

PARENTING STRESS AND A SENSE OF COMPETENCE IN MOTHERS OF CHILDREN WITH AND WITHOUT DEVELOPMENTAL DISABILITIES

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Abstract: *BACKGROUND: Mothers of children with a range of developmental disabilities report higher levels of stress than mothers of typically developing children. Higher levels of stress can also be related to parenting sense of competence. Further, parental stress and a sense of competence are also significantly associated with parenting support and marital satisfaction.*

AIM: This study had three aims: to determine the difference in stress levels and sense of competence observed as self-perceived parental efficacy and satisfaction with parenthood in mothers of children with and without disabilities; to determine the relationship between stress levels and sense of competence observed as self-perceived parental efficacy and satisfaction with parenthood in all mothers; and to determine the difference in importance of factors associated with motherhood stress and a sense of competence.

METHODS: Mothers of 71 children aged 1-13 years from the city of Varaždin, 38 without disabilities and 33 with disabilities, participated in this study. The mothers filled in four assessment tools: the Parental Stress Scale; the Parenting Sense of Competence Scale, which included the two subscales of self-perceived parental efficacy and satisfaction with parenthood; the Family Support Scale; and the Quality of Marriage Index.

RESULTS: Statistical t tests showed significant differences between mothers of children with and without disabilities in stress, and self-perceived sense of maternal efficacy, which was part of the sense of competence variable. Further, all explored variables were significantly correlated, and finally, all three models of four-stage hierarchical multiple regression revealed that final models containing sociodemographic factors, child characteristics, a disability factor, social support and marital quality explained 50.9% of the variation in parental stress level, 36.4% of variation in self-perceived parental efficacy, and 35.1% of variation in satisfaction with parenthood. Changes in R² were significant in all models. When all predictor variables were included in stage four of the regression model, marital quality explained the most variance in all models.

CONCLUSION: These results show the importance of marital quality in both parental stress and a sense of competence equally in mothers of children with and without disabilities.

Key words: Parenting stress, sense of competence, parenting satisfaction, children, developmental difficulties

INTRODUCTION

It is recognised that disability impacts the whole family (Earnhart, 2015), and the presence of a young child with a developmental disability strains the adaptive mechanisms of the family (Minnes, 1998). As parents have a great influence on their children's health and safety, their well-being is essential to the maintenance of a positive family climate. For all these reasons, a clear recent trend is to move the focus in disability research from the individual to the entire family (Gardiner and

Iarocci, 2012), especially in terms of stress levels and the sense of parental competence.

Raising a child is always stressful, but raising a child with developmental disabilities (DD) can present special challenges for parents. Higher stress levels in parents whose children have DD are significantly higher than those of parents with typically developing children (Weiss, 2000; Solomon et al., 2008; Yoong and Koritsas, 2012).

Moreover, parents whose children have DD have more health issues, are more often depressed

or anxious than parents of children without DD (Suchman and Luthar, 2001, in Milić Babić, 2010; Cantwell et al., 2015). Hence, although increased stress levels are experienced by both parents, mothers are especially vulnerable (Khan, 2014). Boyce and Behl (1991) found the relationship among maternal stress, age, level of education, income and marital status and confirmed the positive association between stress associated with motherhood and the number of children in the family (Milić Babić, 2010). Parental stress is also positively associated with child's age (Lederberg and Golbach, 2002, Pipp-Siegel et al., 2002, in Milić Babić 2012), severity of disability, parental working status and other sociodemographic features, i.e. low socioeconomic status (Khamis, 2007). On the other hand, although these studies are less reported, several studies indicate that despite the increased demands of parenting a child with DD, many families report positive changes due to the child with DD (Scorgie and Sobsey, 2000).

Another factor that influences family climate is parental sense of competence, a multidimensional construct that consists of behavioural, emotional and cognitive dimensions (Coleman and Karraker, 2000), and incorporates self-perceived parental efficacy and satisfaction with parenthood (Gibaud-Walston and Wandersman, 1978; Sanders and Woolley, 2005, in Delale 2011). There are very few studies on parenting sense of competence in association with parenting stress. As these studies indicate that maternal stress negatively correlates with parental efficacy (Wells-Parker et al., 1990, Belchic 1996), it can be argued that the sense of parenting competence, observed as self-perceived parental efficacy and satisfaction with parenthood, is associated with stress in a bidirectional manner (Geikina and Martinsone, 2015). According to Mash and Johnston (1983), having a child with DD creates ongoing stress for parents that may negatively influence their competence. Specifically, mothers of children with DD report lower sense of parenting competence (Raj Kumari and Harpreet, 2010).

