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Original Article (Pages: 5779-5787)

Parenting Role's Tasks as Parents of Healthy and Disabled Children

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Abstract

Background

The purpose of this study was to determine how to do parenting role's tasks as parents of healthy and disabled children younger than 7 years old in Iran (Arak).

Materials and Methods

In this cross-sectional study, the parenting role tasks questionnaire was completed for 120 parents of healthy children and 120 parents of disabled children with at least one child with disability and the parents were selected by convenience sampling method. T-test, Mann-Whitney test and analysis of variances was used to compare the scores between parents of healthy and disabled children based on studied variables including child age, parent age, child gender, parent education, family economic status, history of trauma and seizure in children was applied to perform the role of parents.

Results: There was a significant difference of parent role in both groups of parents. There was observed a significant relationship between role of healthy children's parents and age of child (r=0.21, P=0.016), but not observed in disabled children's parents. In healthy children, there was no significant correlation between parent's role and maternal age. In contrast, in disabled children, there was found a significant difference (P= 0.04) with correlation coefficient of -0.18 representing the inverse relationship. Moreover, no relationship was found between history of seizure and performance of parenting role's tasks in the group of disabled children (P>0.05).

Conclusion

The performance of tasks of parenting role in two groups of parents of healthy children and disabled ones in four areas of primary care, education, leisure and improving cognitive level had significant difference. This difference in the area of improving the cognitive level was higher. Due to complications of disability, parents of these children pay more attention to other areas of care except of improving cognitive level. Therefore presence of disabled child has negative effect on the balance of the performance of tasks of parenting role in various areas.

Key Words: Children, Disability, Healthy, Parents, Parenting Role Tasks.

*Please cite this article as: Riyahi A, Fatehi F, Rassafiani M, Moradzadeh R. Parenting Role's Tasks as Parents of Healthy and Disabled Children. Int J Pediatr 2017; 5(9): 5779-187. DOI: **10.22038/ijp.2017.23305.1958**

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Received date: Apr.23, 2017; Accepted date: Jul.22, 2017

1- INTRODUCTION

Parents as the main component of society have an important role on the child's life. Parents ensure the present and future life of their children (1). Attitudes and behavior of parents can facilitate or hinder the development of children. The role of parents has crucially genetic and environmental influences on children and they must obey the direction and guidance, training and orientation of their parents because of purposeful and thoughtful function of education (2-4). Family is a social system so that any disruption induced by its members results in disrupting the whole system, at the time of disorder, the role of parents become highlighted in order to solve problems (5-7). Mental or physical disability of children may induce negative consequences and lead to parental depression, feeling of having limited parenting role, lack of competence in parenting, and poor emotional ties between children and the parents. It may even cause more negative relationship of the children with their siblings, high levels of family stress, higher levels of divorce and disintegration of family ties and a heavy economic burden (8, 9).

Moreover, continuation of this situation may lead to family disintegration and rejection of children with disabilities and mental health status of families faces with major challenges (1, 10). It is necessary to prevent the occurrence of such problems at the right time and with the necessary measures. This is not practical except complete understanding of families and people with disabilities are available and programs are selected with respect to this information and knowledge (11, 12). Imbalance in parenting roles leads to serious mental, emotional and physical damage to a child. Recent studies have shown that parents of children with special difficulties cannot pay attention to all of their roles properly. These parents spend most of their time on taking care of their children therefore, their roles have changed and some of them are less highlighted and also their life satisfaction has reduced (13-15). For the first time, Kilhofner (1997), expressed the definition of parenting role with the concepts of occupational therapy by the Model of Human Occupation. This model focuses on a holistic approach to people with various needs throughout their life, and also has special attention on the mind-body connection and the impact of this relationship on motivation (as the internal factor) and implementation of activities (as the external factor). Kilhofner has classified these variables into three subsystems including Will, Habit, and Administrative capacity. Will includes a source of motivation for work and activity and consists of three parts of values, interests and perception of one's self. Habit includes performing actions in a continuous repetitive form, which is consists of two parts of habit and roles. Administrative capacity covers physical and mental ability to perform activities (16). As mentioned above, role is classified in the subsystem of habit.

