

A Comparative Study of Parenting Styles, Parental Stress and Resilience among Parents of Children Having Autism Spectrum Disorder, Parents of Children Having Specific Learning Disorder and Parents of Children Not Diagnosed With Any Psychiatric Disorder.

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ABSTRACT

Background: Raising a child is a big responsibility for the parents. This responsibility increases if the child has a disability like autism spectrum disorder (ASD) or specific learning disorder (SpLD). Objectives: To study and compare the parental stress, parenting style and resilience in parents of children having ASD, SpLD and children who do not have a psychiatric disorder. **Methods:** A cross-sectional study was done where we assessed the participants using the Parental stress scale, Parenting styles questionnaire and The Connor-Davidson Resilience Scale. **Results:** The study sample consisted of parents of 98 children, which included 53 mothers and 45 fathers. Mean stress scale score was significantly higher in parents having a child diagnosed with ASD than in parents having a child with specific learning disorder than in parents having a child with neither of these ($p < 0.001$). Mean parental stress score was also significantly higher in parents with a male child than in parents with a female child ($p = 0.039$). Stress score also was higher in female parents than in male parents ($p = 0.033$). Housewives and unemployed parents had significantly higher mean stress scores than employed population ($p = 0.006$). The mean resilience score was significantly higher ($p = 0.003$) in authoritative parenting followed by permissive with authoritarian parents having the least score. **Conclusion:** Perceived level of stress in a parent is affected by the type of disability, time spent with the child and gender of the parent and child whereas parental resilience is affected by parenting styles.

Keywords: Autism spectrum disorder, Specific learning disorder, parental stress, parenting style, resilience.

INTRODUCTION

Childbirth is a major event, which brings a great responsibility for the parents. The parents and other family members need to change and adapt themselves to the needs of the developing child. Raising a child till he/she becomes independent is a demanding task for the parents and tests their courage, patience and ability.

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Raising a child with disability is more difficult for the parents. Commonly encountered developmental disabilities are mental retardation, autism spectrum disorder and specific learning disorder among others. Autism spectrum disorder is characterized

by impaired verbal and non-verbal communication, intellectual disability and significant behavioral complaints.^[1] The child has significantly affected socio-occupational functions.

Specific learning disorder (SpLD) on the other hand is characterized by difficulty in reading, writing or arithmetic.^[2] Prevalence of SpLD is 5-15% in school going children^[2,3] and the prevalence decreases with increasing age. These children often lag behind their peers in certain subjects. SpLD greatly affects a child's academics and/or his daily activities. Various comorbidities such as hyperactivity and depression only add to this burden. Parents of such children have a difficult time handling these issues, especially poor academic performance of the child and his/her doubtful future. They spend most of their time and energy in the child's special needs. They may experience great stress as they adapt and learn to care for their special child as well as enduring

social stigma and negative attitudes towards the child.

Each parent has a unique style of parenting and dealing with the situation they face. This capacity to maintain competent functioning in the face of major life stressors is known as resilience.^[4] It refers to the skills, abilities, knowledge, and insight that accumulate over time as people struggle to surmount adversity and meet challenges.^[5]

The current study was undertaken with the objective to promote better understanding of parental stress, parenting style and resilience among parents of children having autism spectrum disorder, specific learning disorder and children with no known psychiatric disorder.

Aim and Objectives:

1. To study the parental stress, parenting style and resilience in parents of children having autism spectrum disorder.
2. To study the parental stress, parenting style and resilience in parents of children having specific learning disorder.
3. To study the parental stress, parenting style and resilience in parents of children who are not diagnosed with any psychiatric disorder.
4. To compare the study parameters across socio-demographic factors.

Study Design:

It was a cross-sectional study.

Ethics:

Institutional ethics committee approval was taken. Written informed consent was obtained from all participants.

