

## RESILIENCE AND PARENTING STRESS IN MOTHERS OF CHILDREN WITH MENTAL RETARDATION DURING THE COVID-19 PANDEMIC

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### ABSTRACT

The mental health of parents of children with special needs during the COVID-19 pandemic requires attention. The social restrictions enforced due to the pandemic triggered increased parenting stress in mothers of children with mental retardation. Mothers have multiple roles, not only as caregivers but also as therapists and educators who replace teachers in school. An individual's level of maternal resilience affects how good their coping management is at overcoming the stress they experience. The purpose of this study was to determine the effects of resilience and parenting stress experienced by mothers of children with mental retardation during the COVID-19 pandemic. The cross-sectional research design was used. The population in this study were mothers of a child with mental retardation who attended the Pembina Special School in Yogyakarta, Indonesia. The purposive sampling technique was applied to 38 respondents. The One-Way ANOVA test results showed that the p-value was  $0.001 < 0.05$ , which means that resilience levels are influenced by parenting stress experienced by mothers of children with mental retardation during the COVID-19 pandemic. The level of maternal parenting stress is in the low category, but the resilience of the mother is in the moderate category.

Keywords: COVID-19; mother; mental retardation; parenting stress; resilience



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### INTRODUCTION

The COVID-19 pandemic has affected all aspects of life for many people. Indonesia experienced an alarming rise in COVID-19 cases in July 2021 with a total of 50,000 daily cases and reaching the community transmission level. This caused Indonesia to be ranked 3rd in the world for the highest addition of new cases and deaths (Indonesia Ministry of Health, 2021). The government has also implemented various strategies to suppress the spread of the COVID-19 virus. One of these efforts is for companies to apply WFH (work from home) for their employees, to ensure that work and learning activities remain safe during the pandemic (Mungkasa, 2020).

The COVID-19 pandemic situation poses problems for parents who have children with special needs. For the most part, children with special needs have sensory disorders and should be given therapy periodically. Delaying or restricting therapy will have an impact on the development and psychological condition of the child. The pandemic has caused parents and their children to lose access to direct

therapy as some clinics have been closed for an undetermined time. This poses a challenge for parents because, in addition to parenting, they would have the added role of a therapist and educator to replace teachers in school (Singh *et al.*, 2020). The parental adjustment process of parents of children with special needs during this pandemic can cause a psychological impact. Therefore, parents need to have the resilience to adapt and remain steadfast in this difficult situation (Cusinato *et al.*, 2020).

Resilience is an important factor that provides parents the opportunity to adapt to the stress of raising a child with intellectual disabilities. Several studies have found that parents with higher levels of resilience and self-efficacy can cope with the stress of raising a child with intellectual disabilities more effectively than those with low levels of resilience (Rajan and John, 2017).

In addition, the online learning system has caused stress for parents and children. Previous studies have shown that greater smartphone and internet usage, as well as decreased

physical activity during the pandemic, are associated with increased anxiety and depression in youths (F. Chen *et al.*, 2020). Some parents of children with learning disabilities also do not have a good understanding and lack experience in teaching children, this causes their children to become vulnerable to parental violence (Ghosh *et al.*, 2020).

Children are a vulnerable group and the vulnerability is higher in children with special needs and those with disabilities (Levin *et al.*, 2020). During the COVID-19 pandemic, children with special needs could be vulnerable to the loss of parenting rights because their parents or guardians died from COVID-19, exploitation by families who believe that their children's disabilities can bring them economic benefits, and experiencing either physical or verbal violence because of the misrepresentation of children with special needs in the surrounding environment (Ministry of Women's Empowerment and Child Protection of the Republic of Indonesia, 2021).

The high number of child deaths in Indonesia due to COVID-19 is quite alarming. Children aged 10-18 years have the highest death rate of 30% compared to children of other ages. This is because, at that age, children can already interact and socialize with the surrounding environment, so that they are more vulnerable to contracting COVID-19 (Indonesian Pediatrician Association, 2021). In addition, most children with special needs have congenital diseases such as respiratory diseases, thus increasing their risk of exposure to COVID-19. Therefore, the role of parents as guardians who provide education and protection is essential.

Children with special needs are children who experience delays in more than two aspects of developmental disorders (Szmukler, 2017). Mental retardation is a complete decline in intellectual function that occurs during development and is associated with impaired social adaptation. It can be caused by a disorder in the prenatal, perinatal, or postnatal phases (Seither *et al.*, 2020). The prevalence of mental retardation in children under the age of 18 in developed countries is estimated to be 0.5-2.5%, whereas in developing countries it is around 4.6%. Additionally, the incidence of mental retardation in developed countries ranges from 3-4 new cases per 1000 children in the past 20 years. The incidence rate of mental retardation in children is also 19 per 1000 live births (Boat, 2015).