Model of Human Occupation (MOHO) defines the role as a unified and coherent factor of social and personal status as a relationship between person’s behavior and attitude. The role of parents is defined based on a group of habits because children are born without any internalized model and receive the parents’ attention in the patterns of eating, sleeping, etc. These roles will become routine for parents and children by repeating many times. According to this model, roles of people are formed based on their attitudes and actions as well as paying more attention to one role may lessen paying attention to others. In addition, the roles of people can be altered based on disability (16). Tools used in this model are to examine the function of works such as worker role,

parenting role, teacher role, student role, and also Occupational Self-Assessment (OSA) and Worker Role Interview (WRI) which are standardized and have been imported to the domain of the role. In total, this model in the realm of parenting role has no standard tool for evaluation and therefore, based on the principles of human employment model, the standardized questionnaire to evaluate the parenting role's tasks was valid and reliable by Lotfi et al., in Iran (1). Because parents have an important role in the treatment and rehabilitation of disabled children, the presence of disabled children in the family can affect their roles and tasks and subsequently reduce their satisfaction and the quality of the life. It is known that the goal of occupational therapy is improving the quality of life. On the other hand, due to lack of similar studies based on this questionnaire and suggestions provided by Lotfi et al., about carrying out a study to identify the precise tasks of parenting role, the aim of this study was to evaluate the tasks of parenting role and to examine how these tasks are performed by parents with healthy and disabled children. It is expected that the findings obtained in our study can reduce the negative impact of disability on various aspects of life in caregivers and their children, establish a balance between the different roles of caregivers and ultimately provide optimal care for better and healthier development of children.

2- MATERIALS AND METHODS

2-1. Study design and population

At a cross-sectional study, the samples of the study were chosen from the parents of healthy children and parents with at least one disabled child (mental or physical) of Iran (Arak city, Iran) for three years (2013 to 2016).

2-2. Methods

To distribute and collect these questionnaires, a four-person group trained in the corresponding field was selected. Details required about the purpose of study and how to complete questionnaires were provided to parents with healthy and disabled children by this group. Then questionnaires were given to the parents of disabled children to be completed in the rehabilitation centers and for the parents of healthy children. We visited the house of disabled children and asked the parents who were their next door on the right side and have healthy children under 7-year for some information. In cases who did not want to cooperate, we referred to the next neighbor on the same side. If the parents participating in the study do not have the ability to read and write, the questionnaire was completed by another member of the family. It should be noted the time required to complete the questionnaire was 20 minutes. Health or disability of the parents participating in the study was determined by reviewing their medical records. In this study, disability is considered as permanently physical, sensory or mental disability that restricts the person life in respect to others (17).

It is worth noting that in this study due to the greater burden of responsibility in charge of child care on mothers and the absence of fathers in the environments of completing questionnaire, they were only completed by the mothers. The impact of factors such as age (year), parental age (year), gender of children (male and female), parents' education (low literate, diploma, bachelor's, master's and doctoral degrees and higher), parent's job (housewife, part-time and full-time), family economic status (low, medium and high), trauma (yes, no), and seizures in children on the performance of tasks of parenting role in the two groups were investigated (**Table.1**). To complete the questionnaire for parents with disabled children of 140 parents, 120 patients

participated in the study and for parents of healthy children; we referred to 160 neighbors of disabled children. 120 families were willing to participate in the study that eventually a sample of 240 parents (in other words, 120 cases for each group of parents) was determined. According to a panel of experts which achieved by 4 occupational therapy specialist the type I error (alpha) 0.05, type II error (beta) 0.1, good care of disabled children in the group (P1) 0.6 and the good care of healthy children (P2) were 0.8. The sample size has been calculated by the following formula and was 105 cases, but we used 120 cases for each group.

$$n = \frac{(Z(1-\frac{\alpha}{2}) + Z(1-\beta))^2 [P_1(1-P_1) + P_2(1-P_2)]}{(P_1 - P_2)^2}$$