Parental stress and a sense of competence are also significantly associated with parenting support (Beckman 1991; Ostberg, 1998; Secco et al., 2006) and marital satisfaction (Kersh et al., 2006; Guralnick et al., 2008; Hess, 2008; Giulio et al.,

2014). Webster et al. (2008) found that higher levels of stress in parents of children with DD are associated with the lack of support. On the other hand, parental perceptions of helpful support across sources are associated with lower levels of stress among parents of children with DD (Smith et al., 1999). Subsequently, social support plays a protective role against stress (Judge, 2001, Pal, 2002, in Leutar and Oršulić, 2015).

Marital satisfaction is also a protective factor for stress. Higher levels in marital satisfaction are related to lower levels of depression and parenting stress, and higher parental efficiency (Kersh et al., 2006). Conversely, lower parental stress correlates with a stronger marriage (Hess, 2008), and happiness in marriage is the strongest predictor of parental sense of competence (Rogers and White 1998, in Hess, 2008). Studies on marital satisfaction in families with children with DD are contradictory, but mostly describe negative association (Leutar and Starčić, 2007; Giulio et al., 2014). Mothers of children with DD especially report lower level of satisfaction with marriage in comparison to mothers of children with normal development (Dabrowska and Pisula, 2010). Interestingly, a few studies revealed higher levels of marital satisfaction among parents of children with DD (Kazak 1987, Taanila et al., 1996, in Wieland and Baker, 2010).

OBJECTIVES

This study had three goals. The first goal was to determine the difference in stress levels and sense of competence observed as self-perceived parental efficacy and satisfaction with parenthood in mothers of children with and without disabilities. The second goal was to determine the relationship between stress levels and sense of competence observed as self-perceived parental efficacy and satisfaction with parenthood in all mothers, of children with and without disabilities. The final goal was to determine the difference in importance of factors associated with motherhood stress and a sense of competence.

Accordingly, the study had five hypotheses:

- H1: There is a significant difference in maternal stress between mothers of children with and without DD.

- H2: There is a significant difference in self-perceived maternal sense of competence between mothers of children with and without DD in:
- Self-perceived maternal efficacy;
 - Satisfaction with motherhood.
- H3: There is a relationship between maternal stress and maternal sense of competence in all mothers.
- H4: The existence of DD in a child, self-perceived marital quality and level of social support are more associated with maternal stress in comparison to sociodemographic characteristics of both mother and child.
- H5: The existence of DD in a child, self-perceived marital quality and level of social support, are more associated with a sense of competence in mothers than sociodemographic characteristics of both mother and child.

METHODS

Participants

The participants of this study were 71 mothers of children with and without DD from the city of Varaždin, Croatia. Mothers of children with DD were recruited from the Early Childhood Intervention Organisation, and mothers of children without DD were recruited from local day care centres and Varaždin Elementary School. Those who completed assessment tools included 38 mothers of children without DD and 33 mothers of children with DD ranging in age from 22 to 44 years (mean=34.29, SD=5.17). Most of the mothers were employed (69%), while 31% were unemployed. According to educational status, the majority of mothers had either high school or college education (29.6% and 29.6%, respectively), 22.5% had a master's or doctoral degree, 16.9% had vocational school, and 1.4% primary school. Children with DD included in this study were aged from 1 to 13 years, (mean=5.21, SD=3.09). Children without DD had the same age range of 1-13 (mean=5.34, SD=2.62). There was no significant age difference between the samples. Gender-wise, 62% of all children were boys and 38% girls. The number of children per family varied from 1 to 4 (mean = 1.76, SD = 0.71).

Measures

Mothers filled in four assessment tools: the Parental Stress Scale; the Parenting Sense of Competence Scale, which included the two subscales of self-perceived parental efficacy and satisfaction with parenthood; the Family Support Scale; and the Quality of Marriage Index.