Duration

1 year

Subject Selection:

A total of 98 participants which included 32 parents of children having autism spectrum disorder, 33 parents of children having specific learning disorder as per the diagnostic criteria in DSM-5 and 33 parents of children who were not diagnosed with any psychiatric disorder were enrolled in the study .

Inclusion Criteria:

1. Parent of a child having autism spectrum disorder or specific learning disorder on DSM-5.
2. Parent of a child who was not diagnosed with any psychiatric disorder at the time of interview.

Exclusion Criteria:

1. Parents who had a history of psychiatric illness at the time of assessment.

2. Parents who had an acute medical illness at the time of assessment.
3. Parents who were not willing to give informed consent.

MATERIALS AND METHODS

The heart specimen for this study are obtained from Parents of children having either autism spectrum disorder or specific learning disorder (having all three-dyslexia, dysgraphia and dyscalculia) diagnosed on DSM-5 were recruited from the school mental health clinic (SMHC), run by the Department of Psychiatry. A resident assessed every patient first, then a Psychiatrist working as a consultant in the SMHC. Diagnoses of ASD & SpLD were ascertained after multidimensional assessment from psychiatry, psychology, speech and audiology, occupation therapy and pediatric neurology.

The control group was recruited from the working staff, nursing staff and doctors from the hospital by convenience sampling after proper consent.

Tools Used

1. Semi structured proforma

It was a self-designed questionnaire, which contained questions regarding the socio-demographic factors.

2. Parental stress scale^[6]

It is a self-report scale containing 18 items representing positive and negative themes of parenthood. Respondents are asked to rate each item on a five point Likert scale from strongly disagree to strongly agree. The eight positive items are reverse scored so that score ranges from 18-90. Higher the score, greater the stress. The scale has internal reliability of 0.83 and test –retest reliability of 0.81. The scale has also demonstrated satisfactory convergent validity.

3. Modified 21 item parenting styles and dimensions questionnaire^[7]

It contains 21 items to be rated on a five point Likert scale, ranging from never to always. The reliability coefficient of authoritative subscale is 0.70, of authoritarian subscale is 0.61 and that of permissive subscale is 0.59.

4. The Connor-Davidson Resilience Scale (CD-RISC) :^[8]

It contains 25 items, all of which carry a 5-point range of responses, as follows: not true at all (0), rarely true (1), sometimes true (2), often true (3), and true nearly all of the time (4). The scale is rated based on how the subject has felt over the past month. The total score ranges from 0–100, with higher scores reflecting greater resilience.

Cronbach's Alpha for the scale was 0.923, which is considered satisfactory.

Data analysis:

Statistical software was used for statistical analysis. Descriptive statistics and t-test were used to assess demographic factors. ANOVA was used to compare study groups on various factors. Pearson's correlation was used to assess relationship between study variables.

RESULTS

1) Socio-demographic profile:

The study sample consisted of 98 children with 64 boys and 34 girls. Mean age of the patient population was 11.31 ± 4.85 years and mean age in years was significantly higher in females (13.26 ± 4.51 years) than males (10.26 ± 4.711 , $t = -3.037$, $P = 0.003$).

Among parents, 53 mothers and 45 fathers were recruited in the study. Mean age was 41.48 ± 7.87 years and was significantly higher in male parents (44.13 ± 6.94 years) than females (39.22 ± 7.975 , $t = 3.22$, $P < 0.002$). Nearly half the parents were educated up to graduation and were working in skilled jobs [Table 1].

Table 1: Showing demographic details of the study sample.

	Variable	N
Sex	Male	45(45.92%)
	Female	53(54.08%)
Education	Under graduate	36(36.73%)
	Graduate	51(52.05%)
	Postgraduate	11(11.22%)
Occupation	Unskilled	45(45.92%)
	Skilled	53(54.08%)
	Total	98(100%)

70% of the children were staying in a nuclear family whereas the rest were staying in a joint family. 88% of the children were from Class I and Class II socio-economic status whereas the rest were from Class III and Class IV.

