

## Literature analyses of parental stress in families with hearing impaired children

<sup>1</sup> Sarika Manhas, <sup>2</sup> Kanika Gupta

<sup>1</sup> Assistant Professor P.G. Department of Home Science (Human Development), University of Jammu Jammu, 180006, India

<sup>2</sup> Research Scholar P.G. Department of Home Science (Human Development), University of Jammu Jammu, 180006, India

### Abstract

Hearing impairment is an exceptional circumstance that restricts the child's ability to communicate verbally. Deafness is the 2<sup>nd</sup> most common disability and is largely invisible. WHO (2011) estimated that more than six hundred million people across the globe live with disability of various types. There are around 42 million people with hearing loss; with approximately 3 in every 1000 children born have a hearing loss. According to 2011 census, in India 5,071,007 people are suffering from hearing impairment. Rearing a child with special need is associated with increased parental stress and it affects the wellbeing of parents. A number of studies demonstrated that parents of special children experience higher level of stress requiring some additional coping resource. Most previous studies are based on listing out personal factors causing stress. The focus of the present paper is to provide a summary of existing literature concerning parental stress and coping strategies adopted by them. Through a literature review the objective is to highlight factors contributing to increased levels of parental stress and understanding and exploring the corrective or remedial action for reducing the incidence of stress.

**Keywords:** Hearing impairment, Parental Stress, Coping Strategies

### Introduction

A number of researches have demonstrated that parents of children with disabilities experience higher level of stress than parents of normal children. Parental stress is viewed as a complex set of non-specific, persistent and significant challenges associated with one of the parents most important roles, i.e. taking care of their child. Despite a considerable amount of data on stress in parents of children with disabilities. There is no consensus on the conceptualization of this phenomenon (Perry, 2004) [26]. Parental stress is associated with the type of disability present in the child. A few previous studies have shown that stress among father is mainly due to financial conditions while other studies indicate parental stress on account of denial behavior. All the previous factors are based on the single factor causing stress (Nolta, 2011) [25]. The study reported that the child characteristics included the child age, his/ her hearing impairment; these factors enhance the mother's stress level. The normal parents experience more stress due to the child hearing impairment, his type and degree of hearing loss and identification age of the child. In addition, other factors participate to increase the stress level such as any other disability with addition of hearing impairment, family socio-economic status, parenting responsibilities. The societal positive support play a significant role and depressing support play negative impact on whole family units (Pipp-Siegel, 2002) [27]. Deaf and hard-of-hearing children are also negatively impacted due to their parental stress.

### Prevalence of Hearing Impairment

#### Global Incidence

Hearing impairment is considered the most prevalent impairment worldwide. WHO (2011) estimated that more than six hundred million people across the globe live with disability of various types. The estimated ratio of disabled persons ranges between 5.2-18.2% in the world's population. In

developing countries up to 5% of children are born disabled or become disabled during their childhood. Prevalence of child and adult hearing impairment appears to be substantially higher in middle and low income countries than in high income countries, demonstrating the global need for attention to hearing impairment.

#### In India

As per the Census 2011, the disabled population in India is 26.8 million. In percentage terms, this stands at 2.21 %. There has been a marginal increase in the disabled population in India, with the figure rising from 21.9 million in 2001 to 26.8 million in last 10 years. There are 14.9 million men with disabilities as compared to 11.8 million women in the country. The total number of disabled people is over 18 million in the rural areas and just 8.1 million enumerated in the urban settings. According to 2011 census, in India 5,071,007 people are suffering from hearing impairment. Out of which 2,677,544 are males and 2,393,463 are females. (Source: <http://censusindia.gov.in>)

#### State-wise

State-wise data shows, Andhra Pradesh, Maharashtra, Orissa and Jammu and Kashmir have more than 2.51 per cent disabled population whereas in Tamil Nadu, Assam, Meghalaya, and Nagaland, the percentage is less than 1.75. Over 5.4 million people have some kind of physical disability, followed by hearing impairment affecting 5.07 million and 5.03 million who have problems with their vision. Just about 2 million have speech disability, and 2 million are affected by mental retardation and other mental illnesses. The proportion of women suffering from seeing, hearing and multiple disabilities is higher than men. The disabled population in Jammu and Kashmir is 3, 02,670. Out of which 208,713 are visually impaired, 16,956 has speech disability, 14,157 are hearing impaired, locomotor disability is 37,965 and 24,879 are with mental disability. (Source: <http://censusindia.gov.in>)

