

SEN and Parenting Stress

HKTGC

Therefore, raising child with SENs is burdensome for parents. For example, Mak & Kwok (2010) found that parents of children with ASD in Hong Kong have higher self-blame than other parents. It leads to lower psychological well-being. Yuen & Chan (2014) also found that parents of children with disabilities in Hong Kong are the most stressful when handling the emotions and behaviors of their children, social comparison of the difference between their child's development and other children at the same age, guiding their child to learn, and other people's views of their child care. Parents are facing greater stresses of raising children with SEN than other children.

1.2. Education Bureau's supports for SEN students and criticism of them

To support integrated education (IE), education bureau has released an operation guide on the Whole School Method to Integrated Education (**the Operation Guide**) (Education Bureau, 2014). However, the implementation of IE still has many rooms for improvements.

More importantly, the training and qualification for SEN teachers are inadequate when compared with Taiwan and UK. For example, in Taiwan, there are statutory qualification for SEN teachers, curriculum for SEN regulated by government, significantly more training hours for SEN teachers (i.e. HK: 60-90 hours, Taiwan: 684 hours), a mandatory practicum in IE setting for 6 months, and have learning clusters on SEN for schools, allowing teachers to share experience of SEN teaching. In UK, similar supports are given except for statutory qualification for SEN teachers (Legislative Council, 2019a).

However, in Hong Kong, apart from a compulsory requirement in supporting students with SEN and some training hours for SEN teaching, there are no other

1.4. Research aim, objectives and hypotheses

The aim of this research is to investigate how self-efficacy and social support affect parenting stress among parents of children with SEN. The objectives of this study are:

- To investigate whether self-efficacy is negatively correlated with parenting stress among parents of children with SEN,
- To investigate whether social support is negatively correlated with parenting stress among parents of children with SEN,
- To investigate the relative strength of self-efficacy in its negative correlation with the three sub-components of parenting stress, and
- To investigate the relative strength of social support in its negative correlation with the three sub-components of parenting stress.

2. Literature review

This literature review is about the relationship among self-efficacy, social support, and parenting stress. This chapter is divided into the following sections. They are (1) the nature of SEN, (2) the nature and the determinants of parent stress, (3) the construct of parenting stress, (4) the construct of self-efficacy, (5) the construct of social support, (6) the importance of self-efficacy and social support, and (7) the empirical research evidence of the relationship among self-efficacy, social support and parenting stress.

2.1. Parenting stress

2.1.1. The concept of parenting stress

Parenting stress is a set of processes that lead to aversive psychological and physiological reactions arising from attempts to adapt to the demands of parenthood (Abidin, 2012). It is based on the parent-child-relationship (P-C-R) stress theory and daily hassles (DH) theory. The former posits that parenting stress is arisen from those aspects of parenting stress from parent's own functioning (such as depression, anxiety), child's behavior (e.g. behavioral problems), and between the parent and child interactions (Abidin, 2012; Deater-Deckard, 2004).

The consequences of parenting stress include decrease in the quality and effectiveness of parenting behavior in many aspects. They include decrement in warmth and affection to their child, increase in harsh methods of discipline and expressing hostile towards the child, reducing consistency in parenting behavior or withdrawal from the parenting role. Therefore, the reduction in parenting quality leads to increases in child emotional and behavioral problems such as aggression, non-compliance, anxiety, and chronic sadness (Deater-Deckard, 2004).

P-C-R theory is a theory that posits a bi-directional parent effects on child, and child effects on parent. Accordingly, when child has problematic emotion and behavior, parenting stress is likely to increase. This results in the reduction in child well-being. On the other hand, the parent's own problems in mental health and functioning (such as depression and anxiety) leads to problems in parenting, as well as, result in child's problematic emotion and behavior. Thereby, it leads to an increase in parenting stress. While the negative trend goes like that, positive trend also goes like that in the opposite direction (Deater-Deckard, 2004).

DH theory works with or complements with P-C-R theory in explaining parenting stress (Abidin, 2012). It posits that parents must have the ability to handle day-to-day stressors of child rearing, otherwise the accumulation of daily hassles or minor stress events may lead to mental health and well-being problems of parents (Crnic & Low, 2002). To establish that daily hassles become a part of parenting stress process, the effects must be significant enough to be the most extreme forms and creates threats to parent's identity of role (Wheaton, 1996). For example, child's repeated non-compliance of parent's instructions may be indicators of a child's disrespect and desire to undermine the parents' authority. These daily hassles are likely to lead to parenting stress (Deater-Deckard, 2004).