Furthermore, children with mental retardation experience emotional disorders 4-5 times higher than children in general (Baker *et al.*, 2020). This causes high parenting stress, especially during the COVID-19 pandemic (Chen *et al.*, 2020). Previous studies have also shown that parents who have children with special needs experience higher levels of stress and feel a higher burden compared to parents who have normal children (Bakara, Dahrizal and Burhan, 2014; Montirosso *et al.*, 2021).

Parenting stress is defined as a special type of stress that stems from the requirement to be a good parent. It is caused by the children's needs and emotional conditions as well as parents' health characteristics. These elements determine the overall level of stress a parent can feel in their parenting role (Cusinato *et al.*, 2020). Moreover, children's behavioral problems and the parenting stress felt by parents are interrelated (Puff and Renk, 2014). Children's behavioral problems and parents' psychological demands were common factors in predicting the mental health of all parents (Chen *et al.*, 2020).

Resilience is a person's ability to judge, overcome, and improve oneself from adversity and misery (Taylor, 2019). It is defined as a positive personality trait that enables individuals to bounce back from adversity, adapt, thrive, and mature in the face of adverse circumstances (Southwick *et al.*, 2014). Parents who have high resilience will be able to provide optimal care. Conversely, if the parent has low resilience, they may not treat the child well and neglect them. Based on previous studies, parents caring for children with mental retardation are already more at risk of mental health problems, yet these risks further increased during the COVID-19 lockdown restrictions (Willner *et al.*, 2020). Therefore, a study is needed to investigate how resilience affects parenting stress in mothers of children with mental retardation during the COVID-19 pandemic. Some mothers may need interventions to improve their mental health as this will affect their parenting quality.

## METHOD

### Study Design

This is a quantitative study with a cross-sectional design.

### Samples

The population in this study was 109 mothers of children with mental retardation who attended the Pembina Special School in Yogyakarta. Purposive sampling was utilized in this study. Based on the inclusion and exclusion criteria set, the number of samples used was 38 respondents. The following are the details of the inclusion criteria: guardians of students with mental retardation, ability to fill out the questionnaire on Google Form, and willingness to be respondents. While the exclusion criteria were guardians of students whose children were not active in school for 1 month and were experiencing physical or psychological pain.

### Instrument

The data collection tool in this study was a questionnaire. The first questionnaire was adopted from the Brief Resilience Scale (BRS), which used as many as 6 items to measure maternal resilience (Smith *et al.*, 2008). The BRS instrument has passed the validity test with a correlation coefficient ranging from 0.30 to 0.69, which means that the questionnaire has a strong level of validity. The result of the alpha Cronbach reliability test ( $\alpha$ ) was also 0.8 to 0.91, which indicates that the question items from the BRS are reliable. Meanwhile, the second questionnaire to measure parenting stress consisted of 29 items adapted from the parenting stress scale (Abidin, 1995). The results of the parenting stress instrument validity test with the correlation Pearson product were between 0.364 - 0.762 > r-table (0.361), while the alpha Cronbach reliability test ( $\alpha$ ) result was 0.915.

### Data Collection

This study was conducted in April-July 2021 at the Pembina SPECIAL School in Yogyakarta, Indonesia.

### Data Analysis

The data analysis in this study used the One-Way ANOVA and Linear Regression Test. Data analysis was performed using a statistical program with a significance level of 0.05. Multivariate analysis was conducted using regression logistic with a backward method for data analysis. The variables with a p-value of < 0.25 were included in the multivariate analysis (Dahlan, 2014).

### Ethical Consideration

Ethical clearance was obtained from the Ethics Committee of Surya Global Institute of Health Science Yogyakarta, with No. 5.28/KEPK/SSG/IV/2021. All participants received a

complete explanation regarding the research and provided their informed consent before taking part in the research.

**RESULTS**

Based on Table 1, the demographic characteristics of the subjects included education, occupation, guardian, and children's sex.

**Table 1. Characteristics of the respondents (n = 38)**

Respondents	Frequency	Percentage (%)
<b>Education</b>		
Undergraduate	11	28.9
Senior high school	18	47.4
Junior high school	6	15.8
Elementary school	3	7.9
<b>Occupation</b>		
Housewife	26	68.4
Worker	12	31.6

**Table 1. Characteristics of the respondents (n = 38) (continue)**

Respondents	Frequency	Percentage (%)
<b>Guardian</b>		
Parents	37	97.4
Other than parents	1	2.6
<b>Children's sex</b>		
Boys	20	52.6
Girls	18	47.4

In this study, most of the parenting was done by the mothers (97.4%) and the majority of the respondents' children were boys (52.6%). Based on Table 2, the parenting stress experienced by mothers is caused by their lack of knowledge and competence in being good parents was 31.6% and the behavior of their children who are hyperactive and find it difficult to follow parental orders at 34%. But mostly, mothers can accept the condition of their children as much as 47.4%.