### **Stress in Parents of Children with Hearing Loss**

Stress is a multifaceted emotion so as to be influenced by several aspect, thus several domains are used to analyze it. Parental stress is a common experience and it occur all socio-demographic groups and different contexts (Crnic & Low, 2002) <sup>[6]</sup>. One kind of stress that can happen to long-term arises as a consequence of child's parenting. Stress is serious to comprehend because of the connection among unenthusiastic parent and child product that can consequences (Pipp- Siegel & Yoshinaga- Itanes, 2002) <sup>[27]</sup>. Due to stressful factors parental role may affect negatively (Lederberg & Golbach, 2002) <sup>[23]</sup>. Researchers agreed that the parents of children with special needs undergo greater level of parental stress than parents of children without disabilities (Esdile, 2003) <sup>[10]</sup>. Parents of children with developmental disabilities often report increased stress compared to parents of children with typically developing children (Yazigi & Mooney, 2005) <sup>[38]</sup>. As a result, they often experience higher levels of depression (Singer, 2006) <sup>[31]</sup>. It has been reported that parental stress is a risk factor for maladaptive parenting and child behavior (William *et al*, 2007). Dellve (2006) <sup>[8]</sup> found high parental stress among mothers, especially single mothers. Father showed high stress related to incompetence. Parents can also be affected by realization of severity of child's conditions on developmental milestones achieved by typical children (Keller & Honing, 2004) <sup>[19]</sup>. Accordingly, every parent's stress experience is unique in considering these various factors. Stress can be viewed as having many different domains. These domains explained by Abidin (1995) <sup>[1]</sup> include factors inherent in the child, factors inherent in the parents, and/or factors related to parent child interaction. When examining the parent child interaction, it is looked at separate from the characteristics of either the parent or the child, however, it is recognized that individual characteristics of those involved can influence the interaction (Pipp-Siegel *et al*, 2002) <sup>[27]</sup>. When examining the factors that affect a parent, one would be concerned with any variable that would impact the person's ability to parent a child. This may include illnesses such as depression and anxiety that can stem from stress. Mean stress score in parents of exceptional children is significantly higher than parents of normal children. (Sarhaddi *et al*, 2014) <sup>[30]</sup>. Some researches indicated that most of the variance in parenting stress was explained by parental locus of control, parenting satisfaction and child behavior difficulties. There was a strong correlation between family support and parenting stress. Sugandhi (2007) showed that the level of depression and stress were equal among the all age group of mothers of disabled children. Further, the mothers showed equal level of depression and stress irrespective of the birth order of the disabled children. The level of depression and stress were very much high among the mothers those who have young disabled children than the older disabled children. Similarly the mothers were showing equal level of depression and stress irrespective of the gender of the disabled children, type of family. Whereas the stress level was very high among the mothers belong to low income group when compared to high income group. Kumari & Kaur (2010) found that most parents of children with intellectual disability experience stress; physical and mental stress are significantly correlated, gender differences in stress experienced occur only in the mental area, and parents have higher mental stress score as compared to physical stress.

### **Stress Levels of Mothers and Fathers of Hearing Impaired Children**

Few research projects to date have compared the stress profiles of mothers and fathers. Tehee *et al* (2009) <sup>[36]</sup> found that mothers were significantly more stressed than fathers. As stated by Baker- Ericzen *et al* (2005) <sup>[3]</sup> stress in mothers is interrelated with their child's social skills, while no such relationship found in fathers. Hasting (2003) <sup>[16]</sup> showed that stress level in mothers was associated with the child's behavioral problems and the fathers mental health, while the stress in fathers was not related to either the child's behavior or mothers mental health. As for behavioral problems, fathers were mostly distressed by the child's externalizing problems, while mothers were most affected by the child's regulatory problems (Davis & Carter, 2008) <sup>[7]</sup>. A supplement to these findings is the information that mothers perceived significantly more stigmatizing behaviors of other people than did fathers (Gray, 2002 b) <sup>[13]</sup>. Thus, it would seem that mothers are more sensitive to hostile behavior of others toward the child than are fathers.