Parental Stress Scale (PSS) (Berry and Jones, 1995) is an 18-item self-report measure that assesses parental stress and includes both positive and negative statements. The PSS covers sources of stress related to the parent-child relationship, satisfaction with self as a parent, and emotions and difficulties related to the parenting role. Responses range from 1 (completely disagree) to 5 (completely agree). Final scores are created as a sum of scores and range from 18-90. For the purposes of this study, we coded the answers in a way that higher score indicated lower stress levels. The original authors indicate that the scale can be used with children with and without DD with a reliability coefficient of 0.83 (Berry and Jones, 1995). The PSS used was a part of UNICEF Croatia documentation (2008). In order to examine the dimensionality of the PSS, a factor analysis was performed, and parallel analysis showed two significant factors on the PSS. Principle component analysis along with Varimax rotation ($n = 71$; KMO = .841; Bartlett χ^2 (153) = 743.920, $p < .001$) revealed that factor items did not differ with content, but with the formulation strategy used (positive or negative), which is consistent with prior studies performed in Croatia (Milić Babić, 2013). Therefore, a unique summary score was formed with a reliability of 0.88, which is higher than the 0.85 in the previous study performed by Milić Babić (2013).

Parenting Sense of Competence Scale (PSOC) (Gibaud-Wallston and Wandersman, 1978) is a measure of the extent to which parents perceive themselves as competent parents. The PSOC is a 17-item scale, with two subscales: Parenting Satisfaction and Parenting Efficacy. The responses to items are based on a 6-point Likert scale ranging from "strongly agree" to "strongly disagree". Higher scores represent stronger self-perception of parental competence. Reliability of the PSOC according to Delale (2011) is 0.70 for the Parenting Efficacy subscale, 0.71 for the Parenting

Satisfaction subscale and 0.72 for the whole PSOC. The PSOC was originally constructed for children without DD, but it can be used for children with DD (Johnston and Mash, 1989).

According to the Keiser-Meyer-Olkin measure of sampling adequacy and the Bartlett sphericity test ($n = 69$; $KMO = 0.791$; Bartlett $\chi^2 (136) = 524.882$, $p < .001$), the factor analysis was appropriate. The factor analysis with Varimax rotation revealed a two-factor solution for the PSOC, which mostly correspond to the Gibaud-Wallston and Wandersman (1978) subscales, and in minor part agrees with research previously performed by other authors (Gilmore and Cuskelly, 2008). The reliability coefficient for the PSOC was 0.82 for the Parenting Efficacy subscale, and 0.83 for the Parenting Satisfaction subscale.

The Family Support Scale (FSS) was used to assess the satisfaction with sources of support to families of young children (Dunst, et al., 1984), as a factor associated with motherhood stress and a sense of competence. The FSS scale includes 18 items that are rated on a 5-point Likert scale ranging from "not at all helpful" (1) to "extremely helpful" (5). Final score is formed as a sum of scores and can range from no social support to plenty of social support. Higher scores indicate higher quality support and higher perception of satisfaction with the acquired level of support. The FSS was formerly used in many different studies examining the effect of social support on parental health and well-being, family integrity, parental perceptions of child functioning, and styles of parent-child interaction (Dunst et al., 1994). Previous research showed Cronbach alpha of 0.85 (Almand, 2004).

Factor analysis using principal component and parallel analyses revealed two factors explaining 45.64% of variance ($n = 62$; $KMO = .717$; Bartlett $\chi^2 (136) = 466.224$, $p < .001$). After performing Varimax rotation, the first 7 items describing the close environment factor were associated with social support within the close environment, similar to previous studies (Milić Babić, 2013). While the remaining items revealed a factor that was not consistent with former research (Dunst, et al., 1984; Milić Babić, 2013), preliminary analysis with a limited sample indicated the existence of structural differences between the two subsamples.

For this reason, we decided to proceed with the analysis using only the close environment factor as a measure of environmental social support. The reliability of this factor was 0.79, higher than in a study by Milić Babić (2013), where Cronbach alpha was 0.65.