2) Clinical data:

Children were equally distributed between specific learning disorder, autism spectrum disorder and the control population [Figure1]. Median duration was significantly longer for autism spectrum disorder than specific learning disorder. (3.5 vs. 0.08 years, $Z=5.488$, $U=114.5$, $P < 0.001$)

Parental factors:

70% of the children were from a nuclear family. Mean time spent with the child was 5 hours per day. Mothers were spending significantly more time with the children than fathers (7 vs. 4 hours, $U=542$, $Z=4.66$, $P = 0.001$). 86 parents were

authoritative whereas 10 were permissive and only 2 were authoritarian. Mean score on permissive subscale was significantly higher in parents with a child diagnosed with ASD [Table 2].

Diagnosis of children in study population

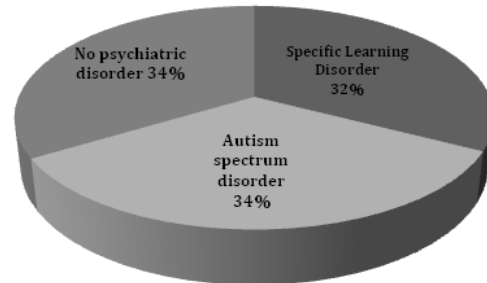


Figure 1: Showing diagnosis of children in the study sample.

Table 2: Mean time spent by parents.

	Time Spent (hours/day)
Mother	7
Father	4

Statistically significant $p=0.001$

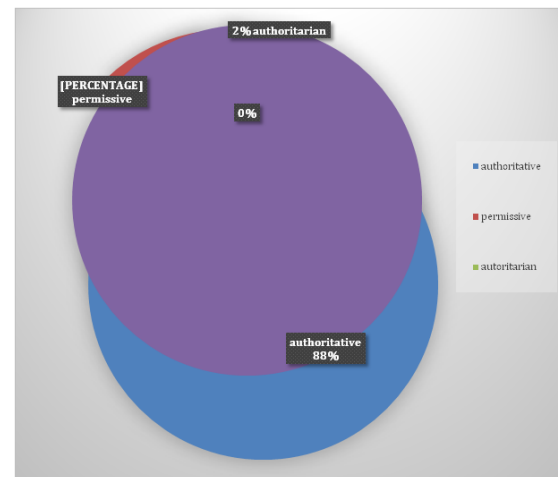


Figure 2: Preferred parenting style.

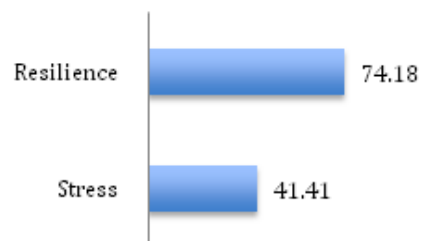


Figure 3: Showing mean stress and resilience scores of the study sample.

The mean stress score of the entire study population was 41.41 whereas the mean resilience score was 74.18. The mean resilience score [Figure 2-5] was significantly higher ($F=6.040, P=0.003$) in authoritative parenting (75.47 ± 12.50); followed by permissive (68.8 ± 12.92) with authoritarian parents (45.5 ± 21.92) having the least score. Resilience scores did not differ across parental gender ($F=0.274, P=0.602$), gender of the child ($F=0.775, P=0.381$), diagnosis of the child ($F=0.364, P=0.696$) family type ($F=0.165, P=0.686$) or socio-economic status ($F=0.894, P=0.448$), parental education ($F=0.485, P=0.618$), parental occupation ($F=0.258, P=0.773$). Mean stress scale score was significantly higher ($F=22.636, P<0.001$) in parents having a child diagnosed with ASD (48.09 ± 7.082) than in parents having a child with specific learning disorder (39.25 ± 7.696) than in parents having a child with neither of these (36.81 ± 6.821). Mean parental stress score was also significantly higher ($t=2.095, P=0.039$) in parents with a male child (42.71 ± 9.31) than in parents with a female child (38.94 ± 6.65). Stress score also was higher ($t=4.660, P=0.033$) in female parents (43.11 ± 8.53) than in male parents (39.4 ± 8.42). Housewives and unemployed parents had significantly higher mean stress scores ($F=5.439, P=0.006$) than employed population. Mean stress scores did not differ significantly across family type ($F=0.021, P=0.886$), parenting type ($F=3.031, P=0.053$), socio-economic status ($F=2.248, P=0.088$) and parental education ($F=0.482, P=0.619$).