Parents with children having disabilities faced more psychological problems as compared to parents of normal children. Mothers suffered more in psychological problems more than fathers. Choudhary *et al* (2011) <sup>[4]</sup> identified that parents have many emotional disturbances and suffer in worries (mentally disturbance) due to having a disabled child. Chovatiya *et al* (2011) <sup>[5]</sup> showed that 70% mothers were suffering with mild to moderate level of depression and it affected on their QOL. As stated by Sousa & Singvi (2011) <sup>[33]</sup> 71% of mothers with disability were depressed. The reported contributing factors of depression were poor spousal support, low education, unemployment and increasing age. Al-Eithan *et al* (2010) <sup>[2]</sup> proved that mothers of disabled children in Saudi Arabia showed higher scores of anxiety, depression and total HADS. Results obtained by Dogan (2010) <sup>[9]</sup> revealed that parents of children with hearing loss, especially mothers are at greater risk to develop psychiatric/ psychological problems (depression, stress and trait anxiety). Gupta & Kaur (2010) <sup>[14]</sup> concluded that parents of children having (ID) experienced higher stress. However, all the participants experienced higher level of mental stress than physical one. Qittner *et al* (2010) <sup>[28]</sup> evaluated stress among parents of young deaf and hearing children. The major findings of this study revealed that child's hearing problems, language delays due to deafness and behavioral problems increase stress among parents. Gallagher *et al* (2009) proved that parental stress is associated with developmental disabilities of children and poor sleep qualities among parents of these children.

### **Coping Strategies Adopted by Parents of Special Children**

Coping strategies refer to the specific efforts, both behavioral and psychological that people employ to master, tolerate, reduce or minimize stressful events. Coping is initiated in an emotional environment and is strongly associated with the regulation of emotion, especially distress, throughout the stress encounter (Folkman & Moskowitz, 2004) <sup>[11]</sup>. The coping process is believed to have two distinct primary functions: managing the stressful situation (problem focused coping) and providing regulation to the emotion caused by the situation (emotion-focused coping). Examples of problem-focused coping efforts include positive reappraisal, plan ful problem solving, accepting responsibility, as well as seeking

social support. Emotion-focused coping strategies include distancing, self-controlling, confrontive coping, and escape-avoidance. Coping as a construct is thought to hold three key features. First, coping is process oriented. Coping focuses on what the individual is actually thinking during the stressful transaction and how thought processes change during the situation. Secondly, coping is contextual. The person's appraisal of environmental demands and the personal resources available for managing the demands influence the coping effort and may change depending upon the context in which the transaction occurs. Lastly, coping is defined by the person's attempt to manage the environment, not by whether or not the attempt was successful. Previous research work showed that people use certain strategies (i.e. problem solving strategy and emotion focused strategy) to fight or overcome stressful events. Kim *et al* (2003) <sup>[20]</sup> found in a study of parental coping associated with the challenges of caring for an adult child with an intellectual disability that increases in the use of emotion-focused coping led to declining levels of well-being for the parent. In this study the use of problem-focused coping strategies resulted in improved relations with their disabled child as well. Lastly, Smith and her colleagues (2008) <sup>[32]</sup> investigated the impact of autism and coping style on maternal well-being. For mothers of toddlers with autism, lower levels of emotion focused coping and increased use of problem-focused strategies were generally correlated with greater maternal well-being, regardless of the severity of the disorder. In sum, research generally holds that the use of problem-focused strategies is tied to lower stress levels for parents of children with disabilities. Lazarus (1999, 2006) <sup>[21, 22]</sup> argues that coping is a powerful mediator of the emotional outcome resulting from a stressful environmental transaction. Glidden and Natcher (2009) <sup>[12]</sup> investigated the use of coping strategies and their relation to personality and adjustment for parents of children with developmental disabilities. The researchers hypothesized that early use of problem-focused coping strategies by parents of children with disabilities would predict less worry for the parent and a greater sense of subjective well-being. Sixty-eight married couples with children who had developmental disabilities participated in the study. Glidden and Natcher found that higher usage of positive reappraisal (a problem-focused coping strategy) resulted in lower levels of depression and higher levels of subjective well-being for both mothers and fathers of children with developmental disabilities. The way parents cope with stress is correlated with their stress level (Hastings & Johnson, 2001) <sup>[17]</sup>. It should be noted, however, that the interrelations between parental stress in parents of children with autism and their stress coping in general have not been sufficiently researched. In one of only a handful of studies on the subject, Lyons and colleagues (2010) analyzed the effect of autism severity and parents' coping strategies on parental stress. The most powerful predictor of stress was the child's autism severity. However, coping strategies also play an important role for the well-being of parents of children with autism. Smith *et al.* (2008) <sup>[32]</sup> concluded that the well-being of mothers of toddlers with autism correlated with using less emotion-focused coping and more problem-focused coping, regardless of the severity of the child's deficits. In a study on coping strategies in parents of preschool and school-aged children with autism. Hastings *et al.* (2005) <sup>[15]</sup> distinguished four main coping dimensions: active-avoidance coping,

problem focused coping, positive coping, and religious/denial coping. Out of those dimensions, active-avoidance coping was associated with a high level of stress and psychopathology in both mothers and fathers. Some data also suggest that elevated level of parental stress is associated with religious coping (Tarakeswahr & Pargament, 2001) <sup>[35]</sup>. Lower stress, in turn, is associated with using coping strategies that involve reformulation and seeking informal support (Hastings & Johnson, 2001) <sup>[17]</sup>, problem-oriented coping (Lustig, 2002) <sup>[24]</sup>, as well as coping by focusing on family integration and co-operation (Jones & Passey, 2005) <sup>[18]</sup>.