Marital Quality Index (MQI) (Norton, 1983) was also used as a factor associated with motherhood stress and a sense of competence. This measure assesses perceived marital quality, and consists of 6 items rated on a 5-point Likert scale. Higher results indicate better marital quality. Previous factor analysis (Obradović and Čudina-Obradović, 2001) revealed high reliability ($\alpha=.96$).

Factor analysis performed for this research revealed one factor explaining 89.08% of variance ($KMO = .922$; Bartlett $\chi^2 (15) = 652.703$, $p < .001$), with saturations ranging from 0.92 to 0.96 and a reliability coefficient of 0.975.

Procedure

Data were collected in the period from January to May of 2015 in Varaždin. After presenting the intent of the research, mothers were given a packet containing the measures listed above. All forms were in the same order in each packet. All mothers filled in the measures voluntarily. Mothers of children with DD filled in the measures in a separate room, during the time their children were in therapy, while mothers of children without DD received the packet at the educational institution their child was attending and returned it to the teacher. The average time needed to fill in the measures was 45-60 minutes. If needed, mothers received help in filling out the questionnaires. The research was conducted in line with all research ethics principles.

All results were analyzed using descriptive statistics, t test analysis, Pearson correlations, and hierarchy regression analysis.

RESULTS

Results of participant mothers on the PSS measure on a scale of 18-90 reveal mild to moderate maternal stress ($DD=72.44$, no $DD=63.79$). Further, on the PSOC measure, for the Parenting Efficacy subscale ranging from 8 to 48, mothers of children with and without DD showed interme-

Table 1. Differences between mothers of children with and without disabilities in stress level and sense of competence according to *t* tests.

	Sample	N	M (SD)	t (df)
Stress level	NoDifficulties	39	63.79 (9.036)	-3.978 (69)*
	Difficulties	32	72.44 (9.197)	
Competence_self-perceived	NoDifficulties	38	27.18 (4.872)	-4.164 (70)*
	Difficulties	32	31.21 (3.418)	
Competence_satisfaction	NoDifficulties	38	35.21 (7.549)	-1.450 (69)
	Difficulties	33	37.67 (6.584)	

* $p < .001$.

diate scores: respectively, $M=31.21$; $SD=3.42$ and $M=27.18$; $SD=4.87$. On the Parenting Satisfaction subscale of the same measure with a range of 9-54, mothers of children with and without DD showed intermediate values of $M=37.67$; $SD=6.58$ and $M=35.21$; $SD=7.55$, indicating higher self-perceived parental efficacy and higher parenthood satisfaction in both groups.

The results of *t* tests addressing the first research question and showing the difference in stress levels and sense of competence observed as self-perceived parental efficacy and satisfaction with parenthood in mothers of children with and without disabilities are presented in Table 1. According to these results, in which higher scores on the stress scale indicated lower levels of stress, mothers of children without difficulties had significantly higher levels of stress. Also, mothers of children without DD have significantly lower self-perceived parental efficacy, but no statistical difference was found in parenthood satisfaction between mothers of children with and without DD.

Further, to determine the relationship between stress levels and sense of competence observed as self-perceived parental efficacy and satisfaction with parenthood in all mothers of children with and without disabilities, correlation coefficients were calculated (Table 2). Results show that all correlation coefficients were significant at the $p < .001$ level of significance.

Table 2. Pearson correlation coefficients showing relationships between examined outcomes

	1	2
1 - Stress level		
2 - Competence_self-perceived	.584a*	
3 - Competence_satisfaction	.760b*	.466c*

* $p < .001$.

^an = 68. ^bn = 67. ^cn = 69.

The final goal was to determine the difference in importance of factors associated with motherhood stress and a sense of competence. For this purpose, three hierarchical multiple regressions were performed (Table 3). Predictor variables, the same for all three models, were introduced in four stages. The first stage was the maternal sociodemographics (age, work status and education level); in the second stage, child demographics were introduced (sex, age, and number of children in family); in the third stage, the existence of DD was introduced; and the final model included marital quality and the level of social support. This way of introducing new variables was chosen because predictor variables from higher stages were expected to show stronger associations with the outcome.

