher income group is likely to be in advantage. Also parents of disabled children from lower income group have little knowledge about the condition of disabled children and their related development. They are not in a position to take decision about how to seek external service and because of financial limitation and could not avail the opportunities of any special school for them. They are also stressful as their socio-emotional needs are not met, and could not discuss similar problems with older parents and thus are socially isolated. At the same time they are also worried about the marriage of their children, especially of a girl child and shows insufficient internal and external resources to cope with the situation. Research findings showed that parents from lower income group experienced significantly greater “loss of support” from others due to greater financial demands and problems in coping (Peshawaria, Menon, Ganguly, Roy, Pillay, & Gupta, 1995). Upadhyaya & Havalapannavar (2008) also reported that higher income and urban status of the family are
important factors predicting the higher levels of coping. Gandotra (1985) also supported that negative and significant correlation indicating that low income group has higher stress.

We find that in terms of age significant difference was found out on positive coping between two groups age 5-8 years and 9-12 years has been clearly shown in Table 4.13. This indicates that parents of children between 9-12 years experienced greater range of needs than parents of younger children. The earlier research studies are in line with the present findings (Peshawaria, Menon, Ganguly, Roy, Pillay, & Gupta, 1995). It is probable as the child’s age progresses, parents dealing to lose heart and coping resources and strategies declined. Moreover parents of disabled children having multiple disabilities are enormous and as the child’s age progresses, parents focus more on the care giving needs of severely disabled children that depleted their physical, emotional and social resources and the utilization of positive strategies gets declined. Also as the age of the child increases, parents become embroiled in a series of crisis with chronic sorrow and their ability to cope with the situation with significantly affected (Olshansky, 1962). However, comparing fathers and mothers with respect to age, no significant difference was found out as seen in Table 4.14, 4.15, 4.16, 4.17, 4.18 and 4.19.

With regard to comparison of mean scores of parental stress, family coping and their subscales with consideration of gender of disabled children (male and female), there is a significant difference between the mean scores of negative coping and on total coping as parents of male children have shown greater scores on negative coping as well as on total coping in comparison of parents of female disabled children has been proved in Table 4.20 and Table 4.21. These differences might be due to the fact that having a male child with disability is taken with great seriousness in the Indian culture, since family name is connected with male children. The situation of having a male child is considered a family catastrophe and the trauma results in greater effort at coping which is seen in higher coping
score. However, this coping by parents is pre-dominantly negative in nature. The frame of mind in which parents with disabled male offspring find themselves is so inconsolable that they resort to strategies like escape and avoidance which are aspects of negative coping. It may be noted that although total stress scores of parents with female disabled children was not significantly higher than stress score of parents with male disabled children, the trend is towards higher stress scores of parents of female disabled children. Again in the Indian culture disability of a female child is to be kept secret since parents feel that it could affect the future prospects of their child’s marriage. Mothers who need to attend to the unusual care-giving demands of female disabled children and management of their daily needs are usually more stressed. Thus in case of parents with female disabled children, the coping ability is greatly reduced.

With respect to the impact of the working and non-working status of mothers in the extent of burden experienced by them due to having a disabled child. Table 4.22 and Table 4.23 provided results that no significant difference was found out between the two groups in terms of parental distress, parent child dysfunctional interaction, difficult child, total parental stress, negative coping, positive coping and total coping.

Correlation analysis was carried out to examine the relationship between parental stress and its subscales with family coping and its subscales in both fathers and mothers. Analysis reveals that in fathers and mothers the different component of Parental Stress Index and Family Coping Scale are correlated with each other. However, in fathers parental distress is significantly and negatively correlated with positive coping, negative coping and total coping. But in mothers parental distress is only significantly and negatively correlated with total coping. Parent-child dysfunctional interaction is significantly, negatively correlated with negative coping in both mothers and fathers as shown in Table 4.24 and Table 4.25. This finding may be due to the fact that the behaviour problems of multiple
disabled child creates cumulative effect and produces significantly high amount of stress for mothers which they perceive as a threat uncontrollable and of high personal significance (Kausar & Farooq, 2001, p. 221). Furthermore both mothers and fathers perception is that his or her child does not meet the parents expectations and the interactions with his or her are not reinforcing to them as a parent.

