



Contents lists available at ScienceDirect

Research in Developmental Disabilities



Positive aspects of the coping of mothers of adolescent children with developmental disability in the Bedouin community in Israel



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ARTICLE INFO

Article history:

Received 16 January 2014

Accepted 8 March 2014

Available online 29 March 2014

Keywords:

Developmental disability

Mothers

Bedouin

Social support

Gratitude

Growth

ABSTRACT

This research examines the positive aspects of coping experienced by 270 mothers of adolescent children with and without a developmental disability in the Bedouin community. The mothers completed the Sociodemographic Data Questionnaire, the Grandparents Functional Support Assessment, the Gratitude Questionnaire, and the Posttraumatic Growth Inventory. Mothers of adolescent children with developmental disability reported higher levels of social support, gratitude, and personal growth than did mothers of adolescent children without developmental disability. Additionally, mothers demonstrated a higher level of gratitude toward their spouse's parents. Positive correlation was also found between gratitude and personal growth and between gratitude and support from the husband's parents. The findings highlight the important need to develop awareness and culturally appropriate intervention programs based on these positive aspects, to enhance these mothers' coping abilities.

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1. Introduction

1.1. Women in the Bedouin community in the Negev

This research examines the positive aspects of coping as experienced by mothers of children with developmental disability (DD) in the Bedouin community in Israel.

The Bedouin community of the Negev is similar in some of its sociodemographic and cultural characteristics to the other Bedouin Arab communities in the Middle East (e.g., marriage between relatives, polygamy, the extended family/*hamula* as the most basic social unit), but is unique in other aspects. Part of the Bedouin community in the Negev lives in unrecognized settlements, inhabiting structures such as shacks and tents, without the supply of basic services, i.e., electricity, running water, a sewage system, telephone lines, or paved roads, and without access to convenient public transportation, health or education services. (For a broad overview of the characteristics of the Bedouin community see Manor-Binyamini, 2014).

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Israel's Bedouin population numbers nearly 140,000 people (The Statistical Yearbook of the Negev Bedouin, 2004), of which approximately 45,000 are women of ages 18 and older (Cwikel & Barak, 2002). This group of women has a unique lifestyle, as well as health and welfare characteristics which are unique to them.

The roles and social class of the individual in the tribal Bedouin community vary according to one's age and gender. From childhood, a different social path is set for men and women, and there is a clear division of roles on every organizational level. While women's status is considered lower than that of men, it is also subject to change over the course of their lives and in conjunction with the different roles they must fulfill. Their sense of identity, and for the most part, their supportive social networks as well, are built on a tribal basis, and the tribe constitutes an affiliation group (Aharoni, 2004). Historically, the Bedouin woman goes through three different stages in her life, and traditional dress reflects her new status at each stage.

First stage, from age ten until marriage – a girl's status in the community is low and she helps her mother with housekeeping and homemaking, taking care of the flock and shepherding. The only social contacts she is allowed to develop are with girls from her own clan or tribe, in the pastures or by the well.

Second stage, after marriage – the woman's social ties expand and she is engaged in housekeeping for both her father's and her husband's households. An ideal Bedouin woman is a woman who gives birth often, adding children – especially boys – to her husband's family. The status of a woman who gives birth rises, and the community treats her with dignity and respect.

Third stage, after menopause – if a woman has given birth to children, she now depends on their strength. She is allowed to sit in the company of the men of the tribe, and can receive other men at her home in the absence of her husband and sons. Her authority at home expands. She is responsible for the household, and her sisters-in-law are her subordinates and have to obey her authority (Cwikel & Barak, 2002).

Women are taught these principles throughout their childhood and they are supposed to adhere to them as they grow up. Given this fact, women remain under the authority of a guardian throughout their lives. The restrictions and limitations imposed on Bedouin women render them particularly vulnerable to different forms of psychological distress, and as is often the case with Bedouin women, they are vulnerable to mental illness (Cwikel & Barak, 2002). As various studies have pointed out, in traditional societies, emotional problems are usually expressed through psychosomatic symptoms (Cwikel & Barak, 2002). Hays (1987) investigated psychopathology among Bedouin women in Tunisia and found that they reported syndromes of somatic illnesses, anxiety, depression, and psychosis, more frequently than did the less traditional and conservative urban Bedouin women. A survey conducted among Bedouin women in the Negev in 2002 (Cwikel & Barak, 2002) reported high rates of symptoms of depression and low self-esteem in this population.

Despite the fact that the modern Western way of life has exerted its influence on the Bedouin community in recent years, women in the Bedouin community of the Negev are still very closely attached to home and family, and this connection outlines the boundaries of their world. Given that according to the traditional concept, the woman's main role in the Bedouin community is to give birth, raise, and educate the children, including those with DD, it is interesting to examine the Bedouin woman's perceptions of social support, gratitude, and growth.

1.2. Parenting children with DD: social support, gratitude and growth

One of the characteristics unique to the Bedouin community is its traditional culture, which differentiates this community from Western societies. Based on the dimensions introduced by Triandis (1995) for comparing community-based traditional cultures with Western cultures, the Bedouin community can be characterized as a traditional, collectivist, and homogeneous society, in which the extended family, i.e., the clan to which the family belongs (clan members all have the same surname), plays a very important role in terms of social norms and decision making. When a Bedouin woman gets married, she becomes a member of her husband's extended family (clan), a family which encompasses the husband's parents and their children, including their married sons and daughters and their spouses. Traditional societies are also characterized by high levels of social support.

Social Support is one of the most significant resources available to people who are facing difficulty and crisis, because it helps them cope with stressful life conditions. It can even lead the recipients of such support to experience personal growth (Park, 1996).

Although researchers have called for a stronger theoretical basis for explicating types of support (Cutrona & Russell, 1990), no additional specific typology or framework has emerged to date (Langford, Bowsher, Maloney, & Lillis, 2008). There are multiple models that delineate types of social support; however, the most popular models share three common factors: emotional support, tangible aid, and informational support. This study distinguishes between two types of social support: formal support provided by professionals, such as educators, social workers, physicians, to name a few, and informal support, which comes from family, neighbors, and self-help groups, for example. The advantages of the informal support system are the number of supporters, the quality of the support, its long-term effects, and the intimate relationships created within this informal framework. In recent decades, the literature has emphasized the importance of social support systems as a mitigating factor in stressful situations in general, and in unique parenting situations in particular. It helps mothers adjust to their particular circumstances and affects their mental and physical wellbeing. Furthermore, mothers have been found to exhibit higher levels of stress when the social environment was not supportive (Wheeler, Skinner, & Bailey, 2008). Studies conducted among parents of children with various disorders clearly indicate

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