Parental stress and resilience scores

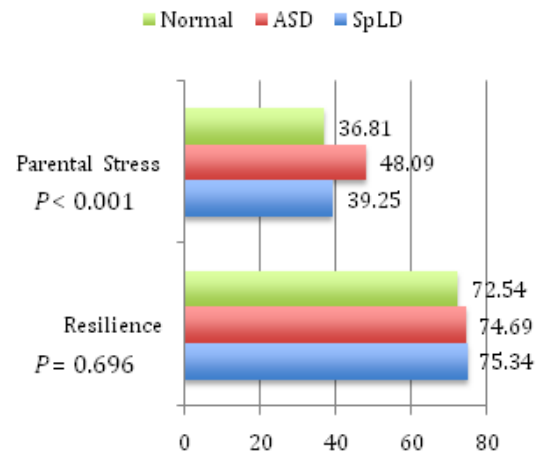


Figure 5: Stress and resilience across diagnosis.

Correlation:

Age of the child ($r=-0.389, P<0.001$) and age of the parent ($r=-0.437, P<0.001$) correlated significantly with the parental stress score, however not with resilience score ($r=-0.008, P=0.939$). Authoritarian score correlated significantly with parental stress score ($r=0.353, P<0.001$) and resilience score ($r=-0.198, P<0.050$). Authoritative score correlated significantly with resilience scale score ($r=0.461, P<0.001$) and permissive scale score correlated with parental stress score ($r=0.313, P=0.002$). Time spent with the child correlated significantly with the parental stress score ($r=0.387, P<0.001$).

Parenting style

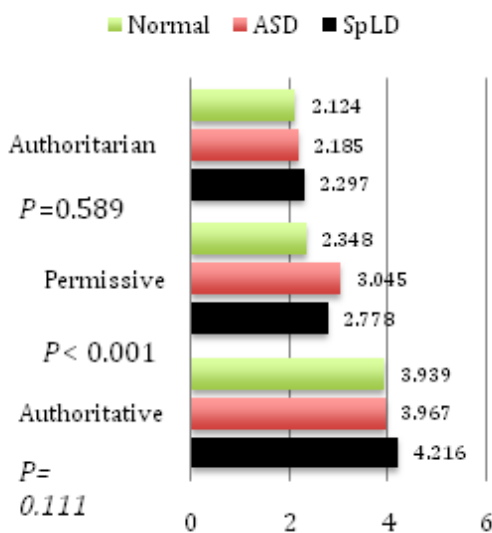


Figure 4: Parenting styles across diagnosis.

DISCUSSION

Raising a child can be stressful in itself. We can only imagine the stress of rearing and raising a child with disabilities [9]. Often various factors contribute to parental stress viz. 1) the unawareness about the illness and access to quality healthcare 2) physical, psychological and cognitive symptoms of developmental disorders and 3) social stigma towards children with developmental disorders. This study found parental stress to be significantly higher in parents with a child diagnosed with ASD than in parents with children having SpLD and neither of the diagnoses. Literature has shown parental stress to be present in both ASD as well as SpLD[10]. In fact, parents with a child having a developmental disability have been found to have significantly more severe stress than those having a child without a developmental disability [11]. ASD has an earlier onset, is associated with significant social communication deficits, intellectual disability and may present with behavioral complaints [12]. Parental stress in ASD can be