A series of multiple regressions was performed to examine the prediction of total family coping, positive coping and negative coping on the subscales of parental stress. Parental distress, Parental-child dysfunctional interaction and difficult child were entered as predictors of total coping, positive coping and negative coping in mothers and fathers separately. The regression results from Table 4.26, 4.27, 4.28, 4.29, 4.30, 4.31, 4.32 & 4.33 showed that in fathers, parental distress of Parental Stress Index is significant predictor of family coping. Also parental distress as the first significant predictor and parent-child dysfunctional interaction as the second significant predictor for positive coping were found.

An important reason may be that according to Krauss, Hausercram, Upshur, & Shonkoff (1989) mothers and fathers are affected differentially by parenting a child with a disability. Further, the buffers of stress differ for mothers and fathers. Father’s stress is associated more with the child’s behaviour and is more cushioned by aspects of the family environment. But at the same time their perceived coping skills and their instrumental and personal resources helped them to meet the exceptional demand of disabled children. However, none of the subscales of parental stress emerge as significant predictor for mothers. But on the basis of normative information it can be assumed that women experience comparatively allover more stress as compared to fathers as they perceived their child’s disability as a threat to their self-esteem, feeling of self-worth and dignity and thus used more emotion-focussed coping in the presence of high level of stress. The research findings are in agreement with those of
(McCubbin, 1979, cf., Beresford, 1994; Koening, 1997). Table 4.34, 4.35, 4.36, 4.37, 4.38 & 4.39 showed that the regression of positive coping on the subscale of parental stress in mothers of disabled children is inapplicable and also the regression of negative coping on the subscales of parental stress in fathers and mothers of disabled children is inapplicable.

Let us summarize our results in terms of the hypothesis which we have formulated:

Regarding hypothesis first, that mothers and fathers differ in terms of their scores on parental stress, family coping including subscales. Results showed that the scores on parental distress and total parental stress for fathers are significantly lower as compared to mothers. However for fathers it is observed that mean for difficult child is significantly higher than mean for parental distress and also the mean for negative coping is significantly higher than mean for positive coping. It was also being noted that in mothers the negative coping is significantly higher than positive coping.

Regarding hypothesis second, parents of children who have simple disability differs in scores on parental stress, family coping including subscales from those of children with multiple disabilities. Results showed that no difference was found out between the mean scores on simple and multiple disabilities of fathers but there was a significant difference for mothers on parental distress and total parental stress.

Regarding hypothesis third, Parents belonging to the urban group differ from those belonging to the rural group in terms of their scores on parental stress, family coping including subscales. Results revealed that significant difference was found between urban and rural parents on negative coping and total coping.

Regarding hypothesis fourth, there is a difference between the parents of high and low income groups on parental stress, family coping including subscales. Results found that there
was a significant difference between high income and low income parents on parental distress, total parental stress, positive coping and total coping.

Regarding hypothesis fifth, parents of higher age disabled children differ from those in the lower age groups in terms of their scores on parental stress, family coping including subscales. Results showed that significant difference was found between positive coping of mothers and fathers.

Regarding hypothesis sixth, parents of male and female disabled children differ in terms of their scores on parental stress and family coping including subscales. Results showed that there was a significant difference between male and female disabled children on negative coping and total coping.

Regarding hypothesis seventh, mothers belonging working and non-working group differ in terms of their scores on parental stress and family coping including subscales. Results revealed that there was no significant difference between these two groups.

The results obtained have been presented in chapter IV. Findings highlight that fathers and mothers differ significantly in their perception of disabled child and get affected differently. However, mother's higher score on total parental stress indicate the care giving demands causes greater parental distress and also having multiple disabled children produce more difficulty in adjusting to personal aspects of parenting. Mostly parents adopt a negative coping style to deal and manage the situation. Moreover, they also found to differ in their personal resources and coping skills.

Finally with respect to socio-demographic characteristics, rural/urban, income of parents, age and gender of disabled child have significantly influenced on the stress and coping of the parents of disabled children.