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# Husband Support and Parenting Stress Among Mothers of Children with Special Needs

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**Abstract**

Parenting stress is a parenting construct that assesses the presence of parental appreciation, parental stressors, and the lack of parental control. In children with special needs, parenting stress can cause problems in the child's physical, emotional, social, and psychological development. The husband's role is important in parenting as it can provide social support for the mother. This study aims to determine the relationship between spousal support and parenting stress in mothers who have children with special needs. This research uses a quantitative approach. The method used is the Likert scale utilizing the Husband Support Scale and the Parental Stress Scale. The subjects involved in this study were 85 mothers who have children with special needs. The types of special needs include Cerebral Palsy, Intellectual Disabilities, Hearing Impairment, Behavioral Disorders, CDLS (Cornelia de Lange Syndrome), Autism, Learning Disabilities, and ADHD. Data analysis used the Spearman's Rho correlation technique, which showed that there is a negative relationship between spousal support and parenting stress in mothers who have children with special needs. This is based on the value of r = -0.312 and p = 0.002 ($p < 0.05$). The hypothesis of this study is accepted. Further discussion results explain the categorization of the child's age and the mother's age. The implication of this research is that the role of spousal support can reduce parenting stress in mothers, especially those with children with special needs.

Keywords: children with special needs, husband support, mother with a special needs child, parenting stress.



## 1. Introduction

Mothers of children with special needs are generally more susceptible to elevated levels of parenting stress compared to those raising typically developing children. Such heightened stress manifests in various domains, impacting not only the mothers themselves but also their children. On the maternal side, this stress is commonly associated with psychological conditions such as anxiety, depression, and chronic emotional distress [1]. Hierarchical multiple regression analyses have shown that approximately 49% of parenting stress in caregivers of children with special needs is predicted by factors including dysfunctional parent–child interactions, behavioral challenges, low emotional well-being, impaired family relationships, strained parental kinship dynamics, and the severity of the child's medical conditions and intellectual disabilities [2].

Pediatric experts have reported associations between specific types of childhood disabilities and maladaptive parenting practices, including physical abuse, neglect, sexual abuse, and emotional maltreatment [3]. Within the marital dyad, parenting stress related to raising a child with special needs has also been shown to negatively influence marital satisfaction [4] and, more specifically, the overall quality of life of mothers [5]. Therefore, parenting stress constitutes a critical variable in this study, as its psychological and relational consequences extend beyond the mother herself to affect the child's well-being as well.

Parenting stress is conceptually distinct from general stress, as it specifically refers to an aversive psychological state and emotional response arising when individuals attempt to adapt to the demanding roles and responsibilities of parenthood [6]. In mothers raising children with autism spectrum disorder (ASD) or attention-deficit/hyperactivity disorder (ADHD), parenting stress has been shown to exert negative effects on caregiving practices, perceived social support, and levels of self-compassion [7]. Consequently, mothers of children with special needs who are faced with heightened caregiving demands often experience adverse emotional reactions, manifesting as parenting-related psychological distress.

The mean parenting stress scores were distributed among 80 mothers (32%) of children with intellectual disabilities (ID), 60 (24%) of children diagnosed with attention-deficit/hyperactivity disorder (ADHD), 41 (16%) of children with autism spectrum disorder (ASD), and 69 (28%) of children with Down

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syndrome. Among these children, 41% were classified as having mild symptoms, while approximately 26% were reported to have severe disabilities. Multivariate analysis indicated that mothers of children with severe autism and severe ADHD exhibited significantly higher mean levels of parenting stress compared to those whose children had mild forms of ASD, ID, or ADHD [8].

Mothers have been found to report higher levels of stress and anxiety compared to fathers. Perceived social support has shown a significant negative correlation with anxiety symptoms. Acceptance-based coping strategies are employed significantly more frequently by individuals with higher levels of education [9]. Furthermore, several contextual factors have been identified as sources of stress among mothers of children with special needs. In particular, parents of children with autism, especially mothers are more vulnerable to adverse occupational consequences and increased financial burdens [10].