**Table 2. The respondents' parenting stress domains (n = 38)**

Domain	Indicator	Frequency	Percentage (%)
Parents distress	Sense of competence	12	31.6
	Depression	4	10.5
	Restriction of parent	7	18.4
	Parental health	3	8
	Social isolation	8	21
	Relationship with spouse	4	10.5
The difficult child	Adaptability	6	16
	Demandingness	8	21
	Mood	11	29
	Distractibility/hyperactive	13	34
The parent-child dysfunctional interaction	Attachment	7	18.4
	Acceptability	18	47.4
	Reinforce parent	13	34.2

According to Table 3, the value of significance is 0.001 (<0.05), which can be concluded that parenting stress influences mothers' resilience.

**Table 3. The effect of resilience on parenting stress in mothers who have children with mental retardation**

Model	Sum of squares	Df	Mean square	F	Sig
1 Regression	3990,938	1	3990,938	14,367	,001 <sup>b</sup>
Residual	10000,457	36	277,790		
Total	13991,395	37			

Based on Table 4, especially in step 3, the variable child's sex has 2.1 times the risk of maternal resilience (95% CI: 0.478-9.257). However, these variables did not significantly affect maternal resilience (p: 0.325 > 0.05).

**Table 4. Multivariate analyses**

	Variable	Coefficient	p	OR	(CI 95%)
<b>Step 1<sup>a</sup></b>	Education	0.795	0.128	0.452	(0.162-1.257)
	Occupation	-0.159	0.847	0.853	(0.171-4.266)
	Parenting	20.808	1.000	1088954094.325	(.000)
	Children's sex	0.821	0.282	2.273	(0.510-10.127)
	Constant	-18.533	1.000	0.000	
<b>Step 2<sup>a</sup></b>	Education	-0.772	0.125	0.462	(0.172-1.238)
	Parenting	20.765	1.000	1042719360.372	(.000)
	Children's sex	0.831	0.274	2.296	(0.517-10.199)
	Constant	-18.842	1.000	0.000	
<b>Step 3<sup>a</sup></b>	Education	-0.793	0.119	0.453	(0.167-1.227)
	Children's sex	0.744	0.325	2.105	(0.478-9.257)
	Constant	2.163	0.276	8.693	
<b>Step 4<sup>a</sup></b>	Education	-0.818	0.098	0.442	(0.168-1.162)
	Constant	3.300	0.042	27.125	

And then, the mother's education variable in step 4 had 0.442 times the risk of maternal resilience (95% CI: 0.168-1.162) but had no significant effect on maternal resilience (95% p: 0.98 > 0.05). Thus, the variables of mother's education, mother's occupation, children's sex, and guardian do not affect maternal resilience.

## DISCUSSION

The COVID-19 pandemic has caused challenges for parents and their children, especially regarding the parents' added role in educating their children remotely as mandated by the ministries of education, despite the parents' preference for face-to-face education. The deficiencies in online education methods have led to resistance to this form of education by parents. In addition to the lack of time and sufficient technical skills necessary to support the education of their children, there was also the children's inability to self-organize and manage their education. Therefore, untrained parents found it difficult to implement remote learning methods (Dong, Cao and Li, 2020).

Children with disabilities are members of at-risk groups according to the effects caused by the pandemic. This is because their cognitive and intellectual disabilities limit their ability to comprehend the warnings issued to help them protect themselves from contracting and spreading the COVID-19 infection (Courtenay and Perera, 2020). The social distancing and quarantine measures have led to the suspension of services, support, and official and nonofficial sponsorship provided to children with disabilities. For example, educational institutions and special education centers closed their doors across all educational levels, presenting a challenge for families with disabled children. Consequently, negative psychological emotions of stress and irritability have emerged among families. Thus, parents and caregivers needed more services to compensate for the closure of service centers (Abdelfattah *et al.*, 2021).

Mothers provide the initial foundation of life learning for children. They have a major role in providing childcare, such that the good and bad behavior of a child is influenced by the mother's personality while parenting. As shown in Table 1, most of the highest levels of education of the mothers sampled were high school. Education is a requirement of being a parent. The higher the education of the mother, the lower the parenting stress. Education is generally a reference to a person's intellectual abilities. Mothers with higher education are considered to have better intellectual abilities compared to individuals who have lower levels of education because they can use their intellectual abilities to solve the problems they face (Prickett and Augustine, 2021).

Past studies have found that working mothers showed higher parenting stress than nonworking mothers. This may be due to the short- and long-term impact of work events and conditions on family life. For example, negative interactions at work will affect the parents' interaction with their children (Rakhmawati, 2022). However, in this study, there was no difference in the parenting stress experienced between working and not working mothers. Interviews with five mothers found that since the COVID-19 pandemic they lost their jobs, but they accepted that now they would have more time to take care of the children and know the difficulties faced by them (Gloria, 2020). This is supported by the results of research that most childcare is done by mothers.