## Conclusion

In the light of the above account, it is clear that hearing impairment is considered most prevalent impairment worldwide. In India 5,071,007 people are suffering from hearing impairment. In J&K 14,157 people are suffering from hearing impairment. Otitis media is the commonest cause of hearing impairment in developing countries. Parents of children with disabilities experience higher level of stress than parents of normal children. Researches have shown that mothers experience more stress and that their stress is more pervasive than stress experienced by fathers. Parents of special children faced more psychological problems as compared to parents of normal children. Mothers suffered in psychological problems more than fathers. Researches have demonstrated that parents who utilize a problem focused coping experience less stress than parents using an emotional focused coping. The present paper provides a summary of existing literature concerning parental stress and coping strategies adopted by them. It also act as a springboard for other researchers to conduct more empirical investigations in this area and understanding and exploring the corrective or remedial action for reducing the incidence of stress.

## References

1. Abidin RR. Parenting Stress Index: Professional Manual (3rd ed.). Odessa, FL: Psychological Assessment Resources, Inc, 1995.
2. Al-Eithan MH, Robert AA, Al-Saeed AH. Mood problems of mothers with disabled children in Saudi Arabia. Preliminary prospective study. Saudi Medical Journal. 2010; 31(10):1161-5. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20953535>.
3. Bakér-Ericzen MJ, Brookman-Fraze L, Stahmer L. Stress levels and adaptability in parents of toddlers with and without autism spectrum disorders. Research & Practice for Persons with Severe Disabilities. 2005; 30(4):194-204.
4. Choudhary SK, Gohel M, Mukherjee S. Psychosocial impact on the Parents of mentally retarded children in Anand District. Health Line. 2011; 2(2). Retrieved from <http://iapsmgc.org/OA15V2I2.pdf>.
5. Chovatiya H, Diwan J, Diwan S. Depression and Quality Of Life in Mothers of Children with Cerebral Palsy. National Journal of Integrated Research in Medicines. 2011; 2(4):11-13.
6. Crnic K, Low C. Everyday stresses and parenting. In M. Bornstein (Ed.), Handbook of Parenting: Practical Issues in Parenting (2nd ed.). 2002, 243-267. Mahwah, NJ: Lawrence Erlbaum Associates.