attributed to 1) challenges in daily problems and educational and vocational tasks, 2) financial and logistical burden in help seeking and healthcare and 3) social isolation of the families due to behavioral complaints which can lead to social awkwardness^[13]. Children with SpLD on the other hand have limitations in academic tasks and may have certain behavioral complaints, however not as severe as ASD. Lack of normal interaction with the child has been shown to be more stressful for parents than the behavioral complaints^[14], which is often the defining feature of ASD. Literature^[14-17] has shown that more than 30% of parents with a child diagnosed as ASD experience stress and/or other psychiatric morbidity. On the other hand, the parents experience stress with a child having SpLD due to various factors 1) social acceptance and attitudes, 2) policies and facilities available in the society for the child, 3) parents ability to cope and 4) environmental factors^[18]. Perceived stress was higher in parents having a male child and in mothers. This finding is consistent with that seen in the literature^[19-21]. Studies have demonstrated that mothers report significantly higher levels of stress on parental factors such as 1) parental role, 2) sense of competence and 3) relationship with the spouse. Parental stress was higher in parents with younger children and male children. Few studies have observed this impact of age on parental stress^[20,22]. However, the literature presents conflicting evidence^[11] on this aspect showing a positive correlation and no correlation with parental stress. Age brings about physical growth, puberty, and other psychological changes in a child, which may become a source of more stress to the parents. Equally important is the parents' aging process as well, which imparts its own psychological toll on the parent.

Similarly, parental stress was higher in parents having a male child. This finding has been supported in studies on ADHD^[23] and even in parents of normal children^[24]. Gender of the child plays an important role in a country like India with its vast cultural fabric. Studies have shown that parents with male children were more aware about the child's illness and were more likely to spend on healthcare for a male child^[25]. Literature has shown that parents, especially in south Asian countries male children get to spend more time with the parents^[26], are subjected to higher expectations from parents about job and career^[27]. This could be one of the reasons why a male child with a disability is more stressful for a parent than a female child.

Spending more time with the child was associated with more stress in parents. Parents who spent more time with the child were either housewives or unemployed parents or parents working on a temporary basis. It is quite natural that the needs of a child with disabilities are often multidimensional

and a single parent at home or an unemployed parent can face immense burden in childcare.

Although, parental stress was affected by the diagnosis of the child, resilience was not. Even parents with a child without ASD and SpLD reported comparable levels of resilience, as did parents with a child having ASD or SpLD. This came as a surprise. We had already found that parents of a child having ASD perceived more stress in child-rearing than did parents of a child with SpLD. Lopez et al^[9] too found that parents having a child with developmental delays used similar coping strategies^[28] than parents with normally developed children. They also found both parental groups were using perception focused and problem focused coping than emotion focussed coping. It can thus be hypothesized that the severity or type of stressful situation does not affect the personal coping abilities and resilience.

We found the only factor to affect parental resilience was the parenting type. Baumrind^[29] classified parenting in 3 core types 1) authoritative, 2) authoritarian and 3) permissive. The factors which differentiate the three are warmth and control. We found resilience to be highest in authoritative parents and least in authoritarian parents. Since level of warmth decreases from authoritative to permissive to authoritarian parents, it can be hypothesized that feelings of warmth towards the child more than control affects parental resilience.

CONCLUSION

1. Perceived level of stress in a parent is affected by
 - a) the type of disability
 - b) time spent with the child
 - c) gender of the parent
 - d) gender of the child
2. Parental resilience is comparable in parents with and without a child with disability and is affected by parenting styles.
3. Thus, parents of children with disabilities perceive higher parenting stress but have equal resilience as compared to parents with normal children.
4. Interventions should be undertaken to manage the excessive stress in parents with disabled children.

Limitations:

- 1) Small sample size
- 2) Many children attended the OPD with only one parent. Hence both the parents couldn't be evaluated.

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