2.1.2. The higher parenting stress faced by parents of children with SEN

Parents of children with SEN faced greater stress level than parents of typically developing children. Hoffman et al (2009) found that parents of children with ASD faced higher stress level in all aspects of parenting stress index (PSI) than parents of typically developing children. Besides, Hayes & Watson (2012) conducted a meta-analysis to compare the parenting stress level of parents of children with ASD with

parents of typically developing children. They found that parents of children with ASD had higher stress level than parents of typically developing children and other disabilities such as Down Syndrome, Cerebral Palsy, ID, etc.

Apart from parents of children with ASD, parents of children with ADHD (Theule et al, 2010; Wiener et al, 2016), Down syndrome (Dabrowska & Pisula, 2010), developmental delay (i.e. not reaching developmental milestone at the expected times), and mental illnesses (Barroso et al, 2018). Therefore, parents of children with SEN are normally facing higher level of stresses than parents of typically developing children. High level of parenting stress is therefore a concern for children with SEN.

The stress level of parents of SEN children is higher among parents of low socio-economic social support, personal resources (i.e. mastery and self-esteem) and coping strategies affect parenting stresses (Nomaguchi & Milkie, 2017). Cassells & Evans (2017) stress that the effects of the actual lack of access to daily necessities and such perception among poor parents as the major sources of parent stress among parents of normal developing child. This problem is common among those who are in poverty and ethnic minorities.

2.2. Three methods of measuring parenting stress

2.2.1. The three methods in measuring stress level

There are three methods in measuring stress, namely, the environmental method, psychological method, and biological method. Environmental method is a stress defined by stimulus. It is to investigate how objective environmental conditions lead to stress and disease. When using this method to measure stress, questionnaires are usually organized by items describing stress life events or stressors (Cohen et al, 1997).

Table 1 Components of parent and child domain sub-scale in PSI-SF

Parent characteristics domain sub-scales	Child characteristics domain sub-scales
Competence (i.e. sense of competency in parenting role)	Adaptability (i.e. inflexibility to adjust to changes)
Isolation (i.e. lack of social support for parenting)	Distractibility (i.e. ADHD type of behaviors)
Health (Impact of physical health on parenting)	Demandingness (i.e. Demands for accommodation or attention)
Role restriction (i.e. impact of the restrictions parenting places on their choices and freedom)	Mood (i.e. moodiness, crying, displays of unhappiness)
Depression (i.e. Impact of depression and feeling of guilt on their parenting behavior)	Acceptability (i.e. behaviors that do not meet parent's expectations)
Spouse (i.e. Spousal help and emotional support for parenting)	Parent reinforcement (i.e. parent does not have positive reinforcement when interacting with their child).

Source: Abidin, Austin & Flens (2013).

2.3. Self-efficacy and Social support

Social support and self-efficacy are the two psychological resources suggested to help parents to cope with parenting stress (Raikes & Thompson, 2005).

2.3.1. Self-efficacy as a domain-specific concept but not a universal concept

Self-efficacy or perceived self-efficacy means an individual's beliefs about their capabilities to achieve a certain level of performance in having influence on events that have impact on their lives (Bandura, 1994). Self-efficacy beliefs determine how individuals feel, think, motivate themselves and behave. For example, those with a strong sense of efficacy have a high confidence in their capabilities are likely to view difficult tasks as challenges but not threats. Then, with such high self-efficacy, they are more likely to have higher personal accomplishments (Bandura, 1994).

In contrast, when facing difficult tasks, those who have a low sense of self-efficacy ruminate in their own personal deficiencies, the obstacles they will face and the negative outcomes that will result. They do not have any confidence in themselves. When they fail the tasks and tasks after tasks, they are more likely to fall

efficacy, as well as, better grades.

2.3.3. The importance of self-efficacy and social support in facing parenting stress among parents of children with SENs

Self-efficacy is important to parents facing high stress level. Parents of children with SENs face stressors such as daily hassles, societal expectations, and child characteristics domain such as demanding, maladaptive, and moody child, child who have a lack of attention and/or hyperactivity. Self-efficacy enhances parents' ability to alter methods of parenting and interprets child's behavior and motives (Abidin, 2012). Besides, social support such as emotional support, instrumental support, and informational support are also important in having better self-appraisal by the parents. This is still true while part of the cognitive appraisal is depended on the parents' ability to exercise control and ability to alter parenting methods.