7. Davis NO, Carter AS. Parenting stress in mothers and fathers of toddlers with autism spectrum disorders: Associations with child characteristics. *Journal of Autism and Developmental Disorders*. 2008; 38(7):1278-1291.
8. Dellve L. High Parental stress, Physical and Emotional Strain among Mothers. *American Journal of Occupation Therapy*. 2006; 2:94-100.
9. Dogan M. Comparison of Parents of Children with and without Hearing Loss in Terms of Stress, Depression and Trait Anxiety. *International Journal of Early Childhood Special Education*. 2010; 2(3):247-252.
10. Esdile SA. A comparison of mothers and fathers experience of parenting stress and attribution for parent-child interaction outcome. *Occupational Therapy International*. 2003; 10(2):115-126.
11. Folkman S, Moskowitz JT. Coping: Pitfalls and promise. *Annual Review of Psychology*. 2004; 55:745-774.
12. Glidden LM, Natcher AL. Coping strategy use, personality, and adjustment of parents rearing children with developmental disabilities. *Journal of Intellectual Disability Research*. 2009; 53(12):998-1013.
13. Gray DE. Everybody just freezes. Everybody is just embarrassed: felt and enacted stigma among parents of children with high functioning autism. *Sociology of Health & Illness*. 2002; 24(6):734-749.
14. Gupta RK, Kaur H. Stress among Parents of Children with Intellectual Disability. *Asia Pacific Disability Rehabilitation Journal*. 2010; 21(2):118-126.
15. Hastings RP, Kovshoff H, Brown T, Ward NJ, Espinosa FD, Remington B. Coping strategies in mothers and fathers of preschool and school-age children with autism. *Autism*. 2005; 9(4):377-391.
16. Hastings RP. Child behaviour problems and partner mental health as correlates of stress in mothers and fathers of children with autism. *Journal of Intellectual Disability Research*. 2003; 47(4-5):231-237.
17. Hastings RP, Johnson E. Stress in UK families conducting intensive home-based behavioral intervention for their young child with autism. *Journal of Autism and Developmental Disorders*. 2001; 31(3):327-336.
18. Jones J, Passey J. Family adaptation, coping and resources: Parents of children with developmental disabilities and behaviour problems. *Journal on Developmental Disabilities. Special Issue on Families of Individuals with DD*. 2005; 11(1):31-46.
19. Keller D, Honing AS. Maternal and paternal stress in families with school-aged children with disabilities. *American Journal of Orthopsychiatry*. 2004; 74(3):337-348.
20. Kim H, Greenberg JS, Seltzer MM, Krauss MW. The role of coping in maintaining the psychological well-being of mothers of adults with intellectual disability and mental illness. *Journal of Intellectual Disability Research Special Issue on Family Research*. 2003; 47(4-5):313-327.
21. Lazarus RS. *Stress and emotion*. New York, NY, US: Springer Publishing Company, 1999.
22. Lazarus RS. *Stress and emotion: A new synthesis*. New York, NY, US: Springer Publishing Company, 2006.
23. Lederberg AR, Golbach T. *Parenting Stress and Social Support in Hearing Mothers of Deaf and Hearing Children: A Longitudinal Study* Georgia State University. *Journal of Deaf Studies and Deaf Education*. 2002; 7(4):330-345.
24. Lustig DC. Family coping in families with a child with a disability. *Education & Training in Mental Retardation & Developmental Disabilities*. 2002; 37(1):14-22.
25. Nolte S. *The Importance of Addressing Stress in Parents of Hearing Impaired Children*. School of Medicine Program in Audiology and Communication Sciences. Washington University, 2011.
26. Perry A. A model of stress in families of children with developmental disabilities: Clinical and research applications. *Journal on Developmental Disabilities*. 2004; 11(1):1-16.
27. Pipp-Siegel S, Sedey AL, Yoshinaga-Itano C. Predictors of parental stress in mothers of young children with hearing loss. *Journal of Deaf Studies and Deaf Education*. 2002; 7(1):1-17.
28. Quittner AL, Barker DH, Cruz J, Snell C, Grimley ME, Botteri M. Parenting stress among Parents of Deaf and Hearing children: Associations with Language Delays and Behavior Problems. *Parenting: Science and Practice*. 2010; 10(2):136-155.
29. Gupta RK, Kaur H. Stress among parents of children with intellectual disability. *Asia Pacific Disability Rehabilitation Journal*. 2010; 21(2):118-126.
30. Sarhaddi M, Mohtasham S, Khazair MM. The study and comparison of stress levels and coping strategies in parents of exceptional (mentally retarded, blind and deaf) and normal children in Zahedan. *International Journal of Management and Humanity Sciences*. 2014; 3(6):2219-2224.
31. Singer GHS. Meta-analysis of comparative studies of depression in mothers of children with and without developmental disabilities. *American Journal on Mental Retardation*. 2006; 11(1):155-169.
32. Smith LE, Seltzer MM, Tager-Flusberg H, Greenberg JS, Carter AS. A comparative analysis of well-being and coping among mothers of toddlers and mothers of adolescents with ASD. *Journal of Autism and Developmental Disorders*. 2008; 38(5):876-889.
33. Sousa AD, Singhvi S. Depressive Symptoms in Mothers of children in Cerebral Palsy. *Journal of Pakistan Psychiatric Society*. 2011; 8(1):1-18.
34. Sugandhi S. *A study of Psychological problems of the mothers of children with disability. Stress, coping and Management*, Vimala, T. D., B. Prasad Babu., & D. B. Rao, (Eds), New Delhi, Sonali Publications. 2009, 131-142.
35. Tarakeswahr N, Pargament KI. Religious coping in families of children with autism. *Focus on Autism and Other Developmental Disabilities*. 2001; 16(4):247-260.
36. Tehee E, Honan R, Hevey D. Factors contributing to stress in parents of individuals with autistic spectrum disorders. *Journal of Applied Research in Intellectual Disabilities*. 2009; 22(1):34-42.
37. World Health Organization. *Prevention of deafness and hearing impairment*. WHO, Geneva, 1986.
38. Yazigi L, Mooney J. Factors associated with stress in mothers of children with autism. *The International Journal of Research and Practice*. 2005; 9(4):416-427.