In the first model we wanted to investigate which predictors described maternal stress as an outcome variable in the best way. The first significant predictor variable associated with stress was the number of children in the family introduced in step two, which showed that **smaller number of children in a family** was associated with lower stress levels in mothers. In stage three, the number of children remained significant, but the existence of DD was also significant ($R^2=0.378$, $p<0.01$) indicating that existence of DD in a child was associated with lower stress. Stage four revealed that these factors contributing to maternal stress remained significant, but out of two introduced factors, marital quality and social support, only marital quality was significant, and higher-quality marriage was associated with less stress in mothers. The final model showed that the introduced variables explained a statistically significant 50.9% of variability in maternal stress.

The second model examined predictors that best describe maternal self-perceived efficacy as

Table 3. Hierarchical regression results for maternal stress, self-perceived competence and satisfaction predicted based on maternal sociodemographics, child demographics, existence of DD and family support

	Maternal Stress ^a				Self-perceived Maternal Efficacy ^b				Maternal Satisfaction ^a			
	(β)				(β)				(β)			
Maternal Sociodemographics												
Age	-.187	-.074	-.095	-.074	-.166	-.078	-.124	-.134	-.209	-.148	-.147	-.126
Employment status	.160	.197	.212	.138	.125	.107	.139	.058	.139	.174	.180	.120
Level of education	.191	.112	.030	.064	.043	.047	-.007	.049	.299***	.177	.159	.163
Child Demographics												
Gender		-.001	-.002	.048		-.44	-.155	-.125		.054	.051	.097
Age		-.122	-.088	-.036		-.162	-.138	-.081		.007	.011	.050
Number of children		-.385**	-.344**	-.268**		-.064	.000	.061		-.364**	-.357**	-.291***
Developmental difficulty												
Yes			.362**	.209***			.447*	.339**			.097	-.016
Family support												
Marital quality				.370**				.355**				.227
Social support				.095				-.018				.164
ΔR ²	.100	.155**	.122**	.131**	.035	.043	.190*	.096***	.139***	.121***	.009	.081***
R ²	.100	.256**	.378**	.509**	.035	.078	.268**	.364*	.139***	.261**	.270**	.351**

*** p < .05. ** p < .01. * p < .001.

^an = 71. ^bn = 74.

an outcome variable. The first significant predictor variable associated with self-perceived efficacy was introduced in step three, showing that the existence of DD was associated with higher self-perceived efficacy (R²=0.268, p<0.01). The final step revealed that the DD factor remained significant, but out of two introduced factors, marital quality and social support, only marital quality was significant, and higher quality marriage was associated with higher self-perceived efficacy in mothers. This model showed that the introduced variables explained statistically significant 36.4% of variability in self-perceived maternal efficacy.

Lastly, the third model, which looked into maternal satisfaction with motherhood in the first step, showed that the level of education was associated with maternal satisfaction, i.e. more educated mothers were more satisfied with their mother-role (R²=0.139, p<0.05). However, after introducing child-related variables in step two, this significance was lost, and the only significant factor was the number of children, indicating that more children in the family was related to higher maternal satisfaction. Introducing further steps did explain a greater share of variance in maternal satisfaction,

but none of them reached statistical significance (R²=0.35, p<0.01).

Finally, all three models of four-stage hierarchical multiple regression revealed that final models containing sociodemographic factors, child characteristics, a disability factor, social support and marital quality explained 50.9% of the variation in parental stress level, 36.4% of variation in self-perceived parental efficacy, and 35.1% of variation in satisfaction with parenthood. Changes in R² square were significant in all models. When all predictor variables were included in stage four of the regression model, marital quality explained the most variance in all models.

DISCUSSION

This study addressed three major issues related to the reported stress and sense of competence in mother of children with and without DD. The first goal was to determine the difference in stress levels and sense of competence observed as self-perceived parental efficacy and satisfaction with parenthood in mothers of children with and without DD. Regarding stress levels in mothers of children with and without DD, the results interestingly suggested that mothers of children without DD have

significantly higher stress levels than mothers of children with DD. These results are in line with previous research (Hastings and Taunt, 2002; Greer et al., 2006; Osborne et al., 2008; Lloyd and Hastings 2009) that suggests that parenting a child with DD can lead to positive outcomes. It also might be considered that parents of children with disabilities have a different level of stress perception in comparison to parents of children without DD. Taanila et al. (2012) suggest that the reconstruction of a stressful situation in a positive manner is one of the anti-stress coping strategies of parents of children with DD (Picci et al., 2015).