Parenting stress experienced by mothers of children with special needs is influenced by a range of contributing factors. Empirical findings indicate a significant association between parenting self-efficacy and resilience in relation to the psychological well-being of parents of children with autism spectrum disorder (ASD) [11]. Moreover, the relationship between problematic behaviors in children with autism and maternal parenting stress is moderated by parental personality traits, specifically agreeableness and neuroticism [12]. Notably, differences have been observed between parents of children with developmental disabilities and those with typically developing children. In terms of coping mechanisms, parents of children with developmental disabilities are less likely to adopt avoidance-oriented styles or rely on emotional support strategies. Instead, task-oriented coping approaches are dominant across both groups. However, under stress-inducing parenting situations, parents of children with disabilities tend not to employ emotionally or religiously supportive strategies to the same extent as parents of typically developing children [13].

Regarding the link between social support and parenting stress, evidence from prior studies suggests a consistent and significant correlation. Social support has been found to be negatively associated with parenting stress among parents of children with special needs [14]. Additional research has demonstrated a significant inverse relationship between perceived spousal support and maternal parenting stress in mothers of children with mild to moderate intellectual disabilities. In this context, the husband plays a pivotal role in providing emotional and practical support to the mother [15]. Furthermore, family support exerts a direct positive influence on overall family quality of life, as well as an indirect effect mediated through reductions in parental stress levels [16].

Berdasarkan pada penjelasan yang telah disampaikan, pada penelitian ini peneliti menggunakan dukungan suami sebagai salah satu variabel untuk mengetahui apakah terdapat hubungan antara dukungan suami dan stres pengasuhan pada ibu yang memiliki anak berkebutuhan khusus.

## 2. Methods

This study employed a correlational design within a quantitative research framework. Participants were asked to complete a self-report questionnaire. The primary instrument used to measure parenting stress was the *Parental Stress Scale* developed by Berry and Jones [17]. This scale comprises 18 items designed to assess the degree of parenting stress among mothers of children with special needs. The scale demonstrated a reliability coefficient (Cronbach's alpha) of 0.830. Responses were recorded using a five-point Likert scale: Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), and Strongly Agree (5). For positively worded (favorable) items, the scoring followed the scale direction (1 to 5), whereas for negatively worded (unfavorable) items, the scoring was reversed.

To assess spousal support, this study utilized a subscale of the *Parent Satisfaction Scale* developed by Guidubaldi and Cleminshaw [18]. This subscale consists of 10 items that capture maternal satisfaction with the assistance provided by the husband in parenting. The internal consistency of this scale was high, with a Cronbach's alpha of 0.929. The response format consisted of four options: Strongly Disagree (STS), Disagree (TS), Agree (S), and Strongly Agree (SS). For unfavorable items, the scoring was reversed: STS = 4, TS = 3, S = 2, and SS = 1. Conversely, favorable items were scored in ascending order: STS = 1, TS = 2, S = 3, and SS = 4.

To examine the relationship between spousal support and parenting stress among mothers of children with special needs, the data were analyzed using statistical methods. The analysis was conducted using the *Statistical Package for the Social Sciences* (SPSS) version 21.0 for Windows. The Spearman's Rho correlation test was applied to determine the strength and direction of the association between the variables.

## 3. Results and Discussions

This study aimed to examine the relationship between spousal support and parenting stress among mothers of children with special needs. The proposed hypothesis stated that there would be a significant negative correlation between spousal support and parenting stress in this population.

Based on the results of the statistical analysis, a significant negative relationship was found between

spousal support and parenting stress (see Table 12). This indicates that higher levels of perceived spousal support are associated with lower levels of parenting stress among mothers. Conversely, lower levels of spousal support correspond with higher parenting stress. Therefore, the hypothesis proposed in this study is supported and can be accepted.

These findings are consistent with previous research, which similarly reported a negative association between spousal support and maternal parenting stress [14], [15], [16], [19], [20].

### *3.1 Description of Research Participants*

A total of 85 mothers of children with special needs participated in this study. The selection of participants was based on predetermined inclusion criteria relevant to the research objectives. The following demographic data were collected during the data-gathering phase and are presented to provide an overview of the participant characteristics. Table 1 below summarizes the descriptive profile of the research subjects.