Table-1: Demographic characteristics of disabled and healthy children of under study

Index		Disabled group		Healthy group	
		Mean	SD	Mean	SD
Age	Father	30.41	5.38	30.1	4.77
	Mother	35.56	6.2	35.18	4.7
	Child	3.61	1.62	3.9	1.57
Index		Frequency (percent)		Frequency (percent)	
Gender	Female	55(46)		64(53.3)	
	Male	65(54)		56(46.7)	
Type of disability	Mental	25(20.8)		-	
	Physical	59(49.2)		-	
	Mental and physical	36(30)		-	
Maternal educational level	Under diploma	35(29.2)		18(15)	
	Diploma	55(45.8)		45(37.5)	
	Bachelor`s degree	28(23.3)		41(34.2)	
	Master`s degree	2(1.7)		12(10)	
	PhD	0		4(3.3)	
Paternal educational level	Under diploma	34(28.3)		18(15)	
	Diploma	43(35.8)		69(57.5)	
	Bachelor`s degree	35(29.2)		27(22.5)	
	Master`s degree	6(5)		5(4.2)	
	PhD	2(1.7)		1(0.8)	
Child' caregiver	Mother	116(96.7)		114(95)	
	Others	4(3.3)		6(5)	
Aid of other members of the family in child care	Yes	29(24.2)		35(29.2)	
	To some extent	63(52.5)		66(55)	
	No	28(23.3)		19(15.8)	
Economic status	Low	22(18.8)		10(9.17)	
	Moderate	95(81.2)		99(90.83)	
	High	0		0	
Mother`s job	Housewife	99(81.7)		106(88.3)	
	Part-time	18(15)		11(9.2)	
	Full-time	4(3.3)		3(2.5)	
Father`s job	Housewife	0		1(0.8)	
	Part-time	58(48.3)		47(39.2)	
	Full-time	62(51.7)		82(60)	
Number of children	1	63(52.5)		60(50)	
	2	45(37.5)		50(41.7)	
	3	11(9.2)		8(6.7)	
	4	1(0.8)		1(0.8)	
	5	0		1(0.8)	

2-3. Measuring tools: validity and reliability

The data of parenting role's tasks and demographic information of child and parent were used to the questionnaire. Parenting role's tasks questionnaire was valid and reliable by Lotfi et al. (2014) in Iran (1). It is reported that content validity index was 0.93 and the content validity ratio calculated as 0.80 (1). The questionnaire has four sections of primary care (16 questions), Leisure (8 questions), education (6 questions) and cognitive understanding improvement (3 questions) which were examined in terms of importance and ability to work. Each question in this questionnaire could take minimum 0 and maximum 9. Therefore, the minimum and maximum of the total questionnaire varied between 0 and 297. It should be noted that the total scores obtained from the columns of the ability to work and the importance were divided by the number of questions corresponding to each section. Meanwhile to determine the total score of the tasks of parenting role, the scores of four sections were summed and divided by the number of sections (4). It should be noted that the higher score indicates more ability in performing the tasks of parenting role and its importance for parents.

2-4. Ethical consideration

Consent form was completed for all participants and the approval of Ethics Committee was received from the Arak University of Medical Sciences for the present study (ID number: IR.ARAKMU.REC.1395.119)

2-5. Inclusion and exclusion criteria

Inclusion criteria for the parents with healthy children included having healthy children aged less than 7 years and for parents of children with disabilities having at least one disabled child aged less than 7 years. In addition, some criteria such as age ranging from 20 to 60 years old, living with spouse at the time of the study, consent for participating in the study, experience of at least three years of residence in the city for both groups of parents. However, the uncertainty of the healthy condition or the inability of parents of surveyed children and lack of desire to continue participating in the study were considered as exclusion criteria.

2-6. Data Analyses

All data collected by questionnaires were analyzed by Stata12.0 software. Independent t- test was used for comparing the parenting roles in terms of gender and economic status, and Pearson correlation coefficient was applied to relationship between parenting role and other factors (age, parental age, education level and occupation of parents, family economic status, history of trauma and seizure in children). Comparison of total score of parenting role in the two groups was done using independent t-test and the tasks of parenting role in four sections were performed based on the non-parametric Mann-Whitney test (P=0.05). P-value less than 0.05 were significant.