Findings like these move us away from the stereotype that a child's difficulties bring suffering to the entire family, and lower stress levels could be viewed as a factor that improves the impact of a child's disability on family members (Gupta and Singhal, 2004). Also, Olsson and Hwang (2002) emphasise that it appears that the birth of a child with DD can be extremely stressful, but does not affect every parent in the same way. On the other hand, some studies show that parents of children with DD have higher level of parenting stress, weaker sense of coherence, and worse health than parents of children without DD (Oelofsen and Richardson, 2006; Mount and Dillon, 2014; Picci, et al., 2015; Bawalsah, 2016).

Further, mothers of children with DD also reported higher self-perceived parental efficacy. Previous studies suggest that parents who have high self-perceived parenting efficacy feel that they fulfill their parenting roles and are successful in nurturing positive child development (Kersh et al., 2006). Higher self-perceived parenting efficacy in mothers of children with DD can be associated with levels of support they receive via early intervention services through non-governmental organisations that their child attends. The support received through professional help can have a positive effect on parenting and elevate self-perceived parenting efficacy in parents of children with DD (Webster-Stratton, 1990). Emerging findings are in line with our findings and suggest that parents may also benefit from their child's participation in intensive early intervention, including increased parental knowledge, skills, and performance (Hastings and Johnson, 2001; Osborne et al., 2008;

Schwichtenberg and Poehlmann, 2007). Also, if we try to explain these results from a "stress and coping" perspective, parental self-efficacy could act as a mediator between stress related to having a child with DD and a parental response to this stress, making parents motivated to become more supportive, more competent and more effective parents (MacInnes, 2009).

The last part of the first research goal, regarding satisfaction with motherhood, showed no significant difference between mothers of children with and without DD. Similar results were found in a study by MacInnes (2009), who used the same PSOC (Gibaud-Wallston and Wandersman, 1978) and found that mothers of children with Down Syndrome had higher self-perceived parental efficacy but similar maternal satisfaction as mothers of children without DD.

This is interesting because, as previously reported, greater parenting efficacy has been associated with increased satisfaction with parenting (Coleman and Karraker, 2000), indicating that our results might be due to small sample size, or that parenting efficacy and parenting satisfaction may be connected in complex ways that require further, more elaborate research.

The second goal of our study was to determine the relationship between stress levels and sense of competence observed as self-perceived parental efficacy and satisfaction with parenthood in all mothers. We found significant correlations between these variables, suggesting that mothers who have lower stress levels tend to have higher parental competence values on both constructs. The relationship between family stress and the sense of competence parents feel in relation to their own parenting skills has been confirmed in other studies (Gilmore and Cuskelly, 2012; Šepčević Sudar, 2014; Shamash and Martin, 2015; Geikina and Martinsone, 2015).

Several studies indicate that the parenting sense of competence is negatively related to parenting stress (Milić Babić, 2013; Kwok and Wong, 2000), and parents who have a high sense of parenting competence are less likely to experience depression (Geikina and Martinsone, 2015). The correlation between these variables is true for mothers of chil-

dren with and without DD. Specifically, for parents of children with intellectual disability, higher feelings of competence have been associated with lower stress (Hassal et al., 2005). This relationship can be explained through the theoretical model of parenting determinants (Belsky, 1984), which suggests that the most important parenting determinants such as spousal relationship, social network and employment can constitute a source of support and distress at the same time, depending on parental perceptions (Šepčević Sudar, 2014). Overall, the extensive literature emphasises that parental sense of competence is an important factor influencing a wide range of child and family outcomes (de Haan et al., 2009; Deković et al., 2010).