Table 1. Descriptive Characteristics of Research Participants

| Demographic Variables | | n | % |
|---|---|---|---|
| Age | Early Adulthood (18-40 years) | 50 | 58,82 |
| | Middle Adult (41-60 years) | 35 | 41.17 |
| Mother's Education Level | High School and Below | 67 | 78.82 |
| | Bachelor/Diploma | 18 | 21.17 |
| Living Status with Husband | Live in one house | 78 | 91.76 |
| | Live in different houses | 7 | 8.23 |
| Mother's Employment Status | Work | 28 | 32.94 |
| | Doesn't work | 57 | 76.05 |
| Father's Employment Status | Work | 80 | 94.11 |
| | Doesn't work | 5 | 5.88 |
| Parental Income | < Rp 1.000.000 | 35 | 41.17 |
| | Rp 1.000.000 - Rp 2.000.000 | 31 | 36.47 |
| | > Rp 2.000.000 | 19 | 22.35 |
| Total | | 85 | 100 |
| Child Age | School Age Children (6-12 years) | 69 | 81.17 |
| | Adolescent Age (13-17 years) | 16 | 18.82 |
| Types of Child Disabilities | *Cerebral Palsy* | 5 | 5.88 |
| | Intellectual Disability | 48 | 56.47 |
| | Deaf | 20 | 23.52 |
| | Emotional and Behavioral Disorders | 1 | 1.17 |
| | CDLS (*Cornelia de Lange Syndrome*) | 1 | 1.17 |
| | Autism | 3 | 3.52 |
| | Learning Difficulties | 4 | 4.70 |
| | ADHD | 3 | 3.52 |
| Total | | 85 | 100 |

Based on the data presented in Table 1, a total of 49 participants were categorized as being in early adulthood (ages 18–40), while 36 participants were in middle adulthood (ages 41–60). In terms of educational background, 67 mothers had attained a high school education or lower, whereas 18 participants held a diploma or undergraduate degree.

Regarding employment status, 28 mothers reported being employed, while 57 were unemployed at the time of data collection. Household income levels varied, with 35 participants reporting a monthly income of less than IDR 1,000,000; 31 earning between IDR 1,000,000 and IDR 2,000,000; and 19 participants earning more than IDR 2,000,000.

As for the age range of the children with special needs, 69 mothers had school-aged children (6–12 years), and 16 had adolescent children (13–17 years). The children's disabilities were distributed as follows: 5 children with cerebral palsy, 48 with intellectual disabilities, 20 with hearing impairments, 1 with behavioral disorders (*tunalaras*), 1 diagnosed with Cornelia de Lange Syndrome (CdLS), 3 with autism spectrum disorder, 4 with learning difficulties, and 3 with attention-deficit/hyperactivity disorder (ADHD).

### *3.2 Description of Research Data*

Based on the data collected, the research variables were categorized to describe the levels of spousal support and parenting stress among mothers of children with special needs. This categorization provides a clearer overview of the distribution and intensity of each variable measured in the study. The descriptive statistics are presented in Table 2 below.

Table 2. Descriptive Statistics of Research Variables

| Variable | Hypothetic | | | | Empiric | | | |
|---|---|---|---|---|---|---|---|---|
| | Min | Max | Mean | SD | Min | Max | Mean | SD |
| PS | 14 | 70 | 42 | 9.3 | 14 | 44 | 27.9 | 7.04 |
| HS | 7 | 35 | 21 | 4 | 16 | 28 | 23.9 | 3.05 |

Note. PS = Parenting Stress; HS = Husband support

Based on the descriptive data presented above, the researcher employed the empirical mean score (M) and standard deviation (SD) to construct the categorization framework for each variable. This norm-based categorization was utilized to classify the levels of parenting stress among respondents. The categorization scheme comprises five levels: very low, low, moderate, high, and very high.

Table 3 below outlines the categorization criteria for parenting stress scores among the participating

mothers, developed using statistical cut-off points derived from the distribution of the empirical data.

Table 3. Categorization of Parenting Stress (PS) Levels Among Respondents

| Categorization | Percentile | *n* | % |
|---|---|---|---|
| Very Low | X < 15,2754 | 3 | 3.52 |
| Low | 15,2754 ≤ X < 23,7318 | 18 | 21.17 |
| Moderate | 23,7318 ≤ X < 32,1882 | 44 | 51.76 |
| High | 32,1882 ≤ X < 40,6446 | 15 | 17.64 |
| Very high | X > 40,6446 | 5 | 5.88 |
| Total | | 85 | 100 |

Based on Table 3, it was found that the majority of respondents, specifically 44 mothers, accounting for 51.76% of the sample were categorized as experiencing a moderate level of parenting stress. A moderate stress level indicates that although these mothers are generally able to manage the demands and pressures of caregiving, they nonetheless experience occasional psychological strain in response to the multifaceted challenges associated with raising a child with special needs.

