



Predictors of quality of life for fathers and mothers of children with Autistic Disorder



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ABSTRACT

A constant challenge for Quality of Life (QoL) research is tapping the most predictive indicators for a specific population. This study has sought to examine predictors of QoL for fathers and mothers of children with Autistic Disorder. Two multiple regression analyses were performed for fathers ($N=70$) and mothers ($N=114$) of children with Autistic Disorder. Six predictors were entered into the regression equation: Parental Distress (PD), Parent–Child Dysfunction Interaction (PCDI), Difficult Child Characteristics (DC), Household income, and the child's with Autistic Disorder age and number of siblings. The analyses revealed that only PD was a significant predictor for both parent's QoL, whereas DC, household income, and number of siblings were able to predict only mothers' QoL. To our knowledge, this is the first study to focus on predictors of QoL among both fathers and mothers of children with Autistic Disorder. The results from the current study can have several implications for professionals and researchers targeting the primary force contributing to the wellbeing of children with Autistic Disorder, the parents.

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1. Introduction

Autistic Disorder is a neurological pervasive developmental disorder that impacts children's communication and social functioning. The disorder affects individuals from all ethnic groups and socioeconomic backgrounds and is considered the third most common developmental disability following intellectual disability and cerebral palsy (Centers for Disease Control and Prevention (CDC), 2010). Children with Autistic Disorder often show a pattern of complex behaviors that can significantly affect parents' and family's functioning. Parents of children with Autistic Disorder may find themselves burdened with a lifelong responsibility of caring for their children and diminished attention to their own health. Thus, those parents are deemed to be at risk for a significant deterioration in several domains of their lives. Indeed, parents of children with Autistic Disorder experience elevated stress (Davis & Carter, 2008), impaired physical and social functioning (Hartley et al., 2010), impaired mental health, and restricted family functioning. Therefore, studying the psychological functioning for parents of children with Autistic Disorder requires a holistic view for the factors that can potentially affect the parents' health and wellbeing.

The construct of Quality of Life (QoL) represents one of the comprehensive, multidimensional outcome measures that is based on the individual's subjective perception regarding several aspects of life experiences (WHO, 1996). The integrative

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definition of QoL incorporates the individual's physical health, psychological state, social relationships, financial well-being, spiritual and cultural beliefs, and their interactions with salient features of the environment. Quality of Life is therefore a key variable to consider in the evaluation of parents' adaptation to their child's disability. According to the [World Health Organization \(1996\)](#), QoL can be defined as "individuals' perceptions of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (p. 5).

It is reasonably well established that there are several factors which can impact either positively or negatively on an individual's QoL. However, ongoing debate includes whether some indicators are more important than others and whether there are certain indicators in specific populations that are more predictive of QoL. For parents of children with Autistic Disorder, there is a distinct dearth of studies to inform about the factors that can predict their QoL.

1.1. Quality of Life of parents of children with Autistic Disorder, what we know and what we do not know

Parenting a child with Autistic Disorder can have a significant impact on the parents' life. Previous studies have uniformly found elevated levels of parenting stress among parents of children with Autistic Disorder compared to both parents of children with typical development ([Ericzon, Frazee & Stahmer, 2005](#)) and to parents of children with other developmental disabilities ([Dabrowska & Pisula, 2010](#); [Seltzer, Abbeduto, Krauss, Greenberg & Swe, 2004](#)). Parenting stress can be defined as the negative strain related to the self, the child, and the parent-child interaction in the context of parenthood ([Abidin, 1995](#)). According to [Lee, Harrington, Louie, and Newschaffer \(2008\)](#) and [Dardas and Ahmad \(2014a\)](#), high levels of parenting stress can contribute to a lower overall QoL for parents of children with Autistic Disorder. These studies revealed that parents who experience elevated stress levels are in need for mental health support to help them address their psychological distress and as a result improve their QoL.

The age of the child with Autistic Disorder was found to have a significant effect on parents' stress and QoL. Relevant studies revealed better QoL and lower levels of parenting stress among parents of older children compared to those of younger children ([Dardas & Ahmad, 2014b](#); [Duarte, Bordin, Yazigi, & Mooney, 2005](#); [Mungo, Ruta, Arrigo, & Mazzona, 2007](#)), suggesting that the child age may be correlated with parents' ability to adopt healthy coping and develop more realistic views of the child's developmental outcome.

Parents of children with Autistic Disorder experience a pile up of other stressors that are not necessarily related to Autistic Disorder but can intensify its demands. Such stressors were found to be related to parental employment and socioeconomic status, the lack of appropriate services and support systems, and if present, the caring responsibilities toward other children. For example, parents with higher socioeconomic status have been found to report lower levels of stress and better QoL ([Dardas & Ahmad, 2014b](#); [Hatton & Emerson, 2009](#); [Parish, Seltzer, Greenberg, & Floyd, 2004](#)). On the other hand, [Lee et al. \(2009\)](#) found that having more children in the family predicted a higher level of parent-reported physical health, hypothesizing that the presence of siblings may allow for some shared caretaking responsibilities.

Another point worth mentioning is the differences between fathers and mothers in regard to their psychological reactions to the child's disability. While some researchers found that mothers have higher levels of stress and demoralization than fathers, with increased rates of physical health problems and poorer QoL ([Dabrowska & Pisula, 2010](#); [Mungo, Ruta, Arrigo & Mazzona, 2007](#); [Yamada et al., 2012](#)); others revealed that mothers and fathers experience similar levels of parenting stress and QoL ([Dardas & Ahmad, 2014a](#); [Hastings, 2003](#)). Apparently, more investigations are needed in this particular area of research.

In sum, while perceived stress, social support, satisfactory economic status, and number of family members are considered reasonable predictors of QoL in general, it is important to dig deeper and find out whether these variables will predict QoL for parents of children with Autistic Disorder, and whether certain aspects of these variables are more predictive than others. It is also important to investigate whether the same variables will have similar prediction strength of the parent's QoL based on gender. Therefore, the purpose of this study was to examine the predictors of QoL for fathers and mothers of children with Autistic Disorder. Specific research questions were: (1) Do parents who experience high level of parenting stress report low level of QoL?; (2) Do parents with low socioeconomic status report low level of QoL?; (3) Will the QoL of parents of children with Autistic Disorder be higher with more children in the family? and (4) Do parents of older children experience better QoL?

2. Methods

2.1. Procedure

Ethical approval for conducting this study was granted by the academic research committee at the deanship of the academic research at the University of Jordan. The collection of the data was conducted over a period of five months (March–August, 2012). A list of the names of licensed special education centers for Autistic Disorder was obtained from the Ministry of Social Development in the country. The head of each recruited center was personally contacted by the first author and was provided with a full description regarding the study's purpose, targets, benefits, procedures, and ethical considerations. The head of each center was asked to specifically invite the participants who met the study's eligibility criteria to a meeting with the first author at their child's center. Participants who agreed to participate in the study and attended the meeting were offered a detailed description of the study's purpose, procedures, benefits, risks, duration, confidentiality and participants'

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