The final goal was to determine the difference in importance of factors associated with motherhood stress and a sense of competence observed as self-perceived maternal efficacy and satisfaction with parenthood. For this purpose, we built three regression models. Although our selected predictors explained the highest amount of variance in maternal stress, altogether three statistically significant predictors were found. The first significant predictor associated with maternal stress levels and satisfaction with motherhood was the number of children in the family, as found by other authors (Milić Babić, 2010; Delale, 2011). Other authors, such as Shamash and Martin (2015), found no connection between the number of children and parental stress in parents of children with DD. In relation to satisfaction with parenting, Milić Babić (2013) found no significant relationship between parental sense of competence and the number of children.

The other significant predictor associated with both maternal stress and self-perceived maternal efficacy was the existence of DD in a child. Regarding families in which a child has DD, as previously discussed, our results show lower parental stress levels in parents of children with DD similar to numerous previous studies (Hastings and Taunt, 2002; Greer et al., 2006; Osborne et al., 2008; Lloyd and Hastings, 2009). In general, parents who perceive themselves as competent feel comfortable and ready but also enjoy parenthood, and can therefore ensure a supportive environment for their child's development (Lacković-Grgin, 1994). Other authors, contrary to our findings,

found higher stress and other health-related issues among parents of children with DD (Innocenti et al., 1992; Khamis 2007; Antshel and Joseph, 2006)

The third predictor that was found to be significantly associated with maternal stress and self-perceived maternal efficacy was marital satisfaction. Marital satisfaction was confirmed as a significant protective factor against maternal stress. Similarly, research by other authors has demonstrated that parenting stress may be negatively associated with the quality of the marriage (Lavee et al., 1996). The importance of marriage has also been confirmed in a study by Anderson (2008) in which single parents reported higher stress levels than did parents with partners. Specifically, having a child with DD is often associated with lower parenting stress and higher marital quality (Kersh et al., 2006) and such parents tend to have longstanding marriages (Hartley et al., 2010).

Previous research also suggests that maternal self-perceived efficacy is related to the quality of the mother's close relationships (Sevigny and Loutzenhiser 2009, in Benzie et al., 2013). Overall, marital quality is associated with positive child outcomes, such as fewer behaviour problems and better peer relationships (Vandewater and Lansford, 1998, in Kersh et al., 2006), and it serves as a predictor of parenting efficacy for mothers in accordance with previous studies (Kersh et al., 2006; Milić Babić, 2013). Further, Belsky (1984) has argued that marital quality represents a primary source of either support or stress for parents in Western countries. This thesis was confirmed in our study. However, evidence can be found that suggests that having a child with DD can negatively influence marriages (Hartley et al., 2011; Friedrich and Friedrich, 1981, Mauldon, 2012, in Giulio et al., 2014) or make no difference to marital quality (Leutar and Starčić, 2007).

Other predictors included in all three models, such as mother's and child's demographics, were not significantly associated with maternal stress, self-perceived maternal efficacy or satisfaction with motherhood, consistent with research by Guralnick et al. (2008), who found that child characteristics including age were not significantly associated with parental stress. Similar findings that the age of the child did not significantly influ-

ence parenting stress were found in several other studies (Beckman, 1991; Lavee et al., 1996; Olsson and Hwang, 2002; Walker, 2000). In contrast to our results, other studies found that parental stress was significantly lower when the child was older, and when the child showed a high level of dysfunction (Khamis, 2007; Sabih and Sajid, 2008). Other studies also found that child age was associated with parental stress, but older children in those studies were found to cause more stress in parents (Bristol, 1979, Gallagher et al., 1983, in Walker 2000).

Social support was another predictor that was not significantly associated with maternal stress, self-perceived maternal efficacy, or satisfaction with motherhood in our study group. This finding was unexpected, as numerous studies of parents of children with DD found the association between positive social support and lower levels of parental stress and the sense of competence (Beckman, 1991; Sarafino, 2002). Along the same line, Leutar and Oršulić (2015) point to the importance of all forms of support (emotional, financial, practical, and advisory) that parents of children with DD receive within the primary family, and that the most important source of support is the spouse. In contrast, lack of social support can result in higher stress levels in parents (Crnic et al., 1983, in Gutermuth Anthony et al., 2005).

A few studies indicate that social support was not a significant predictor of parental satisfaction (Milić Babić 2013), and more specifically, that family support was not a significant predictor of maternal stress in mothers of children with DD (Hassal et al. 2005).