The following section presents Table 4, which outlines the categorization of spousal support as reported by the respondents.

Table 4. Categorization of Spousal Support (DS) Among Respondents

| Categorization | Percentile | *n* | % |
|---|---|---|---|
| Very Low | X < 18,4582 | 3 | 3.52 |
| Low | 18,4582 ≤ X < 22,1194 | 26 | 30.58 |
| Moderate | 22,1194 ≤ X < 25,7806 | 28 | 32.94 |
| High | 25,7806 ≤ X< 29,4418 | 28 | 32.94 |
| Very high | X > 29,4418 | 0 | 0 |
| Total | | 85 | 100 |

As shown in Table 4, the largest proportion of respondents—28 mothers, or 32.94% of the total sample were categorized as receiving a high level of spousal support. This finding suggests that these mothers perceive a considerable degree of assistance and emotional support from their husbands in managing the various challenges associated with caregiving responsibilities.

Taken together with the findings from the parenting stress categorization (Table 3), in which most respondents reported a moderate level of stress, the results indicate that even though mothers may be exposed to considerable caregiving demands, adequate spousal support may serve as a protective factor. These findings highlight the potential role of the husband's support in buffering maternal stress, thereby emphasizing its importance in reducing parenting-related psychological burdens.

### *3.3 Assumption Testing*

Prior to conducting the main statistical analysis, assumption testing was carried out to ensure the appropriateness of the analytical procedures used in this study. Specifically, tests of normality and linearity were performed using the *Statistical Package for the Social Sciences* (SPSS) version 21.0 for Windows. These assumption checks are essential to validate the use of correlation analysis and to ensure the robustness of the results.

#### *3.3.1 Test of Normality*

The technique used for the normality test was the Kolmogorov–Smirnov Test of Normality. Table 5 presents the results of the normality assessment.

Table 5. Results of the Normality Test

| Variable | Sig. |
|---|---|
| Maternal Parenting Stress | 0.200 |
| Husband's Support | 0.011 |

#### *3.3.2 Linearity Test*

Table 6 below presents the results of the linearity test.

Table 6. Results of the Linearity Test

| Variabel | F | Sig. | Notes |
|---|---|---|---|
| Husband's Support * Maternal Parenting Stress | 7.474 | 0.008 | Linear |

Based on Table 6, the results indicate a linear relationship between the two variables, as evidenced by an F-value of 7.474 and a p-value of 0.008 ($p < 0.05$).

### *3.4 Hypothesis Testing*

Following the assumption tests, including normality and linearity assessments, it was found that the data for parenting stress were normally distributed, whereas the data for spousal support did not meet the assumption of normality. Nevertheless, both variables—parenting stress and spousal support—were found to have a linear relationship.

Subsequently, hypothesis testing was conducted using the non-parametric Spearman's rank-order correlation technique. The results of the hypothesis analysis are presented in Table 7 below.

Table 7. Results of the Hypothesis Test

| Variable | *R* | $R^2$ | *p* |
|---|---|---|---|
| Husband's Support * Maternal Parenting Stress | -0.312 | 0.097 | 0.002 |

Based on Table 7, the results show a correlation coefficient of r = -0.312 with a p-value of 0.002 (p <

0.05). This indicates a statistically significant negative relationship between spousal support and parenting stress among mothers of children with special needs. Therefore, the hypothesis proposed in this study is supported and can be accepted.

Furthermore, the data analysis revealed that the effective contribution of the spousal support variable was 9.73%, suggesting that 90.27% of the variance in parenting stress is explained by other factors not examined in this study.

*3.5 Additional Analysis*

In this section, additional analyses were conducted to further explore the variables of parenting stress and spousal support based on the following demographic factors: maternal age, parental employment status, household income, child's age, and type of disability. Table 8 presents the results of the analysis based on maternal age.

Table 8. Correlation Test Results Based on Maternal Age

| Mother's Age | *R* | $R^2$ | Sig. |
|---|---|---|---|
| 18-40 years | -0.365 | 0.133 | 0.009 |
| 41-60 years | -0.248 | 0.061 | 0.151 |

p-value of 0.009 ($p < 0.05$), whereas no significant correlation was found among mothers in the middle adulthood age group. Based on these findings, it can be concluded that the role of spousal support in relation to parenting stress is observable among mothers in the early adulthood developmental stage.