3- RESULT

In the group of healthy children, there was observed 64 girls (53.3%) and 56 boys (46.67%), while there were 55 girls (45.83%), and 65 boys (54.17%) in the group of disabled children. There was no significant relationship of performing parenting role based on the gender of the child in both groups. The mean difference of the scores of primary care, leisure, education and improving the cognitive level with regard to the level of ability was significant in both groups of healthy and disabled children (P=0.001). Based on importance degree, the mean scores between two groups of parents had significant difference in primary care, leisure, cognitive level improvement (P=0.001), and education (P=0.003).

A significant difference was obtained in the comparison of the total score of parenting role`s task questionnaire (P=0.00) and also the comparison of tasks of parenting role between the parents of healthy children and those of disabled children in four areas showed a significant statistical difference (P=0.001).The amount of this difference in improving cognitive level was greater than other areas (**Table.2**).

No significant difference was observed for the group of parents with healthy children, while the relationship between tasks of parenting role and variables of age of mother, father and child except for the age of child which its correlation coefficient was r=0.22 with P-values as 0.93, 0.94 and 0.01, respectively. In contrast, P-values for the group of parents with disabled children were obtained as 0.04, 0.32 and 0.36, respectively which indicates a significant relationship between tasks of parenting role and the age of mother so that the correlation coefficient of -0.18 indicates low negative correlation between these two variables. Maternal educational level significantly influenced the performance of tasks of parenting role in the group of healthy children (P=0.01); while this effect was not observed for the disabled children (P=0.71).

Paternal education level had no significant difference in performing tasks of parenting role in two groups of healthy and disabled children and was 0.99 and 0.35, respectively. There was a history of trauma in 6 disabled children (5%) and no relationship was obtained between trauma and the score of tasks of parenting role. In addition, 36 patients (30%) had a history of seizures in the group of children with disabilities and no significant relationship between the history of seizures and the score of parenting role was found (P=0.37). After obtaining equality of variances, no significant difference in comparing the performance of tasks of parenting role in the healthy group (P=0.63) and disabled group (P=0.18) was observed based on the economic status.

Table-2: Comparing the Mean ± Standard Deviation of Total Score of the Parenting Role Tasks Questionnaire and the Subscales in parents of Both Groups of the Study

Areas	Healthy		Disabled	
	Mean	SD	Mean	SD
Primary care	3.31	0.42	3.05	0.50
Leisure	2.74	0.55	2.15	0.73
Education and training	3.52	0.81	2.99	1.11
Improving the cognitive level	2.48	1.04	1.81	1.20
Total score of parenting role	3.01	0.51	2.50	0.71

SD: Standard deviation.

4- DISCUSSION

In this study, it was attempted to compare the performance of the tasks of parenting role in the parents of disabled children (physical-mental) and the parents of healthy children younger than 7 years in the city of Arak-Iran. By comparing the importance and the quality of performing these tasks by parents with healthy children and those with disabled children (physical-mental), role differences can be identified and we can aid parents with disabled children in better performing of their roles as much as possible. One of the results obtained in this study indicates that parenting role in two groups of disabled and healthy children showed a significant difference. This finding is consistent with the results obtained by Ahmadi et al. (2011) titled comparing time use and satisfaction of time management in

mothers of children with cerebral palsy. Since mothers of children with cerebral palsy spent too much time on taking care of their children during day, they do not experience the necessary balance in their different working areas. It should be mentioned that so far similar studies based on this questionnaire have not been done in Iran. The present study was originated based on the suggestion presented by Lotfi et al. (2014) who have been parenting role's tasks questionnaire valid and reliable in Iran (1).