This study showed that resilience affected the parenting stress experienced by mothers, as indicated by a value of  $p = 0.001 < 0.05$ . Other studies have also shown that parenting

stress is influenced by parental resilience levels. Parents of children with mental retardation have varying levels of stress. This is due to social support, coping mechanisms, and optimism. The coping mechanism that some mothers implement to overcome stress is increasing their spirituality and sharing their experiences with other parents of children with mental retardation to reduce their feeling of isolation and to help them understand and accept their child's condition (Peer and Hillman, 2014). This is shown from the results of interviews with three mothers who stated that they are in a community of parents who have children with mental retardation. Through the community, mothers can share their experiences, provide solutions, and provide support to each other.

The level of stress experienced by parents during the COVID-19 pandemic increased, especially those with children with special needs. These parents would experience psychological problems and parenting pressures in addition to being worried about their child's condition. This increased anxiety is influenced by family income factors, parents' educational background, and the type of special needs that their children experience (S. Chen *et al.*, 2020).

A person who has high resilience would have a low stress level (Zhao, Fu and Ai, 2021). Resilience is a person's ability to judge, overcome, and improve, or transform themselves from adversity (Peer and Hillman, 2014). A mother with high resilience would be able to control her emotions when facing her child (John and Roblyer, 2017). The results of interviews with five mothers found that during the COVID-19 pandemic, they had to practice their patience and think creatively when their child does not follow their instructions. These mothers tried to always be gentle and patient when facing their child's unstable mood.

In this study, the stress experienced by mothers is mostly due to their lack of knowledge about the growth and development of their children, especially those with congenital diseases. The current condition of the COVID-19 pandemic caused children to become more vulnerable to illness. Moreover, access to routine therapy was also difficult, so that mothers had to try to learn to cope with the problems experienced by their children. This is supported by other studies that state that stressors commonly experienced by mothers are associated with behavioral problems and diagnoses of childhood diseases (John and Roblyer, 2017). In addition, due to their children's hyperactive behavior and mood disorders, some mothers had to isolate themselves and their children to make the surrounding environment comfortable. Therefore, during the pandemic, parenting stress is an effective predictor of parental anxiety. Due to the pandemic, parents need to spend more time and energy taking care of their children than usual. This is especially so for special needs children as they may not be able to adapt to online education. In addition, there are only a few ways for parents to prevent viral infections during the pandemic (Ren *et al.*, 2020).

Low maternal parenting stress indicates that the mother has good social integration, emotional closeness to the child, high health level, no symptoms of depression, does not experience rigid freedom restrictions and frustration in maintaining self-identity, and obtained support from those around her (Willner *et al.*, 2020). This is supported by the results of research which showed that most mothers are in the acceptance category, thus they can accept the presence of their children who have special needs. In addition, support from their partners also greatly contributes to maternal

resilience. Partner support also has implications in maternal stress parenting. Mothers who have high partner support will have good mental health which will also affect the care of their children (Kanter and Proulx, 2019).

In the face of the pandemic, parents have limited power, therefore, all sectors of society need to help them to find coping strategies to pass this difficult period more smoothly. Social support is a protective factor for excessive anxiety. Support from family members, friends, and people in the community also helps to reduce parents' anxiety (Ren *et al.*, 2020).

Based on the analysis of the parenting stress domain, family or partners are factors that are very influential in increasing the resilience of mothers of children with mental retardation. This is because family members or partners are the closest people to the mother and are a source of strength for them. Encouragement and support from a partner can make the mother feel less alone in facing the problems that arise from raising their children.

The surrounding environment is also an important factor in increasing the resilience of mothers of children with mental retardation. Having an attitude of openness to the surrounding environment about their child's condition is crucial. This will make parents, especially mothers, not feel different or isolated from other parents who have normal children. Other research has also shown that family resilience, such as finding ways of coping together and supporting others, was associated with better mental health. This suggests that there are opportunities to build positive community support for the recovery processes (Bryson *et al.*, 2021).

Nevertheless, this study contains some disadvantages, such as the limited sample of participants. This was because data collection was difficult during the ongoing pandemic, hence the majority of the data was gathered through online surveys.

## CONCLUSION AND RECOMMENDATION

The COVID-19 pandemic has triggered increased stress in mothers of children with mental retardation. The mothers' level of resilience affects their stress levels. Resilience is a person's ability to be able to cope and adapt to stressors. It was found that mothers who have high resilience also had low stress levels. Social support and maternal assistance during the COVID-19 pandemic need to be provided to improve the mental health of mothers of children with mental retardation as it will also affect the quality of their children's care.

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