Second, in coping mechanism, those who have self-efficacy shall also be better in problem-focused coping for addressing the unwanted behavior of child and focus on their areas of influence. Those who have social support shall also be more capable in emotional coping because of the support of others (Abidin, 2012).

Therefore, with self-efficacy and social support, parents are better at preventing parenting maladaptive behavior such as excessive punishing and child abuse, psychological disorders such as anxiety and depression (Abidin, 2012).

2.4. Empirical evidence about the relationship among self-efficacy, social support, and parenting stress

2.4.1. The relationship between self-efficacy and parenting stress

There have been research studies in exploring the relationship among self-

efficacy, social support, and parenting stress. Raikes & Thompson (2005) investigated the relationship among the three variables among families in poverty. The result was that parenting stress is determined more by self-efficacy than social support. Therefore, mothers who were higher in self-efficacy had lower levels of parenting stress while social support was not related to lower parenting stress.

Among normal child, Bloomfield & Kendall (2012) investigated whether a parenting programme improves parent self-efficacy and parenting stress. It was suggested that such improvements were found at follow-up. It also suggested that there is clear relationship between parenting self-efficacy and parenting stress, meaning parents who feel more efficacious feel lesser stresses.

As for families with child having SEN, the situation is similar. Heath et al (2015) investigated the difference in parenting self-efficacy and parenting stress between parents of ADHD child who did not undergo treatments and those who had undergone treatment. It was found that there were significant improvements in parenting stress and self-efficacy among those whose ADHD child received treatments than those whose ADHD child did not.

As for children with ASD, Rezendes & Scarpa (2011) investigated the roles of parenting stress and parenting self-efficacy as mediators between child behavioral problems and parental mental health problems. It was suggested that a decrease in parenting self-efficacy partially mediated the relationship between parenting stress and increasing mental health problems, indicating that parenting stress and parenting self-efficacy are related for parents of children having ASD.

In Hong Kong, Kwok & Wong (2000) suggested that lower parenting stress and higher parenting self-efficacy improve parent's general health. The relationship of both factors comes together, indicating a negative relationship between parenting self-

4.2. Mean, standard deviation analysis and one-sample t-test analysis

The mean and standard deviation analysis of different variables and sub-variables in this research study are shown in Table 5.

Table 5 Mean, standard deviation and t-test analysis of all variables

Variable	Mean	Standard deviation	One-sample t-test
Self-efficacy	115.96	13.17	.000
Social support—Belonging support	10.58	2.51	.000
Appraisal support	10.99	2.61	.000
Tangible support	10.29	2.65	.000
Overall	31.86	6.70	.000
Parenting stress (PS)---Parental distress (PD)	37.79	7.57	.000
Parent-child dysfunctional interaction (PCDI)	34.42	7.70	.000
Difficult child (DC)	39.17	9.01	.000
Overall	111.38	21.41	.000

Source: Survey's data

The mean, standard deviation, and one-sample t-test analysis of the three main variables and their sub-variables are shown in Table 5. The one-sample t-test analysis is to test whether the mean score for the variables are statistically significantly greater than the mid-point score of each variable. For example, for self-efficacy, the full score is 185 and the mid-point score is 93. A one-sample t-test score of .000 means that the mean score of 122.73 is significantly greater than the mid-point score of 93. In another example, the full score for belonging support is 16 and the mid-point score is 8.5. Therefore, a t-test score of .000 shows that the mean score is greater than the mid-point score again. Overall, among all variables, the mean score is significantly greater than the mid-point score.

Table 10 Additional multiple regression analyses

Variable	Model 5 β (DV: PS)	Model 6 β (DV: PD)	Model 7 β (DV: PCDI)	Model 8 β (DV: DC)
Constant	232.262**	73.342**	74.975	83.945
Self-efficacy:				
Discipline	-.410**	-.304**	-.377**	-.397**
Play	-.062	.034	-.039	-.143
Nurturance	.046	.049	-.038	.101
Instrumental care	-.124	-.021	-.044	-.239*
Teaching	-.049	-.041	-.070	-.022
Parental responsibility	-.104	-.119	-.060	-.097
Parental control	-.071	.013	-.101	-.093
Master motivation	-.017	-.047	.003	-.003
Social support:				
Belonging support	-.257*	-.373**	-.141	-.178
Appraisal support	-.113	-.208	-.126	.015
Tangible support	-.019	.008	-.031	-.024
Adjusted R ²	.592	.518	.386	.477
Sig.	.000	.000	.000	.000
F	11.171	8.522	5.401	7.376

* $p < .05$, ** $p < .01$.