With regard to the child's age, Table 9 presents the results of the additional analysis conducted based on the age of the child.

Table 9. Correlation Test Results Based on Child's Age

| Child Age | *R* | $R^2$ | Sig. |
|---|---|---|---|
| 6-12 years | -0.299 | 0.089 | 0.013 |
| 13-17 years | -0.218 | 0.047 | 0.416 |

As shown in Table 9, a significant correlation was found among school-aged children, with a correlation coefficient of $r = -0.299$ and a p-value of 0.013 ($p < 0.05$). In contrast, no significant correlation was observed among adolescent-aged children. Based on these findings, it can be concluded that the role of spousal support in relation to parenting stress is evident among mothers of school-aged children.

With regard to the type of child's disability, Table 10 presents the results of the additional analysis conducted based on the child's specific disability classification.

Table 10. Correlation Test Results Based on Type of Child's Disability

| Type | *R* | $R^2$ | Sig. |
|---|---|---|---|
| Intellectual | -0.244 | 0.059 | 0.048 |
| Deaf | -0.584 | 0.341 | 0.003 |

As shown in Table 10, intellectual disabilities were found to be significantly correlated with the variables in this study, with a correlation coefficient of $r = -0.244$ and a p-value of 0.048 ($p < 0.05$). Additionally, hearing impairments showed a stronger correlation, with $r = -0.584$ and $p = 0.003$ ($p < 0.05$). No significant correlations were observed for the other types of disabilities included in the study. These findings indicate that the role of spousal support in mitigating parenting stress is more pronounced among mothers of children with hearing impairments compared to those raising children with intellectual disabilities.

Previous studies have noted that parenting stress levels can vary depending on the type and severity of the child's disability. For instance, average parenting stress scores have been reported to be significantly higher among mothers of children with severe autism and ADHD compared to those whose children have mild forms of autism, intellectual disabilities (ID), or ADHD [8].

Overall, the researcher acknowledges several limitations of the present study. One notable limitation is the exclusion of other potentially influential variables that were not examined but may significantly affect parenting stress. Additionally, the data collection process relied on school personnel to distribute and collect the questionnaires, which limited the researcher's ability to accompany mothers directly during the questionnaire completion process.

## 4. Conclusions

This study confirms the existence of a negative relationship between spousal support and parenting stress among mothers of children with special needs. The findings show that when mothers perceive stronger support from their husbands, they tend to experience lower levels of stress in parenting. Conversely, insufficient support is associated with heightened emotional strain. These results affirm the proposed hypothesis and reinforce the view that the involvement of fathers plays a crucial role in easing maternal psychological burdens.

Further analyses indicate that the positive influence of spousal support is more prominent in certain groups, particularly mothers in early adulthood, those caring for school-aged children, and mothers of children with hearing impairments or intellectual disabilities. This suggests that the impact of support is not evenly distributed across all circumstances, but rather varies depending on both maternal and child characteristics.

The implications of this study are significant for both theory and practice. Theoretically, the findings highlight the importance of family dynamics, especially the marital relationship, in shaping maternal well-being. Practically, the results underline the need to encourage fathers to be more actively involved in caregiving roles. Interventions that strengthen spousal cooperation, foster effective communication, and promote shared responsibilities in childrearing may substantially reduce maternal stress and enhance family resilience.

In conclusion, spousal support emerges as a vital protective factor in reducing parenting stress among mothers of children with special needs. Future research should broaden its scope by exploring additional influences such as social networks, cultural expectations, and coping strategies in order to provide a more comprehensive understanding of the factors that contribute to or alleviate parenting stress.

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## Author Contributions Statement

| Name of Author | C | M | So | Va | Fo | I | R | D | W |
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| Egha Sulistyorini Larasati | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
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C : Conceptualization
M : Methodology
So : Software
Va : Validation
Fo : Formal analysis
I : Investigation
R : Resources
D : Data Curation
W : Writing - Review

## Conflict of Interest Statement

The authors declare no financial or personal relationships that could have inappropriately influenced the research presented in this article.

## Informed Consent

In this study, the informed consent form was included in the online questionnaire used for data collection.

## Ethical Approval

This study did not apply for a research ethics approval.

## Data Availability

The data that support the findings of this study are openly available in Mendeley Data Set at Mendeley Data.

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