There has been carried out a study in order to precisely identify the tasks of parenting role of parents with healthy children in respect to those with disabled children (physical or mental). The performance of tasks of parenting role in two groups of parents of healthy children and disabled ones in four areas of primary care, education, leisure and improving cognitive level had significant difference that the amount of this difference in the area of improving the cognitive level was higher than other areas. It can be interpreted as stating that parents of children with disabilities due to complications of disability pay their attention to other areas of care and they pay less attention to the area of improving cognitive level. It indicates that the presence of disabled child has negative effect on the balance of the performance of tasks of parenting role in various areas so that dealing to one of the areas (such as primary care) results in ignoring other areas(such as leisure) (18).

In addition, a significant statistical difference which was observed in the ability and the importance of the tasks of parenting role between parents of healthy and disabled children shows more capabilities of parents of healthy children in performing the tasks of parenting role. Total score of the tasks of parenting role in parents of healthy and disabled children had a significant difference which confirms the negative impact of children with disabilities in the implementation of efficient parenting role's tasks. Based on Pearson correlation coefficient for the relationship between the roles of parents indicates a significant relationship with the age of child. In contrast, there was not a significant relationship between the parenting role and the age of child in the group of disabled children. For the interpretation of this finding, it can be said that with an increase in the age of healthy children and thereafter, empowerment and independence in these children and less dependence to parents, the quality of the performance of the tasks of parenting role increases. In the group of healthy children there was no significant difference between the parenting role with the age of mother (P=0.046) that its correlation coefficient is -0.182.

These results only show evidence of difference and require further study, and also may be interpreted that when mothers get older, their physical and mental abilities decreases and the quality of the performance of the tasks of parenting role declines. The study also showed that there was no significant difference in terms of gender in any of the states which indicate that gender did not affect the quality of the tasks of parenthood.

Regarding the performance of the tasks of parenting role based on the mother's education level, the results suggest that maternal education level has affected the performance of tasks of parenting role in the healthy group and shows a significant difference in the level 0.05 and this was not observed in the disabled group. It can be interpreted that when the education level of mothers with healthy children is higher, it affects the quality of performance of the parenting role. Moreover, performance of the tasks of parenting role in two groups of healthy and disabled children showed that father's education had no significant effect on the performance of the tasks of parenting role

in the two groups. This is due to the fact that mothers play the main role in issues relating to the care and rearing of children. In connection with the impact of the seizure on how to perform the tasks of parenthood in the group of children with disabilities, the result indicates the absence of a significant relationship between a history of seizures and the tasks of parents. The fact that seizures had no effect can be related to the limited number of disabled children with the history of seizure (36 children, 30%) in the group. Economic status also has been ineffective on the performance of the tasks of the parenting role in two groups, which may be due to the lack of high economic status against the low and medium economic status of the studied groups.

5- CONCLUSION

The performance of the tasks of parenting role in four areas of primary care, education, leisure and cognitive improvement in both groups of healthy and disabled children indicated that performing the tasks of parenting role has been significantly different in all four areas in the two groups. It can be interpreted that the presence of disabled child has negative effect on the balance of the performance of tasks of parenting role in various areas so that dealing to one of the areas (such as primary care) cause to ignore other areas (such as leisure).

Total score of the performance of tasks of parenting role showed significant differences in four categories in the two groups which confirms the negative effect of having a disabled child in performing the parenting role tasks. The results of this study can be used to train and promote the health level of parents especially parents with disabled children, develop awareness in these children in regard with losing the balance between parenting role in different areas, find appropriate solutions to solve these problems, improve these roles and also in policymaking and strategic planning in the area of life skills training and other family-based services. Lack of cooperation of rehabilitation clinics, difficult access to families willing to participate in the study especially parents of children with disabilities, lack of similar studies based on parenting role's tasks questionnaire in Iran, spending a lot of time to access their families and also completing of questionnaires by mothers considering that they had most of the responsibility of taking care of the children and the absence of fathers in the environments of completing the questionnaires were some limitations of this study. At the end, it is recommended that some studies considering the type of disability with the purpose of comparing the parenting role of parents with healthy and disabled children and investigating the performance of tasks of parenting role be carried out in children over 6 years.

6- CONFLICT OF INTEREST: None.

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