From Table 10, all four additional models (i.e. model 5, 6, 7, and 8) were statistically significant ($p = .000$). The adjusted R² were ranged from .386 to .592, indicating that, similar to model 1-4, the model had medium to high level of explanatory power to the variance of PS, PD, PCDI and DC.

However not all sub-components of self-efficacy and social support were significant to PS, PD, PCDI and DC. In all four models, only discipline in self-efficacy were consistently showing significant negative relationship to PS, PD, PCDI and DC (PS: $\beta = -.410$, $p < .01$, PD: $\beta = -.304$, $p < .01$, PCDI: $\beta = -.377$, $p < .01$, DC: $\beta = -.397$, $p < .01$). Apart from discipline, only belonging support from the social support scale was found to be significant to PS and PD (PS: $\beta = -.257$, $p < .05$, PD: $\beta = -.373$, $p < .01$). The last statistically significant sub-component was instrumental care to DC ($\beta = -.239$, $p < .05$).

References

- Abidin, R.R. (1995). *Parenting Stress Index (PSI) Manual (3rd edition)*. Charlottesville, VA: Pediatric Psychology Press.
- Abidin, R.R. (2012). *Parenting Stress Index (4th edition)*. PAR.
- Abidin, R.R., Austin, W.G. & Flens, J.R. (2013). The Forensic Uses and Limitations of the Parenting Stress Index. In Mitchell, S.A. & Aron, L. (Eds.). *Relational Psychoanalysis: The emergence of a tradition*. New York: Routledge.
- Audit Commission. (2018, April 3). *Education Bureau Integrated Education*. Retrieved from https://www.aud.gov.hk/pdf_e/e70ch03.pdf
- Bandura, A. (1994). Self-efficacy. In Ramachaudran, V.S. (Eds.). *Encyclopaedia of Human Behaviour (Vol.4)*. New York: Academic Press.
- Bandura, A. (2006). Guide for Constructing Self-efficacy scales. In Urdan, T. & Pajares, F. (Eds.). *Self-efficacy beliefs of adolescents*. Greenwich, Connecticut: Information Age Publishing.
- Barroso, N. E., Mendez, L., Graziano, P. A., & Bagner, D. M. (2018). Parenting stress through the lens of different clinical groups: A systematic review & meta-analysis. *Journal of abnormal child psychology*, 46(3), 449-461.
- Bloomfield, L., & Kendall, S. (2012). Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme. *Primary health care research & development*, 13(4), 364-372.
- Cassells, R.C. & Evans, G.W. (2017). Ethic variation in poverty and parenting stress. In Deater-Deckard, K. & Panneton (Ed.), *Parent Stress and Early Child Development: Adaptive and Maladaptive Outcomes (1st edition)*. Springer International Publishing AG. Switzerland.
- Chao, R. K. (1994). Beyond parental control and authoritarian parenting style: Understanding Chinese parenting through the cultural notion of training. *Child development*, 65(4), 1111-1119.
- Chao, R. K. (2000). The parenting of immigrant Chinese and European American mothers: Relations between parenting styles, socialization goals, and parental practices. *Journal of Applied Developmental Psychology*, 21(2), 233-248.
- Chao, R. K. (2001). Extending research on the consequences of parenting style for Chinese Americans and European Americans. *Child development*, 72(6), 1832-1843.
- Chow, N. (2009). Filial Piety in Asian Chinese Communities. In Sung, K.T. & Kim, B.J. (eds.). *Respect for the Elderly: Implications for Human Service Providers*. Lanham, Maryland: University Press of America.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of health and social behavior*, 24, 385-396.

Behavioral Disorders, 21(1), 3-17.

Tomaka, J., Thompson, S., & Palacios, R. (2006). The relation of social isolation, loneliness, and social support to disease outcomes among the elderly. *Journal of aging and health*, 18(3), 359-384.

Uchino, B. N. (2006). Social support and health: a review of physiological processes potentially underlying links to disease outcomes. *Journal of behavioral medicine*, 29(4), 377-387.

Warnock, H.M. (1978). *Special Educational Needs: Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*. London: Her Majesty's Stationery Office.

Wheaton, B. (1996). The nature of chronic stress. In M. Zeidner and N. S. Endler (Eds.), *Handbook of coping: Theory, research, and applications*. New York: Wiley.

Wiener, J., Biondic, D., Grimbos, T., & Herbert, M. (2016). Parenting stress of parents of adolescents with attention-deficit hyperactivity disorder. *Journal of abnormal child psychology*, 44(3), 561-574.