Overall, the major strength of this study is the finding that suggests that mothers of children with DD, who are the critical source of support for their

children, feel lower levels of stress than found in previous studies, which might indicate that parenting a child with DD in modern society is much less stigmatising, and can benefit from much better, early intervention directed at children and parents as well. On the other hand, there are several limitations to the study, including its cross-sectional sample and the small sample size, which resulted in small statistical power of the analyses and potentially a lack of statistical significance in predictors previously described as related to parental stress and sense of competence. Thus, future work should address a generalised approach to DD without making a critical distinction between various subtypes of DD's. It may be difficult to generalise our conclusions to families who have not received the early intervention services that all our participants with DD received.

CONCLUSION

In accordance with the hypotheses of the study, our results showed that mothers of children with DD had lower maternal stress than mothers of children without DD, that they had higher self-perceived maternal efficacy and showed no difference from mothers of children without DD in satisfaction with motherhood. A protective factor for maternal stress and self-perceived maternal efficacy was marital quality, while having a larger number of children in the family was found to be a risk factor for stress and lower satisfaction with motherhood. In general, the findings from this investigation serve to focus more attention on the importance of the marital relationship for families of children with DD and indicate that the presence of a child with a DD cannot be viewed as the sole source of parents' deleterious well-being.

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RODITELJSKI STRES I DOŽIVLJAJ RODITELJSKE KOMPETENTNOSTI KOD MAJKI DJECE SA I BEZ TEŠKOĆA U RAZVOJU

Sažetak: Uvidom u dosadašnja istraživanja može se zapaziti kako veći broj autora navodi da majke djece s teškoćama u razvoju najčešće pokazuju više razine roditeljskog stresa negoli majke djece bez teškoća. Više razine roditeljskog stresa također se povezuju s osjećajem roditeljske kompetentnosti. Nadalje, roditeljski stres i osjećaj kompetentnosti često se dovode u vezu sa socijalnom podrškom i bračnim zadovoljstvom.

Ovo istraživanje imalo je četiri cilja: odrediti razliku u razinama roditeljskog stresa kod majki djece s teškoćama i bez teškoća u razvoju; odrediti razliku u roditeljskom osjećaju kompetentnosti promatranog kroz dvije subskale: samoprocjena roditeljske efikasnosti i zadovoljstvo roditeljskom ulogom kod majki djece sa i bez teškoća u razvoju; odrediti povezanost između roditeljskog stresa i roditeljskog osjećaja kompetentnosti (samoprocjena roditeljske efikasnosti i zadovoljstva roditeljskom ulogom) svih majki; i odrediti doprinos relevantnih prediktorskih varijabli u objašnjavanju roditeljskog stresa i roditeljskog osjećaja kompetentnosti.

U istraživanju su sudjelovale majke 71 djeteta u dobi od 1 do 13 godina iz Varaždina, od toga 38 majki djece bez i 33 majke djece s teškoćama u razvoju. Sve majke ispunile su četiri skale procjene: 1) skalu roditeljskog stresa, 2) skalu samoprocjene kompetentnosti roditelja, koja uključuje dvije podskale – roditeljska samopercepcija efikasnosti u ulozi roditelja i zadovoljstvo ispunjavanjem roditeljske uloge, 3) skalu socijalne podrške te 4) indeks bračne kvalitete.

Rezultati t-testova pokazali su značajnu razliku u razini doživljenog roditeljskog stresa između majki djece s teškoćama i djece bez teškoća, kao i samopercepciji osjećaja roditeljske efikasnosti. Sve ispitane varijable u okviru drugog cilja bile su statistički značajno povezane, dok sva tri modela hijerarhijske regresijske analize upućuju da sociodemografske varijable majke, varijable karakteristika obitelji, prisutnost teškoća u razvoju, socijalna podrška i kvaliteta braka objašnjavaju 50,9% varijance u razini roditeljskog stresa, 36,4% varijance u samopercepciji roditeljske efikasnosti, a 35,1% varijance u zadovoljstvu ispunjavanjem roditeljske uloge.

Ključne riječi: roditeljski stres; zadovoljstvo ispunjavanjem roditeljske uloge; roditeljska efikasnost, djeca; teškoće u razvoju.